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