End of life management of respiratory secretions



This guidance provides first line management alongside alternative medications and routes of administration for patients with palliative care needs **in the last days of life**. For palliative management of these symptoms earlier in a person's illness, please see MD163 Early management of secretions in the Kirkwood toolkit.

Upper respiratory secretions at end of life

Respiratory secretions are a common symptom at the end of life, and may be distressing for families and carers. In the first instance, simple measures such as repositioning and an explanation of the nature of the secretions may be all that is required to help. If the person is distressed by their secretions, the following pharmacological treatments are available:

First line: HYOSCINE BUTYLBROMIDE

- PRN dose: 20mg SC
- Initial syringe driver dose: 60mg/24hrs (WFI or 0.9% saline)
- Maximum dose: 120mg/24hrs.
- Available formulations: 20mg/ml (1ml amp)

If first line unavailable: GLYCOPYRRONIUM BROMIDE

- PRN dose: 200micrograms SC
- Initial syringe driver dose 600micrograms/24hrs
- Maximum dose: 1200micrograms/24hrs (WFI or 0.9% saline). Please check compatibility if combining with other drugs
- Available formulations: 200mcg/ml (1ml & 3ml amps)

If second line unavailable: HYOSCINE HYDROBROMIDE

- PRN dose: 400micrograms SC
- Initial syringe driver dose: 1200micrograms/24hrs (WFI or 0.9% saline)
- Maximum dose 1600micrograms/24hrs

If syringe driver unavailable: HYOSCINE HYDROBROMIDE TD PATCH

- Starting dose 1mg patch, changed every 72hrs
- Maximum dose 2 patches (2mg/72hrs)

Suctioning

Respiratory tract suctioning has been identified by Public Health England as an aerosol-generating procedure (AGP) and therefore may be associated with increased risk of respiratory transmission of COVID-19. We would therefore recommend that a risk assessment should be conducted prior to any consideration of the use of suction, and if determined to be necessary, that adequate FFP3 protection be in place as per PHE guidance.