

INDICATION & FREQUENCY OF ADMINISTRATION OF PRN DOSES

Information from the PCF6 and other sources indicate that a PRN dose is generally permitted every q2-4h as required, with a maximum frequency of once an hour^{1,2,3,7} It cannot be prescribed more frequently than hourly because immediate release morphine, diamorphine and oxycodone formulations take at least 20 minutes to onset of action and have an optimal effect after around 60 minutes (or longer in the case of Sevredol®)²

References

- 1) [PCF volume 6](#)
- 2) Abi Jenkins Pan- Birmingham Palliative Care Network Pharmacist. *How to manage breakthrough pain Pharmaceutical Journal Jan 2009* www.pharmaceutical-journal.com
- 3) *Severn Hospice Standard Operating Procedure for the prescribing of Controlled Drugs*. available on line from Severn Hospice website under 'policies'
- 4) *Controlled drugs: safe use and management*. NICE Guideline (NG46) published date: April 2016 www.nice.org.uk/guidance/ng46/chapter/recommendations
- 5) Gosport Enquiry www.gosportpanel.independent.gov.uk/media/documents/070618_CCS207_CCS03183220761_Gosport_Inquiry_Whole_Document.pdf
- 6) West Midlands Palliative Care Guidelines , <http://www.wmcares.org.uk/wmcp/guide/>

Drug and indication PAIN	Dose /route	Time to start of effect	Peak effect	Duration of action	Other information	Frequency of PRN dose
Morphine shortness of breath	Oral 2.5mg sc 1.25mg	15mins ¹ IR &sc ¹	≤60 mins immediate release ¹ (IR) 50-90mins sc ¹	3-6 hours		max q1h prn
Morphine break through pain	Oral 5mg Sc 2.5mg Or 1/6 of total 24hr dose	15mins IR	≤60 mins IR ¹ 50-90 mins sc	3-6 hours	Avoid in renal failure ²	max q1h prn
Diamorphine	sc 2.5mg -5mg	5-10mins sc	1.5 -2hrs	4hrs	Avoid in renal failure ²	max q1h prn
Oxycodone	Oral IR 1/6 of total 24 hour dose	20-30 mins	1-1.5hrs	4-6 hours		max q1h prn
Oxycodone	Sc 1/6 of total 24 hour dose	*No information in PCF 6	1-1.5hrs*	4-6 hours*		max q1h prn

Drug and indication N&V	Dose/route	Time to start of effect	Peak effect	Duration of action	Other information	Frequency of PRN dose
Domperidone for nausea & vomiting	Oral 10mg bd	30 minutes	0.5 - 2 hours	12-24 hours	QT current MHRA advice is to limit this to 10 mg tds in view of concerns regarding the possibility of cardiac toxicity in higher doses. ⁶	Max 10 -20mg qds in 24 hrs
Metoclopramide Prokinetic anti-emetic hiccup	10mg po/sc tds	15-60 mins po 10 – 15 mins im	1 – 2.5hrs po	1-2hrs	Risk of serotonin toxicity when used with SSRIs risk of extra pyramidal effects	10mg q2h prn ¹ up to Max po dose 20mg qds in 24 hours Max csci 100mg/24hrs
Haloperidol for sickness & Hiccup	500micrograms to 1.5 mg po or sc at night	>1hr po 10-15mins sc	2-6hrs po 20-30mins im	≥24hrs	QT caution with other drugs effecting QT interval If ineffective consider switching to levomepromazine ^{1 pg 184}	max q2h prn up to 10mg/24hrs ^{1 pg 181}
Cyclizine for dizziness, nausea & vomiting (pro-arrhythmic)	25mg - 50mg orally three times per day	30-60 mins	2 hours po	4-6 hours	Anti-emetic of choice in raised intracranial pressure. Anticholinergic, antihistamine	max q2h prn up to 200mg/24hrs Usual max po¹dose 200mg/24 hrs
Levomepromazine Nausea & vomiting 2 nd line ⁶	6.25mg – 25mg sc or po	30 mins	2-3 hours po 30-90 mins sc	12-24 hours	QT caution with other drugs effecting QT interval	Max q2h prn up to 25mg/24hrs ^{1 pg 185}
Ondansetron Sickness 3 rd line ⁶	Oral (4-8mg daily) For 3 days	Po < 30 mins	1.5 hours	12 hours	QT caution with other drugs effecting QT interval	No PRN dose should only be used for 3 days post chemotherapy

Drug and indication AGITATION/ANXIETY	Dose/route	Time to start of effect	Peak effect	Duration of action	Other information	Frequency of PRN dose
Midazolam 1 st line in Terminal agitation & anxiety	2.5mg -5mg sc		0.5 -1 hr po 0.5hr sc			Max q1h prn up to 6 doses/24hrs (30mg) ^{1 pg156}
Levomepromazine 2 nd line when midazolam has not been effective	12.5 to 25mg sc stat & q1h prn (reduce dose in elderly). ¹	30 mins	2-3 hours po 30-90 mins sc	12-24 hours	QT caution with other drugs effecting QT interval Caution in renal imp'ment ^{1 pg 688}	Max q1h prn ^{1 pg 185}
Haloperidol for agitation delirium	1.5mg -5mg sc				Caution in renal imp'ment ^{1 pg 688}	Max q1h prn ^{1 pg 156} Max Dose 10mg/24hrs
Lorazepam anxiety	500microgram – 1mg Sub ling bd and prn		2.5hrs po (SL)			Max q2h prn up to 4mg/24hrs
Drug and indication ANTI-SECRETORY	Dose/route	Time to start of effect	Peak effect	Duration of action	Other information	Frequency of PRN dose
Hyoscine butylbromide ⁶	20mg SC,	1-2hrs po <10mins sc	15mins – 2hrs po	<2hrs		Max q1h prn up to 6 doses/24hrs
Glycopyrronium for drooling	200 – 400micrograms po tds	30-40 mins po &sc	No data	7hrs		See PCF6 pg 14 for dosing wrt indication