Anticipatory Prescribing Guidance

Anticipatory prescribing avoids delays in treating the most common symptoms at the end of life, improves symptom control and may prevent unwanted admissions to Hospital or Hospice. Plan ahead and consider it early on.

'Just in Case' (JIC) boxes are a small part of anticipatory prescribing, and is a system to improve the security and audit trail of medications prescribed. **JIC boxes are only to be used in patients own homes, and not other care settings.**

The below medications are suggested for anticipatory prescribing assuming that there are no known allergies or contra-indications (e.g. renal failure, hepatic failure). **Refer to the medication algorithms for symptom control in the last days of life, or the Ambulatory Syringe Pump Policy for additional prescribing recommendations.**

SYMPTOM	MEDICATION	ADVISED STARTING DOSE	SUGGESTED QUANTITY*
PAIN	**DIAMORPHINE**	Opioid naive patients: **2.5mg to 5mg s/c 1 hourly prn** If the patient is already taking opioids refer to the conversion table overleaf and consult the syringe pump policy	5 (FIVE) AMPOULES OF 5mg
NAUSEA & VOMITING	**LEVOMEPROMAZINE**	**6.25mg s/c 6 hourly prn (max 25mg/24 hours)** Higher doses are used for agitation Alternative anti-emetics may be more appropriate based on the cause of symptoms & patient medical history	5 AMPOULES OF 25mg/ml
AGITATION & ANXIETY	**MIDAZOLAM** (if patient is ANXIOUS, FRIGHTENED, BUT LUCID)	**2.5mg to 5mg s/c 1 hourly prn**	5 (FIVE) AMPOULES OF 10mg/2ml
	HALOPERIDOL (if patient is CONFUSED, AGITATED and/or HALLUCINATING)	**1mg to 2.5mg s/c 4 hourly prn (max 10mg/24 hours)** Lower doses are used for nausea	5 AMPOULES OF 5mg/ml
RESPIRATORY SECRETIONS	**GLYCOPYRRONIUM BROMIDE**	**200 micrograms s/c 4 hourly prn**	10 AMPOULES OF 200 micrograms/ml
BREATHLESSNESS	**DIAMORPHINE**	Opioid naive patients: **1.25mg to 2.5mg s/c 1 hourly prn** If the patient is already taking opioids refer to the conversion table overleaf and consult the syringe pump policy	USE SUPPLY PRESCRIBED FOR PAIN
Remember to prescribe WATER FOR INJECTIONS (diluent for Diamorphine ampoules and flush)			10 AMPOULES OF 10ml
CRISIS DOSE (i.e. for seizure/ haemorrhage)	**MIDAZOLAM** Only prescribe if patient at risk of seizure and/or bleed	**10mg s/c stat** **AND / OR** **10mg by buccal route stat**	USE SUPPLY PRESCRIBED FOR ANXIETY 2 (TWO) PRE-FILLED ORAMUCOSAL SYRINGES OF 10mg/2ml

***Suggested quantities are a guide, if expected usage is likely to be higher adjust the quantity prescribed accordingly**

The prescriber must complete the Anticipatory prescribing medication administration record AND Health Insurance prescription form (community patients) OR HSSD discharge prescription (hospital in-patients)

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The below tables only give approximate dosages for opioid conversion, due to the risk of toxicity it may be necessary to use lower doses especially in patients who are:

- Elderly and frail
- Opioid naïve
- In renal impairment
- In hepatic impairment
- Already on high doses of opioids (there may be incomplete cross tolerance, it is normal practice to reduce the dose by 30-50%)

Review patients' regularly after opioid switching, check for signs of toxicity and their level of pain control.

OPIOID DOSE CONVERSION GUIDE Note that dose conversions are approximate only							
PO Morphine	24hr total dose (mg)	30	60	120	180	240	360
	breakthrough dose (mg)	5	10	20	30	40	60
S/C Diamorphine	24hr total dose (mg)	10	20	40	60	80	120
	breakthrough dose (mg)	2.5	2.5 to 5	7.5	10	12.5 to 15	20
PO Oxycodone	24hr total dose (mg)	15	30	60	90	120	180
	breakthrough dose (mg)	2.5	5	10	15	20	30
S/C Oxycodone	24hr total dose (mg)	7.5 to 10	15 to 20	30 to 40	45 to 60	60 to 80	90 to 120
	breakthrough dose (mg)	1.25 to 2.5	2.5 to 5	5 to 7.5	7.5 to 10	10 to 15	15 to 20
Fentanyl Patch	72 hour patch (microgram/hr)	12	25	50	75	100	150

Buprenorphine patches:

Buprenorphine patch strength (micrograms/hr)	PO Morphine		PO Oxycodone	
	24 hour total dose (mg)	breakthrough dose (mg)	24 hour total Dose (mg)	breakthrough dose (mg)
5	12	2	6	1
10	24	4	12	2
15	36	6	18	3
20	48	8	24	4

Fentanyl or Buprenorphine patches should not be started as a form of pain control at the end of life.

If a patient is already on an opioid patch **DO NOT REMOVE IT** (unless there are concerns related to efficacy or toxicity), if you need to increase the level of pain control add a syringe pump (see Ambulatory Syringe Pump Policy).

References:
Twycross R., Wilcock A., & Howard P. (2017) *PCF6: Palliative Care Formulary (6th Ed.).* Oxford: Radcliffe Medical Press.
Palliative Adult Network Guidelines. Accessed via http://book.pallcare.info/index.php