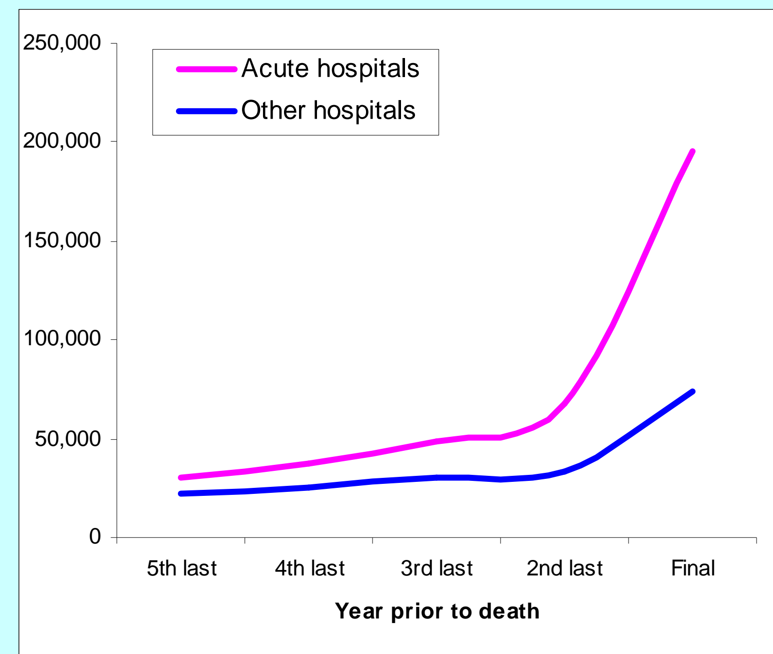
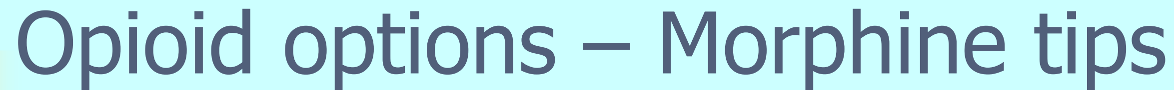
Top Tips

Tip 1: Opioids rule?

- Remember other types of pain
- Watch out for delirium and distress
- FY doctors prescribe opioids and other symptom control medications more than anyone else!



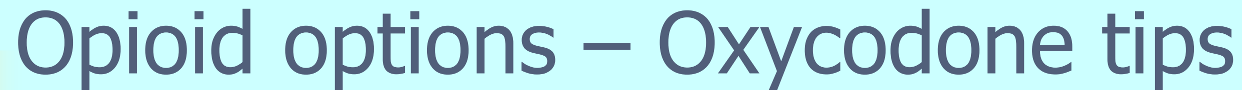
Hospital bed days



Opioid options – Morphine tips

- Co-codamol (30/500) 8/day = morphine 5mg, 4 hourly
- Prescribe morphine doses can measure: 2mg, 5mg, 10mg
- Liver metabolism, renal excretion of active metabolites
- Convert oral morphine to SC = 50% of oral dose

- Main side effects:
  - Constipation – laxative is essential
  - Nausea – 30% first week - metoclopramide



Opioid options – Oxycodone tips

- Second line oral / SC opioid – more potent
  - **Oral morphine 20mg = oral oxycodone 10mg**
  - Less risk of drowsiness/ confusion in elderly, cognitive impairment, vascular disease

- Liver metabolism – use with care
- Renal excretion – 20% active metabolites

Opioid options – Fentanyl tips

- Topical patch lasting 72 hours (3 days)
- 25 microgram patch = oral morphine 60-90mg in 24hrs
- Stable opioid responsive pain
- Remember time lag
  - 12-24 hours to act
  - 12-24 hours to stop working after patch is off
- Watch out for heat/ fever – increased absorption
- Check patch is still there..

Opioid Toxicity

Spectrum

Vivid dreams	Confusion	Seizures
Drowsiness	Hallucinations	Coma
	Myoclonus	Respiratory depression
	Hyperalgesia	
	Allodynia	

Naloxone

only for life-threatening, opioid induced respiratory depression

Tip 2: Not another antiemetic?

- Choose appropriate 1st line antiemetic; give it regularly and as needed.

- Do not combine drugs with opposing effects
  Prokinetic (metoclopramide) blocked by
  Anticholinergic (cyclizine)

- Think about route and absorption

Tip 3: Dexamethasone dangers!

- Side effects
  - Diabetes
  - Myopathy
  - Delirium
  - GI bleed risk
  - Adrenal suppression after about 10-14 days
  - Infections

- Dexamethasone is 7X more potent than prednisolone

- High dose 12-16mg
  - ↑ ICP
- Medium dose 8-12mg
  - Nerve pain
  - Bowel obstruction
- Low dose 4mg
  - Anorexia

Remember risks
Plan review

Tip 4: The multimorbidity maze!

- Old, thin or frail
- Renal impairment
- Liver impairment
- Weight loss
- Diabetic
- Hypertensive
- Cardiac disease
- Dementia

Think

What is the main problem? Change in performance status?
What are goals of care?
What medications/ Rx/ tests are really of benefit?
What changes are needed to doses/ choice of drugs?

Tip 5: Is this a palliative patient?

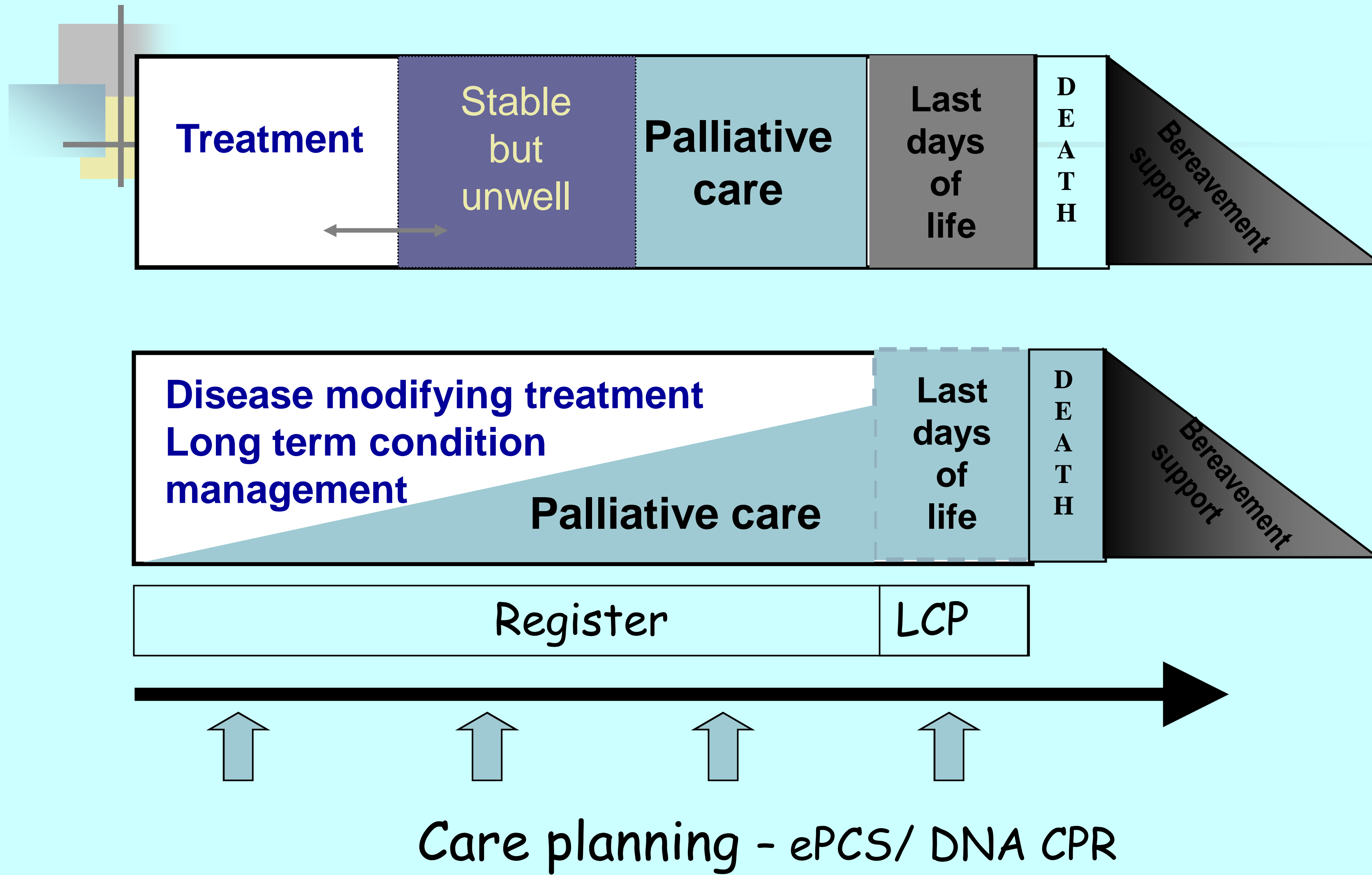
YES

- Any diagnosis
- Limited prognosis but not necessarily dying
- Complex needs – symptom control or distress
- No biopsy result yet but clinical diagnosis
- Still having disease related treatment

No

- Care package needed – call ward OT
- Unable to go home so what about the hospice?
- Hospice admission out-of-hours

Models of care



Care planning - ePCS/ DNA CPR

Tip 6: Sure about syringe pumps?

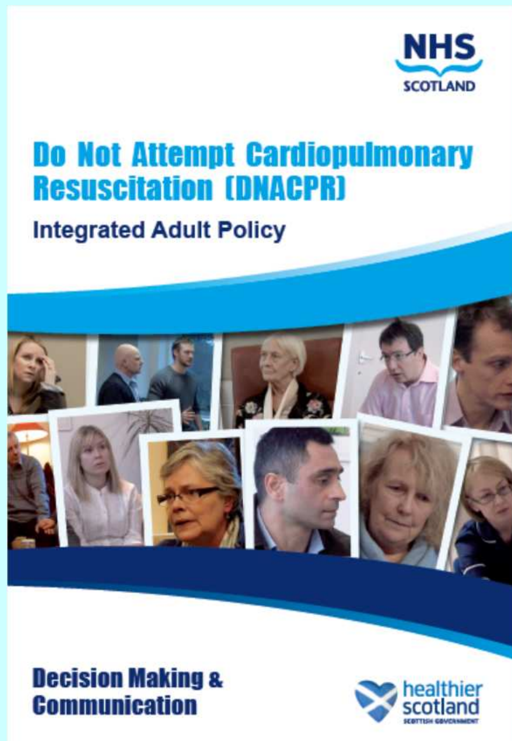
- Patient unable to take oral medication due to:
  - Persistent nausea and/ or vomiting
  - Dysphagia
  - Bowel obstruction
  - Too drowsy as in the last days of life
  - **Breakthrough!**

Tip 7: Marvellous midazolam!

- Short acting benzodiazepine
- Single doses hourly;
- 2-5mg SC
- Syringe pump: 10-30mg
  - Sedative
  - Anticonvulsant
  - Muscle relaxant

Prescribe as controlled drug when ordering
Use 10mg/2ml preparation

Tip 8: DNA CPR pitfalls!



- Think about it in advance if patient has a life limiting illness.

If DNA CPR will be unsuccessful do not offer it as an option.

- Explain goal of allowing natural death with active management of symptoms to maintain comfort and dignity.

Tip 9: When in doubt find out!

Your local PCT is here to help!

- Hospital and community specialist palliative care services

- Palliative Care Guidelines
  – A4 and pocket

- Intranet: Healthcare/ a_z/p/palliativecare/
- Internet: www.palliativecareguidelines.scot.nhs.uk

Palliative Care - Microsoft Internet Explorer provided by NHS Lothian

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- Community Teams
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- Pharmacy Services
- Lymphoedema Services
- Paediatric Palliative Care

Palliative Care (Add to My Links)

What is palliative care?

Palliative care aims to improve the quality of life of patients and their families facing the problems associated with any life-threatening illness, through the prevention and relief of suffering by means of early identification and careful assessment and treatment of pain and other problems, physical, psychosocial or spiritual.

Palliative care:

- provides relief from pain and other distressing symptoms
- integrates the psychological and spiritual aspects of patient care
- offers a support system to help patients live as actively as possible until death
- offers a support system to help the family cope during the patient's illness and in their own bereavement
- uses a team approach to address the needs of patients and

Key Contacts

- Ann Aitchison
- Kirsty Boyd

Specialist Palliative Care Services in Scotland

- NHS Ayrshire & Arran
- NHS Borders
- NHS Dumfries and Galloway
- NHS Fife
- NHS Forth Valley
- NHS Grampian
- NHS Greater Glasgow & Clyde

Local intranet

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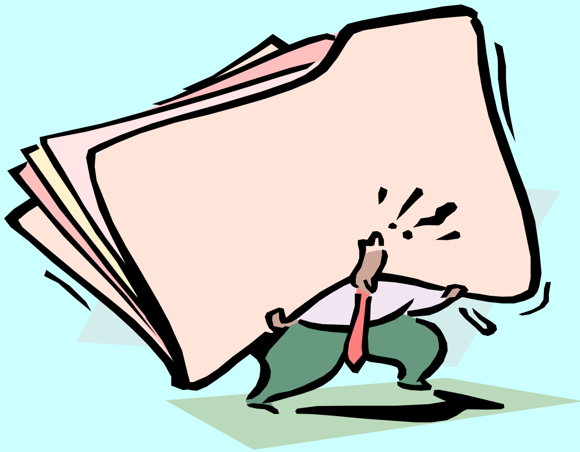
Tip 10: I’m human too!



- Balance work and social life.
- Keep “fit”.
- Avoid ‘shop-talk’ during breaks and when socialising with colleagues.
- You may not be able to fix things, but you can listen.
- Ask for & accept help/support.
- Talk to someone you trust.
- LEAVE WORK AT WORK.

Quiz: Q1

- Mrs J aged 70 is dying and no longer able to take her tablets. Her current analgesia is MST 30mg 12 hourly and she has had two breakthrough doses of 10mg of oral morphine overnight.

What would you prescribe for a syringe pump?

Quiz: A1

- MST 30mg 12 hourly = 60mg
- Oral morphine 10mg x2 = 20mg
- Total oral dose in 24 hours = 80mg
- SC morphine dose 80/2 = 40mg

Do you need to add an antiemetic to the pump?

Quiz: Q2

- Mr P aged 85
- Ischaemic heart disease, chronic renal impairment, dementia.
- Fractured femur pinned but deteriorated with a chest infection. After a few days of antibiotics he is not improving
- Restless and agitated. He is now very chesty.
- Medication includes:
  - Morphine 5mg SC – 6 doses in past 24 hours (4 yesterday)
  - Haloperidol 2.5mg IM – 1 dose overnight

What are possible causes of his agitation?
What management should be considered?

Quiz: A2

- Frightened/ disorientated due to change of environment – nursing measures
- Delirium due to sepsis – haloperidol may help
- Hydration - decide about hydration
- Opioid toxicity/ hyperalgesia – morphine increasing, renal impairment, cognitive impairment – use midazolam to settle, reduce morphine or change to alternative

LIVERPOOL Care Pathway

Care Of The Dying Pathway (lcp)

SEEK ADVICE

Quiz: Q3

What should Foundation doctors try not to lose?