



**End of Life and Palliative Care**

**Quick reference guide**

**Prescribing advice, contact details and support for Staff**

**Includes:**

* **Contact details for advice and support**
* **Contact details of community pharmacists holding medicine supplies**
* **Anticipatory medicine prescribing advice**
* **Prescribing Advice Sheets for GPs**
* **Anticipatory medicine prescribing advice in renal failure**
* **Covid-19: Advice on symptom management during (pharmacological and non pharmacological treatments)**
* **Covid-19: Advice on symptom management during (non-oral, non parenteral options)**
* **COVID-19: Clinical Palliative guidance for children and young people**
* **COVID-19: Priority medicines for palliative and end of life care**

**\* For advice on availability of training please contact your local**

**end of life / palliative care team or Hospice**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author/Stakeholder** | **Key Points Updated:** | **Ratified by:** |
| V4 | 07.12.2020 | **Kam Takhar:** Deputy Chief Pharmacist NELFT  **Contributions from:** Corinna Midgley-Medical Director, St Francis Hospice Andrew Gage-Pallaitive Care Consultant BHRUT  **Stakeholder Engagement:** NELFT Restoration & Recovery Group for Adult Community | Added: Guidance to support with incremental doses, doses in renal failure, prescribing advice sheets  Updated: Contact details and COVID guidance documents, references | NELFT Clinical & Professional Advisory Group |

 

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**MANAGING SYMPTOMS IN THE LAST DAYS OF LIFE**

**Specialist Palliative Care Advice Services**

**London Boroughs (BHR + WF)**

**Redbridge**

**Havering**

**Barking &  
Dagenham**

**Waltham  
Forest**

**Specialist Palliative Care**

**Macmillan Community SPC Team**

Mon - Fri   
9am -5pm  
**0300 300 1901**

Weekends + bank holidays

9am – 5pm  
**0300 300 1901**Or

**07715 238566** (professionals)  
**+**

**Saint Francis Hospice**

**Advice Line 01708 758643**

Mon – Sun 5pm - 9am

**End of Life Care Facilitator**Mon to Fri

9am to 5pm

Rachel Jacobs

**07928 655825**

**Specialist Palliative Care**

**Whipps Cross Margaret Centre**

Mon - Fri   
9am - 5pm  
**0208 535 6605**

Out of Hours:  
5pm – 9am   
**call Whipps Cross switchboard**: **0208 539 5522** and ask for Palliative Care Consultant

**End of Life Care Facilitator**

Mon – Fri

9am to 5pm

**0208 539 5522 ext 6251**

**Specialist Palliative Care**

**Saint Francis Hospice Advice Line**

**01708 758643**

Mon – Sun

24/7

**End of Life Care Facilitator**

Mon to Fri   
9am – 5pm

**Ruth Crossley**

**0300 300 1642**

07710 388998

**Specialist Palliative Care**

**Saint Francis Hospice Advice**

**Line**

**01708 758643**

Mon – Sun

24/7

**End of Life Care Facilitator**Mon to Fri   
8am – 4pm  
**Caroline Game**

**01708 576915**

07944 973635









**MANAGING SYMPTOMS IN THE LAST DAYS OF LIFE**

**Medicine support for management of pain, nausea/vomiting, terminal agitation, dyspnoea and retained secretions**

This guidance has been adapted from hospice medication guidance for management of the five key symptoms that may develop in the last hours or days of life. It has been developed for use for people likely in the last few hours or days of life to ensure their comfort. To be used alongside locally agreed personalised care frameworks.

The guidance is also useful for people with advanced disease who are unable to manage oral medication.

Remember:

* + Medicines for symptom control should only be given if needed, and following assessment.
  + Use enough but no more than is needed to relieve the symptom.
  + If a patient is still managing medications orally continue with this route.
  + However in the last few days of life the oral route often becomes unreliable or unmanageable.
  + Ensuring that equivalent strength 'if needed' (prn) subcutaneous medications are available provides a vital safety-net, so that symptom control can be delivered even if the oral route is unmanageable. Anticipatory prescribing will ensure that in the last hours or days of life an emerging symptom can be managed quickly and effectively by any visiting nurse or doctor.
  + Clinicians should consider if a continuous subcutaneous infusion (CSCI) [delivered via a syringe driver] is also required for symptom control. Note that not all patients who are dying will require a CSCI, but it is helpful for many - and will be an essential for good symptom control at end of life care for many.
  + Elderly and/or frail patients, people with renal failure and people vulnerable to delirium (e.g. people with dementia at advanced illness stage) will need particularly careful medicines management. Medication choices may need to be modified and doses and frequency reduced.
  + Injectable medicines must be authorised by a prescriber to enable administration in the community.

PLEASE ENSURE THAT YOU USE THE RIGHT AUTHORISATION FORMS FOR YOUR AREA. NELFT BHR/WF HAS ADOPTED PAN – LONDON CHARTS

**NB: BHRUT patients discharged to NELFT services in Essex will have a Pan London chart– The use of these charts has been agreed for NELFT Essex services**

If you are worried about how to manage symptoms, if symptoms persist or if the situation for your patient is complex please contact your local specialist palliative care team, or the Specialist Community & Crisis Support Service at Saint Francis Hospice as follows:

If lines are busy do leave a message and one of the Saint Francis Hospice nurse specialists will return the call as soon as they are able

Saint Francis Hospice Specialist Advice Line = 01708 758643

**AUTHORISING MEDICATIONS FOR SYMPTOMS IN LAST DAYS OF LIFE**





NELFT Authorisation Forms must be completed and placed in the patient’s home along with key prescribed medications to enable the community nursing team to administer the medications when needed. They are primarily designed to address the 5 common end of life symptoms.

The BHR/WF boroughs use newer Pan London NELFT authorisation forms (portrait and not landscape versions) to enable administration of key symptom control.

(The Essex Boroughs currently still use the older NELFT authorisation forms (landscape versions) but they essentially provide the same key authorisations)

These are:

* An ‘AS REQUIRED’ (PRN) SUBCUTANEOUS INJECTIONS AUTHORISATION AND ADMINISTRATION CHART V3
* A 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION (SYRINGE PUMP) AUTHORISATION CHART V3
* The Pan London authorisation forms also include a CRISIS/EMERGENCY AND REGULAR INJECTIONS AUTHORISATION AND ADMINISTRATION CHART V3

to authorise injectables for particular crisis scenarios (e.g. major bleed or stridor; people who require steroids to control symptoms such as brain tumour headache who can no longer manage their steroid orally).

* **The ‘As Required’ (PRN) subcutaneous injections authorisation and administration chart is needed for any patient deemed to be approaching the last days of life, or to be at risk of not being able to manage oral medication.**
* For each common symptom the drug to be used, the dose (or dose range) to be used, the max 24 hour dose and permitted frequency must be written clearly.
* **For opioids and for midazolam**-starting dose is usually 2.5-5mg but see symptom control guidance charts for more detail since prn dose/dose range will depend on the dose/strength of regular opioid and sedative/seizure control medication, also dependent on individual factors such as frailty and renal function.
* At higher doses the dose range should be more cautious e.g. 10 - 15mg or 30 - 40mg (i.e. increase by 1/3rd not a doubling).
* Max 24 hour dose will be independent of any syringe pump medication but will need to be considered alongside any syringe pump (i.e. regular) medication. It needs to allow for the possibility of the patient needing several doses in a 24 hour period for maintenance of comfort, the suggested standard is for the max to allow for 6 x the lowest dose in a 24 hr period (e.g. 6 x 2.5mg = 15mg).
* Frequency is usually stated as hourly, to allow for a repeat dose within a narrow window for patients who remain uncomfortable or restless after one dose.
* The Pan London prn form includes the advice: **If patient requires more than 3 PRN opioids in 24 hours consider contacting palliative care team**.
* **For anti-emetics and anti-secretory medication** see symptom control guidance charts for suggested starts/dose ranges and max 24 hour doses. Frequency is usually stated as 4 hourly.
* **The 24 hours Continuous Subcutaneous Infusion (Syringe Pump) authorisation chart is needed EITHER if a syringe driver is to be commenced OR in anticipation that one may be needed.**
* For each symptom specified the syringe driver authorisation form must specify the drug to be used, the dose range (specifying a minimum (starting) dose and the maximum dose that can be administered before further review). In the Pan London charts there is no requirement to write dose increments, but instructions can be added if there is anxiety that the administering team need such guidance.
* **For opioids and midazolam:**see symptom control guidance charts for suggested starting doses. The dose range allows the administering nurse to increase the dose if the patient has required several prns, but range should not exceed a doubling of the start dose.
* **For anti-emetics****and anti-secretory medications**see symptom control guidance charts for susggested starting doses and dose range*.*
* **Water for injections is the preferred** diluent for standard medications.

**The maximum dose acts as a trigger for review by the prescriber, and a prompt to seek medical advice/review Specialist Palliative Care Team advice if worried.**

**If further advise is needed please contact your local Specialist Palliative Care Team or Saint Francis Hospice Specalist Advice Line 01708 758643**

MANAGING SYMPTOMS IN THE LAST DAYS OF LIFE





Pain

Is patient currently on opioids?

**YES – taking regular oral morphine** **YES –taking other regular strong opioid Yes – taking regular weak opioid NO** e**.**g. fentanyl patch, oxycodone e.g. codeine, dihydrocodeine

Prescribe MORPHINE injectable: 2.5 - 5mg s/c as needed for breakthrough pain.

Give a prn dose stat if the patient is uncomfortable/ in pain.

Review in 24 hours.

If more than one prn dose has been needed in that time a continuous subcutaneous infusion (CSCI) is needed: usual start dose will be 10 – 20mg MORPHINE injectable s/c over 24 hrs via a syringe driver.

Convert to MORPHINE injectable:

10 - 20mg to be delivered via continuous subcutaneous infusion (CSCI) over 24 hrs via syringe driver

Prescribe MORPHINE injectable 2.5-5mg s/c prn, up to hourly, for breakthrough pain

Review in 24 hours.

If more than one prn dose has been needed in that time increase the syringe driver dose

Convert to the equivalent dose of MORPHINE injectable, this to be delivered by continuous subcutaneous infusion (CSCI) over 24 hrs via a syringe driver. MORPHINE injectable is twice as potent as oral morphine, so the syringe driver dose needed will be half the oral 24 hour dose.

Ensure that injectable analgesia is prescribed and available as needed: MORPHINE injectable, at one sixth of the 24 hour dose prescribed for the syringe driver, s/c prn, up to hourly, for breakthrough pain.

Give a prn dose at the same time as starting the syringe driver if the person is in pain.

Seek advice from Saint Francis Hospice

* Patient currently on NSAID and it has been a key contributor to pain control: consider converting to rectal route e.g. Diclofenac 100mg pr od
* Please ring Saint Francis Hospice for advice if uncertain re potency and conversions/if symptoms persist. In particular advice may be needed if:
* patient is on other co-analgesics e.g. steroids/anticonvulsants/antidepressants and these are now unmanageable
* patient has been supplied diamorphine injectable as their s/c 1st line opioid preparation
* patient requires high doses of morphine. At doses above 180mg/24 hrs (or 30mg s/c prn) a switch to diamorphine is needed as it is more soluble.
* patient has been on an alternative opioid (box 2 above)
* patient has organ failure such as renal failure or hepatic failure. Reduction in dose/frequency and modification of 1st line may be needed. The elderly, frail patient may also need such modifications as this patient group are more sensitive to all medications.

**If symptoms persist, or if further advice is needed please contact your local Specialist Palliative Care Team,**

**or Saint Francis Hospice Specialist Advice Line on 01708 758643**





**MANAGING SYMPTOMS IN THE LAST DAYS OF LIFE**

**Nausea** **& Vomiting**

**Absent** (Anticipatory prescribing)

**Present**

**Patient not on anti-emetics**

**Patient not on anti-emetics**

**Patient on regular anti-emetics**

Current medication is ineffective.

Seek specialist advice as to which antiemetic /what dose to prescribe / deliver via syringe driver.

Ensure prn antiemetic too;   
suggest LEVOMEPROMAZINE 6.25mg s/c prn\*

**.**

Prescribe LEVOMEPROMAZINE 6.25mg -12.5mg s/c prn\*.

**Review at 24 hrs: If more than one prn dose has been needed commence LEVOMEPROMAZINE 6.25– 12.5mg s/c over 24 hrs via syringe driver. Ensure LEVOMEPROMAZINE 6.25mg s/c prn remains available.**

If excessive drowsiness seek specialist advice: levomepromazine can make some patients very drowsy even at small doses.   
A switch to another antiemetic may be required.

Current medication is effective.

Convert the oral treatment to injectable treatment and commence a continuous subcutaneous infusion over 24 hrs via syringe driver to maintain control.

For Cyclizine, Metoclopramide, Haloperidol or Levomepromazine, the 24 hr s/c dose will be the same as the 24 hour oral dose\*

Ensure prn antiemetic too;   
suggest LEVOMEPROMAZINE 6.25mg s/cprn\*

Prescribe LEVOMEPROMAZINE 6.25mg s/c prn\*

\*Usual dose ranges for other anti-emetics are:

CYCLIZINE\*\* 50mg s/c prn (do not offer a dose range), up to 4 hourly, to max 150mg/24 hours. If via syringe driver, 100 to 150mg s/c over 24 hours. Max 150mg in 24 hours inc PRNs   
HALOPERIDOL 1.5 to 3mg s/c prn, up to 4 hourly, to max 10mg/24 hours. If via syringe driver, 2.5 to 10mg s/c over 24 hours. Max 10mg in 24 hours including PRNs

METOCLOPRAMIDE 10mg s/c prn (do not offer a dose range as large volume injection), up to 4 hourly, to max 30mg/24 hours. If via syringe driver, 30 to 90mg s/c over 24 hours. Max of 100mg in 24 hours inc PRNs (Seek specialist advice if using high doses of metoclopramide)

LEVOMEPROMAZINE 6.25mg to 12.5mg s/c prn, up to 4 hourly, to max 25mg/24 hrs. If via syringe driver, 6.25 to 12.5mg s/c over 24 hrs. Max of 25mg in 24 hours excluding PRNs

\*\* AVOID CYCLIZINE in heart failure (it can worsen HF symptoms). Only use water for injection if using CYCLIZINE: it will not mix with NaCl.

* Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure

**If bowel obstruction, or if symptoms persist, or if further advice is needed please contact your local Specialist Palliative**

**Care Team, or Saint Francis Hospice Specialist Advice Line on 01708 758643**





**MANAGING SYMPTOMS IN THE LAST DAYS OF LIFE**

Agitation / Distress

Absent (Anticipatory prescribing)

Present

### 

**Prescribe MIDAZOLAM**

**2.5 to 5mg s/c prn**

**Prescribe MIDAZOLAM**

**2.5 to 5mg s/c prn**

Review at 24 hours. If two or more prn doses have been required then consider a syringe driver. Usual starting dose is MIDAZOLAM

10 to 15mg s/c over 24 hours

* The management of agitation and restlessness does not usually require the use of opioids unless the agitation and restlessness is thought to be due to pain
* Levomepromazine may be a useful additional agent
* Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure.

**NB:** In individuals with learning disabilities caution should be administered as some service users may present with paradoxical reaction in response to Benzodiazepines. Use of antipsychotics for short term can be considered for behaviours of concerns if indicated along with PBS (positive behaviour support) approach. Psychologists and psychiatrists in CLDT’s  can also offer brief interventions via video link or joint working with other disciplines to support anxiety and distress reduction.

**If symptoms persist, or if further advice is needed please contact your local Specialist Palliative Care Team,**

**or Saint Francis Hospice Specialist Advice Line on 01708 758643**

**MANAGING SYMPTOMS IN THE LAST DAYS OF LIFE**





Shortness of breath

Absent (Anticipatory prescribing)

Present

### 

### 

Is patient already taking oral morphine for breathlessness?

Yes No

Prescribe MORPHINE injectable   
2.5mg s/c prn

**Prescribe MORPHINE injectable   
2.5 to 5mg s/c prn.**

Review at 24 hours.

If two or more prn doses have been required to manage breathlessness consider a syringe driver

Convert to the equivalent dose of MORPHINE injectable, delivered s/c over 24 hrs via a syringe driver. The syringe driver dose needed will be half the oral 24 hour dose.   
Prescribe one-sixth of the 24 hr dose of MORPHINE inj as a prn dose for breathlessness.

### If the patient is breathless and anxious too, consider addition of MIDAZOLAM 2.5mg s/c prn

* Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure
* If patient is already on a strong opioid for pain, contact hospice for advice

**If symptoms persist or if further advice is needed please contact your local Specialist Palliative Care Team,   
or Saint Francis Hospice Specialist Advice Line on 01708 758643**





**MANAGING SYMPTOMS IN THE LAST DAYS OF LIFE**

Respiratory Secretions

Absent (Anticipatory prescribing)

Present

### 

Prescribe GLYCOPYRRONIUM

200 to 300 micrograms s/c prn

Prescribe GLYCOPYRRONIUM 200micrograms to 300micrograms s/c prn and give a stat dose

Consider syringe driver with GLYCOPYRRONIUM 600 micrograms s/c over 24 hrs

Review at 24 hours. If symptoms persist, increase syringe driver to GLYCOPYRRONIUM 1.2mg s/c over 24 hrs

* GLYCOPYRRONIUM is recommended as first line for patients with severe renal failure.
* HYOSCINE HYDROBROMIDE 400 to 600 micrograms s/c prn (1.2 to 2.4mg via continuous infusion over 24 hours) is an alternative but equally valid anti-secretory used by some local practitioners. Do note that it crosses the blood/brain barrier so that it is also a potent centrally acting antiemetic. *HOWEVER it can cause sedation/delirium so is avoided in the conscious patient.*
* HYOSCINE BUTYLBROMIDE (BUSCOPAN) 20mg s/c prn (do not give a dose range as large volume injection); 60 to 80mg via continuous infusion over 24 hours is another alternative, *but it tends to crystallise even in simple mixes, especially when cyclizine is also in the mix; and it should be avoided in people with heart failure. Refer to Palliative Care Adult Network Guidelines (PANG):* <http://book.pallcare.info/index.php?op=plugin&src=sdrivers>
* Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure

**If symptoms persist or if further advice is needed please contact your local Specialist Palliative Care Team,   
or Saint Francis Hospice Specialist Advice Line on 01708 758643**

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**FENTANYL AND BUPRENORPHINE PATCHES**

Fentanyl and buprenorphine, both alternative strong opioids to morphine, are available in patch formulations, in this way turning these fast acting drugs into sustained release preparations.

Patches offer a good alternative to oral opioids or syringe driver medication in the following circumstances:

1. When the oral route is not possible, or not ideal.

When patients have difficulty in managing oral preparations, are unable to swallow, or are simply unable to adhere to a regular oral regime a patch preparation a steady and reliable means of getting strong opioid medication … *though do note that patients with rapidly changing pain needs need to be stabilised on quicker acting / more titrate-able analgesia, e.g. syringe driver medication, first*.

1. When a patient has renal failure.

Fentanyl has a secure evidence base for relative safety in severe renal failure as renally excreted metabolites of fentanyl are inactive (as opposed to metabolites of morphine). The patch preparation provides sustained analgesia[[1]](#footnote-1).

Buprenorphine metabolites also do not rely on renal excretion, however buprenorphine lacks an evidence base for safety in severe renal failure, so that a fentanyl patch is favoured.

1. When a patient has intractable morphine-induced constipation.

Both fentanyl and buprenorphine are less constipating than oral morphine[[2]](#footnote-2).

1. As an alternative opioid

When pain is morphine responsive but adverse effects from morphine mean that the dose needed cannot be tolerated. One of the patch delivered opioids may suit better.

**Transdermal patch preparations: monitoring them / ensuring they remain effective**

* Fentanyl patches and Buprenorphine patches are available in many different patch strengths/sizes. Do ensure that you know the patch strength and the frequency of patch change needed to ensure sustained pain relief.
* Users too poorly to monitor and manage their patches should have a patch chart so that the person changing the patches always knows where the patch is/patches are, and the due date for change. Patches should be visualised regularly; beware the patch that falls off.
* At patch change the old patch(es) should be removed and replaced with a new one(s).
* Each time a patch is changed the site of application should be rotated to avoid skin irritation from over use. See *“My Transdermal Patch Application Record”* on page 26
* NB:Low dose buprenorphine patches can be used with cautio for people who are opioid naïve, starting with a low dose. Fentanyl patches (lowest dose = 12mcg/hr) is not recommended for opioid naïve patients: opioid naivity increases the risk of side effects and of overdosing

**Managing breakthrough pain**

The patient will require 'just in case' medication to manage breakthrough pain. For most opioids the principle of starting with a 1/6th of the baseline 24 hour drug and dose provides a good start. However buccal/transmucosal/nasal IR fentanyl preparations do not follow this principle and have to be titrated up individually. They are also very short acting[[3]](#footnote-3). And oral buprenorphine comes in complex doses and is rather long acting.

*Thus morphine Immediate Release (IR) , or 2nd choice, oxycodone IR, is the usual oral (or s/c) prn used.*

**FENTANYL AND BUPRENORPHINE PATCHES: Guidance for End of Life Care**





The following gives headline information that may be useful when caring for someone at end of life/dying. More in-depth information, advice and support can be sought from any of the local Specialist Palliative Care teams.

**Starting a patch at end of life**

Patches are an option if oral morphine (or 2nd line oral strong opioid) is now unmanageable[[4]](#footnote-4), though a safer/more standard alternative is to start a continuous subcutaneous infusion (CSCI), with inclusion of analgesia.

* A CSCI will give much more rapid relief, making an impact within 2 hours of start, can include symptom relieving medicines in addition to analgesia, can be rapidly titrated up or down dependent on need/number of prns used, and can be adjusted daily.
* Patch preparations do not give effective analgesic levels for at least 8-12 hours after a patch has been applied, and can take up to a day for serum levels to fall to 50% once the patch is removed.

*Patches should not be used in situations where the patient has rapidly changing analgesic needs. If starting them at end of life THINK: is there time for this patient to benefit? Are their analgesic needs predictable enough for me to make a good guess of the patch strength needed? Would a CSCI be better/quicker/safer*?

**If a patient already has a patch, is in the last few days of life, and is comfortable**

* Maintain the patch: no need to change the drug / delivery system if this one is working.
* Don’t forget to change the patch regularly and according to prescription guidance.
* Do ensure injectable ‘just in case’ medication if oral prns are not manageable or are likely to become unmanageable, even if the patient is comfortable now. Just in case.

**If the patient already has a patch, and is requiring prn analgesia/ is not comfortable** **SUPPLEMENT THE PATCH WITH A SYRINGE DRIVER**.

The patient is likely to die within days so that the simplest solution is needed to achieve sustained pain control asap.

* The prescriber MUST make clear that the syringe driver medication is supplementing patch medication: tick the relevant box on the syringe driver authorisation.
* Seek advice from your Specialist Palliative Care Team if uncertain what opioid and what dose of opioid to use in the supplementary syringe driver.
* The new prn IR sc opioid dose is calculated by looking *not only* at the strength of the patch being used, *but also* at the additional dose of opioid in the CSCI.
* Any further increase in analgesia should be made by altering the CSCI and prn sc opioid doses, and NOT by increasing the strength of the patch. Increases in patch strength will take too long to be effective for this patient.

*Beware the following*:

* People forget to change the patch every 3 days.

Result: the patient suffers from a sharp drop in analgesia as the old patch wears off

* People fail to calculate the correct prn dose - they forget to base prns ('1/6 of') on the TOTAL 24 hour opioid equivalent of patch plus CSCI combined.

Result: prns give inadequate relief for breakthrough pain.

An alternative is to **REPLACE THE PATCH WITH SYRINGE DRIVER MEDICATION**.

* Seek advice from your Specialist Palliative Care Team if you feel this would be more satisfactory. It is more complicated than the supplementation method, demanding a ½ dose of patch-equivalent analgesia in the syringe driver on day 1 (because the patch preparation will still be in the patient’s system, even after the patch is removed) and an uplift to full patch-dose equivalence on day 2. If pain is unstable and analgesic needs are changing at the same time it can be difficult to judge day 1 and day 2 needs and the patient is more prone to break-through pain.
* However by this method it is easier to calculate prn medication doses.





*Beware the following:*

* People forget to increase the CSCI on day 2.
* Result: the patient suffers from a sharp drop in analgesia on day 2.

**NB: Changing back to a Patch from Syringe Driver**

Patients who have been stabilised on oral or syringe driver medication can be transitioned to a patch preparation for continued delivery of opioid. Contact your Specialist Palliative Care Team for advice and support when considering transitioning from other preparations to patch preparations as the choice of opioid (buprenorphine or fentanyl), the strength of patch to choose and when to start the patch vs when to stop the other opioid will depend on the broader clinical situation and can be difficult to manage.

**Additional points**

Used transdermal fentanyl patches still contain fentanyl. After removal, the patch should be folded with the adhesive side inwards and discarded in a sharps container (hospital) or dustbin (home), washing your hands afterwards.

**References for Fentanyl and Buprenorphine Patches**

Cherney, N et al (eds.) (2015) ***Oxford Textbook of Palliative Medicine***. 5th edn. Oxford University Press

Twycross, R et al (2009) ***Symptom Management in Advanced Cancer***. 4th edn. Radcliffe Medical Press.

Twycross, R & Wilcock, A (eds.) (2020) ***Palliative Care Formulary PCF7.*** 7th edn. Pharmaceutical Press

NICE (2012) ***Palliative care for adults: strong opioids for pain relief. Clinical guideline [CG140]*.** NICE. Available at <https://www.nice.org.uk/guidance/CG140>

Watson, M et al. (2016) ***Palliative Adult Network Guidelines (PANG)***. 4th edn. Available online at <https://book.pallcare.info/index.php>

**Palliative Care Formulary**To access the handout on “How to access Medicines Complete” from NELFT network [Click here.](http://nelftintranet/departments-and-services/library-services/documents/How%20to%20access%20guides/How%20to%20access%20Medicines%20Complete%20resources%20on%20site%20or%20with%20your%20OpenAthens%20account.pdf)

**The Oxford Handbook Palliative Care**To access “Oxford Handbook of Palliative Care (3Edn)” from NELFT network: [Click here](https://oxfordmedicine.com/view/10.1093/med/9780198745655.001.0001/med-9780198745655).

For access to ***Palliative Care Formulary*** or ***Oxford Handbook of Palliative Care*** from a non-NELFT computer, email [library@nelft.nhs.uk](mailto:library@nelft.nhs.uk) or call 0300 555 1200 ext. 64504.

**Essex Boroughs**





**Community Palliative Care Team   
(part of St. Luke’s Hospice)**Mon to Fri: 9am—5pm  
**Tel: 01268 988 580  
Fax: 01268 416 505**

Based at Astra House, Christy Way, Southfields, Basildon, SS15 6TQ   
Team includes:  
Clinical Occupational Therapists  
Community Palliative Clinical Nurse Specialists   
(formally known as Community Macmillan Palliative Care team)

Advanced Care Planning Nurses (formally known as End of Life Care Facilitators)

**Advanced Care Planning Nurses:**

**Donna Harrington:** 07738 273744 or email:[**donnaharrington@stlukeshospice.co.uk**](mailto:donnaharrington@stlukeshospice.co.uk),

**Lorraine Payne:** 07738 273 742 or email:[**lorrainepayne@stlukeshospice.co.uk**](mailto:lorrainepayne@stlukeshospice.co.uk)

**Charlotte Moore:** 07738 273 754 or email:[**charlottemoore@stlukeshospice.co.uk**](mailto:charlottemoore@stlukeshospice.co.uk)

***Alternatively contact:*One Response: 01268 526259 /** [**stlukes.oneresponse@nhs.net**](mailto:stlukes.oneresponse@nhs.net)

[**stlukes.oneresponse@nhs.net**](mailto:stlukes.oneresponse@nhs.net)

(24 HRS SEVEN DAYS a WEEK service)

**Saint Francis Hospice**  
Contact: Specialist Community and   
Crisis Support Service

**01708 758643**(24 HRS SEVEN DAYS a WEEK service)

**Saint Francis Hospice**   
Main number: 01708 753319

[NELCSU.saintfrancishospicereferrals@nhs.net](mailto:NELCSU.saintfrancishospicereferrals@nhs.net)

**Basildon &  
Thurrock**

**Brentwood**

**Other Contacts:   
Consultant in Palliative Medicine OOH Via Southend Hospital**

Mon to Sun: 5pm—9am, Weekends and Bank Holidays: **01702 435555**





**ESSEX: MANAGING SYMPTOMS IN THE LAST DAYS OF LIFE**





In the Essex boroughs of NELFT palliative and end of life care is supported by the, **Essex supportive palliative and end of life care group formulary for management: SW Essex abridged version**, the formulary supports the management of symptoms that people may encounter when palliative or at end of life.

This document draws on this to support staff in delivering palliative care  “Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual”. WHO (2002)

Generic palliative care (the palliative care approach) is provided by all health care professionals and is an integral part of clinical practice.

The specialist palliative care team becomes involved with patients with an extraordinary level of need. This often reflects an intensity or complexity of problems across the physical, psychological or spiritual domains.

Fast and effective palliation of symptoms is of utmost importance in ensuring best possible quality of life in individuals for whom cure is not possible. Symptom control and other issues should be approached in a holistic way, taking into account not only physical signs but also social, spiritual and emotional dimensions.

Prescribers are reminded that it is good practice to document the reason for choice of drug, particularly if it is not considered a usual first line drug.

**NB: BHRUT patients discharged to NELFT services in Essex will have a Pan London chart**

**The use of these charts has been agreed for NELFT Essex services**

#### Useful information:

CSCI – continuous subcutaneous infusion or syringe drivers/pumps are small battery operated pumps that allow continuous, subcutaneous drug infusions. This permits parenteral drug administration with minimal patient burden and has the advantage of steady plasma levels for a wide range of drugs available for symptom control. They are not just for use in the terminal phase but in any situation where the oral route is inappropriate or unreliable.







#### PRINCIPLES OF PRESCRIBING IN PALLIATIVE CARE

1. Assess the symptom(s) adequately
2. Establish a realistic management plan with the patient and family
3. Choose drugs based on underlying pathology and physiology
4. Choose an appropriate route of drug administration
5. Avoid polypharmacy where possible
6. Review medication regularly
7. Ensure appropriate quantities of medication are available

#### SYMPTOM MANAGEMENT: Managing the symptoms following assessment PAIN:

**Assess pain using a pain assessment tool for example:**

* Visual analogue scale (VAS)
* Verbal rating scale (VRS)
* Abbey Pain Scale for those with dementia and who can’t verbalise pain

These provide you with a way of demonstrating the impact of your intervention on the persons pain.

#### Principles of analgesic use:

* *By mouth* where possible: avoid intramuscular/intravenous routes where possible in palliative care patients – subcutaneous absorption is generally as good
* *By the clock* (i.e. regularly)
* *By the WHO ladder*

Remember to prescribe appropriate analgesia for breakthrough pain at 1/6 of the total 24 hour dose. Monitor response to treatment and modify accordingly.





**PRESCRIBING OF SUBCUTANEOUS ANTICIPATORY MEDICINES FOR PEOPLE WITH END OF LIFE CARE NEEDS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Always prescribe one medication for each symptom 1 to 4 below, and if required prescribe for symptom 5**  Anticipatory medication is medication for palliative patients, prescribed and available for an in case of need or for when required i.e. in anticipation of expected symptoms to ensure timely management.  Readily available anticipatory medication can prevent inappropriate re-admissions at end of life/for palliative patients to secondary care. **It is especially important to ensure that these are available out of hours, weekends and public holidays. Authorisation or signature with the prescription should always be given, thus enabling community practitioners to administer the medication, and not delay care and causing a negative impact on patient/carer experience.** | | | | | |
| **Symptom** | | **Drug** | **Subcutaneous PRN (as needed) dose** | **Anticipatory/starting dose**  **in syringe driver (via continuous subcutaneous infusion)** | |
| **1.Pain**  **For patients in renal failure seek specialist advice** | | Morphine sulphate  First line  Diamorphine  Second line | 2.5mg to 5mg(opioid naïve patients) 1 hourly or 1/6 of total 24 hour subcutaneous opioid dose given 1 hourly | For opioid naïve patients:  10mg to 20mg/24 hrs  For patients already on oral opioids use conversion chart (appendix 1)  For opioid naïve patients: 5mg to 10mg  For patients already on oral opioids use conversion below | |
| Oxycodone  Second line | 1.25mg to 2.5mg (opioid naïve patients) 1 hourly or 1/6 of total 24 hour subcutaneous opioid dose given 1 hourly | For opioid naïve patients:  5mg to 10mg/24 hrs  For patients already on oral opioids use conversion chart (appendix 1) | |
| 2.Nausea/Vomiting | | Haloperidol (1st line for opioid induced nausea) | 1.5mg to 3mg up to tds prn | Maximum dose 10mg/24hrs not a CD | |
| Cyclizine (1st line for CNS involvement or bowel obstruction).  Levomepromazine | 50mg TDS  6.25mg to 25mg per day | Maximum daily dose 150mg/24hrs  5mg to 25mg | |
| Levomepromazine | 6.25mg to 12.5mg up to tds prn | 6.25mg to 12.5mg /24hrs | |
| 3.Agitation | | Midazolam  (10mg/2ml ampoule is the preferred strength) | 2.5 to 5mg up to 1 hourly | 10mg to 20mg ( frail elderly patients may need a lower dose)  12.5mg to 25mg | |
| Levomepromazine | 12.5mg to 25mg TDS | 12.5mg to 25mg | |
| 4.Excessive secretions/noisy breathing | | Glycopyrronium | 200micrograms stat | 0.6mg to 1.2mg | |
| Hyoscine Butylbromide | 20mg every 2 hours prn | 60-80mg | |
| 5**.** Fits/ convulsions  For patients on oral anticonvulsants who become unable to swallow/ absorb them | | Midazolam | 5 to 10mg 1 hourly | 20 to 40mg | |
|  | Please ensure that water for injection 10mls x 10 ampules is prescribed when injectable medications are needed.  **PLEASE CONSULT WITH MACMILLAN NURSE/SPECIALIST SERVICES/ONERESPONSE IF UNSURE** | | | |  |





**Prescribing Advice Sheets**

Where palliative care specialist nurses do not have prescribing qualifications, they can use the prescribingadvice sheets below to support GPs in making prescribing decisions for their patients. **Please note: these are not prescriptions or authorisations and are advisory only**

**Injectable Medication Request  Advice Sheet- 24 hr SC SYRINGE PUMP (PAN LONDON MAAR):** [**PAN LONDON 24 HOUR SC SYRINGE PUMP ADVICE SHEET**](https://www.nelft.nhs.uk/download.cfm?ver=8723)

**Injectable Medication Request Advice sheet - PRN SC MEDS (PAN LONDON MAAR):**   
[**PAN LONDON PRN SC MEDS ADVICE SHEET**](https://www.nelft.nhs.uk/download.cfm?ver=8726)

**Injectable Medication Request Advice sheet - CRISIS or REG SC MEDS (PAN LONDON MAAR):**   
[**PAN LONDON CRISIS OR REG SC MEDS ADVICE SHEET**](https://www.nelft.nhs.uk/download.cfm?ver=8724)

**Prescribing Advice in Renal Failure**

**Anticipatory Injectable Prescribing Guidance in Renal failure** Oct 2020 :   
[**ANTICIPATORY MEDS IN RENAL FAILURE**](https://www.nelft.nhs.uk/download.cfm?ver=8720)

**Prescribing Advice during COVID-19 Pandemic**

**A Guide to End of Life Care Symptom Control when a Person is Dying from COVID-19 (pharmacological and non-pharmacological management)-** care for General Practice Teams, prepared by the Royal College of General Practitioners and the Association for Palliative Medicine:

[**Symptom control-pharmacological and non-pharmacological**](https://www.nelft.nhs.uk/download.cfm?ver=8721)

**Symptom Control in the Last Days of Life during COVID-19 (non-oral, non-parenteral routes of administration)** OCT 2020: [**Symptom control-non-oral and non-parenteral**](https://www.nelft.nhs.uk/download.cfm?ver=8727)

NB: Above document produced by St Josephs/St Francis Hospices, is based on the national document (April 2020). The national document has been updated (September 2020) to include; **Ibuprofen (added to fever section) & PEG/RIG/NG tube alternatives (added to nausea and vomiting section).** Refer to the link below for these additional sections: [**Ibuprofen and PEG-RIG-NG options**](https://www.nelft.nhs.uk/download.cfm?ver=8722)

**Clinical Palliative Guidance for Children and Young People during COVID-19:**[**Clinical palliative guidance for children and young people**](https://www.england.nhs.uk/coronavirus/publication/sop-children-and-young-people-with-palliative-and-end-of-life-care-needs/)

**Priority Medicines for Palliative and End of Life care during a Pandemic (1st and 2nd line options):**[**Priority medicines for palliative and end of life care during a pandemic**](https://apmonline.org/wp-content/uploads/2020/04/priority-meds-for-end-of-life-care-290420-final-2.pdf)

**ESSEX AREA ONLY**





**Agreed stock list with participating Community Pharmacies for**

**Palliative Care Medicines March 2020**

|  |  |
| --- | --- |
| **Drugs to be held by participating pharmacies** | **Minimum Stock** |
|
| Alfentanil amps 0.5mg/ml | 5 amps (10ml amp) |
| Benzylpenicillin 600mg | 2 amps |
| Clonazepam 0.5mg tablets | 1 x 100 |
| Cyclizine amps 50mg | 15 amps |
| Dexamethasone injection 3.3mg/ml | 5 amps |
| Dexamethasone 2mg tablets | 1 x 50 |
| Diamorphine amps 5mg # | 5 amps |
| Diamorphine amps 10mg # | 10 amps |
| Diamorphine amps 30mg | 5 amps |
| Diamorphine amps 100mg | 5 amps |
| Diazepam rectal tubes 5mg | 5 tubes |
| Diclofenac 25mg/ml (3ml amp) | 5 amps |
| Domperidone suppositories 30mg | 10 supps |
| Fentanyl 12mcg/hr patches | 5 patches |
| Fentanyl 25mcg/hr patches | 5 patches |
| Fentanyl 50mcg/hr patches | 5 patches |
| Glycopyrronium injection 200mcg/ml | 10 amps |
| Haloperidol 5mg/1ml | 5 amps |
| Hyoscine butylbromide 20mg in 1ml | 10 amps |
| Lorazepam 1mg tablets | 28 tabs |
| Levomepromazine amps 25mg | 10 amps |
| Metoclopramide amps 10mg | 10 amps |
| Midazolam 10mg/2ml | 10 amps |
| Morphine sulphate amps 10mg | 10 amps |
| Morphine sulphate amps 20mg | 5 amps |
| Morphine sulphate amps 30mg | 5 amps |
| Oxycodone injection 10mg in 1ml | 5 amps |
| Oxycodone injection 20mg in 2ml | 5 amps |
| Oxycodone injection 50mg in 1ml | 5 amps |
| Phytomenadione (Konakion MM Paediatric 10mg in 1ml, 0.2ml amp (for oral use in managing high INR) | 5 amps |
| Water for injection 10ml  (can be supplied and claimed as a diluent even if not prescribed) | 10 amps |

#currently out of stock and therefore morphine ampoules are recommended.

**The following pharmacies have an agreement with Mid and South Essex CCGs   
to hold the above range of drugs**





Please call the pharmacy before prescribing to confirm opening hours and stock availability

* **Audley Mills Pharmacy, Rayleigh**   
  55-57 Eastwood Road, Rayleigh, Essex, SS6 7JE.

Late opening hours

Telephone number: 01268 776479

Opening times: **7:00am to midnight Monday to Friday**

9:00am to 5:00pm Saturday

10:00am to 5:00pm Sunday

CLOSED BANK HOLIDAYS

* **Blackwater Pharmacy, Blackwater Medical Centre Maldon**

Princes Road, Maldon, Essex, CM9 5GP

Late opening hours

Telephone number: 01621 855118

Opening times: **7:00am to 10:00pm Monday to Saturday**

10:00am to 8:00pm Sunday

CLOSED BANK HOLIDAYS

* **Chemist@Southend**

Queensway Surgery, 75 Queensway, Southend-on-Sea, Essex, SS1 2AB

Telephone number: 01702 612003

Opening times: 8:00am to 11:00pm Monday to Saturday  
 10:00am to 8:00pm Sunday

Closed Sunday

* **Christchurch Parmacy , Braintree**

Mace Avenue, Off Rayne Road, Braintree, Essex, CM7 2AE

Telephone number: 01376 328157

Opening times: 8:30am to 7:00pm Monday to Friday  
 9:00am to 1:00pm Saturday

Closed Sunday

* **Crompton Parmacy, Chelmsford**

Crompton Hosue, Writtel House, Chelmsford, Essex, CM1 3RW

Telephone number: 01245 357425

Opening times: 8:00am to 6:30pm Monday to Friday  
 9:00am to 12:00pm Saturday and Sunday

* **Derix, Leigh-on-Sea**

Late opening hours

1065 London Road, Leigh on Sea, Essex, SS9 3JP.

Telephone number: 01702 715558

Opening times: **8:00am to 11:00pm Monday to Friday**

**8:00am to 9:00pm Saturday**

**8:00am to 11:00pm Sunday**

OPEN BANK HOLIDAYS CHECK TIMES ON NHS.UK





* + **Hassengate, Stanford-le-Hope**

Hassengate Medical Centre, Southend Road, Stanford-le-Hope, Essex, SS17 0PH.

Telephone number: 01375 641569

Late opening hours

Opening times: **8:00am to 10:30pm Monday, Wednesday to Saturday**

**7:00am to 10:30pm Tuesday**

**9:00am to 10:00pm Sunday**

CLOSED ON BANK HOLIDAYS

* **PharmChoice Brentwood**

9 Ingrave Road, Brentwood, Essex, CM15 8AP  
Telephone number: 01277 215809  
Opening times: **7:30 am to 10:00pm Monday to Sunday**  
 **9:00 am to 10:00pm Sunday**  
 CLOSED ON BANK HOLIDAYS

Late opening hours

* **Well Pharmacy, Halstead**

Signal House, Factory Lane West, Halstead, Essex, CM15 8AP  
Telephone number: 01787 476646  
Opening times: 8:30 am to 6:30pm Monday to Friday  
 9:00 am to 1:30pm Sunday  
 Sunday CLOSED

**Please check opening hours for the above community pharmacies   
during COVID19 pandemic and bank holidays as they be subject to change.**

*To access* ***EoLC commissioned pharmacies' opening times*** *during the covid-19 pandemic and bank holiday arrangements please input their postcode on* [**https://pcm.prescqipp.info/**](https://pcm.prescqipp.info/) *and click search.*

**When community pharmacies are closed:**

**There is at least one community pharmacy open in mid and south Essex Mon-Sun between the hours of 7am until 11pm.  Bank Holiday opening times may vary.**

When EoL drugs are required and **need to be administered before they can be obtained from a community pharmacy when next open**, the prescriber can contact the hospital on-call pharmacist at their local Trust via the hospital switchboard.  An on-call hospital pharmacist can be contacted through hospital switchboards and they will arrange a supply and agree delivery with the prescriber

Basildon Hospital Telephone:  01268 524900  
Broomfield Hospital  Telephone:  01245 362000  
Southend Hospital Telephone:  01702 435555

The prescriber will need to email securely an image of the completed ‘paper’ prescription to the on-call pharmacist.

**Note that handwritten prescriptions must meet legal requirements, and in particular for any controlled drugs prescribed.**

**LONDON (Waltham Forest) AREA ONLY**





**Agreed stock list with participating Community Pharmacies for Palliative Care medicines**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication** | **Form** | **Strength** | **Pack Size** | **Stock**  **Minimum Quantity Kept** |
| **Alfentanil** | Ampoules for Injection | 500micrograms/ml | 10 x 2ml | **3** |
| Ampoules for Injection | 5mg/ml | 10 x 1ml | **3** |
| **Atropine eye drops** | Eye drops | minims | 1% | **5** |
| **Buccal midazolam prefilled tubes 10mg/2ml** | Pre filled tube | 10mg/2ml | Pack of 4 | **1** |
| **Buprenorphine patches** | Patches | 5  microgram/hr x 4 | Pack of 4 | **2** |
| Patches | 10 microgram/hr x 4 | Pack of 4 | **2** |
| **Clonazepam** | Tablets | 500mcg | 100 | **5** |
| **Codeine** | Liquid sugar-free | 15mg/5ml | 200 | **1** |
| **Cyclizine** | Injection | 50mg/ml | 5 x 1ml | **2** |
| **Dexamethasone Injection** | Injection | 3.3mg/ml | 10 x 1ml | **1** |
| **Diamorphine (OUT OF STOCK)** | Powder for Injection | 30mg | 5 amps | **1** |
| Powder for Injection | 10mg | 5 Amps | **1** |
| **Diazepam rectal tubes** | Rectal Tubes | 5 mg / 2.5ml | 5 tubes | **2** |
| **Diazepam suppositories** | Rectal tubes | 10mg/2.5ml tubes | 5 | **2** |
| **Glycopyrronium** | Injection | 200mcg/ml | 10 x 1ml | **1** |
| injection | 600micrograms/3ml | 10 x 3ml | **2** |
| **Fentanyl patches** | Patches | 12mcg/hr x 5 | 5 | **5** |
| Patches | 25mcg/hr x 5 | 5 | **2** |
| Patches | 50 mcg x 5 | 5 | **5** |
| **Haloperidol** | Injection | 5mg/ml | 10 x 1ml | **2** |
| Liquid sugar-free | 10mg/5ml | 100ml | **1** |
| **Hyoscine Butylbromide 20mg** | Injection | 20mg | 10 ampoules | **2** |
| **Hyoscine Hydrobromide** | Injection | 400mcg/ml | 10 x 1ml | **2** |
| Patches | 1mg |  | **2** |
| **Kwells (hyoscine hydrobromide) TABLETS** | Tablets | 300mcg | 12 tablets | **5** |
| **Levomepromazine** | Tablets | 25mg | 85 | **5** |
| Ampoules | 25mg | 10 | **10** |
| **Lorazepam** | Tablets | 1mg | 28 | **2** |
| **Metoclopramide** | Injection | 10mg/2ml | 10 x 2ml | **2** |
| **Midazolam** | Injection | 10mg/2ml | 10 x 2ml | **4** |
| **Morphine** | Injection | 10mg/ml | 10 x 1ml | **3** |
| Injection | 30mg/ml | 10 x 1ml | **1** |
| **Morphine Sulphate** | Solution | 10mg/5ml | 300 ml | **1** |
| **Orodispersible Olanzapine** | Orodispersible | 5mg | 28 | **1** |
| **Ondansetron melt** | Melts | 4mg | 10 | **1** |
| **Oramorph  (Morphine Solphate)** | Solution **\*CONCENTRATED\*** | 100mg/5ml | 120ml | **1** |
| **Oxycodone** | Injection | 10mg/ml | 5 x 1ml | **1** |
| Injection | 10mg/ml | 5 x 2ml | **3** |
| Injection | 50mg/ml | 5 x 1ml | **1** |
| Solution | 5mg/5ml | 250ml | **1** |
| **Oxycodone** | Solution**\*CONCENTRATED\*** | 10mg/1ml | 120ml | **1** |
| **Paracetamol Suppository** | Suppository | 1g | 1g x10 | **1** |
| **Prochlorperazine** | Buccal tabs | 3mg | 50 | **1** |
| **Sodium Chloride** | Amps for Injection | 0.90% | 10 x 10mls | **1** |
| **Sodium chloride 10ml vials** | Vials | 10ml | 10 | **2** |
| **Water For Injection** | Ampoules for Injection |  | 10 x 10mls | **2** |

**Pharmacies currently signed up to provide the scheme are:**





**Waltham Forest Area**

* **Borno Pharmacy – (Chingford area)**

5 Signal Walk, Highams Park E4 9BW

Telephone number: 020 8527 1653  
Email address: [highams.park@borno-chemists.com](mailto:highams.park@borno-chemists.com)

Opening times: 8:30am to 6:30pm Monday to Friday

8:30am to 3pm Saturday

Sunday closed

* **Acheason chemist – (Leytonstone area)**

273 high road, Leytonstone, London, E11 4HH

Telephone number: 020 8534 3154

Email address: [acheason.chemist@nhs.net](mailto:acheason.chemist@nhs.net) / [kofi.acheampong@nhs.net](mailto:kofi.acheampong@nhs.net) / [nhspharmacy.london.acheasonpharmacyfeg29@nhs.ne](mailto:nhspharmacy.london.acheasonpharmacyfeg29@nhs.ne)t

Opening times: 9:00am to 7:00pm Monday to Friday

9:00am to 6:00pm Saturday

Sunday closed

* **M S Dispensing Chemist– (Leyton area)**

467 Leabridge Road, Leyton, London E10 7EA

Telephone number: 020 8539 3417

Email address: [mschemist@hotmail.co.uk](mailto:mschemist@hotmail.co.uk)

Opening times: 9:00am to 8:00pm Monday - Wednesday and Friday

9:00am to 6:00pm Thursday and Saturday

Sunday closed

* **Leyton Orient Pharmacy – (Leyton area)**

2nd Floor Matchroom Stadium, Oliver Road, Leyton, London, E10 5LG

Telephone number: 020 8539 2828

Late opening hours

Email address: [Leytonorient.pharmacy@nhs.net](mailto:Leytonorient.pharmacy@nhs.net)

Opening times: 8:00am to 10:30pm Monday to Saturday

8:30am to 9:30pm Sunday

For out of hours access to the above community pharmacies, contact NELFT Rapid Response Team: Mobile: 07809322096 or Single point of Access: 0300 300 1701 option 2 (SPA).

**Please check opening hours for the above community pharmacies   
during COVID19 pandemic and bank holidays as they be subject to change.**

*To access* ***pharmacies' opening times*** *during the covid-19 pandemic and bank holiday arrangements please input their postcode on* [*http://www.myhealth.london.nhs.uk/*](http://www.myhealth.london.nhs.uk/)

*and click search, then select Pharmacy*





**LONDON (Barking & Dagenham, Havering, Redbridge) Area**

**Agreed stock list with participating Community Pharmacies for Palliative Care Medicines**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication** | **Form** | **Strength** | **Pack Size** | **Minimum Quantity Kept** |
| **Alfentanil** | Ampoules for Injection | 5mg/ml | 10 x 1ml | **1** |
| **Atropine** | Eyedrops 1% (for use orally) | 1% | 10ml | **2** |
| Unit dose Eyedrops 1% (for use orally) | 1% UDV | 20 | **5** |
| **Buprenorphine** | Patches | 5m/hour | 5mcg | **4** |
| **Clonazepam** | Tablets | 500micrograms | 100 | **1** |
| **Cyclizine** | Injection | 50mg/ml | 5 x 1ml | **2** |
| Tablets | 50mg | 100 | **5** |
| **Dexamethasone Injection** | Injection | 3.3mg/ml | 10 x 1ml | **1** |
| **Diazepam rectal tubes** | Rectal Tubes | 5 mg / 2.5ml | 5 tubes | **3** |
| **Glycopyrronium** | Injection | 200mcg/ml | 10 x 1ml | **2** |
| 600micrograms/3ml | 10 x 3ml | **2** |
| **Haloperidol** | Injection | 5mg/ml | 10 x 1ml | **2** |
| **Hyoscine** | Transdermal patches | 1mg/72 hours | 2 | **10** |
| Injection | 20mg/ml | 10 | **2** |
| Injection | 400mcg/ml | 10 x 1ml | **2** |
| **Levomepromazine** | Injection | 25mg/ml | 10 x 1ml | **3** |
| Tablets | 25mg | 84 | **5** |
| **Lorazepam** | Tabs | 1mg x 28 | 28 | **10** |
| **Metoclopramide** | Injection | 10mg/2ml | 10 x 2ml | **2** |
| **Midazolam** | Injection | 10mg/2ml | 10 x 2ml | **4** |
| Oromucosal prefilled syringes SF | 10mg/2ml | 4 | **1** |
| **Morphine** | Injection | 10mg/ml | 10 x 1ml | **3** |
| Injection | 30mg/ml | 10 x 1ml | **1** |
| Solution | 10mg/5ml | 300 ml | **5** |
| Solution **\*CONCENTRATED\*** | 100mg/5ml | 120ml | **2** |
| **Oxycodone** | Injection | 10mg/ml | 5 x 1ml | **2** |
| Injection | 10mg/ml | 5 x 2ml | **2** |
| Injection | 50mg/ml | 5 x 1ml | **2** |
| Solution | 5mg/5ml | 250ml | **2** |
| Solution **\*CONCENTRATED\*** | 10mg/1ml | 120ml | **2** |
| **Paracetamol** | Suppositories | 500mg | 10 | **2** |
| **Prochlorperazine** | Buccal tablets | 3mg Pack size 50 | 50 | **3** |
| **Sodium Chloride** | Ampoules for Injection | 0.90% | 10 x 10mls | **3** |
| **Water For Injection** | Ampoules for Injection |  | 10 x 10mls | **3** |

**Pharmacies currently signed up to provide the scheme are:**





**Redbridge Area**

* **Munro Pharmacy**

24 Seven Ways Parade, Woodford Avenue, Ilford, IG2 6JX

Late opening hours

Telephone number: 020 8550 1050  
Email address: [munro.golds@nhs.net](mailto:munro.golds@nhs.net)

Opening times: **9:00am to 10:00pm Monday to Saturday**

**9:30am to 10:00pm Sunday and Bank Holidays**

* **Beehive Pharmacy**

8 Beehive Lane, Gants Hill, IG1 3RD

Telephone number: 020 8554 3560

Email address: [beehivepharmacy@nhs.net](mailto:beehivepharmacy@nhs.net)

Opening times: 9:00am to 8:30pm Monday to Friday

9:00am to 6:00pm Saturday  
9:00am to 5:00pm Sunday

* **Pharmaram Pharmacy**

600 High Road, Seven Kings, Illford, IG3 8BS

Telephone number: 020 8599 4436

Email address: [pharmaram.highroad@nhs.net](mailto:pharmaram.highroad@nhs.net)

Opening times: 9:00am to 7:00pm Monday to Saturday

Sundays and Bank Holidays CLOSED

* **Britannia Pharmacy**

21-23 Horns Road, Ilford, IG2 6BN   
Telephone number: 020 8554 1313  
Email address: [britanniapharmacy.hornsroad@nhs.net](mailto:britanniapharmacy.hornsroad@nhs.net)

[britannia.hornsroad@britanniapharmacy.com](mailto:britannia.hornsroad@britanniapharmacy.com)

Opening times: 9:00am to 8:00pm Monday to Saturday

11:00am to 5:00pm Sunday  
Bank Holidays CLOSED

* **Fairlop Pharmacy**

87 High Street, Barkingside, IG6 2AH   
Telephone number: 020 8551 3017  
Email address: [Fairlop.pharmacy@nhs.net](mailto:Fairlop.pharmacy@nhs.net)

Late opening hours

Opening times: **8:30am to midnight Monday to Friday**

**10:00am to midnight Saturday and Sunday  
12:00pm to midnight Bank Holidays**





* **Chigwell Pharmacy**

300 Fencepiece Rd, Ilford, IG6 2TA   
Telephone number: 020 8172 0502  
Email address: [chigwell.pharmacy@nhs.net](mailto:chigwell.pharmacy@nhs.net)

Opening times: 7:30am to 8:00pm Monday to Friday

9:00am to 6:00pm Saturday  
10:00 to 4:00pm Sunday  
Bank Holidays CLOSED

**Havering Area**

* **Lloyds Pharmacy (LP6586)**

12 Chase Cross Road, Collier Row, Romford, RM5 3PR

Telephone number: 01708 740 196

Email address: [lp6586@lloydspharmacy.co.uk](mailto:lp6586@lloydspharmacy.co.uk)

Opening times: 9:00am to 7:00pm Monday to Friday

Saturday and Sunday CLOSED

* **Clockhouse Pharmacy**

5 Clockhouse Lane, Romford, RM5 3PH

Telephone number: 01708 733331

Opening times: 7:00am to 11:00pm Monday to Friday

7:00am to 6:00pm Saturday  
9:00am to 6:00pm Sunday

* **Cresent Pharmacy**

65 Masefield Crescent, Harold Hill, Romford, RM3 7PB

Telephone number: 01708 345349  
Email address: [cresent.pharmacy@nhs.net](mailto:cresent.pharmacy@nhs.net)

Opening times: 9:00am to 7:00pm Monday to Friday

9:00am to 2:00pm Saturday  
Sundays and Bank Holidays CLOSED

* **Mim Pharmacy**

118 North Street, Romford RM1 1DL

Telephone number: 01708 743341  
Email address: [twinklemahmood@hotmail.com](mailto:twinklemahmood@hotmail.com)

Opening times: 9:00am to 6:00pm Monday, Tuesday, Wednesday and Friday

9:00am to 1:00pm, 4pm – 6pm Thursday   
9:00am to 1:00pm Saturday

Late opening hours

9:00am to 9:00pm Bank Holidays

**Barking & Dagenham Area**









* **Alvin Rose**

606 Longbridge Road, Dagenham, RM8 2AJ

Telephone number: 020 8590 1480  
Email address: [alvinrose.chemist@nhs.net](mailto:alvinrose.chemist@nhs.net)

Opening times: 9:00am to 7:00pm Monday to Friday

9:00am to 5:00pm Saturday  
Sunday and Bank Holidays CLOSED

* **Supercare Pharmacy**

High Road, Romford, RM6 6LU

Telephone number: 020 8590 1819  
Email address: [supercare.pharmacy9@gmail.com](mailto:supercare.pharmacy9@gmail.com)

Opening times: 9:00am to 9:00pm Monday to Saturday

11:00am to 4:00pm Sunday

* **Britianna Pharmacy**

Barking Community Hospital, Upney Lane, Barking , IG11 9LX

Telephone number: 020 8594 2686  
Email address: [nhspharmacy.barking.britanniapharmacyfl779@nhs.net](mailto:nhspharmacy.barking.britanniapharmacyfl779@nhs.net)

Opening times: 9:00am to 6:00pm Monday to Wednesday and Friday to Saturday

9:00am to 1:00pm Thursday  
Sunday CLOSED  
8:30am to 8:30pm Bank Holiday

* **Daynight Pharmacy**

17 Station Parade, Barking , IG11 8ED

Late opening hours

Telephone number: 020 8591 0889  
Email address: [daynight.pharmacy17@gmail.com](mailto:daynight.pharmacy17@gmail.com)

Opening times: **8:00am to midnight Monday to Friday**

**10:00am to midnight Saturday   
11:00pm to 5:00pm Sunday**

**Please check opening hours for the above community pharmacies   
during COVID19 pandemic and bank holidays as they be subject to change.**

*To access* ***pharmacies' opening times*** *during the covid-19 pandemic and bank holiday arrangements please input their postcode on* [*http://www.myhealth.london.nhs.uk/*](http://www.myhealth.london.nhs.uk/)

*and click search then select Pharmacy*

Prescribers are advised to contact appropriate pharmacies during in hours provision.  
Out of hours provision is considered at 12am – 7am Monday to Saturday and 12am – 9am Sunday.

The following services have access to out of hours community pharmacy contact numbers:

|  |  |  |
| --- | --- | --- |
| **Location** | **Service** | **Contact number** |
| Redbridge | Evening & Night Service | 0208 554 9172 - Nurse in Charge Bleep 07973285753 |
| Havering | Evening & Night Service | 07801178917 |
| Barking & Dagenham | Evening & Night Service | 07949 252981 |

**Appendix 1 (taken from St Francis Hospice opioid conversion protocol) – see reference below**





**NB**

Shaded area under **Diamorphine** indicates doses where Morphine is more appropriate.

Shared area under **Morphine** indicates doses where Diamorphine is more appropriate.

Shaded area under **Buprenorphine** indicates no equivalent dose available

**References for Appendix 1**





1. Summary of Product Characteristics Transtec patches Napp Pharmaceuticals. Accessed via https://www.medicines.org.uk/emc/medicine/8864on 29/11/16 [Date of revision of the text Sept 2014]
2. Summary of Product Characteristics BuTrans patches Napp Pharmaceuticals. Accessed via https://www.medicines.org.uk/emc/medicine/16787 on 29/11/2016 [Date of revision of the text September 2014]
3. NICE guideline - Opioids in palliative care (CG140)
4. Palliative Care Formulary (7th edition): Twyross and Wilcock, 2020
5. Palliative Adult Network Guidelines Fourth Ed 2016
6. Joint Essex CCG/BTUH/St Lukes Hospice Palliative, Supportive and End of Life Group Formulary and Guidelines December 2017
7. European Association for Palliative Care. Use of opioid analgesics in the treatment of cancer pain:evidence-based recommendations from the EAPC (2012). The Lancet Oncology, VoL 13 (2): P. e58 - e68
8. Summary of Product Characteristics. Durogesic patches. Janssen Limited. Accessed via https://www.medicines.org.uk/emc/medicine/30596on 29/11/2016 [Date of revision of the text September 2015].
9. Summary of Product Characteristics. Fencino patches. Dallas Burston Ashbourne Ltd. Accessed via <https://www.medicines.org.uk/emc/medicine/25007> on 29/11/16 [Date of revision of the text July 2016].
10. <https://bnf.nice.org.uk/drug>





**Appendix 2**

Click on link to open [“My Transdermal Patch Application Record”](http://nelftintranet/departments-and-services/medicines-management/Transdermal%20Patch%20Application%20Record%20%20version%203%20Nov16.pdf) form – Print form on yellow paper for easy identification in patients notes

*Image of My Transdermal Patch Application Record form below on pages 32 and 33.*









1. Other fentanyl products are much shorter acting and thus not suitable for sustained pain relief [↑](#footnote-ref-1)
2. Ref PCF 4 (2011). [↑](#footnote-ref-2)
3. See SFH Fentanyl Citrate (IR) guidelines [↑](#footnote-ref-3)
4. though do note that NICE Guidance on Opioids in Palliative Care states that transdermal patch formulations should not be offered as first-line maintenance treatment to patients in whom oral opioids are suitable. [↑](#footnote-ref-4)