

PRESCRIBING GUIDANCE FOR SYMPTOM MANAGEMENT IN THE LAST HOURS OR DAYS OF LIFE

DYSPNOEA/BREATHLESSNESS

If on morphine for pain (not breathlessness)
or if the eGFR ≤ 30 ml/min.
Please contact Palliative Medicine Specialist

Is the patient already on
morphine for breathlessness?

Yes

No

*Divide the PO morphine dose by 2 to
calculate the subcut dose

Review every 24 hours or
earlier if 3-4 PRN doses are
used in 24 hours

If patient is using < 4 PRN doses PO/24 hours,
convert dose to subcut PRN only

If patient is likely to continue to need morphine 4 or
more times in 24 hours convert previous 24-hour
total PO morphine requirement to CSCI*

AND also prescribe:

- Morphine at 1/6 to 1/12 of the CSCI* dose, subcut Q1H PRN to 4 doses/24 hours for dyspnoea.
- Midazolam 2.5mg – 5mg subcut PRN to Q1H up to 4 doses in 24 hours for associated anxiety. Consider 1mg – 5mg subcut Q1H PRN in elderly.

Prescribe morphine 2.5 subcut PRN to Q1H to
4 doses in 24 hours for dyspnoea
AND
Midazolam 2.5mg – 5mg subcut PRN to Q1H
up to 4 doses in 24 hours for associated
anxiety. Consider 1mg – 5mg subcut Q1H
PRN in elderly.

Dose is guided by actual use in
previous 24 hours

If 7.5mg or more of either PRN morphine and/or
PRN midazolam has been used in 24 hours,
then proportionately increase the morphine +/-
midazolam in the CSCI*

If 7.5mg or more of either PRN morphine and/or
PRN midazolam has been used in 24 hours,
then administer a proportionate dose of
morphine +/- midazolam via CSCI*

* CSCI = continuous subcutaneous infusion