POLICY FOR ANTICIPATORY PRESCRIBING FOR PATIENTS WITH A TERMINAL ILLNESS
“Just in Case”

DOCUMENT NO: 116

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Community Health Services Pharmacist

Developed by: Originally developed and implemented in Cambridge City and South Cambridgeshire PCT by Sarah Woodley and Dr Angela Steele GP Macmillan Facilitator in March 2007. Updated by the Palliative Care Policy task and finish group in Cambridgeshire Community Services in March 2008 then updated in June 2010 by Sarah Woodley in consultation with palliative care specialists.

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Date ratified:

Version Control And Revisions:

<table>
<thead>
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<th>Version</th>
<th>Page/Para No.</th>
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<th>Date approved</th>
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<tr>
<td>1</td>
<td></td>
<td>First published for CCS NHS Trust</td>
<td>March 2008</td>
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<tr>
<td>2</td>
<td></td>
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<td>October 2009</td>
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<td>3</td>
<td>Whole document</td>
<td>• Reformatted and rearranged with minor amendments to text with no change in meaning. • Changed references to PCT and CCS to refer to CCS NHS Trust. • Referred to Department of Health End of Life care Strategy, 2008. • Combined aims and objectives into one paragraph. • Changed telephone number for ordering bags, leaflets and charts</td>
<td>September 2010</td>
</tr>
</tbody>
</table>
| 5.1 Process | • Included recommendation that medicines are prescribed in a quantity that can be dispensed in the manufacturer’s original pack where possible.  
• Added that recommended brand for sublingual lorazepam (Genus) and a note that this is unlicensed method of use.  
• Included details of how medicines should be prescribed on the prescription chart.  
• Included midazolam (Schedule 3 CD) |
| 5.3 Managing in Just in case bag in the home | • Added reference to the new Controlled Drug Balance Record Form for Domiciliary Use.  
• Added that the nurse must also record midazolam (Schedule 3 CD)  
• Amended to “The nurse must check the contents of the Just in Case bag after one week and carry out a risk assessment for each individual patient to decide how often the just in case medicines need to be checked, this must be documented. The Just in Case medicines must be checked at least once every 4 weeks.”  
• Amended to “if the nurse cannot account for all of the controlled drugs, after enquiry with the family and healthcare team, the team leader must inform the Accountable Officer and complete an incident form”. |
| 5.4 Administration from the bag | • Added: “The nurse must reassess / review the frequency of checks in accordance with the patient’s needs”. |
| 5.5 Disposal | • Amended to “a family member should return all medicines to a community pharmacy or dispensary”  
• Added that medicines must not be returned to stock  
• Included reference to NPSA alert on reducing dosing errors with opioid medicines  
• Reference to audit undertaken. |
| 6. Risk Management | • Added “every member of the healthcare team has a responsibility to check that the intended dose of an opioid medicine is safe for the individual patient. When opioid medicines are prescribed, dispensed or administered, the healthcare practitioner concerned should be familiar with the usual starting dose, frequency of administration, standard dosing increments, symptoms of overdose and common side effects”.  
• Removed leaflets (these will be available separately on the CCS NHS Trust website) and audit form. |

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**Purpose of document:**
To provide a safe framework for anticipatory prescribing and administration of medicines for patients with a terminal illness in line with national guidance and legislation.

**Dissemination:**
Healthcare staff in CCS NHS Trust will be informed via the Communication Cascade. Within CCS NHS Trust: relevant to Prescribers, District Nurses, Out of hours nurses, Clinical Nurse Specialists Palliative Care, Hospice at Home, Hospice and Community Hospital wards. Other organisations for information: NHS Cambridgeshire Medicines Management Team, GPs, Local Pharmaceutical Committee, Addenbrookes Hospital, Hinchingbrooke Hospital, Papworth Hospital. Available on the Cambridgeshire Community Services NHS Trust website, [CCS NHS Trust Website](#).

**Implementation:**
This policy will be implemented by Clinical Nurse Specialists in Palliative care, District Nursing Sisters and Assistant Locality Managers.

**Review:**
By Community Health Services Pharmacist
Review date: September 2012 or earlier if there is new national guidance, changes in treatment or legislation.

**This document supports:**
- Misuse of Drugs Regulations 2001 and subsequent amendments
- Department of Health End of Life care Strategy 2008
- Gold Standards Framework
- NHSLA 2010/11
- NPSA

**Key related documents:**
This policy replaces the former Cambridgeshire Community Services Policy and Procedure for Anticipatory Prescribing in Patients with a Terminal Illness March 2008
Other documents:
- Cambridgeshire Community Services NHS Trust Medicines Management Policy and associated Medicine Management Standard Operating Procedures
- Policy and Procedure on the use of Syringe Drivers for Continuous Subcutaneous Infusions in Adults

**Equality & Diversity:**
The lead author/initiator(s) has carried out a rapid Equality and Diversity Impact Assessment on this document. YES

**Financial Implications:**
This document does not have any financial implications on the organisation. Just in case bags, leaflets and prescription charts are funded by NHSC.

**Key word search**
“Just in Case”, Anticipatory Prescribing, Palliative care, Medicines
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1.0 INTRODUCTION

Patients with a terminal illness often experience new or worsening symptoms for which they require urgent medication. It is essential that these patients and the healthcare professionals looking after them have easy access to the medicines that can help them immediately if their condition deteriorates suddenly at any time of the day or night, as is common in terminal illness.

Access to palliative care medicines, proactive management of symptoms and anticipation of patient’s future needs are key components of:

• Department of Health End of Life care Strategy, 2008
• Gold Standards Framework, Control of Symptoms and Care in the Dying Phase
• Improving Supportive and Palliative Care for Adults with Cancer - NICE guidance, 2004
• Department of Health Guidance, Securing Proper Access to Medicines in the Out of Hours Period, 2004

2.0 OBJECTIVES

This policy aims to:

• Support patient choice if they wish to remain at home.
• Improve access to palliative care medicines in the community.
• Avoid the distress caused to patients, carers and healthcare staff due to not having the correct medicine readily available.
• Encourage prescribers to anticipate common symptoms in the terminal phase e.g. pain, secretions and agitation, and prescribe sufficient quantities of the appropriate medication which is dispensed and kept in the patient’s home.
• Ensure prescribing complies with current legislation and takes place in a clear and safe manner that is understood by healthcare staff responsible for dispensing and administering the medication.
• Provide a safe framework for the use of palliative care medicines in the home.
• Help prevent unnecessary hospital admissions.

3.0 ROLES AND RESPONSIBILITIES

3.1 Managers and Team leaders

• Ensure that the most recent version of the policy is available for use and any previous versions are removed from use.
• Ensure that staff have read and understood the policy.
• Ensure that staff have the necessary training and competencies.
• Ensure on-going induction of new staff to this protocol
• Ensure that incidents and near misses are reported using the web-based Incident Reporting System (DATIX).
• Ensure that medicines are handled in accordance with all Trust medicines management policies, and that the necessary equipment and supplies are available.
• Ensure that a supply of Just in Case bags, leaflets and community prescription charts are available in all areas where they may be used

3.2 Prescriber

(The term Prescriber includes the doctor, nurse independent prescriber, or supplementary prescriber in accordance with individual patient clinical management plan)

• Identify relevant patients ahead of need.
• Prescribe appropriate medications on form FP10, ensuring that prescriptions comply with current requirements of the Misuse of Drugs Regulations.
• Complete the community prescription chart for the as required /anticipatory medication to be given by subcutaneous injection.
• Ensure the prescription and medicines supplied reflect the individual needs of the patient but include one drug for each indication.
• Ensure that anticipatory medication is reviewed regularly, at least once a month and after any known change in circumstances.
• Explain the purpose of the Just in Case bag to the patient and carers and how and when the medication will be used.
• Ensure clear instructions for the use of each medicine are provided.
• Ensure the patient and carer receive verbal and written information on the Just in case bag and how to use the Lorazepam tablets. (See leaflets on CCS NHS Trust Website).
• Ensure the patient and carer know whom to contact out of hours should any symptoms or problems occur.
• Place a note on the patient’s record to indicate that a Just in Case bag is held in the home.

3.3 Registered Nurse

• Identify relevant patients ahead of need.
• Liaise with the doctor regarding prescriptions and supply of the medication to go into the Just in Case bag.
• Ensure adequate supplies of equipment (e.g. needles, syringes, sharps bin etc) are available in the home to administer the medication.
• Ensure adequate stocks of Just in Case bags and leaflets are available. (Bags and leaflets are obtained from Arthur Rank House 01223 723136).
• Explain the purpose of the Just in Case bag to the patient and carers and how and when the medication will be used.
• Ensure the patient and carer receive verbal and written information on the Just in case bag and how to use the Lorazepam tablets (See leaflets on CCS NHS Trust Website).
• Ensure the patient and carer know whom to contact out of hours should any symptoms or problems occur.
• Ensure that appropriate records of receipt and administration of Schedule 2 Controlled Drugs (e.g. diamorphine and midazolam) are kept.
• Inform the doctor when medication from the Just in Case bag has been used.
• Check the medicines in the Just in Case bag in accordance with this policy to ensure that nothing has been used, removed or expired without being recorded. Record this check in the patient’s notes.
Understand that in exceptional circumstances Registered Nurses may transport the medication directly between the pharmacy and the patient’s home if necessary in accordance with Cambridgeshire Community Services NHS Trust medicines policy.

• Ensure Just in Case bags and their contents are disposed of in accordance with CCS NHS Trust policy.

• Ensure that all medicines are stored and handled in accordance with Cambridgeshire Community Services NHS Trust policies and procedures.

• Ensure that they have received the necessary training and maintain and update their knowledge and skills in the relevant areas of practice. A record of CPD must be maintained as evidence.

• Ensure that, after an episode of care, the patient’s notes are returned to base.

3.4 Pharmacist / Dispenser

• Ensure medication is dispensed in a timely manner as prescribed for the individual patient.

• Ensure that a patient or carer receives appropriate information and advice to support them in gaining best effect from any medicines supplied. This includes making clear any indefinite instructions such as “as required” or “as directed”.

• For each medicine supplied include the expiry date and manufacturer’s patient information leaflet.

• Label injections to inform the patient that they are for professional administration only.

• Ensure that returned Just in Case bags (including controlled drugs) are disposed of appropriately. The medicines in the Just in Case bag are prescribed for the named patient only and are never used for any other patient.

4.0 GUIDANCE

4.1 Inclusion Criteria

• Patients with a terminal illness registered with a surgery within NHS Cambridgeshire and supported by District Nurses and/or Clinical Nurse Specialist in Palliative Care.

• Just in case boxes/bags should be considered for patients with a poor prognosis, where the condition is unpredictable or is likely to deteriorate rapidly, those living in isolated situations or during extended holiday periods.

4.2 Exclusions

• Patients where there is a history or suspicion of drug misuse among family members, carers or visitors to the house. Although patients in these circumstances can not have a Just in Case bag in the home, they will still receive appropriate medication when needed.

• Patients who are themselves unwilling to participate, or with carers who are unwilling to participate, for example; patients and/or carers may misinterpret anticipatory prescribing as provision for euthanasia or a Just in Case bag may cause increased anxiety that death is near. However, good communication, reassurance and the explanatory leaflet should help to allay fears.
5 PROCESS

See Appendix 1: Flow Chart of Process

5.1 Setting up Anticipatory Prescribing

- Nurses and GPs should identify relevant patients ahead of need.
- The prescriber must prescribe the appropriate medicines on the FP10 prescription form to reflect the individual needs of the patient taking into account current opioid use.
- The prescription should include one medicine for each of the following indications: pain, nausea and vomiting, respiratory secretions, agitation and anxiety.
- At least 5 ampoules of each medicine should be prescribed, but it is recommended that medicines are prescribed in a quantity that can be dispensed in the manufacturer’s original pack where possible.

The prescription is likely to include:

- Diamorphine or an alternative for pain
- Diluent (either sodium chloride 0.9% injection or water for injections)
- Haloperidol or levomepromazine for nausea and vomiting
- Midazolam for agitation
- Glycopyrronium or hyoscine butylbromide (Buscopan®) for respiratory secretions
- Oral lorazepam tablets (Genus brand) for sublingual use by the patient for anxiety. N.B. This is an unlicensed method of administration.

See Appendix 2: Subcutaneous Injections for Symptom Control in Palliative Care

For further information on prescribing refer to the Cambridgeshire Palliative Care Guidelines Group Fact sheets at http://www.arthurrankhouse.nhs.uk/default.asp?id=132

- The prescriber must write the subcutaneous anticipatory medicines on the community prescription chart with clear instructions for the use for each medicine, including:
  - Medicine name
  - Dose
  - Route
  - Frequency
  - Additional instructions such as indication for use and maximum dose in 24 hours.
  - Each entry must be signed and dated.

- The GP or nurse must explain the purpose of the Just In Case bag to patient and carer and explain that all items are for professional use only apart from lorazepam, which can be self-administered by the patient or administered by the carer in accordance with the instructions on the label and the written leaflet supplied.

5.2 Supply of Prescribed Medicines

- The FP10 prescription must be dispensed by the supplying pharmacy/surgery.
• In exceptional circumstances the medicines may be collected and transported by the Registered Nurse in accordance with Cambridgeshire Community Services NHS Trust Medicines Management policy.

• The dispensed medicines should be placed into a Just in Case bag by the nurse in the patient’s home.

5.3 Managing the Just in Case bag in the home

• Each Just in Case bag should contain:
  - A leaflet explaining the purpose of the Just in Case bag
  - A leaflet explaining how and when the lorazepam tablets are used

See CCS NHS Trust Website

• The nurse must record receipt of the Just in Case medication in the patient’s notes and ensure that the details on the outside of the bag are completed.

• The nurse must record the strength and quantity of injectable Schedule 2 Controlled Drugs and midazolam (Schedule 3) received on the community prescription chart, Controlled Drug Balance Record Form for Domiciliary Use or in the notes. The quantity of the Controlled Drug must be counted and recorded consistently each time it is used. (It is not necessary to record the balance of other injections or tablets).

• The nurse must ensure adequate supplies of equipment are available in the home for administration.

• The nurse must check the contents of the Just in Case bag after one week and carry out a risk assessment for each individual patient to decide how often the just in case medicines need to be checked; this must be documented. The Just in Case medicines must be checked at least once every 4 weeks. This is to ensure that nothing has been removed, used or expired without a record being made. If the nurse cannot account for all of the controlled drugs, after enquiry with the family and health care team, the team leader/manager must inform the Accountable Officer and complete an incident form.

• The prescriber must review the prescription together with the nurse at least once a month or after any changes to circumstances. This is to ensure that the medication in the Just in Case bag is appropriate both in terms of strength and type (NB - requirements may go up or down).

• Where circumstances change, a record must be made of the medications added or removed and the community prescription chart be updated.

5.4 Administration of Medicines from the Just in Case bag

When subcutaneous medication is administered from the Just in Case bag:

• The administering nurse/doctor must record the medicine and dose given on the community prescription chart and update the balance record of any controlled drugs used.

• It is not necessary to record the oral lorazepam on the chart, but a record should be made in the notes stating the reason for use.

• The patient’s GP must be informed.
• The nurse must reassess/review the frequency of checks in accordance with the patient's needs.

The GP or prescriber must:

• Review the patient's symptoms – the patient may need a change in dose or medicine prescribed
• Prescribe replacement medication if needed via FP10 prescription,
• Consider a regular prescription for symptom control
• Update the community prescription chart for any new medication or changes in dose/instructions.

5.5 Disposal

When the episode of care finishes:

• A family member should return all medicines to a community pharmacy or dispensary for disposal as soon as possible. This includes any Controlled Drugs.
• In exceptional circumstances, the registered nurse may return the drugs in accordance with Cambridgeshire Community Services NHS Trust policy.
• The medicines in the Just in Case bag are prescribed for the named patient only and must never be used for any other patient or returned to stock.

6.0 RISK MANAGEMENT / LIABILITY / MONITORING AND AUDIT

• The subcutaneous route is recommended for all injections. Many medicines administered via the subcutaneous route are not licensed for subcutaneous administration therefore their use is ‘off label’. The effective use of medicines via the subcutaneous route is well documented and the prescriber should be conversant with such evidence and the local policy on unlicensed medicines should be followed.
• The NPSA Safer Practice Notice 12 (May 2006) advises caution when prescribing parenteral diamorphine and morphine for patients who had not previously received doses of opiates. However, it is also important that clinicians have appropriate access to medicines of sufficient strengths and a good understanding of which medicine can be used to best effect. High dose morphine and diamorphine injections
• The NPSA Rapid Response Report (July 2008) aimed to reduce dosing errors with opioid medicines caused by a lack of understanding of how opioid medicines are dosed correctly, or inadequate checks on previous doses resulting in mismatching the needs of the patient with the dose prescribed. Every healthcare practitioner involved in prescribing, dispensing and administering opioid medicines has a responsibility to check that the intended dose is safe for the individual patient. Reducing dosing errors with opioid medicines
• The use of the Just in Case bags was audited in December 2009 in order to collect data relating to usage, cost and wastage of the medication in the Just in Case bag and this identified that there were many benefits to patients, healthcare professionals and the organisation. This audit may be repeated if required.
• Healthcare professionals and/or carers may be asked to complete a questionnaire to determine the problems and benefits of the scheme.
• Any incidents or near misses concerning Anticipatory Prescribing, and remedial action taken must be reported through the web based incident reporting system and any areas of concern will be incorporated into the annual audit programme.

7.0 TRAINING AND COMPETENCY
• This policy will be made available to all relevant healthcare staff.
• New healthcare staff to whom it applies are required to read the policy on induction.
• All healthcare staff must read the policy and must sign to say they have read and understood it. Staff should seek further advice from their clinical manager or Community Health Services Pharmacist if there are any aspects of the policy that they do not fully understand.
• Every member of the healthcare team has a responsibility to check that the intended dose of an opioid medicine is safe for the individual patient. When opioid medicines are prescribed, dispensed or administered, the healthcare practitioner concerned should be familiar with the usual starting dose, frequency of administration, standard dosing increments, symptoms of overdose and common side effects.
• Medicines should only be prescribed, dispensed and administered by staff that have the necessary knowledge and skills and are confident and competent to carry out this practice.
• Healthcare staff must identify their own training needs and inform their manager.
• The requirements for safe management of medicines may change due to changes in legislation or best practice guidance. It is therefore essential that all healthcare staff keep up to date with current practice. Staff should reflect on their medicines-related learning needs when discussing their Personal Development Plans with their manager.

8.0 EQUALITY & DIVERSITY STATEMENT
Cambridgeshire Community Services NHS Trust will ensure that this document is applied in a fair and reasonable manner that does not discriminate on such grounds as race, gender, disability, sexual orientation, age, religion or belief.

9.0 REFERENCES
• Cambridgeshire Palliative Care Guidelines Group Fact sheets at http://www.arthurrankhouse.nhs.uk/default.asp?id=132
• British National Formulary 59 March 2010, BMJ & RPS Publishing Group
• Gold Standards Framework; Examples of Good Practice Resource Guide “Just in Case Boxes” August 2006
• Department of Health End of Life care Strategy 2008
• Misuse of Drugs Regulations 2001
• NICE guidance “Improving Supportive and Palliative Care for Adults with Cancer”
• Department of Health Guidance “Securing Proper Access to Medicines in the Out of Hours Period”
• National Patient Safety Agency NPSA | National Patient Safety Agency
Appendix 1   Flow Chart of Process

District Nurses / Clinical Nurse Specialist Palliative Care / GPs identifies relevant patients ahead of need

Prescriber prescribes appropriate medications on form FP10

Prescriber writes the anticipatory medicines (except Lorazepam) on a Community Prescription chart for as Required / Anticipatory Medication and Stat Doses by Subcutaneous Injection

The GP, District Nurse or Clinical Nurse Specialist Palliative Care explains the purpose of the Just In Case bag to patient and carer and that all items are for professional use only (except lorazepam which can be used in accordance with the label and written leaflet supplied).

The FP10 prescription is dispensed by the supplying pharmacy/ dispensary

The nurse ensures adequate supplies of equipment are available in the home for administration

The dispensed medicines are placed in the Just in Case bag by the nurse in the patient’s home.

The nurse records receipt of the Just In Case medicines in the patient’s nursing notes.

The strength and quantity of Schedule 2 Controlled Drugs and midazolam (Schedule 3) received is recorded on the prescription chart, CD balance record form for domiciliary use, or in the notes.

The nurse checks the contents of the Just in Case bag after one week and carries out a risk assessment for each individual patient to decide how often the just in case medicines need to be checked, this must be documented. The Just in Case medicines must be checked and recorded consistently at least once every 4 weeks.

The prescription/medicines are reviewed by Prescriber at least once a month or after any changes to circumstances

When items are used:

The administering nurse/ doctor records the medicine and dose given on the Prescription chart and informs the patients GP.

The prescriber:

Reviews the patient’s symptoms, prescribes replacement medicines if needed via FP10 prescription, considers a regular prescription for symptom control and updates the prescription chart for any new medicines or changes in dose / instructions.

When episode of care finishes:

A family member returns all medicines to a pharmacy/dispensary for disposal as soon as possible. This includes any Controlled Drugs. (In exceptional circumstances, the registered nurse may return the drugs in accordance with the Trusts Medicines Management policy).

Returned medication must never be reused for any other patient or returned to stock.
Appendix 2  Subcutaneous Injections for Symptom Control in Palliative Care

- The medicines and doses included here are intended to be a guide for anticipatory prescribing. Other medicines or doses may be used according to individual need, local guidance and medicine availability. Additional advice should be obtained from your local hospice or the specialist palliative care team if needed.
- See also Cambridgeshire Palliative Care Guidelines Group Fact sheets [www.arthurrankhouse.nhs.uk](http://www.arthurrankhouse.nhs.uk).
- Further information is available from: [www.palliativedrugs.com](http://www.palliativedrugs.com) for general medicines information and [www.pallcare.info](http://www.pallcare.info) for information on medicine compatibilities.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Purpose</th>
<th>Dose range for bolus subcutaneous injection</th>
<th>Maximum dose in 24 hours</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diamorphine</strong> (Schedule 2 CD)</td>
<td>Analgesic</td>
<td>Starting dose 2.5mg to 5mg every 2 hours&lt;br&gt;See fact sheets or BNF for conversion from other opioid analgesics</td>
<td>No maximum but unusual to need more than 200mg</td>
<td>In patients needing rapid escalation of doses or doses above 200mg consult a specialist. A diluent <em>(water for injection or sodium chloride 0.9% injection)</em> must be prescribed for diamorphine.</td>
</tr>
<tr>
<td><strong>Glycopyrronium</strong></td>
<td>Reduce secretions</td>
<td>200micrograms to 400micrograms every 6 hours</td>
<td>1.6mg</td>
<td>Up to 2.4mg can be given by continuous subcutaneous infusion</td>
</tr>
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<td><strong>Haloperidol</strong></td>
<td>Antiemetic</td>
<td>1mg to 2.5mg once or twice a day</td>
<td>5mg</td>
<td></td>
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<tr>
<td></td>
<td>Anxiety/agitation</td>
<td>2.5mg to 5mg repeat every 30 minutes if required</td>
<td>20mg</td>
<td>Consider lorazepam 0.5mg to 1mg sublingually for the patient to take whilst waiting for professional support</td>
</tr>
<tr>
<td><strong>Hyoscine Butylbromide</strong></td>
<td>Anti-spasmodic / intestinal colic</td>
<td>20mg every 4 hours</td>
<td>120mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bronchial secretions</td>
<td>20mg every 4 hours</td>
<td>120mg</td>
<td></td>
</tr>
<tr>
<td><strong>Levomepromazine</strong></td>
<td>Antiemetic</td>
<td>5mg once or twice a day</td>
<td>10mg</td>
<td>Long half life, can be given as a single dose at night if sedation a problem</td>
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<tr>
<td></td>
<td>Terminal agitation</td>
<td>25mg every 4 hours&lt;br&gt;Start with 12.5mg in elderly patients</td>
<td>150mg</td>
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<tr>
<td><strong>Midazolam</strong> (Schedule 3 CD)</td>
<td>Anxiety</td>
<td>2.5mg to 5mg every 2 hours</td>
<td>60mg</td>
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<tr>
<td></td>
<td>Terminal agitation / confusion</td>
<td>2.5mg to 5mg every 2 hours</td>
<td>60mg</td>
<td>Higher doses may be given by continuous subcutaneous infusion</td>
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<tr>
<td></td>
<td>Anticonvulsant</td>
<td>5mg to 10mg repeated if required</td>
<td>60mg</td>
<td>The buccal route may be used for patients who are fitting</td>
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