

## Guidance on prescribing anticipatory medications

Anticipatory medicines are as required (PRN) injectable medications prescribed in palliative care to manage the common symptoms that may be experienced towards the end of life. Clinical judgement is required in each case, but the standard recommended anticipatory medications to be prescribed are as follows:

Group	Drug	Dose and indication	Maximum dose
(1) Opioid	Either: <b>MORPHINE SULPHATE INJECTION (10MG/ML)</b> <ul style="list-style-type: none"> <li>Patients with normal renal function/mild renal impairment</li> <li>Patients on regular morphine sulphate</li> </ul> Or: <b>OXYCODONE INJECTION (10MG/ML)</b> <ul style="list-style-type: none"> <li>Patients with moderate to severe renal impairment</li> <li>Patients on regular oxycodone</li> </ul>	Pain/dyspnoea: 2.5-5mg SC (if not on regular opioid) See conversion charts if on regular opioid*  Pain/dyspnoea: 1.25-2.5mg SC (if not on regular opioid) See conversion chart if on regular opioid*	No defined maximum dose, assess response and opiate sensitivity.  If no improvement and symptoms remain severe after 1 hour the dose can be repeated once. Following this allow 4 hours between doses where possible and review background opioid dose if effective.
(2) Benzodiazepine	<b>MIDAZOLAM (10MG/2ML)</b>	Breathlessness/restlessness: 2.5-5mg SC  Seizures/large haemorrhage: 5-10mg SC	Community: 80mg/24hrs Inpatient unit: 120mg/24hrs
(3) Antiemetic/antipsychotic	Either: <b>HALOPERIDOL (5mg/ml)</b>  Or: <b>LEVOMEPRMAZINE (25mg/ml)</b>	Nausea, vomiting, hallucinations: 0.5-3mg SC  Nausea, vomiting, hallucinations: 6.25-12.5mg SC	10mg/24hrs (Will accumulate in renal failure)  Community: 25mg/24hrs Higher doses may be required for management of terminal agitation – seek specialist advice  Inpatient unit: 25mg/24hrs for nausea 300mg/24hrs for terminal agitation
(4) Antisecretory/antispasmodic	<b>HYOSCINE BUTYLBROMIDE (20mg/ml)</b>	Respiratory secretions/colic : 20mg SC	Secretions: 120mg/24hrs  Colic: 300mg/24hrs
(5) Diluent	<b>WATER FOR INJECTION (10ML)</b>	Diluent for above medication	-

\*PRN subcutaneous opioid doses are typically 1/6 of **total daily subcutaneous opioid equivalent** dose. Please see MD161 Opioid conversion chart in the Kirkwood Toolkit