

DandELinE - PRN Medication Guidelines

Chart ONE PRN medication for EACH symptom
Anticipatory prescribing is recommended for all symptoms
Check ADR / Allergy for all medication options listed below

Symptom	First Choice	Second Choice	
PAIN / DYSPNOEA NOTE: If patient pain remains poorly controlled after 2 hrs. or requires more than 3 - 4 prn doses within 6 hrs.: <ul style="list-style-type: none"> Contact Palliative Care for assistance with prescribing a continuous sub-cutaneous infusion Continue hourly pain monitoring Continue prn therapy 	Morphine Dose: 2.5 mg – 5 mg subcutaneous inj Frequency: Every 30 minutes prn Contra-indication: Renal failure	Fentanyl Dose: 25 MICROg – 50 MICROg subcutaneous inj Frequency: Every 30 minutes prn	
These doses are recommended for the opioid naïve patient – seek assistance as required for conversion of baseline medications. Call switch (9) for Palliative Care Consultant if required			
AGITATION RESTLESSNESS ANXIETY (including 'air hunger')	Midazolam Dose: 2.5 mg - 5mg subcutaneous inj Frequency: 1 (one) hourly prn Max. dose/24hrs: 20 mg / 24 hours	Haloperidol Dose: 0.5 mg – 1 mg subcutaneous inj Frequency: 3 hourly prn Max. dose/24hrs: 5 mg / 24 hours Contra-indication: Parkinson's, Dystonic reaction	
NAUSEA & VOMITING	Haloperidol Dose: 0.5 mg – 1 mg subcutaneous inj Frequency: 3 hourly prn Max. dose/24hrs: 5 mg / 24 hours Contra-indication: Parkinson's, Dystonic reaction	Ondansetron Dose: 4 mg Sublingual (or intravenous if required) Frequency: 8 hourly prn Max. dose/24hrs: 24 mg / 24 hours Contra-indication: Constipation	Metoclopramide Dose: 10 mg subcut inj Frequency: 4 hourly prn Max. dose/24hrs: 40 mg / 24 hrs. Contra-indication: Dystonic reaction, bowel obstruction, Parkinson's
SECRETIONS (RESPIRATORY TRACT)	Hyoscine Butylbromide (Buscopan) Dose: 10 mg - 20 mg subcutaneous inj Frequency: 2 hourly prn Max. dose/24hrs: 120 mg / 24 hrs.	Glycopyrrolate Dose: 200 MICROg - 400 MICROg subcutaneous inj Frequency: 2 hourly prn Max. dose/24hrs: 1200 MICROg / 24 hrs.	

Consider replacing the patient's usual symptom management medications with a subcutaneous infusion

If uncertain about anticipatory prescribing for your dying patient or pain/symptoms remain poorly controlled after 1-2hrs, contact Palliative Care via switch for advice.