

End of Life care in the ED

Palliative Medications

Pain

Opioid Naive	<ul style="list-style-type: none">• Morphine 2.5-5mg s.c 4 hourly PRN• Review at 24 hours and calculate regular	<ul style="list-style-type: none">• Don't forget regular paracetamol• Consider an NSAID if not contraindicated• Remember to chart laxatives
On regular opioids	<ul style="list-style-type: none">• Chart usual medication• 1/6 of 24-hr dose PRN for breakthrough• Review at 24 hours and recalculate regular dose	
On regular opioids but unable to tolerate oral	<ul style="list-style-type: none">• Calculate 24 hour dose and convert to s.c equivalent¹	

¹ http://www.grampiansml.com.au/resources/gp_doc_bag_270411_1_.pdf

Please note: An opioid conversion chart can be accessed on page 20 of the Doctors Bag Palliative Care Information, Grampians Medicare Local (2010) by [clicking here](#).

Anxiety/Sedation

Haloperidol	<ul style="list-style-type: none">• 0.5-5mg s.c• Titrate to a maximum dose of 10mg• Review after 10mg
Midazolam	<ul style="list-style-type: none">• 1-5mg s.c hourly PRN• Review after 2 doses• Can consider an infusion

Increased secretions

Hyoscine butylbromide (Buscopan)	10-20mg s.c 4-hrly PRN
Hyoscine hydrobromide (Hyoscine)	0.4mg s.c 4 hrly PRN

Nausea and vomiting

Metoclopramide	10mg p.o/i.m/iv TDS
Ondansetron	4-8mg p.o/i.m/iv maximum 16mg/24 hrs