

FACTSHEET: RESPIRATORY SECRETIONS

The following guidance is for management of upper respiratory secretions in patients with life-limiting illnesses, depending on cause and stage of life

EARLY MANAGEMENT

For those who are earlier in their illness, able to manage oral or liquid medications, and not in terminal phase. It helps to separate secretions into those which are thin and watery, or thick and tenacious.

For all patient, please review fluid intake especially with those with enteral feeding tubes.

THIN AND WATERY SECRETIONS

1st line – HYOSCINE HYDROBROMIDE (PATCH)

Initial dose: 1mg/72hrs

Max dose: 2mg/72hrs

May cause local irritation or antimuscarinic side effects (drowsiness, postural hypotension, urinary retention, constipation, delirium)

2nd line – AMITRIPTYLINE (TABLETS/SUSPENSION)

Initial dose: 10mg nocte

Max dose: 50mg

May cause antimuscarinic side effects

Avoid if there is a history of cardiac arrhythmia

Alternatives:

- **ATROPINE DROPS (1% OPHTHALMIC SOLUTION).** Initial dose 4 drops on tongue QDS. May cause tachycardia
- **GLYCOPYRRONIUM BROMIDE (1MG/5ML SUSPENSION).** Initial dose 200micrograms TDS, can be increased every 2-3 days to max 1mg TDS. Tablets are available but are expensive.

THICK AND TENACIOUS SECRETIONS

1st line – NON- PHARMACOLOGICAL

Pineapple juice – either as a drink or for mouth care (contains proteolytic enzymes)

Avoid dairy products

2nd line – CARBOCISTEINE (CAPSULES OR LIQUID)

Initial dose: 750mg TDS

May cause occasional dyspepsia

3rd line – SALINE 0.9% NEBULISED SOLUTION

Initial dose: 2.5-5ml PRN/QDS

SECRETIONS AT THE END OF LIFE



Respiratory secretions are common 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 (20MG/1ML AMPOULES)

PRN dose: 20mg SC

Initial syringe driver dose: 60mg/24hrs

Dilute with WFI or 0.9% saline

Maximum dose: 120mg/24hrs (for secretions, higher doses are used for colic)

Alternatives

We would suggest the following alternative medications be reserved solely for situations where hyoscine butylbromide is unavailable, or following specialist palliative care advice. These drugs are antimuscarinics so prescription in excess of maximum dose of hyoscine butylbromide (or in combination) is not indicated.

GLYCOPYRRONIUM BROMIDE (200mcg/ml in 1ml or 3ml ampoules)

- PRN dose: 200micrograms SC
- Initial syringe driver dose 600micrograms/24hrs
- Maximum dose: 1200micrograms/24hrs
- Dilute with WFI or 0.9% saline
- Please check compatibility if combining with other drugs – limited options for mixing drugs

HYOSCINE HYDROBROMIDE (400mcg/1ml ampoules)

- PRN dose: 400micrograms SC
- Initial syringe driver dose: 1200micrograms/24hrs (WFI or 0.9% saline)
- Maximum dose 1600micrograms/24hrs
- More likely to cause drowsiness and delirium than hyoscine butylbromide

FOR FURTHER ADVICE

Please contact The Kirkwood 24 hour advice line on 01484 557910