

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

Respiratory secretions are thought not to be distressing to an unconscious patient. This should be explained to the family.

UPPER AIRWAY SECRETIONS

Present

Absent

Evidence for the efficacy of anticholinergic agents in reducing upper airway secretions is poor. When it is felt necessary to prescribe, use the guidance provided here,

Prescribe hyoscine butylbromide (Buscopan)
60mg subcut/24 hours via CSCI
AND
20mg subcut PRN Q2H
to a maximum of 60mg subcut/24 hours

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20mg subcut PRN Q2H
to a maximum of 60mg subcut/24 hours

The goal is to keep the patient comfortable and avoid suctioning which can be painful. Ongoing parenteral fluids may cause accumulation of excess respiratory secretions and should usually be stopped.

When 3-4 PRN doses are used in 24 hours increase the CSCI dose up to a maximum of 120mg subcut/24 hours

When 3-4 PRN doses are used in 24 hours start the CSCI with 60-120mg subcut/24 hours

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

If secretions are refractory to treatment with Buscopan, switch to Glycopyrronium 200 micrograms subcut PRN Q2H and consider using a CSCI with 600 – 1200 micrograms/24 hours