Subcutaneous Medication Sheet (medication chart for community administration of subcutaneous as required medication and continuous infusion via syringe driver)

Patient name……	GP Surgery……..Contact……
NHS no……DOB……..	DN team……Contact……
Address……	Discharging Ward……Ext……
……	Care Destination……Discharge date……

Drug allergies/sensitivities:……
Reaction:……

PRESCRIBING GUIDANCE

- Anticipatory prescribing should include as required (PRN) medication to manage all of the common symptoms people *may* experience at EOL (pain/ breathlessness, nausea/vomiting, agitation, and respiratory secretions).
- When prescribing for patients with an eGFR <30 Ml/min consult the Renal anticipatory prescribing guidance.
- For patients prescribed a regular opioid calculate the PRN dose at 1/6th of the usual 24hr opioid dose.
- For opioid naive patients consider the APG PRN starting doses.
- A patient specific range may be acceptable for each PRN medication.
- PRN doses should not be administered via the syringe driver port.
- Assess and document the effectiveness of any intervention. Review prescribing at least daily. Frequent PRN doses or uncontrolled symptoms indicate the need for a clinical review and may require specialist palliative care advice.

Prescribing advice is available via:

- Palliative Care Advice Line: 01736 757707 - Advice is available 24 hours a day, 7 days a week
- RCHT Hospital Specialist Palliative Care Team: bleep 3055 7 days 8-4
- Community Specialist Palliative Care Team: 01208 251300 7 days 9.00-4.30
- RCHT Medicine Information: 01872 252587 8.30 -5 Mon – Fri. Out of hours for supply issues only, contact the 24 hour on-call pharmacist at RCHT 01872 252000
- St Luke's Hospice 01752 401172

Prescribing resources:

- Cornwall Joint Formulary – www.eclipsesolutions.org/cornwall
- Palliative Adult Network Guidance – (Dose conversion/drug compatibility) https://book.pallcare.info/index.php

TRANSDERMAL PATCHES

- Any transdermal Fetanyl or Buprenorphine patch should be continued. Use the conversion chart calculate the 24hr oral morphine equivalent dose. Calculate the PRN dose at 1/6th of the 24hr dose.
- Where >2 PRN doses in 24 hrs are required, consider initiating a syringe driver in addition to the patch. Calculate the PRN dose at 1/6th of the combined 24 hr opioid dose.

Authorisation for daily check of drugs prescribed as transdermal patches

Drug	Dose/frequency	Date:											
Prescriber to sign, print & date		Site:											
		Checked by:											

PATIENT NAME: …… **NHS NUMBER :……**

Authorisation for as required medication (write clearly) If frequent PRN doses are needed seek an urgent review																			
THIS PRESCRIPTION SHOULD BE REVIEWED AFTER 28 DAYS																			
Review date:		**Reviewer's signature:**																	
Indication: PAIN/BREATHLESSNESS		Date:																	
Drug:	Route:	Dose:	Time:																
			Dose:																
Prescriber to sign, print name & date:	Frequency	Max dose in 24hrs	Given by:																
Indication: AGITATION/CONFUSION		Date:																	
Drug:	Route:	Dose:	Time:																
			Dose																
Prescriber to sign, print name & date:	Frequency	Max dose in 24hrs	Given by:																
Indication: NAUSEA/VOMITING		Date:																	
Drug:	Route:	Dose:	Time:																
Prescriber to sign, print name & date:	Frequency:	Max dose in 24hrs	Given by:																

PATIENT NAME: …… **NHS NUMBER :……**

Indication: NAUSEA/VOMITING		Date:																
Drug:	Route:	Dose:	Time:															
			Dose:															
Prescriber to sign, print name & date:	Frequency	Max dose in 24hrs	Given by:															
Indication: RESPIRATORY SECRETIONS		Date:																
Drug:	Route:	Dose:	Time:															
			Dose															
Prescriber to sign, print name & date:	Frequency	Max dose in 24hrs	Given by:															
Indication:		Date:																
Drug:	Route:	Dose:	Time:															
Prescriber to sign, print name & date:	Frequency:	Max dose in 24hrs	Given by:															
Indication:		Date:																
Drug:	Route:	Dose:	Time:															
Prescriber to sign, print name & date:	Frequency:	Max dose in 24hrs	Given by:															

PATIENT NAME: …… **NHS NUMBER :……..**

Syringe driver prescribing and administration:

- For best practice a syringe driver should only be prescribed after face-to-face clinical review with consideration to reversible causes of deterioration, associated symptoms, and evaluation of PRN medications.
- The starting opioid dose of a syringe driver should reflect any previous regular oral dose plus any additional PRN doses required over the previous 24 hours.
- A single starting dose should be prescribed for each medication. It may be appropriate to add a set incremental *increase* with a maximum dose.
- Syringe driver opioid dose increases should not generally exceed 30-50% of the total previous dose.
- When increasing the syringe driver dose, review prn doses to ensure adequate dose range prescribed
- Water for injection is the diluent of choice for most commonly used drugs

Where there may be concerns in regard to drug compatibility, please consult the Palliative Adult Network Guidance:
https://book.pallcare.info/index.php

24hr Syringe driver prescribing and administration	
Diluent of choice……. Please dilute to a volume of 23mls in a 30ml Plastipak syringe.	Date & time: Name: Signature: Designation:
Indication: PAIN/BREATHLESNESS	Date & time: Name: Signature: Designation:
……. injection ……..mg over 24 hours by continuous subcutaneous infusion. If required increase in incremental steps of ……to a maximum of……mg over 24 hours.	
Indication: AGITATION	Date & time: Name: Signature: Designation:
……. injection ……..mg over 24 hours by continuous subcutaneous infusion. If required increase in incremental steps of ……to a maximum of……mg over 24 hours.	
Indication: NAUSEA/VOMITING	Date & time: Name: Signature: Designation:
……. injection ……..mg over 24 hours by continuous subcutaneous infusion. If required increase in incremental steps of ……to a maximum of……mg over 24 hours.	
Indication: SECRETIONS	Date & time: Name: Signature: Designation:
……. injection ……..mg over 24 hours by continuous subcutaneous infusion. If required increase in incremental steps of ……to a maximum of……mg over 24 hours.	
Indication:	Date & time: Name: Signature: Designation:
……. injection ……..mg over 24 hours by continuous subcutaneous infusion. If required increase in incremental steps of ……to a maximum of……mg over 24 hours.	

PATIENT NAME: ………………………………………. **NHS NUMBER** :……………………………….

Syringe driver subcutaneous administration checklist

THE PATIENT: Consent for initiation should be obtained from the patient or their proxy where possible. In instances where this is not possible record this deviation in the syringe driver communication section of this form. Check the syringe driver site to ensure there are no signs of inflammation.

THE DRIVER: A syringe driver should only be initiated by competently trained staff. It is important to check that the driver is running correctly with the green light visible. The syringe driver itself should be clean and fully functioning and must be within the service date.

DRUG ADMINISTRATION: Check the doses carefully against the prescription sheet and the syringe label which must always be applied to the syringe. It is advisable to double check the dose prior to discarding any used ampoules into the sharps bin. At each visit check that there remain sufficient stock levels available. Where there may be concerns in regard to drug compatibility, please consult the Palliative Adult Network Guidance: https://book.pallcare.info/index.php

Date/time	Consent obtained YES NO (If NO record reason)	Drug, batch number, expiry date Diluent	Dose in mls	Rate:	VTBI:
Asset number				Remaining infusion time:	
Site/duration	Battery life			Sign and print:	
	Keypad locked YES NO				
Date/time	Consent obtained YES NO (If NO record reason)	Drug, batch number, expiry date Diluent	Dose in mls	Rate:	VTBI:
Asset number				Remaining infusion time:	
Site/duration	Battery life			Sign and print:	
	Keypad locked YES NO				
Date/time	Consent obtained YES NO (If NO record reason)	Drug, batch number, expiry date Diluent	Dose in mls	Rate:	VTBI:
Asset number				Remaining infusion time:	
Site/duration	Battery life			Sign and print:	
	Keypad locked YES NO				

PATIENT NAME: ……. **NHS NUMBER :…….**

Record reason for medication changes				
Date & Time	Drug, batch number & expiry date	Dose administration or STAT dose	Indication/comments	Sign & print name

PATIENT NAME: ……. **NHS NUMBER :…….**

Balance of injectable medications – for use in the community care setting ONLY									
Date	Drug Name, Batch & Expiry	Dose	Quantity	Signature	Date	Drug Name, Batch & Expiry	Dose	Quantity	Signature
Date	Drug Name, Batch & Expiry	Dose	Quantity	Signature	Date	Drug Name, Batch & Expiry	Dose	Quantity	Signature

Guidance for anticipatory prescribing and symptom control at the end-of-life

This table shows symptoms people commonly experience at the end of life with medications and suggested starting doses. When prescribing subcutaneous medication to support comfort at the end of life, the person's existing medication, current symptoms and medications to be used as needed (PRNs), should be reviewed and final prescription adjusted according to the person's needs.

If the person has renal impairment with eGFR<30, see renal anticipatory prescribing guidance.

Symptom	Drug	As needed (PRN) subcutaneous dose for symptoms that commonly occur	Syringe Driver starting dose to be prescribed subcutaneously over 24 hours via syringe driver	Maximum dose to be given subcutaneously via syringe driver over 24 hours	Vial Strengths
1. Pain/Breathlessness NB If already on oral opioids, see below for conversion from oral to subcutaneous dose. As needed (PRN) dose is 1/6th of the total opioid dose in 24 hours.	**Morphine**	2.5mg to 5mg 1 hourly (if not already taking opioids)	10mg (if not already taking opioids)	Guided by symptoms	10mg/ml
	Diamorphine	Diamorphine should only be used on specialist advice when morphine is not clinically indicated. There are ongoing long term stock shortages of Diamorphine.			
2. Nausea/vomiting First line: Opioid or centrally induced	**Haloperidol**	0.5mg to 1.5mg three times per day	1.5mg	10mg	5mg/ml
	Cyclizine*	25mg to 50mg three times per day	75mg	150mg	50mg/ml
First line: Prokinetic	**Metoclopramide**	10mg three times per day	30mg	80mg	10mg/2ml
Second line	**Levomepromazine**	6.25mg four times per day	6.25mg	25mg	25mg/ml
3. Agitation With anxiety	**Midazolam**	2.5mg to 5mg 1 hourly	10mg	60mg	10mg/2ml
With hallucinations or confusion	**Haloperidol**	0.5mg to 1.5mg three times per day	1.5mg	10mg	5mg/ml
Second line	**Levomepromazine**	6.25 to12.5mg four times per day	6.25mg	100mg	25mg/ml
4. Respiratory tract secretions First line	**Glycopyrronium Bromide**	200 micrograms 4 hourly	600 micrograms	1200 micrograms	600mcg 3ml
Second line	**Hyoscine Hydrobromide**	400 micrograms 4 hourly	1200 micrograms	2400 micrograms	400mcg/ml
These medications should be prescribed separately, not in combination.	**Hyoscine Butylbromide***	10mg to 20mg 4 hourly	60mg	120mg	20mg/ml

**** Cyclizine is not compatible with Hyoscine Butylbromide or Oxycodone in a syringe driver.***

Advice is available 24 hours a day, 7 days a week to any healthcare professional from the SPECIALIST PALLIATIVE CARE ADVICE LINE 01736 757707

Opioid Dose Conversion

This table is to support the conversion of an oral opioid dose into a subcutaneous opioid dose and to calculate the appropriate as required (PRN) dose for people requiring subcutaneous medication to support symptom control at the end of life. If you are changing the opioid medication, see additional guidance below.

When prescribing for people with renal impairment and an eGFR<30, see renal anticipatory prescribing guidance.

Oral Morphine (First line formulary choice)			**Subcutaneous morphine**		**Subcutaneous diamorphine**		**Oral oxycodone** (Second line if morphine not tolerated)			**Subcutaneous oxycodone**		**Subcutaneous alfentanil**		**Fentanyl Transdermal patch**
4 hour dose (mg)	12 hour MR dose (mg)	24 hour total dose (mg)	4 hour dose (mg)	24 hour total dose (mg)	4 hour dose (mg)	24 hour total dose (mg)	4 hour dose (mg)	12 hour MR dose (mg)	24 hour total dose (mg)	4 hour dose (mg)	24 hour total dose (mg)	4 hour dose (mg)	24 hour total dose (mg)	Stable pain Change 72hrly
5	15	30	2.5	15	1.25	10	2.5	7.5	15	1.25	7.5	0.125	1	12 mcg/hour
10	30	60	5	30	2.5	20	5	15	30	2.5	15	0.25	2	25 mcg/hour
15	45	90	7.5	45	5	30	7.5	25	50	3.75	25	0.5	3	25mcg/hour
20	60	120	10	60	7.5	40	10	30	60	5	30	0.75	4	37 mcg/hour
30	90	180	15	90	10	60	15	45	90	7.5	45	1	6	50 mcg/hour
Take particular care when prescribing at higher doses and seek advice with any prescription if unsure. Ask a colleague or use an opioid converter to double check calculations and conversions https://book.pallcare.info/index.php														
40	120	240	20	120	12.5	80	20	60	120	10	60	1.25	8	75 mcg/hour
50	150	300	25	150	15	100	25	75	150	12.5	75	1.5	10	75mcg/hour
60	180	360	30	180	20	120	30	90	180	15	90	2	12	100mcg/hour

DRUG	DRUG DOSE	APPROXIMATE CODEINE EQUIVALENCE	APPROXIMATE TRAMADOL EQUIVALENCE	APPROXIMATE ORAL MORPHINE EQUIVALENCE
Buprenorphine transdermal patch	5 micrograms/hour	100mg/24 hours	100mg/24hrs	10mg/ 24 hours

This is to be used as an approximate guide rather than a set of definitive equivalences. Some of these doses have been rounded up or down depending on the preparations available. Most data on doses are based on single dose studies so it is not necessarily applicable in chronic use. In addition, individual patients metabolise different drugs at varying rates. If rotating from one opioid to another, calculate doses using Morphine as standard and adjust them to suit the patient and the situation. When opioid rotating, especially at higher doses, consider dose reduction by 25-50%. Patients should be clinically reviewed and assessed after opioid changes because dose titration up or down may be required.

Guidance for anticipatory prescribing. Reviewed by a multidisciplinary working group representing Cornwall Hospice Care, Cornwall Partnership Foundation Trust, Royal Cornwall Hospitals NHS Trust and NHS Cornwall and Isles of Scilly Integrated Care Board. V8 Due for review August 2025 CHA 3602