

# Quick Reference Guide to End of Life Care for Hospitalised Patients



## Essential medications for imminently dying patients

### For pain/dyspnoea

Morphine 2.5-5mg subcut q1h prn  
OR  
Fentanyl 25-50mcg subcut q1h prn

### For agitation/distress

Midazolam 2.5-5mg subcut q1h prn  
OR  
Clonazepam 0.5-1mg subcut/sublingual q1h prn

### For nausea/vomiting

Metoclopramide 10mg subcut qid prn  
OR  
Haloperidol 0.5-1mg subcut tds prn

## Dyspnoea Crisis

Aim is to titrate medications to comfort in the imminently dying patient

Morphine 5mg subcut/IV  
AND  
Midazolam 5mg subcut/IV

Administer every 15 minutes until comfort achieved

## Opioid Equivalence Table

| Oxycodone oral | Morphine oral | Morphine Parenteral | Fentanyl transdermal |
|----------------|---------------|---------------------|----------------------|
| 20-30mg        | 30-45mg       | 10-15mg             | 12mcg/hr             |
| 50mg           | 75mg          | 25mg                | 25mcg/hr             |
| 100mg          | 150mg         | 50mg                | 50mcg/hr             |

Patients on regular long acting opioids will need these replaced as per regular dosing guidelines below. Prescribe prn opioid 1/6<sup>th</sup> of the 24 hour dose

## End of life care – regular medications

Calculate requirement over previous 24 hours and prescribe as regular dosing

If syringe driver available:

- Prescribe opioid and/or sedation as 24hr dose via subcutaneous infusion

If syringe driver unavailable:

- Prescribe total 24 hour opioid requirement as regular dosing
  - Morphine in 4 divided doses eg. Morphine 5mg subcut qidOR
  - Fentanyl patch TOP 3/7 - refer to dose equivalence table, may need additional prn dosing in first 24 hr while reaching steady state
- Prescribe clonazepam 0.5-3mg subcut/sublingual bd