Using syringe pumps in palliative care

Facilitator: Barbara Stone RN
Ground rules
# Medication matching game

Pharmacological interventions at EOL - matching game

<table>
<thead>
<tr>
<th></th>
<th>Main indication for use</th>
<th>Stat/bolus dose</th>
<th>24 hrs dose range via CSCI</th>
<th>Common side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diamorphine</td>
<td></td>
<td></td>
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<tr>
<td>Oxycodone</td>
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<tr>
<td>Midazolam</td>
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<td>Haloperidol</td>
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<td>Cyclizine</td>
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<td>Metoclopramide</td>
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<td>Levomepromazine</td>
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<tr>
<td>Hyoscine hydrobromide</td>
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<td>Hyoscine butylbromide</td>
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</tbody>
</table>
Learning outcomes

• To identify the indications for using a syringe pump
• To discuss the general principles when caring for someone with a pump
• To identify your professional accountability
• To identify and understand medications commonly used
• To increase confidence and competence in assembling and setting up the McKinley T34 syringe pump correctly and knowing how to problem solve pump related problems
• To understand how to record the use of the pump
WHO Definition of Palliative care

- Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

http://www.who.int/cancer/palliative/definition/en/
What are the legal considerations?

• NMC—Your accountability
• Duty of care
• Best practice
• Evidence based v best established practice – lack of research due to ethics
• Not always one solution – discuss with other Health Care Professionals
• Doctrine of double effect – interventions need to be appropriate, proportionate and with the intent to treat symptoms.
The administration of medicines is an important aspect of the professional practice of persons whose name is on the register. It is not solely a mechanistic task to be performed in strict compliance with the written prescription of a medical practitioner (can now also be an independent and supplementary prescriber). ...It requires thought and the exercise of professional judgement...”

The Consumer Protection Act 1987 and Medicines Act 1968

These acts require that in accordance with the directions of an appropriate practitioner the:

- Right Medicine is given
- To the right patient
- At the right time
- In the right forms of the drug
- At the right dose
Nice Guidance states

• Consider using a syringe pump to deliver medicines for continuous symptom control if more than 2 or 3 doses of any 'as required' (subcutaneous s/c) medicines have been given within 24 hours

https://www.nice.org.uk/guidance/ng31
Which patients do you consider would benefit from a syringe pump?
• End of life patients (weak, cachetic)
• Uncontrolled nausea/vomiting
• Patients with impaired absorption due to vomiting or profuse diarrhoea
• Patients with bowel obstruction
• Patients with dysphagia
• Uncontrolled pain
• Not always associated with end of life scenarios
• You visit your patient who appears uncomfortable......

Before considering a syringe pump, what else do you need to do/consider?
Consider

- Assess the situation and take a history.
- Has anything changed. What makes it better or worse
- Treatment related (chemo / radiotherapy, surgery)
- Full bladder? Loaded rectum?
- Reversible causes infection, constipation, hypercalcaemia, etc
- Position
- Not taking prescribed medication? Never assume!
What questions might you expect patients and families to ask?

- Does this mean I am dying?
- Does this hasten death/slow it down?
- How long will I have it?
- Can I Bath/Shower? (No)
- Can I go on holiday?
- What do I do if it stops working/who to contact?
- This will be a constant reminder of my illness?
What do you need to tell the patient &/or family/carer?
What do you need to tell the patient/family and carer?

- Explain rationale and seek consent.
- Explain likely effects of medication.
- Takes at least 4 hours to reach effective levels
- They will receive a daily visit (offer a time) to reassess
- We may need a period of time to reassess and readjust medication. We don’t always get the dose right 1st time. Stat injections available/given initially to manage this.
- Information re needle site/managing ADL’s/battery/alarms/is dropped
- Ensure that they know who to call/contact if concerned
You have decided that a syringe pump is appropriate.

How quickly will it work?
What kind of things do we need to think about/anticipate when setting up a pump?
• Give a stat injection- consider use of just in case meds (may already be in home)
• Access a pump
• Discuss with prescriber
• Anticipatory prescribing (stat doses and dose ranges) especially for end of life care
• Correct documentation
• Access to pharmacy
• Check allergies
• Consider side effects of the drugs – explain to patient and relatives.
## Appendix 1
**Must be completed by the prescriber – Please consider adequate supply for weekends**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>GP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td>NHS/Unique Identification number</td>
<td>Allergies</td>
<td>Weight</td>
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</tbody>
</table>

### PRESCRIPTION FOR SUBCUTANEOUS SYRINGE DRIVER INFUSIONS

For prescribing guidance see overleaf (prescribing in renal impairment may require specialist advice)

<table>
<thead>
<tr>
<th>DATE/TIME</th>
<th>GENERIC NAME of DRUG and DILUENT (NB: blank rows are provided for prescribing of drugs not listed)</th>
<th>24 HOUR DOSE RANGE mg/kg/hr</th>
<th>PRESCRIBER NAME &amp; SIGNATURE (IN FULL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diamorphine Hydrochloride</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Metoclopramide Hydrochloride</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Levomepromazine</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Midazolam</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Hyoscine BUTYLbromide</td>
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<td></td>
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<td></td>
<td>Hyoscine HYDRObromide</td>
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<tr>
<td></td>
<td>Haloperidol</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Water for Injection</td>
<td></td>
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</table>

### PRESCRIPTION FOR BOLUS DOSES AS REQUIRED

<table>
<thead>
<tr>
<th>DATE/TIME</th>
<th>GENERIC NAME of MEDICATION &amp; ANY DILUENT</th>
<th>DOSE</th>
<th>FREQUENCY</th>
<th>ROUTE</th>
<th>PRESCRIBER NAME &amp; SIGNATURE (IN FULL)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Diamorphine Hydrochloride</td>
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<td>Metoclopramide Hydrochloride</td>
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<td>Levomepromazine</td>
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<td>Midazolam</td>
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<td>Haloperidol</td>
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</tbody>
</table>
# Bolus Injections

## MEDICATION ADMINISTRATION FOR BOLUS INJECTION — community use only

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Medication &amp; Diluents</th>
<th>Dose</th>
<th>Batch No.</th>
<th>Expiry Date</th>
<th>Route</th>
<th>Sign &amp; Print name in full</th>
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</tbody>
</table>

NB. When more than one stat dose has been necessary in a 24 hour period please contact prescriber at earliest opportunity for review of symptom control.

2016
Version 4.0
## Medication stock record

**Community Medication Stock Record**

*All controlled drug medication must be recorded*

*Separate sheet must be used for each medication and strength*

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>NHS or Unique Identification Number</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Receipt of Medication</th>
<th>Administration of Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; Time</td>
<td>Number of ampoules received</td>
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<tr>
<td>-------------</td>
<td>-----------------------------</td>
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</tbody>
</table>

2016
Administration record

**PRESCRIPTION MEDICATION ADMINISTRATION RECORD FOR SUBCUTANEOUS ROUTE — community use only**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Drugs (including batch no. &amp; expiry date)</th>
<th>Made up to (ml)</th>
<th>Diluted with</th>
<th>Set at (ml/hr) (from LCD screen)</th>
<th>Checks</th>
<th>Site check</th>
<th>Light flashing/pump delivering</th>
<th>Battery level %</th>
<th>Line change (72hrly) Yes/No</th>
<th>Cannula change Yes/No</th>
<th>Sign &amp; Print name in full</th>
</tr>
</thead>
</table>

2016
Version 4.0
## Syringe Pump Subcutaneous Medication Administration Record

*For Daily use in Community Hospital*

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Syringe Pump Medical Electronic Asset Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS number/unique identification number</td>
<td>Date serviced:</td>
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</tbody>
</table>

### 4 Hourly checks

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Medication &amp; Diluents</th>
<th>Dose</th>
<th>Volume</th>
<th>Batch number &amp; Expiry date</th>
<th>Time</th>
<th>Time remaining</th>
<th>Site check Y/N</th>
<th>Comments</th>
<th>Full signature</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

**Final volume in syringe:**

**Site:**

**Amount left in discarded syringe:**

**Site changed:**

**Battery level %**  
**New battery Y / N**  
**Line changed:**

**Full Signature**  
**Print Name**

---

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Version 4.0
What drugs are used in a syringe pump?

Consider the 4 A’s

- Analgesics
- Anti emetics
- Antispasmodics/anti secretion
- Agitation
Which drugs and what for?
<table>
<thead>
<tr>
<th></th>
<th>Pain</th>
<th>Nausea and vomiting</th>
<th>Restlessness/agitation</th>
<th>Noisy rattly breathing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine/diamorphine</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Midazolam</td>
<td></td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hyoscine butylbromide</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Levomepromazine</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hyoscine hydrobromide</td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cyclizine</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haloperidol</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Metoclopramide</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Analgesics
Analgesics

- Diamorphine - drug of choice due to its solubility
- Morphine - same properties, larger volume in ampoules
- Oxycodone - synthetic opioid used as alternative to morphine
Diamorphine/ Morphine

- **Indication**: Pain / Dyspnoea
- **24 hour dose**: 5 mg– no max, need for titration
- **Prn dose**: 2.5 mg – 5 mg (6\textsuperscript{th} of 24 hr dose)
- **Compatibility**: With most drugs
- **Consider**: Gold standard opiate, constipation, nausea, confusion and agitation
Conversions

30mg oral morphine

15 mg s/c morphine

10 mg s/c diamorphine

1/2

1/3
Dose conversion

Oral morphine to s/c morphine = half oral dose

Oral morphine to s/c diamorphine = one third oral dose

Twycross R (1998) Palliative Care Formulary
Oxycodone

- **Indications**: Pain/Dyspnoea
- **24 Hour dose**: 2.5-5 mgs – No max, Need for titration
- **PRN dose**: 1/6\(^{th}\) of 24 hour dose
- **Compatibility**: With most drugs
- **Consider**: 2\(^{nd}\) line opiate. Double strength of morphine. Still constipating
- **Available as**: 10mg/1ml ampoule, 20mg/2ml ampoule, 50mg/1ml ampoule

Sometimes used as alternative to morphine e.g. if side effects undesirable and in renal impairment
Converting oxycodone

**Oral** Oxycodone is **twice** the strength of oral morphine

**s/c** oxycodone is **twice** the strength of oral oxycodone

**Therefore:**

20mg of oral morphine = 10 mg of oral oxycodone = 5mg s/c oxycodone
Alternative opioids in use

- Fentanyl and alfentanil are also available for use, sometimes when an opioid switch is desired or potentially for people with severe renal impairment.
- If someone is already using a fentanyl or buprenorphine patch - leave it on and give additional opiates via the syringe pump
- Contact Rowcroft for any further help
A GUIDE TO EQUIVALENT DOSES FOR OPIOID DRUGS

This is to be used as a guide rather than a set of definitive equivalences. Most data on doses is based on single dose studies so is not necessarily applicable in chronic use. Individual patients may metabolise different drugs at varying rates. The advice is always to calculate doses using morphine as standard and to adjust them to suit the patient and the situation. Some of these doses have by necessity been rounded up or down to fit in with the preparations available.

<table>
<thead>
<tr>
<th>Oral Morphine</th>
<th>Subcutaneous Morphine</th>
<th>Subcutaneous Diamorphine</th>
<th>Oral Oxycodeone</th>
<th>Subcutaneous Oxycodone</th>
<th>Fentanyl Transdermal</th>
<th>Subcutaneous Alfentanil</th>
<th>Subcutaneous Fentanyl***</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 hr dose (mg)</td>
<td>12 hr SR dose (mg)</td>
<td>24 hr Total dose (mg)</td>
<td>4 hr dose (mg)</td>
<td>24 hr total dose (mg)</td>
<td>4 hr dose (mg)</td>
<td>24 hr SR dose (mg)</td>
<td>24 hr total dose (mg)</td>
</tr>
<tr>
<td>5</td>
<td>15</td>
<td>30</td>
<td>2.5</td>
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<td>55</td>
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<td>37.5*</td>
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<td>120</td>
<td>360</td>
<td>720</td>
<td>60</td>
<td>360</td>
<td>40</td>
<td>240</td>
<td>60</td>
</tr>
</tbody>
</table>

Syringe pump volume issues likely above 500mcg/24 hours

Reproduced with kind permission of Margaret Gibbs, St Christopher’s Hospice (original chart 2010).

*This dose requires using 50mg in 1ml injection as it would otherwise be too large a volume for a sc injection. Caution with this strength.

**Amendment (June 2013) to original chart to incorporate availability of Fentanyl 12 micrograms per hour transdermal patch.

***Addition (February 2013) to original chart to incorporate use of Subcutaneous Fentanyl.

24 hour advice line (Rowcroft Hospice) 01803 210800. Calls go through to the hospice. The senior nurse will be able to answer queries or ask the Doctor on calling you back.
Antiemetics
Antiemetics, which would you use?

Which one

- levomepromazine
- haloperidol
- cyclizine
- metoclopramide
What makes us sick?
The three ‘b’s!

Bowel

Biochemical

Brain
Bowel

- Induced by stimulation of vagus nerve
- Causes include constipation, gastric stasis, obstruction, squashed stomach syndrome, hepatomegaly, ascites, and opioids that slow the gut
- Drug of choice
- 1st line metoclopramide 30-80mg / 24hrs
- Stat dose of metoclopramide 10mg s/c
Biochemical

• Stimulation of dopamine receptors in the chemo receptor trigger zone (CTZ)
• Causes include toxins in blood, renal impairment, electrolyte imbalance, hypercalcaemia, infection.
• Drugs of choice – Haloperidol or levomepromazine which block dopamine receptors in the brain.
• Haloperidol - 2.5 – 5 mg over 24 hours s/c
  1-3mg s/c injection daily/b.d.
• Levomepromazine 6.25-25mg over 24 hours s/c
  Stat 6.25-12.5mg s/c injection 6-8 hourly
Brain

• Induced by direct pressure / stimulation on the vomiting centre
• Causes include brain tumours, raised intracranial pressure, motion sickness, radiotherapy (inflammation).
• Drug of choice – cyclizine, antihistamine which blocks the M and H1 (muscarinic and histamine) receptors.
• Cyclizine 50-150mg over 24 hours s/c. Stat dose 50mg 8 hourly, max 150mg in 24 hours
• Observe for crystallisation, does not mix well with morphine. It can be used, but be aware.
Other drugs used as antiemetic's

• Dexamethasone – reduces tumour pressure or oedema or damage from chemotherapy. Given as a stat rather than in a syringe pump.
• Ondansetron – chemotherapy specific, targets one receptor site, 5HT3 antagonist.
Hyoscine Butylbromide

- **Other name**  Buscopan
- **Indication**  Antispasmodic (colic) / Antisecretory
- **24 hour dose**  60 - 120mg over 24 hours
- **PRN dose**  10 – 20mgs TDS
- **Compatibility**  Incompatible with Cyclizine
- **Consider**  Constipation, as can dry the bowel and reduce peristalsis. **Non-sedative.**
Hyoscine Hydrobromide

• **Indication** Antisecretory
• **24 hour dose** 1.2 – 2.4mg
• **Prn dose** 400 – 600 mcg sc
• **Consider** It is sedative so be cautious and explain to patient and relatives. Can cause paradoxical agitation. Give with midazolam 2.5mg sc or levomepromazine 6.25mg sc (unless already in the pump)
Agitation and restlessness
# Midazolam

- **Benzodiazepine** - in same group of medicines as diazepam and lorazepam.
- **Indication**  
  Anxiety, fitting, sedation
- **24 hour dose**  
  10mg – 50mg
- **Prn dose**  
  2.5 – 10mg 4hrly
- **Compatibility**  
  With most drugs
- **Consider**  
  Sedative. **Order 10mg/2ml** as 5mg/5ml are large for stat doses.
Other drugs which may be used in syringe pumps

- Glycopyrronium – for secretions
- Octreotide – used in bowel obstruction and some fistulas to reduce gastric output
Which drugs are not suitable for use in a syringe pump?

- Diazepam
- Prochlorperazine
- Chlorpromazine
- Lorazepam
# 16. Palliative Care

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https://southwest.devonformularyguidance.nhs.uk/formulary/chapters/16.-palliative-care
Siting the cannula

- Where do you site them?
Sites

- Chest, arm, abdomen (caution if oedema or ascites present)
- Scapula – useful in the agitated patient
- Avoid tumour site. As in breast cancer, for example, if considering chest placement.
- Consider body image
- Cachexia can limit options
What will you see if there are site problems? (continued)

- Infection
- Site reactions reduced since cannulas now mostly plastic
- Recommend to change site approximately every 72 hours
Saflo 90

http://www.applied-medical.co.uk/saflo90.shtml

2 sizes
6mm – green
9mm – blue

Use 100cm tubing
Saflo 90

1. Remove the Saflo 90 from its packaging.
2. Ensure that the needle protector is in place and there are no visible signs of damage to the product.
3. Note the product code and batch number if required for record keeping.
4. Prime the infusion set
5. Prepare the infusion site according to local guidelines.
2: Remove the central portions of the tape from the infusion set

3: When ready to insert the infusion set, remove the needle protector
4: Insert the infusion set into the tissue with a smooth downward motion. Press the central portion of the tape to ensure the infusion set is firmly attached to the skin.

5: Remove the side portions of the tape backing and smooth the tape onto the skin surface.
Saflo 90

6: Twist the cap of the device gently to the left through approximately ¼ turn. A click will be heard and a visible indicator will appear at the top of the cap to show that the needle has been withdrawn and is fully protected.

7: Hold down the tape of the infusion set and lift the needle assembly away from the site.
Saflo 90

- Move the protective cover along the tubing and press gently down onto the infusion site
- Dispose of the protected needle assembly in a container suitable for contaminated waste according to local procedures
Saflo Needle Safe subcutaneous infusion system 45

Both 45, 90 need to be monitored and changed every 72 hours

Ideal for emaciated or cachexic patients
What will you see if there are problems with the site?

- Redness
- Inflammation
- Hardness
- Irritation
- Pain
- Infection
What can be done about site problems

• Consider diluting further/using larger syringe
• Cyclizine and levomepromazine are particularly irritant
• Do not assume needle allergy
• Water for injection is the diluent of choice
• Saline is occasionally used if levomepromazine is the only drug used
• Generally limit to 3 drugs in the driver
• Change site more regularly
• Consider adding dexamethasone 0.5mg – 1mg
Step by step guide

- Obtain informed consent. Provide information leaflet (A guide for patients & carers)

- Use a luer-lok syringe & draw up to 10ml in 10ml syringe, 17ml in 20ml syringe, 22ml in 30ml syringe

- Draw up medication checking against administration record: drug, dose, date & time, route & method, diluents, validity, legibility, signature of doctor/prescriber.

- Inspect for discolouration.
<table>
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<th>Medication</th>
<th>Main indication for use</th>
<th>Stat/bolus dose</th>
<th>24 hrs dose range via CSCI</th>
<th>Common side effects</th>
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</table>
| Diamorphine        | Pain
Dyspnoea                                            | 2.5-5 mg (1/6 of 24 hr dose)            | 10mg-Titrated dose          | constipation, nausea, vomiting, drowsiness, confusion and agitation, myoclonus, hyper excitability |
| Oxycodone          | Pain especially with renal impairment
Dyspnoea                                              | 2.5-5 mg (1/6 of 24 hr dose)            | 5-10 mg Titrated dose       | constipation, nausea, vomiting, drowsiness, confusion and agitation, myoclonus, hyper excitability |
| Midazolam          | Restlessness and agitation
Anticonvulsant                                           | 2.5-5 mg                                | 10-30 mg                   | Sedation, amnesia                                                                    |
| Haloperidol        | Restlessness and agitation
Nausea and vomiting (drug or metabolic induced)       | 2.5-5 mg (for agitation)
1-2.5 mg (for emesis)                                | 5-10 mg (for agitation)
2.5-5 mg (for emesis)                                | Constipation, dry mouth, blurred vision, retention urine, hypotension |
| Cyclizine          | Nausea and vomiting
Intestinal obstruction
Raised intracranial pressure                          | 50 mg                                   | 50-150 mg                  | Irritation at site if for CSCI
Constipation, dry mouth, blurred vision, retention urine, hypotension              |
| Metoclopramide     | Nausea and vomiting (increase gut motility)          | 10 mg                                   | 40-80 mg                   | Colic if complete bowel obstruction
Extrapyramidal side effects                                                        |
| Levomepromazine    | Nausea and vomiting
Restlessness and agitation                              | 6.25 mg                                 | 6.25-25mg (for emesis)
12.5-50 mg (for agitation)                          | Sedation, constipation, dry mouth, blurred vision, retention urine, postural hypotension, lower seizure threshold |
| Hyoscine hydrobromide | Noisy rattly breathing (with sedation)             | 0.4mg                                   | 1.2 mg-2.4 mg              | Paradoxical agitation
Constipation, dry mouth, blurred vision, retention urine                             |
| Hyoscine butylbromide | Pain especially colic
Noisy rattly breathing (without sedation)           | 20mg                                    | 60mg-120mg                 | Constipation, dry mouth, blurred vision, retention urine                             |
Rowcroft Community Team

Who we are?

• Clinical Nurse Specialists
• Occupational Therapists
• Social Workers
• Medical Consultant and team
• Secretary
When should you consult with the Community Specialist Palliative Care Team?

- Complex symptom control problems
- Complex support issues
- Support at End of Life
- Needs led rather than diagnosis / extent of disease
- Patients should receive basic palliative care from all health and social care professionals
- Tel: 01803 210811
Rowcroft Hospice at Home Team

- Provide support and care for people in the community setting who are in the last two weeks of life
- Available ‘24/7/365’ for telephone advice, to take referrals and provide direct care where appropriate
- Unable to take referrals just to recharge syringe pumps, but more than happy to give advice in their use
- Full referral details on the Rowcroft website
- Tel: 01803 217620
How to use a T34 Syringe Pump

https://vimeopro.com/healthandcarevideos/tsd-clinical-procedures/video/190575126
Free access to end of life e learning

http://www.e-lfh.org.uk/programmes/end-of-life-care/

e-ELCA a free end of life care e learning site with syringe driver training module

For local South West organisations some pathways have also been developed and can be found here: http://www.sweolc.co.uk/Learning_Pathways.html
Our ambition is for everyone across Torbay and South Devon to view this short film. The purpose of the video is to discover people's comfort in talking about death and dying. Talking about dying may not be easy, but could be one of the most important conversations you will ever have. Click on the picture to go to the film.
References
