

JUST IN CASE BOXES

Guiding principles

In the last few days of life, patients often develop symptoms when access to medication is limited. Thus, it is ALWAYS helpful to anticipate these problems and prescribe prospectively. This is good medical practice and no doctor working within these guidelines need fear legal sanction. All patients who are entering the terminal phase of their illness **do not** automatically need a syringe driver but they should always be prescribed prn doses of the drugs listed in the box below.

THESE GUIDELINES ARE BASED ON BEST PRACTICE. IF NECESSARY SEEK ADVICE FROM THE SPECIALIST PALLIATIVE CARE TEAM - ☎529511

In the absence of any known sensitivities or contraindications e.g. renal failure it is suggested that the following drugs in the box below are prescribed for “Just in Case” Boxes	<u>Syringe Drivers</u>											
<p>1. Strong opiate injection (according to local availability)</p> <p>a. For opiate naïve patient prescribe morphine sulphate or diamorphine 2.5 - 5mg s/c prn.</p> <p>b. For conversions of oral morphine to s/c morphine, s/c diamorphine or other opioid drugs see conversion chart overleaf.</p> <p style="text-align: center;">[Quantity 5 / 10amps]</p>	<p>If frequent (>2/day) doses of any of these drugs are required then consider starting a s/c infusion using a syringe driver. See box on left for recommended ranges. The dose of diamorphine or morphine sulphate is calculated from the total number of prn injections given in 24hrs or can also be calculated from the 24hr dose equivalent of oral morphine divided by three. Breakthrough dose is calculated as 1/6th of the total 24 hour opioid. To control symptoms a separate prn dose may be required immediately prior to commencing the syringe driver.</p>											
<p>2. Antiemetic injection Levomepromazine 2.5mg s/c qds prn (or 5 - 12.5mg / 24hrs via syringe driver) [25mg / 1ml, 1ml ampoules - Quantity 10 amps]</p>												
<p>3. Anxiolytic injection Midazolam 2.5 - 5mg s/c prn (or 5 - 20mg / 24hrs via syringe driver) [5mg / ml, 2ml ampoules - Quantity 10 amps]</p>	<u>Fentanyl patches</u>											
<p>4. Anticholinergic injection to reduce secretions Glycopyrronium (Robinul) 400 micrograms s/c tds prn (or 1.2mg / 24hrs via syringe driver) [200 micrograms / 1 ml, 3ml ampoules - Quantity 9 amps]</p>	<p>These are not a good choice for end of life analgesia primarily because dose titration is too slow. However, if the patient already has a patch in situ then continue to change this every third day. If breakthrough pain occurs give diamorphine injections either prn (see box below) or by continuous infusion via syringe driver (seek advice).</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Fentanyl patch strength microgram / hour</th> <th style="text-align: center;">Additional diamorphine S/C PRN dose</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">25 mcg / hr</td> <td style="text-align: center;">1.25 mg - 5 mg</td> </tr> <tr> <td style="text-align: center;">50mcg / hr</td> <td style="text-align: center;">7.5 mg - 10mg</td> </tr> <tr> <td style="text-align: center;">75mcg / hr</td> <td style="text-align: center;">12.5mg - 15mg</td> </tr> <tr> <td style="text-align: center;">100mcg / hr</td> <td style="text-align: center;">20mg</td> </tr> </tbody> </table>		Fentanyl patch strength microgram / hour	Additional diamorphine S/C PRN dose	25 mcg / hr	1.25 mg - 5 mg	50mcg / hr	7.5 mg - 10mg	75mcg / hr	12.5mg - 15mg	100mcg / hr	20mg
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<p>5. Lorazepam 1mg sublingual stat for dyspnoea or panic [Quantity 28 tabs]</p>												
<p>6. Water for injection 10ml [Quantity 10]</p>	<p>Remember that any calculation of breakthrough (prn) dose will need to take into account the Fentanyl and other opiates given</p>											

A GUIDE TO EQUIVALENT DOSES FOR OPIOID DRUGS

N.B. – this is to be used as a guide rather than a set of definitive equivalences. Most data on doses is based on single dose studies so is not necessarily applicable in chronic use, also individual patients may metabolise different drugs at varying rates. The advice is always to calculate doses using oral morphine as standard and to adjust them to suit the patient and the situation. Some of these doses have by necessity been rounded up or down to fit in with the preparations available.

Oral Morphine			Subcutaneous Morphine		Subcutaneous Diamorphine		Oral Oxycodone			Subcutaneous Oxycodone		Transdermal Fentanyl	Subcutaneous Alfentanil	
4 hr dose (mg)	12 hr SR dose (mg)	24 hr total dose (mg)	4 hr dose (mg)	24 hr total dose (mg)	4 hr dose (mg)	24 hr total dose (mg)	4 hr dose (mg)	12 hr SR dose (mg)	24 hr total dose (mg)	4 hr dose (mg)	24 hr total dose (mg)	Patch strength (micrograms)	4 hr dose (mg)	24 hr total dose (mg)
5	15	30	2.5	15	1.25	10	2.5	7.5	15	1.25	7.5	25mcg	0.125	1
10	30	60	5	30	2.5 -5	20	5	15	30	2.5	15	25mcg	0.25	1.5
15	45	90	7.5	45	5	30	7.5	25	50	3.75	25	25mcg	0.5	3
20	60	120	10	60	7.5	40	10	30	60	5	30	50mcg	0.75	4
30	90	180	15	90	10	60	15	45	90	7.5	45	50mcg	1	6
40	120	240	20	120	12.5	80	20	60	120	10	60	75mcg	1.25	8
50	150	300	25	150	15	100	25	75	150	12.5	75	75mcg	1.5	10
60	180	360	30	180	20	120	30	90	180	15	90	100mcg	2	12
70	210	420	35	210	25	140	35	105	210	17.5	100	125mcg	2.5	14
80	240	480	40	240	27.5	160	40	120	240	20	120	125mcg	2.5	16
90	270	540	45	270	30	180	45	135	270	max	135	150mcg	3	18
100	300	600	50	300	35	200	50	150	300	s/c	150	150mcg	3.5	20
110	330	660	55	330	37.5	220	55	165	330	vol	165	175mcg	3.75	22
120	360	720	60	360	40	240	60	180	360		180	200mcg	4	24

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