

PAIN

1. Reposition
2. Provide a reassuring presence
3. Use a calm voice
4. Use touch e.g. hand massage
5. Hot water bottle/heat pad or ice pack

6. Consider **Paracetamol suppositories 1g** rectally up to four times a day and/or
7. Consider **Diclofenac suppositories 50mg** rectally up to three times a day

8. Consider opiate medication

Informal carer able to give

An informal carer who is trained or a visiting healthcare professional can administer a subcutaneous injection

Consider indwelling butterfly soft set line to avoid repeated piercing of the skin to deliver medicine

Transmucosal fentanyl (Abstral)

Start with 100mcg under the tongue or inside of the cheek and repeat after 10-15 minutes if necessary. This can be repeated after 2-4 hours and up to four pain episodes in a day. If it seems as though bigger doses of Abstral are needed speak to a healthcare professional.

Subcutaneous injection of opiate medication from the JIC box:

If patient not already on an opiate medication first line prescription will be

Morphine sulphate 2.5-5mg subcutaneous injection up to hourly

If patient is already on an opiate medication the dose and/or drug will be different: higher dose of morphine sulphate or e.g. oxycodone, fentanyl, alfentanil

9. If 2-3 doses of opiate pain killer are required contact healthcare professional to either administer subcutaneous medication or to reassess the situation

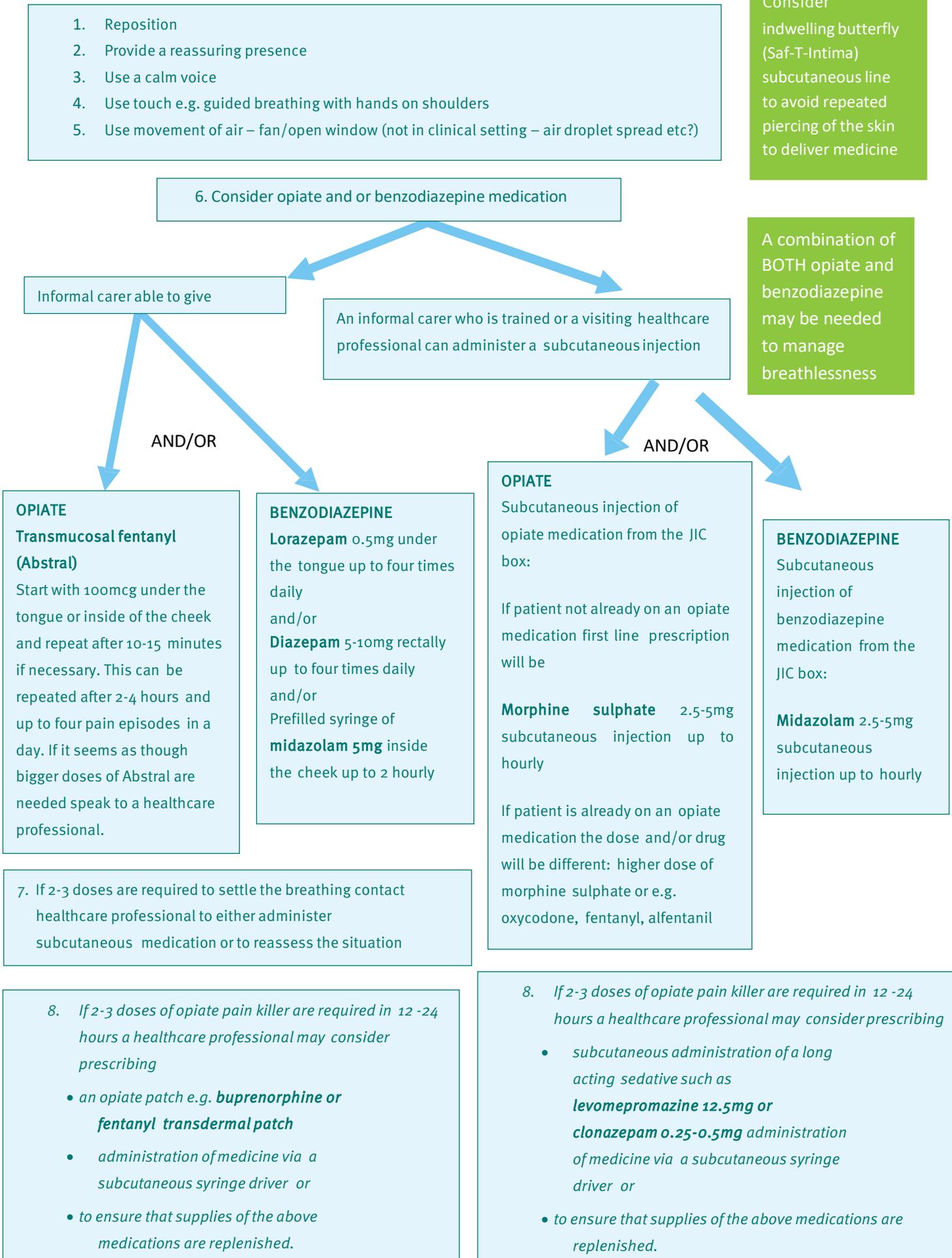
10. If 2-3 doses of opiate pain killer are required in 12 -24 hours a healthcare professional may consider prescribing

- an opiate patch e.g. **buprenorphine or fentanyl transdermal patch** or
- administration of medicine via a subcutaneous syringe driver or
- to ensure that supplies of the above medications are replenished.

BREATHLESSNESS

Consider indwelling butterfly (Saf-T-Intima) subcutaneous line to avoid repeated piercing of the skin to deliver medicine

A combination of BOTH opiate and benzodiazepine may be needed to manage breathlessness



AGITATION

1. Reposition
2. Provide a reassuring presence
3. Use a calm voice
4. Use touch e.g. hand massage
5. Address pain and other sources of possible distress e.g. bowels, bladder

Consider indwelling butterfly (Saf-T- Intima) subcutaneous line to avoid repeated piercing of the skin to deliver medicine

6. Consider benzodiazepine medication

Informal carer can give

An informal carer who is trained or a visiting healthcare professional can administer a subcutaneous injection

Lorazepam 0.5mg under the tongue up to four times daily
and/or
Diazepam 5-10mg rectally up to four times daily
and/or
Prefilled syringe of **midazolam 5mg** inside the cheek up to 2 hourly

Subcutaneous injection of benzodiazepine medication from the JIC box:
Midazolam 2.5-5mg subcutaneous injection up to hourly

7. If 2-3 doses benzodiazepine medication are required contact healthcare professional to either administer subcutaneous medication or to reassess the situation

8. If 2-3 doses of benzodiazepine are required in 12 -24 hours a healthcare professional may consider prescribing
 - subcutaneous administration of a long acting sedative such as **levomepromazine** 25 mg (12.5mg elderly) or **clonazepam** 0.5mg (0.25mg elderly)
 - or
 - administration of medicine via a syringe driver or
 - to ensure that supplies of the above medications are replenished

RESPIRATORY SECRETIONS

1. Reposition – place patient on left side
2. Provide a reassuring presence
3. Use a calm voice
4. Use touch e.g. hand massage
5. Be mindful that when patients are dying most respiratory noises are simply due to breath bubbling through the moisture at the back of the throat that is not being coughed away as it would be in someone who is more awake. Patients tend not to show any signs of distress such as frowning or attempts at choking. Medication has limited impact.

6. Consider anticholinergic medication

Informal carer can give

An informal carer who is trained or a visiting healthcare professional can administer a subcutaneous injection

Consider indwelling butterfly (Saf-T-Intima) subcutaneous line to avoid repeated piercing of the skin to deliver medicine

Atropine 1% ophthalmic solution 4 drops under the tongue up to 4 hourly
or
Hyoscine hydrobromide tablets (Kwells) 300mcg under the tongue up to 8 hourly

Subcutaneous injection of anticholinergic medication from the JIC box:

Hyoscine hydrobromide 0.4mg subcutaneous injection up to 2 hourly
or
Hyoscine butylbromide 20mg subcutaneous injection up to 2 hourly
or
Glycopyrronium 0.2mg subcutaneous injection up to 4 hourly or
Hyoscine hydrobromide transdermal patch (Scopoderm) 1mg/72 hours

7. If 2-3 doses anticholinergic medication are required contact healthcare professional to either administer subcutaneous medication or to reassess the situation

8. If 2-3 doses of anti-secretory medication are required in 12 -24 hours a healthcare professional may consider a prescribing
 - a **Hyoscine hydrobromide transdermal patch** (Scopoderm) 1mg/72 hours or
 - administration of medicine via a syringe driver or
 - to ensure that supplies of the above medications are replenished.

NAUSEA/VOMITING

1. Provide a reassuring presence
2. Use a calm voice
3. Use touch e.g. hand massage
4. Avoid cooking smells, strong or aromatic fragrances

6. Consider anti-sickness medication

Informal carer can give

An informal carer who is trained or a visiting healthcare professional can administer a

Prochlorperazine (Buccastem) 3-6mg inside the cheek up to 12mg/day

or

Domperidone 30mg rectally up to twice daily

or

Ondansetron suppositories 16mg rectally once daily

or

Onlanzepine 5mg orodispersible up to twice daily

Subcutaneous injection of anti-sickness medication from the JIC box:

Metoclopramide 10mg subcutaneous injection up to three times daily

or

Levomopromazine 6.25mg subcutaneous injection up to four times daily

or

Cyclizine 50mg subcutaneous injection up to three times daily

or

Haloperidol 1.5-3mg subcutaneous injection up to four times daily

Consider indwelling butterfly (Saf-T-Intima) subcutaneous line to avoid repeated piercing of the skin to deliver medicine

7. If 2-3 doses anti-sickness medication are required contact healthcare professional to either administer subcutaneous medication or to reassess the situation

8. If 2-3 doses of anti-sickness medication are required in 12 -24 hours a healthcare professional may consider a prescribing

- a **Hyoscine hydrobromide transdermal patch** (Scopoderm) 1mg/72 hours or
- administration of medicine via a syringe driver
- or
- to ensure that supplies of the above medications are replenished.

FEVER

1. Consider environment: heating, flow of air, opening windows, a fan
2. Tepid sponging or a cool flannel can be soothing
3. Consider **Paracetamol suppositories 1g** rectally up to four times a day and/or
4. Consider **Diclofenac suppositories 50mg** rectally up to three times a day