

Acute Training Solutions

Common drugs used in Palliative Care

Drug	Usual dose range	Indication	Comments
Cyclizine	50-150mg over 24hrs	Anti-emetic acting at vomiting centre for nausea and vomiting due to intrathoracic, intra-abdominal diseases, intestinal obstruction or intracranial disease. Also for nausea as a result of motion or raised intracranial pressure.	<ul style="list-style-type: none"> • Incompatible with sodium chloride 0.9% • Often causes skin site irritation • Can precipitate when mixing with other drugs in the syringe - observe closely
"Diamorphine 5mg, 10mg, 30mg, 100mg, 500mg"	"Variable over 24hrs no defined maximum, dose dependent on analgesic requirements, age and renal function"	Strong opioid of choice for subcutaneous use.	<ul style="list-style-type: none"> • Incompatible with sodium chloride 0.9% in concentrations > 40mg/ml • Preferred over morphine as it has greater solubility"
"Glycopyrronium bromide 200mcg/ml"	600-1200mg over 24 hours	Anticholinergic agent used to reduce respiratory secretions.	<ul style="list-style-type: none"> • Titrate dose according to effect • Does not cross blood-brain barrier
"Haloperidol 5mg/ml"	2.5-10mg over 24 hours	Neuroleptic anti-emetic which acts at the chemoreceptor trigger zone (CTZ). Useful for opioid or metabolic induced nausea. Also useful for delirium, restlessness and paranoia.	<ul style="list-style-type: none"> • Watch for extrapyramidal symptoms • Higher doses can be used for sedation • Incompatible with sodium chloride 0.9%
"Hyoscine butylbromide 20mg/ml"	400-2400mg over 24 hours	Useful for colic in intestinal obstruction. Also dries up respiratory secretions but is not as effective as glycopyrronium. Reduces gastrointestinal secretions so can be useful for large volume vomiting.	<ul style="list-style-type: none"> • Does not cross blood-brain barrier • May precipitate with cyclizine • Do not use with metoclopramide
Hyoscine hydrobromide 400mcg/ml, 600mcg/ml	400-2400mg over 24 hours	Useful for reducing secretions. Has some smooth muscle antispasmodic activity.	<ul style="list-style-type: none"> • May cause agitation or confusion as it crosses blood-brain barrier

PTO

Drug	Usual dose range	Indication	Comments
Levomopromazine 25mg/ml	"6.25-12.5mg over 24 hours 25-100mg over 24 hours"	"Anti-emetic dose; generally used 2nd or 3rd line Terminal agitation dose"	<ul style="list-style-type: none"> •Can be irritant, dilute maximum volume possible to reduce irritation •Extrapyramidal reactions may occur especially if given with other dopamine agonists e.g. Haloperidol
"Metoclopramide 5mg/ml"	30-120mg over 24 hours	Useful for nausea and vomiting, especially due to gastric stasis.	<ul style="list-style-type: none"> •Do not use with cyclizine •Extrapyramidal reactions may occur especially if given with other dopamine agonists e.g. Haloperidol"
"Midazolam 1mg/ml (2ml, 5ml, 50ml) 2mg/ml (5ml) 5mg/ml (2ml), 10ml)"	10-60mg over 24 hours	Benzodiazepine with short half life useful for anxiety, agitation, muscle spasm and convulsions at lower doses. Higher doses used for terminal restlessness. When given by continuous infusion the half life may be significantly increased.	<ul style="list-style-type: none"> •May precipitate with cyclizine