

## ORAL MEDICATIONS SUITABLE FOR PALLIATIVE CARE and COVID-19 PATIENTS ref APM guidance on hospice website

Drug and indication	Dose /route	Time to start of effect	Other information	Frequency of PRN dose (community)
<b>OPIOIDS – shortness of breath &amp; pain</b>				
Morphine liquid 10mg/5ml shortness of breath	Oral 2.5mg -5mg CD Sch 5 not locked away	15mins <sup>1</sup> IR &sc <sup>1</sup>	Avoid in renal failure <sup>2</sup>	4-6 hourly prn
Oxycodone solution 5mg/5ml shortness of breath.	Oral 2.5mg -5mg CD sch 2 MUST be locked away	20-30 mins	Use with cation in renal	4-6 hourly prn
<b>Drug and indication AGITATION/ANXIETY</b>	<b>Dose/route</b>	<b>Time to start of effect</b>	<b>Other information</b>	<b>Frequency of PRN dose</b>
Lorazepam 1mg tablets 1 <sup>st</sup> Line	0.5mg – 1mg between the gum and lip		Fine in renal disease	0.5mg (half a tablet) under lip NOT MORE FREQUENTLY than 4 hourly when required (max4mg/24hours)
Levomepromazine 25mg tablets 2 <sup>nd</sup> line +/- lorazepam when above has not been effective  However, some GPs may prefer to use haloperidol 500mcg tabs (NICE guidance)	12.5mg-25mg every 12 hours (between gum and lip if necessary – if patient can't swallow)	30 mins	Caution wrt hypotensive effects  NICE guidance <a href="https://www.nice.org.uk/guidance/ng163/chapter/7-Managing-anxiety-delirium-and-agitation">https://www.nice.org.uk/guidance/ng163/chapter/7-Managing-anxiety-delirium-and-agitation</a>	Half – one tablet (12.5mg -25mg) 12 hourly
<b>Drug and indication FEVER</b>	<b>Dose/route</b>	<b>Time to start of effect</b>	<b>Other information</b>	<b>Frequency of PRN dose</b>
Paracetamol	1g PO/PR 4 hourly		Reduce dose in elderly and those <50kg. max 2-3g/24hours	Max dose 4g/24 hours

**ORAL MEDICATIONS SUITABLE FOR PALLIATIVE CARE and COVID-19 PATIENTS** ref APM guidance on hospice website

<b>Drug and indication ANTI-SECRETORY</b>	<b>Dose/route</b>	<b>Time to start of effect</b>	<b>Other information</b>	<b>Frequency of PRN dose</b>
Glycopyrronium for drooling	200 – 400micrograms po tds	30-40 mins po		See PCF6 pg 14 for dosing wrt indication
<b>Drug and indication N&amp;V</b>	<b>Dose/route</b>	<b>Time to start of effect</b>	<b>Other information</b>	<b>Frequency of PRN dose</b>
Domperidone for nausea & vomiting	Oral 10mg bd	30 minutes	concerns regarding the possibility of cardiac toxicity in higher doses	current MHRA advice is to limit dose to 10 mg tds
Metoclopramide Prokinetic anti-emetic hiccup	10mg po tds	15-60 mins po 10 – 15 mins im	Risk of serotonin toxicity when used with SSRIs risk of extra pyramidal effects	<b>Max po dose 20mg qds in 24 hours</b>
Cyclizine for dizziness, nausea & vomiting (pro-arrhythmic)	<b>25mg - 50mg orally three times per day</b>	30-60 mins	Anticholinergic, antihistamine	<b>Usual max po<sup>1</sup>dose 200mg/24 hrs</b>
Haloperidol 0.5mg tablets	0.5 mg to 1 mg Can be given q2h prn	2-6 hours <small>pcf pg 180</small>	See PCF6	Increase dose in 0.5-mg to 1-mg increments as required (maximum 10 mg daily, or 5 mg daily in elderly patients)
<b>Drug and indication cough</b>	<b>Dose/route</b>	<b>Time to start of effect</b>	<b>Other information</b>	<b>Frequency of PRN dose</b>
Simple linctus Or if ineffective Codeine linctus 15mg/5ml	5ml po qds			5ml up to 4 times a day