

Name:

CHI Number:

DOB:

Anticipatory “as required” (prn) prescription

Use with attached guidelines.

Address:

Date	Drug Name	Indication	Minimum Interval (hours)	Dose (Always start with the lowest dose)	Max total dose in 24 hours (including any in a syringe driver)	Prescriber's signature and print name and GMC / NMC number	Discontinued date and signature / GMC or NMC number. Cross through whole line clearly
	Opiate	Pain / breathlessness	1		-		
	Midazolam	Agitation / severe breathlessness	1*	2 to 5mg	-		
	Levomepromazine	Nausea	4	2.5 to 5mg	37.5mg		
	Levomepromazine	Severe agitation	2	10 to 20mg	150mg		
	Hyoscine butylbromide	Respiratory secretions	1	20mg	160mg		

If fentanyl patch in situ, document patch strength and equivalent 24 hour opiate dose (25 mcg/hr fentanyl = 30mg sc morphine or 15mg sc oxycodone over 24 hours). **Do not remove patch – continue to renew every three days, but take into account when calculating breakthrough dose.**

Fentanyl / buprenorphine patch strength:	Equivalent 24 hour dose morphine / oxycodone (delete as appropriate): mg	1/6 of equivalent dose = mg Add this to any breakthrough dose calculated from syringe driver background dose.
--	---	--

*If repeated (2 or three times) hourly doses of Midazolam required, then seek advice.

Anticipatory Subcutaneous Syringe Driver Prescription

Use with guidelines available on prescribing syringe drivers in Scottish Palliative Care Guidelines.

Date	Drug Name	Diluent - Generally water for injection (WFI) - Never use 0.9% sodium chloride with cyclizine (must be WFI) - Use 0.9% sodium chloride with ketorolac, ketamine, octreotide, furosemide or methadone	Indication to start - where OR is written below, choose one option depending on if on background opiate or benzodiazepine already	Starting dose over 24 hours - Opiates in words and figures	Incremental dose - No more than 1/3 increase for opiates - Only use this increment if appropriate breakthroughs administered	Prescriber's signature and print name and GMC / NMC number	Discontinued date and signature / GMC or NMC number. Cross through whole line clearly
	Opiate		Unable to swallow OR persistent pain / breathlessness				
	Midazolam		Unable to swallow OR agitation / breathlessness				
	Levomepromazine		Nausea				
	Levomepromazine		Severe agitation	25 to 50mg			
	Hyoscine butylbromide		Respiratory secretions	60 to 120mg			

Guidelines

- There are comprehensive guidelines available on the Scottish Guidelines website or books which have been distributed through D&G.
- **Drugs prescribed should be obtained from a pharmacy at the time of prescribing this chart.**
- For all symptoms, non-drug treatment should also be considered.
- If you are uncertain how to prescribe or need further guidance on the use of these drugs, please contact the Specialist Palliative Care Team (24/7 advice available) or look at the Scottish Guidelines as needed.
- **Only administer these medications if the patient has symptoms, not just in case they develop them.**
- **Always start with the lowest dose in a range for prn medications.** If the initial dose does not last for 4 hours, then increase to the higher prn dose (**call for advice if very unsettled / does not last for 4 hours**). The **exception** is for **COVID – 19 patients with severe respiratory distress** in last hours of life it may be appropriate to start with the higher dose in the range for agitation / breathlessness – call for advice if unsure.
- When changing the dose, cross through the discontinued line clearly.

Syringe Driver Chart

- This can be completed in advance if someone is on a stable background oral opiate or benzodiazepine and is approaching end of life. The chart should be completed with the equivalent dose of subcutaneous opiate or benzodiazepine if unable to swallow (see charts if uncertain).
- If prescribing in anticipation of end of life and not on any background opiate or benzodiazepine, but there is an expectation they may be needed (eg Covid, then 10mg – 20mg morphine over 24 hours (5mg-10mg oxycodone if moderate renal impairment); and 10mg-20mg midazolam over 24 hours is reasonable.
- Levomepromazine is long acting, so if not on antiemetic pre-syringe driver, use prn for 24 hours.
- Hyoscine butylbromide should be started at 120mg over 24 hours for most people with audible secretions. If aware of dry mouth and only mild secretions, start at 60mg.
 - **The driver should only be commenced if there is an indication to do so (eg) pain / breathlessness, and only using drugs there is an indication for.**
 - For example, a patient has pain, breathlessness and is anxious as they are dying, but has no secretions nor nausea. Start the opiate and midazolam, but not hyoscine or antiemetic.
 - **Start with the lowest dose unless severe distress or high prn dose needed to “settle” at time of commencing driver.**

Conversion Charts

When converting between opiates and benzodiazepines, **there is no exact equivalence**, therefore all conversions are approximate. Patients undergoing an opiate conversion should be advised about the possibility of over- and under-dosing and should have access to breakthrough medications, and advice on signs of toxicity. For detailed guidance on individual drugs and starting doses or pain assessment and pain management, please refer to the Scottish Palliative Care Guidelines. Some doses have been rounded up / down slightly for simplicity.

Morphine					Oxycodone					Diamorphine	Alfentanil	Hydromorphone	Hydromorphone
24h PO dose (mg)	12h PO dose (mg)	24h SC dose (mg)	Breakthrough dose (mg) PO	Breakthrough dose (mg) SC	24h PO dose (mg)	12h PO dose (mg)	24h SC dose (mg)	Breakthrough dose (mg) PO	Breakthrough dose (mg) SC	24 hour SC dose	24 hour sc dose	24h PO dose (mg)	24h SC dose (mg)
10	5	5	2	1	5	-	2	1	0.5	3	0.5	1.3	0.5
20	10	10	2	1	10	5	5	2	1	7	0.7	2.6	1
30	15	15	5	2	15	-	7	2	1	10	1	4 (starting dose for MR preparation is 2mg bd)	2
40	20	20	6	3	20	10	10	3	2	12	1.2	5	2.5
50	25	25	8	4	25	-	12	4	2	15	1.5	6	3
60	30	30	10	5	30	15	15	5	2	20	2	8	4
90	45	45	15	7	40	20	20	6	3	30	3	12	6
100	50	50	15	8	50	25	25	8	3	30	3	-	-
200	100	100	30	15	100	50	50	15	6	60	6	26	13

Fentanyl patches have different conversions in different places (Manufacturers and Palliative Care Formulary (PCF) are different). 25 mcg/hr is equivalent to 60-90mg po morphine in 24 hours.

Buprenorphine patches: 12mcg/hr is equivalent to 12mg po morphine in 24 hours.

Benzodiazepines (from PCF)

Approximate equivalent dose of 2.5mg SC midazolam		
Chlordiazepoxide 12.5mg PO	Nitrazepam 5mg PO	Lorazepam 500mcg PO
Clonazepam 250mcg PO / SC	Temazepam 10mg PO	Diazepam 5mg PO