

## Symptom Management at the End of Life

### A. Breathlessness

Treat underlying cause

Non pharmacological management

- O2 supplementation if indicated
- positioning
- loose clothing

Pharmacological management

- Subcutaneous route is the preferred route especially if IV access is difficult
- If eGFR>30:
  - o Continuous SC infusion (CSCI) of morphine 0.5mg/H
  - o Titrated according to patient symptoms or if still tachypnoeic
  - o Can be increased by 0.5mg/H every 6 hours until patient is comfortable
  - o To discuss with palliative care team if infusion rate reaches 2.5mg/H
- If eGFR<30:
  - o CSCI of fentanyl 5mcg/H
  - o Can be increased by 5mcg/h every 6 hours until patient is comfortable
  - o To discuss with palliative care team if infusion rate reaches 25mcg/H

### B. Anxiety or Panic attacks

- Sublingual lorazepam 0.5mg PRN up to 1mg TDS

### C. Terminal Restlessness or Agitation

Pharmacological management

- SC midazolam 2.5mg PRN
- 1 hour interval between doses
- Maximum of 6 doses per day

If patient is continuously agitated OR has required >4 doses per day, to consider CSCI midazolam

- Start at 0.5mg/H
- Can be increased by 0.5mg/H every 6 hours until a max of 3mg/H

### D. Terminal secretions

- This is due to secretions collecting in airways which are no longer being coughed or cleared as normal.
- Suctioning is often not recommended as deep suctioning will not improve secretions and may cause further distress to the patient.
- SC buscopan (hyoscine butylbromide) 20mg TDS
- Can also be given as CSCI of 60-240mg over 24 hours

