

# Palliative and End of Life Care update

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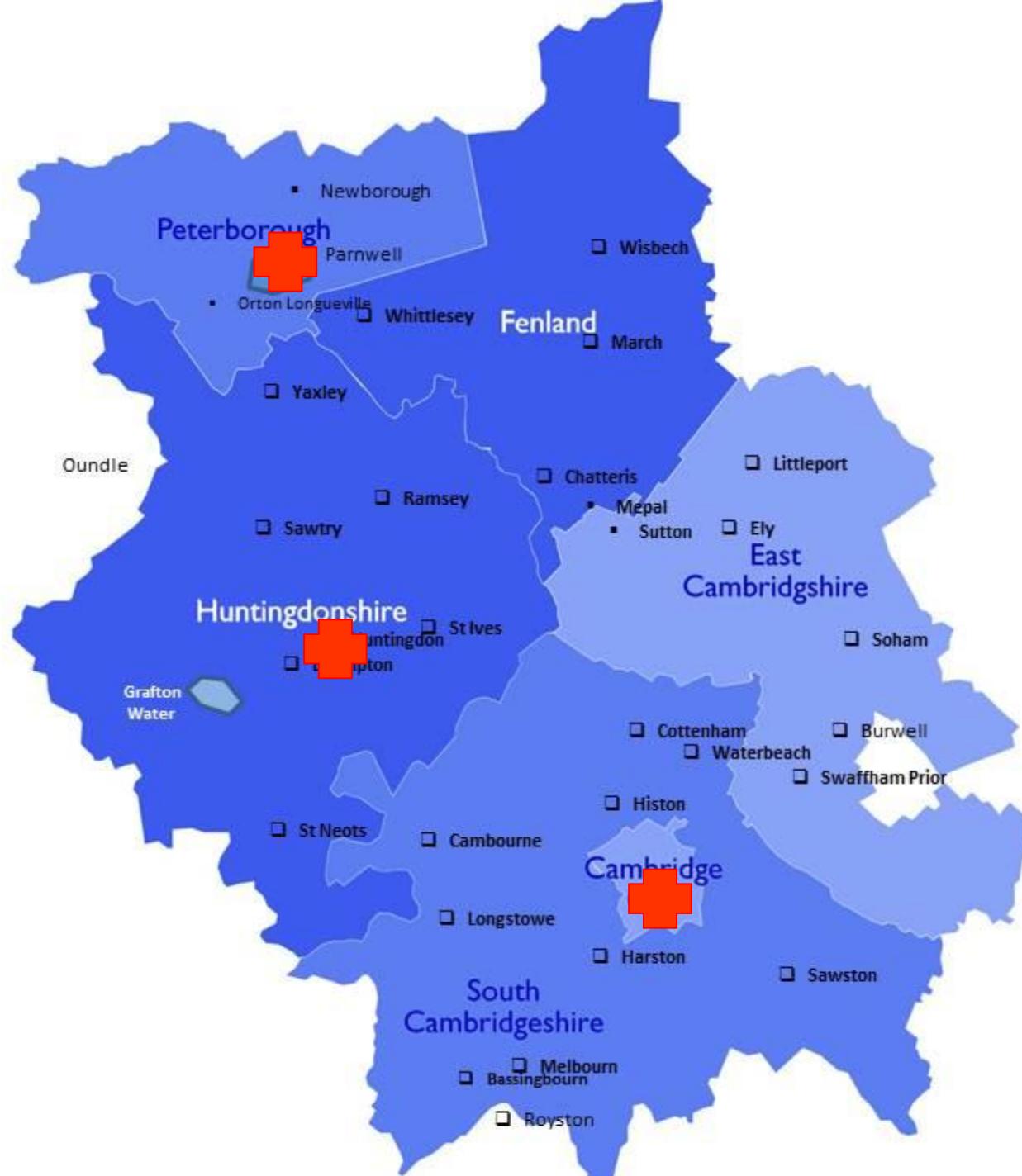


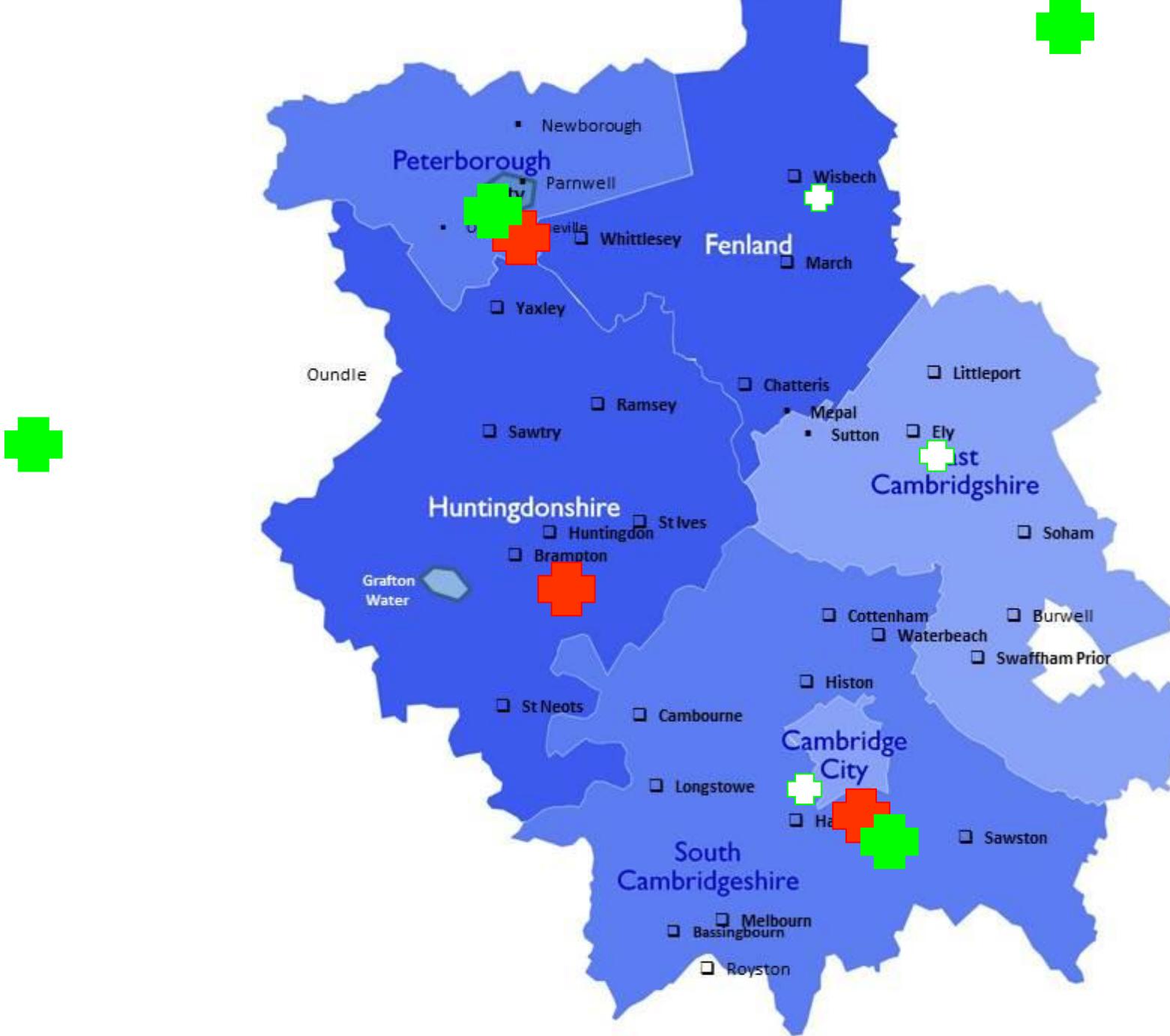
UNIVERSITY OF  
CAMBRIDGE













# What we can do for PEOLC patients

- Patient identification
- Advance Care Planning
- Having the ReSPECT conversation with patients and documenting on the form.
- Review patients regularly
- Anticipatory Prescribing: assess needs, prescribe, complete EOLC MAR Chart
- Completing SR1 form for benefits
- Refer to appropriate services when needed
- Review practice patients using VISTA Eclipse Dashboard

**We cannot change the outcome  
but we can affect the journey**

# Advance Care Planning and ReSPECT



Start with clinical situation, future progression and uncertainties

**ReSPECT conversation** leads to completion of **ReSPECT form**.

Document conversations, treatments and outcomes they value, for the future when may not be able to express their wishes.

Form via Ardens EOLC template. Complete electronically or manually:  
print, sign and give to patient to keep at home.

Review regularly & when patient's circumstance change.

# What the Special Rules are for

The Special Rules allow people nearing the end of life to:

- get faster, easier access to certain benefits
- get higher payments for certain benefits
- avoid a medical assessment



An adult or child is nearing the end of life when they are likely to have less than 12 months to live.

If a person is likely to have less than 12 months to live, they can make a fast-tracked claim to the following benefits (if they are eligible):

- [Personal Independence Payment \(PIP\)](#)
- [Universal Credit \(UC\)](#)
- [Employment and Support Allowance \(ESA\)](#)
- [Disability Living Allowance \(DLA\) for children](#)
- [Attendance Allowance \(AA\)](#)

## Sending an SR1 form

You can be asked to provide medical evidence on an SR1 form to support a benefit claim made under the Special Rules.

You can [return the SR1 form online, by email or by post](#).

The SR1 form has replaced the DS1500 form.



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**This SR1 form is not a claim form. It is used to support your patient's claim that has been made under the Special Rules.**

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## Patient's details

<b>01</b>	<b>Surname</b>	
		<input type="text"/>
<b>02</b>	<b>Other names</b>	
		<input type="text"/>
<b>03</b>	<b>Date of birth</b>	DD/MM/YYYY
		<input type="text"/>

<b>04</b>	<b>National Insurance (NI) number</b>
If known.	
<input type="text"/>	
<b>05</b>	<b>Address</b>
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode <input type="text"/>	

---

## Part 1 - Condition

<b>06</b>	<b>What is the diagnosis?</b>	
		<input type="text"/>

<b>09</b>	<b>Other relevant diagnoses</b>	
		<input type="text"/>

## Part 1 - Condition



**06** What is the diagnosis?

**07** Date of diagnosis

DD/MM/YYYY

**08** Date from which patient is thought to meet the Special Rules

Please see **page 5** of the notes for guidance about completing this question.

DD/MM/YYYY

**09** Other relevant diagnoses

**10** Is the patient aware of their diagnosis?

Yes

No

**11** Is the patient aware of their prognosis?

Yes

No



## Part 2 - Clinical features

**12** Clinical features which indicate a severe progressive condition

For example: rate of progression, recurrence, staging, tumour markers, bulbar involvement, end-stage disease etc.

## Part 3 - Treatment

**13** Give details of relevant past or current treatment, its purpose and any response seen

For example: treatment may be ongoing, palliative or symptom control/psychosocial only.

## Declaration

**14** The person named above is my patient. This is a full report of their condition and treatment. I have read and understood the notes attached to this

**17** Your GMC/NMC number

# Declaration



**14** The person named above is my patient. This is a full report of their condition and treatment. I have read and understood the notes attached to this form and I am satisfied that the form is appropriate. I am the patient's:

- General Practitioner
- Consultant
- Other, specify below

**15** Your signature

**16** Your name

**17** Your GMC/NMC number

**18** Phone number

**19** Address

Postcode

**20** Date

DD/MM/YYYY

# “4 W’s plus one” to start Advance Care Planning conversations

- I **wish** I didn’t have to...
- I **worry**...
- I **wonder** whether...
- **What** would matter to you...

+1 positive action (e.g. comfort, before withholding / omissions  
(e.g. DNACPR etc.)...

## 1. This plan belongs to:

Preferred name

Date completed

Full name

Date of birth

Address

NHS/CHI/Health and care number

The ReSPECT process starts with conversations between a person and a healthcare professional. The ReSPECT form is a clinical record of agreed recommendations. It is not a legally binding document.

## 2. Shared understanding of my health and current condition

Summary of relevant information for this plan including diagnoses and relevant personal circumstances:

Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):

I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8

 Yes  No

## 3. What matters to me in decisions about my treatment and care in an emergency

Living as long as possible matters most to me

Quality of life and comfort matters most to me

What I most value:

What I most fear / wish to avoid:

## 4. Clinical recommendations for emergency care and treatment

Prioritise extending life

clinician signature

Balance extending life with comfort and valued outcomes

or

clinician signature

Prioritise comfort

clinician signature

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:

CPR attempts recommended  
Adult or child

clinician signature

For modified CPR  
**Child only, as detailed above**

clinician signature

CPR attempts **NOT** recommended  
Adult or child

clinician signature





## 5. Capacity for involvement in making this plan

Does the person have capacity  **Yes**  **No**  
to participate in making recommendations on this plan?  
Document the full capacity assessment in the clinical record.

→ If no, in what way does this person lack capacity?

If the person lacks capacity a ReSPECT conversation must take place with the family and/or legal welfare proxy.

Version 3.1 DRAFT - © Resuscitation Council UK, - Licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International Licence - see <http://respectprocess.org.uk> for more information.

## 6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that (select A,B or C, OR complete section D below):

- A** This person has the mental capacity to participate in making these recommendations. They have been fully involved in this plan.
- B** This person does not have the mental capacity, even with support, to participate in making these recommendations. Their past and present views, where ascertainable, have been taken into account. The plan has been made, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.
- C** This person is less than 18 years old (16 in Scotland) and (please select 1 or 2, and also 3 as applicable or explain in section D below):
  - 1** They have sufficient maturity and understanding to participate in making this plan
  - 2** They do not have sufficient maturity and understanding to participate in this plan. Their views, when known, have been taken into account.
  - 3** Those holding parental responsibility have been fully involved in discussing and making this plan.

**D** If no other option has been selected, valid reasons must be stated here: (Document full explanation in the clinical record.)

## 7. Clinicians' signatures

Grade/speciality	Clinician name	GMC/NMC/HCPC no.	Signature	Date & time
Senior responsible clinician:				

## 8. Emergency contacts and those involved in discussing this plan

Name (tick if involved in planning)	Role and relationship	Emergency contact no.	Signature
Primary emergency contact:			optional
<input type="checkbox"/>			optional

## 9. Form reviewed (e.g. for change of care setting) and remains relevant

Review date	Grade/speciality	Clinician name	GMC/NMC/HCPC No.	Signature

If this page is on a separate sheet from the first page: Name:

DoB:

ID number:

## 2. Shared understanding of my health and current condition

Summary of relevant information for this plan including diagnoses and relevant personal circumstances:

Details of other relevant care planning documents and where to find them (e.g. Advance or Anticipatory Care Plan; Advance Decision to Refuse Treatment or Advance Directive; Emergency plan for the carer):

I have a legal welfare proxy in place (e.g. registered welfare attorney, person with parental responsibility) - if yes provide details in Section 8

yes/no

## 3. What matters to me in decisions about my treatment and care in an emergency

Living as long as possible matters most to me

Quality of life and comfort matters most to me

What I most value:

What I most fear / wish to avoid:

#### 4. Clinical recommendations for emergency care and treatment

Prioritise extending life	or	Balance extending life with comfort and valued outcomes	or	Prioritise comfort
Clinician signature		S Barclay		Clinician signature

Now provide clinical guidance on specific realistic interventions that may or may not be wanted or clinically appropriate (including being taken or admitted to hospital +/- receiving life support) and your reasoning for this guidance:

I know that I have serious problems with my heart, lungs and kidneys. I have had recent hospital admissions, and have been able to return home after a week or two. If I become unwell again, I would like to be considered for admission to hospital for further treatment: if after a period in hospital I am not improving, then I would consider returning home or moving to a hospice

CPR attempts recommended Adult or child	or	For modified CPR Child only, as detailed above	or	CPR attempts <b>NOT</b> recommended Adult or child
Clinician signature		Clinician signature		S Barclay



# C&P ICS Ardens EOLC template



## Clinical Support Tool Menu

• Which Tab? -CST Proforma List Augus...

• My Planned Care Website East of Eng...

July 5 2022 changes to tabs-these match the new [NHS Cambridgeshire & Peterborough](#) website

### Tabs Added

Endocrine (Not Diabetes), Maternity

### Tabs renamed

Paediatrics renamed Children & Young People, Diabetes re-named Diabetes and Pre-diabetes, DME renamed Elderly/Frailty, Gynae/repro changed to Gynae/repro/sexual health

### Tabs removed

Covid -content is now in Infections

• Allergy	• Breast	• CANCER / 2...	• Cardiology	• Children/YP	• Complement' ...
• Dermatology	• Diabetes/pre ...	• Elderly Care/...	• END'crine No...	• ENT	• Gastro and Li...
• General Medi...	• General Surg...	• Gynae/Repro...	• Haematology	• Infections/CO...	• Learning Dis...
• LIFESTYLE	• MATERNITY	• MENTAL HE...	• MSK/Pain	• Neurology	• Ophthalmology
• Oral/Maxillo...	• Palliative/EO...	• Pathology	• Prescribing	• Radiology	• Rehab/Therapy
• Renal	• Respiratory	• Safeguarding	• Social Care	• URGENT CA...	• Urology

▲ Generic Referral Letter

● NWAFT RAS Covid-19 Generic Referral Form ...

## End of Life & Palliative Care - Diagnosis



**Status**

★ Diagnosis



★ GSF



**Discussion**

★ Discussion



★ Aware of diagnosis



★ Aware of prognosis



3rd party awareness



Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Home Diagnosis Assessment Care Plan MDT Notes Resources

## End of Life & Palliative Care - Diagnosis



Status ★ Diagnosis

★ GSF

Discussion ★ Discussion

★ Aware of diagnosis

★ Aware of prognosis

3rd party awareness

GSF A (blue) - yr plus prognosis

GSF B (green) - months prognosis QOF

GSF C (yellow) - weeks prognosis QOF

GSF D (red) - days prognosis QOF

Palliative care not currently clinically indicated QOF

GSF

Date ▾

Selection

...

Show recordings from other templates

Show recordings from other templates

## End of Life & Palliative Care - MDT



### Review

MDT review



People present



No status change



Named GP

Care Team & Relations...

Assessment



### Plan



### Advance decision

Date Selection

Show recordings from other templates



REVIEW

History +  
Observations

Agitation

Agitation

Anxiety + mood

Anxiety

Breathlessness

Breathlessness

Bowels

Constipation

Diarrhoea

Cough

Cough

Holistic needs

PEPSI COLA

Responsive Need Tool

Hiccups

Hiccups

Itching

Itching

Mouth

Oral Care

N+V

N+V

Pain

Analgesia

Impression Condition

★ GSF

Management Plan

★ Anticipatory drugs

Non-injectable Form...

Injectable Formulary

Social needs

Social Services

Karnofsky

Specialist care

Phlebotomy



# End of Life & Palliative Care - Care Plan



Care Plan	Care plan review	<input type="checkbox"/> Named GP	<input type="checkbox"/> On GSF
	Capacity assessment		Care Team & Relati...
	Advance decision		Advance Decision  Letter
	LPA: Welfare	LPA: Property ...	
	★ DNACPR discussion	Family member informed of CPR clinical dec...	Digital ICR
	★ DNACPR decision		Future Care Pl...
	★ ReSPECT		
	★ Advance care plan		
	★ Place of care		
	★ Place of death		
	Special Note		
	Treatment escalation plan		
	Symptom control plan		
	ICD status	ICD deactivation	Devices & Imp...
	★ Anticipatory drugs	<b>Injectable Formulary</b>	
	★ OOH	Triage Bypass	
	Specialist care	EOL Support Inform...	
	★ CHC Funding	Social Services	CHC Fast Tr...
	SR1 / DS1500	SR1 / DS1500	

## Anticipatory - Starting Doses



## Seek specialist advice if needed

## Anticipatory Box



## ! Opioid Conversion



- Opioid doses are for opioid naive patients. Calculate dose first if already on opioid.

- Max 60mg / 24h

Pain Morphine

2.5-5mg sc 2hrly prn

- Max 30mg / 24h

Agitation Midazolam

2.5-5mg sc 2hrly prn

- Max 30mg / 24h

Pain Oxycodone

1-2.5mg sc 2hrly prn

- Max 50mg / 24h

Agitation Levomepromazine

25mg sc 4hrly prn

- For elderly, max 50mg / 24h

Agitation Lorazepam

0.5-1mg po/sl 4hrly prn

- Genus brand. Prescribe after chart is printed

Nausea Haloperidol

0.5-1.5mg sc od-bd prn

- Max 3mg / 24h

Nausea Levomepromazine

6.25mg sc od-bd prn

- Max 25mg / 24h

Nausea Metoclopramide

10mg sc 4hrly prn

- Max 30mg / 24h

Nausea Cyclizine

50mg sc 8hrly prn

- Max 150mg / 24h

Secretions Glycopyrronium

200micrograms sc 4hrly prn

- Max 1.2mg / 24h

Secretions Hyoscine Butylbromide

20mg sc 4hrly prn

- Max 120mg / 24h

Diluent Sodium Chloride

0.9% 10 x 10ml

- For cyclizine

Diluent Water

10 x 10mls

Drug Chart

Community EOL MAR Chart

Drug Charts

## Pain



## Morphine

## S.Pump

5-10mg via SD + 2.5mg sc 2hrly prn

- Seek specialist advice if  $>60\text{mg} / 24\text{h}$

10-20mg via SD + 5mg sc 2hrly prn

20-40mg via SD + 7.5mg sc 2hrly prn

### Opioid Conversion

## Oxycodone

## S.Pump

2.5-5mg via SD + 1mg sc 2hrly prn

- Seek specialist advice if >30mg / 24h

5-10mg via SD + 2.5mg sc 2hrly prn

10-20mg via SD + 5mg sc 2hrly prn

## Diluent

## Sodium Chloride

2 0.9% asd 10 x 10m

## Water

2 10 x 10mls

## Renal failure

Seek specialist advice

## Drug Chart

Community EOL MAR Chart

Always check before signing  
Starting doses need to be entered  
manually





# CPICS EOLC MAR Chart

Anticipatory medicines/ As required 'PRN' breakthrough medicines								
Suggested indication	Medicine	Dose or dose range and frequency	Route	Maximum total dose in 24 hours for the individual patient (total of PRN <u>and</u> pump if in place) <b>*required</b>	Additional Instructions / indications for use / specialist advice / name and role of specialist	Prescriber's Signature (Digital or wet) <b>(*required)</b>	Print Name	Date
PAIN								
ANXIETY AGITATION								
RESPIRATORY SECRECTIONS								
NAUSEA VOMITING								
OTHER e.g. colic, breathlessness								

#### Administration Record

Date	Time	Medicine	Dose	Route	Reason / symptom	Sign	Print

# Anticipatory medicines



## Anticipatory medicines

A Guide for patients and family members

### What are anticipatory medicines?

Anticipatory medicines, sometimes called “Just in Case” medicines, are injectable medicines prescribed for you, which are kept in your house to reduce delays in getting treatment for pain and other symptoms if needed urgently. They may not be needed straight away or for a few days or weeks, but they may be needed if you suddenly find it difficult to swallow your medicines in tablet or liquid form, or because you are vomiting frequently. Some people never experience these symptoms. This leaflet aims to provide information about these medicines for both you and your loved ones.

If you have been given a prescription for these medicines, ***please take this to a pharmacy as soon as possible***, so the medicines are available when needed.

Sometimes it can be difficult to get hold of these medicines, especially at night or at weekends when pharmacies are often closed. It will be useful to have them available in your home so that they can be used by a nurse or doctor if needed and reduce the pressures of trying to get hold of them at the last minute. For a list of pharmacies that have these medicines, please scan the QR code shown here.

If you are discharged from a hospital or hospice, you may have been provided with a supply of these medicines.



# Clinical Tips

- Prescribe early: the meds have a long shelf life
- Don't worry about cost: approx. £25
- Prescribe for all indications: pain, nausea, agitation, respiratory secretions
- Prescribe enough: at least 5 prn doses of each medication, or enough for 2x24h syringe drivers
- Don't forget patients with dementia and in care homes
- No “standard prescription”
- Personalise the prescription to patient, particularly drug doses
- Write the community MAR chart at the same time as issuing the FP10s and liaise with the DN team
- Avoid starting Fentanyl patches in final days of life
- If in doubt seek specialist advice

<http://book.pallcare.info/index.php>

- **syringe drivers**
- **palliative care guidelines**
  - **Opioid dose conversions**
  - **Syringe driver compatibilities**

## Opioid Dose Calculator

### Select Conversion Values:

"Traditional"  "Progressive"

### Convert From:

Enter total opioid intake in last 24hr:

- Regular opioid -  mg/24h

- Stat. doses -  mg/24h

- Transdermal Patch -  µg/h

### To:

- Regular opioid -  =  mg/24h

4-hourly PRN:  mg q4h

Purpose	Medicine (x 5 amps each)	1) Anticipatory/PRN		2) Continuous/ Syringe pump	*Recommended maximum total dose 1)PRN + 2) pump in 24 hours *except under specialist guidance	Comments	Strength
		Dose	Frequency	Recommended initial dose over 24 hours in a pump			
PAIN	First line: Morphine	If opioid naïve, start with 2.5mg to 5mg	Every 2 hours	If opioid naïve, start with 5mg to 10mg. If on oral opioid-calculate total morphine equivalent dose in last 24 hours including breakthrough and divide by 2	Dose increases are not usually more than 30 to 50%. Consider seeking advice if doses greater than 60mg are required	If on an opioid patch, leave in place and continue to change as normal  Seek advice if required for starting doses in pump.	10mg/ml 15mg/ml 30mg/ml
	Oxycodone	If opioid naïve, start with 1mg to 2.5mg	Every 2 hours	If opioid naïve, start with 2.5mg to 5mg If on oral opioid see guidelines or consider seeking advice	Dose increases are not usually more than 30 to 50%. Consider seeking advice if doses greater than 30mg are required		10mg in 1ml 20mg in 2ml
AGITATION	First line: Midazolam	2.5mg to 5mg	Every 2 hours	5mg to 10mg	30mg	Schedule 3 CD Can be used for anxiety	10mg in 2ml
	Levomepromazine	25mg (12.5mg elderly)	Every 4 hours	25mg to 50mg	50mg		25mg in 1ml
RESPIRATORY SECRECTIONS	First Line: Glycopyrronium	200micrograms	Every 4 hours	400micrograms to 800micrograms	1.2mg		200micrograms/ml 600micrograms/3ml
	Hyoscine butylbromide (Buscopan®)	20mg	Every 4 hours	30mg to 60mg	120mg		20mg in 1ml
NAUSEA VOMITING	First line: Haloperidol	0.5mg to 1.5mg	Once or twice a day	1mg to 3mg	3mg	Avoid in Parkinson's disease	5mg in 1ml
	Levomepromazine	6.25mg	Once or twice a day	6.25mg to 12.5mg	25mg		25mg in 1ml
	Metoclopramide	10mg	Every 4 hours	10mg to 30mg	30mg	Do not use in intestinal obstruction with colicky pain	10mg in 2ml
	Cyclizine	50mg	Every 8 hours	100mg to 150mg	150mg		50mg in 1ml
ANTI- SPASMODIC / INTESTINAL COLIC	Hyoscine butylbromide (Buscopan®)	20mg	Every 4 hours	60mg to 80mg	120mg	Hyoscine butyl bromide and cyclizine may precipitate	20mg in 1ml
BREATHLESS- NESS	Morphine	If opioid naïve, start with 2.5mg	Every 4 hours	If opioid naïve, start with 5mg	See above	See above	See above
	Midazolam	2.5mg	Every 4 hours	5mg	30mg		See above
<b>Anticipatory oral/sublingual medicine for use by the patient for anxiety/breathlessness</b>							
ANXIETY AGITATION BREATHLESSNESS	Lorazepam	500 micrograms to 1mg oral / sublingual		Every 4 hours	3mg	Genus's brand works effectively sublingually. Provide patient leaflet.	1mg tablets



## Obtaining end-of-life medicines

- Prescriber sends FP10 electronically to community pharmacy.
- C&P ICS pharmacies stock palliative care medicines

[Palliative Care | CPICS Website.](#)



# To print prescription for items used as personally administered

Other Details... Exact date & time Thu 05 Jun 2025 10:40

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Medication start Thu 05 Jun 2025

Drug prescribed Morphine sulfate 10mg/1ml solution for injection ampoules  Pers. Admin  FS

Script type  NHS Issue  Private Issue  Instalment Dispensed Issue

Dose  Dosage infusion as specified in the community prescription chart Times & Doses

Total quantity  Number 5 ampoule  
 Packs  
 Free Text

Script notes  Presets

Administrative notes {Batch Number} {Pack Size}  Presets

Issue duration 1 Days End date 06 Jun 2025

Automatically create a Repeat Template based on this Issue

**Patient-Specific Warnings**

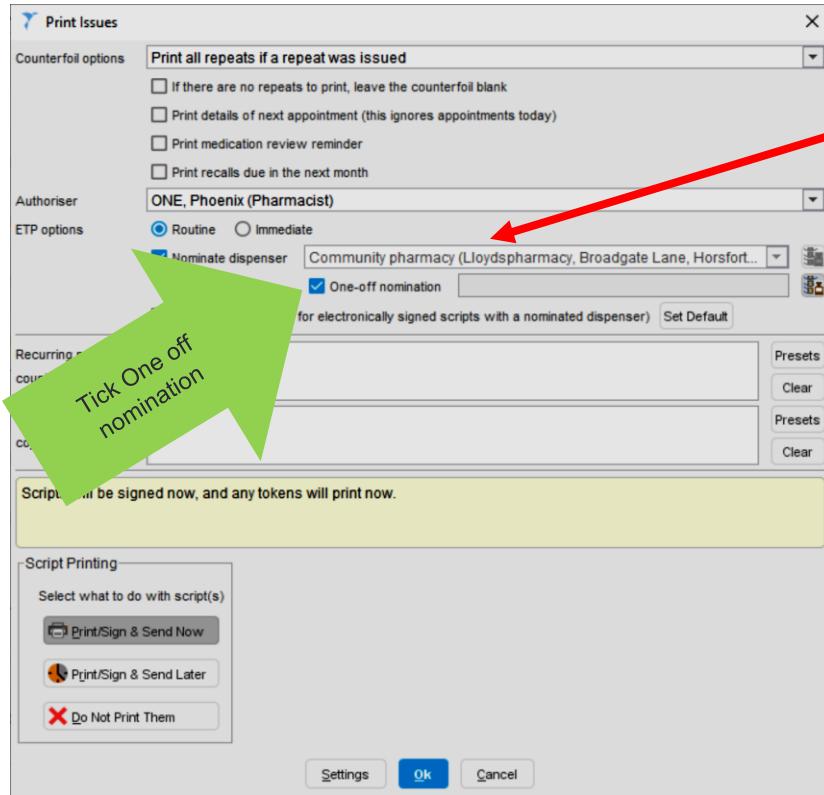
Contraindications:

- ! Acute abdomen - triggered by Suprapubic pain, Pain in buttock
- ! Biliary colic - triggered by Suprapubic pain
- ! Seizures - triggered by 1 to 12 seizures a year, Seizure free > 12 months, +8 more codes
- ! Head trauma
- ! Risk of paralytic ileus
- ! Within 2 weeks of discontinuing MAOIs

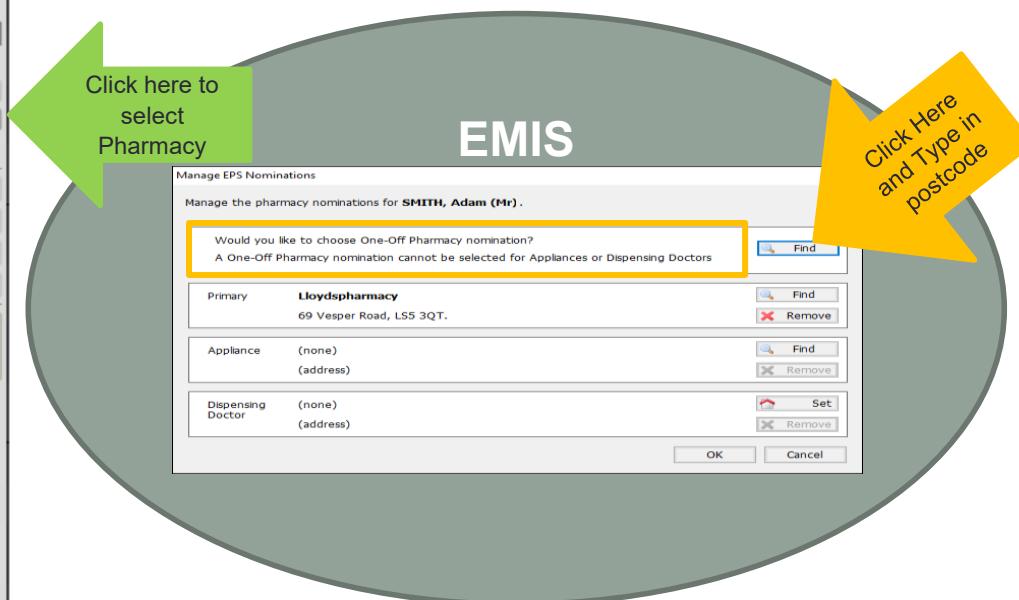
Interactions:

- ! Interaction(s) with Midazolam 10mg/1ml oromucosal solution pre-filled oral syringes sugar free
  - Increased risk of respiratory depression and CNS effects
  - Increased sedation and respiratory depression

# One off nomination of pharmacy



**DO NOT AMEND – Nominate dispenser field - This will change the Pharmacy **ALL** ETP scripts go to in the future.**





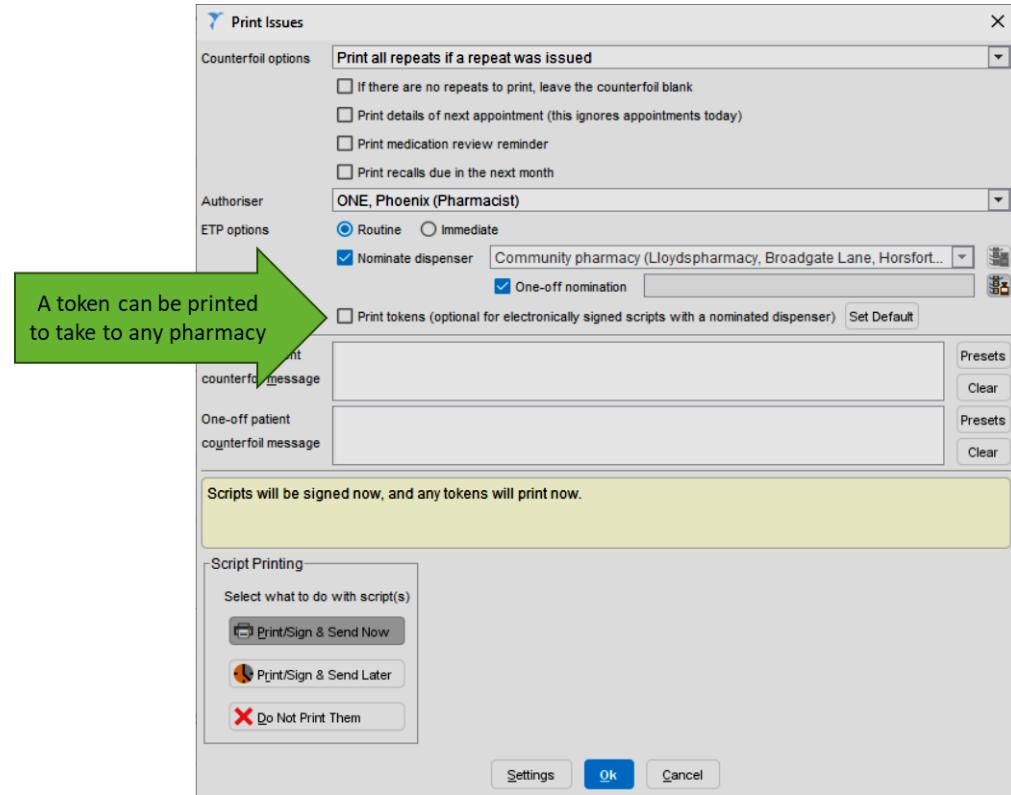
# EPS 4

**For patients without nominated pharmacy or prescriptions that need collecting outside of the nominated pharmacies normal hours.**

EPS 4 can issue patients a token, can take to **any pharmacy in England** to have electronic prescription dispensed.

Token contains barcode pharmacies scan to download prescription from the NHS Spine.

EPS 4 prescriptions can only contain up to 4 items. If more than 4 items are prescribed, there will be more than one prescription and therefore more than one Prescription ID Number.





## **If patient / relative cannot collect EPS token**

- Provide Prescription ID = the 18-digit long code by text
- Or pharmacy can access prescription using patients' NHS number
- Patient / relative gives any pharmacy their prescription ID or NHS number
- Pharmacy can use prescription ID or NHS number to locate and download prescription from NHS Spine

# Example One

- Prescribe Anticipatory injectable opiate medication for:
  - 73-year-old man with metastatic prostate cancer
  - Normal renal function
  - Recognise may need S/C injections in the future
  - Currently taking:

**MST 30mg b.d. regularly**

**5ml of 10mg/5ml Oramorph prn, 1 to 2 times a day**

# Example One

- Prescribe Anticipatory injectable opiate medication for:
  - 73-year-old man with metastatic prostate cancer
  - Normal renal function
  - May need S/C injections in the future
  - Currently taking:
    - MST 30mg b.d. regularly
    - 5ml of 10mg/5ml Oramorph prn, 1 to 2 times a day

**24-hour oral morphine requirement = 70 - 80 mg**

**24-hour subcut morphine equivalent = 35 – 40 mg**

**7.5mg SC morphine 4-hourly prn**

## Example Two

- Prescribe Anticipatory injectable opiate medication for:
  - 55-year-old woman with metastatic ovarian cancer leading to obstructive renal failure (Creatinine 290, eGFR 20)
  - Currently on:
    - regular paracetamol 1000mg q.d.s.
    - fentanyl patch 50mcg/hr
- May need injectable medications in future

## Example Two

- Prescribe Anticipatory injectable opiate medication for:
  - 55-year-old woman with metastatic ovarian cancer leading to obstructive renal failure (Creatinine 290, eGFR 20)
  - Currently on:
    - regular paracetamol 1000mg q.d.s.
    - fentanyl patch 50mcg/hr
- May need injectable medications in future

**Fentanyl 50mcg/hr = Oral morphine 120-180 mg / 24 hours**  
**= Oral oxycodone 60-90 mg / 24 hours**  
**= SC oxycodone 30-45 mg / 24 hours**  
**= SC oxycodone 5-7.5mg 4-hourly**

# SYRINGE DRIVERS

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# When to use a Syringe Driver?

- **Dysphagia / difficulty swallowing**
- **Nausea and vomiting**
- **Intestinal obstruction**
- **Malabsorption**
- **Weakness / dying / unconscious**

# What to put in a Syringe Driver?

Indication	Commonly Used Drugs
Pain	Morphine, Oxycodone
Anxiety	Midazolam, Haloperidol
Terminal Agitation	Midazolam, Levomepromazine
Nausea/Vomiting	Haloperidol, Cyclizine, Metoclopramide, Levomepromazine
Bronchial secretions	Glycopyrronium, Hyoscine butylbromide
Intestinal colic	Hyoscine butylbromide

# What to put in a Syringe Driver?

Indication	Commonly Used Drugs
Pain	Morphine, Oxycodone
Anxiety	Midazolam, Haloperidol
Terminal Agitation	Midazolam, Levomepromazine
Nausea/Vomiting	Haloperidol, Cyclizine, Metoclopramide, Levomepromazine
Bronchial secretions	Glycopyrronium, Hyoscine butylbromide
Intestinal colic	Hyoscine butylbromide

## Six Questions to Consider

1. What are they taking by other routes already?
2. How well are symptoms currently controlled?
3. Are all the proposed drugs compatible?
4. What diluent am I going to use?
5. Will all the drugs fit in one driver?
6. Are they on a transdermal patch?

<http://book.pallcare.info/index.php>

- **syringe drivers**
- **palliative care guidelines**
  - **Opioid dose conversions**
  - **Syringe driver compatibilities**

## Opioid Dose Calculator

Select Conversion Values:

"Traditional"  "Progressive"

Convert From:

Enter total opioid intake in last 24hr:

Morphine PO  40  mg/24h

Morphine PO  20  mg/24h

- None -   μg/h

To:

Morphine SC  = 30  mg/24h

4-hourly PRN: 5  mg q4h

## Example 3

- 78-year-old woman with colorectal cancer and liver metastases
- Normal renal function
- 40mg MST BD
- 2 to 3 prn doses of 10mg Oramorph a day
- Haloperidol 1.5 mg nocte
- No other meds
- Now deteriorating, drowsy and difficulty swallowing, intermittently agitated and upper airway secretions causing rattly breathing.
- **What would you prescribe for her syringe driver?**
  - Initial dose?
  - Dose ranges?
  - PRN doses?

## Example 3

- 78-year-old lady with colorectal cancer and liver metastases
- Normal renal function
- 40mg MST BD
- 2 to 3 prn doses of 10mg Oramorph a day
- Haloperidol 1.5 mg nocte
- No other meds
- Now rapidly deteriorating, drowsy and difficulty swallowing, intermittently agitated and breathing noisy
- What would you prescribe for her syringe driver?

<b>Morphine 50mg / 24 hrs</b>	<b>50 to 75 mg</b>	<b>7.5mg 4-hrly prn</b>	<b>Max?</b>
<b>Haloperidol 1.5mg / 24 hrs</b>	<b>1.5 to 3mg</b>	<b>1.5mg 4-hrly prn</b>	<b>Max?</b>
<b>Midazolam 10mg / 24 hrs</b>	<b>10 to 20 mg</b>	<b>5mg 4-hrly prn</b>	<b>Max?</b>
<b>Glycopyrronium 400mcg/24 hrs</b>	<b>400 to 800 mcg</b>	<b>200mcg 4-hrly prn</b>	<b>Max?</b>

# End of Life Care Medicine Administration Record Chart FAQs

This sheet aims to provide answers to common questions related to the End of Life Care Medicine Administration Record (EOLC MAR) Chart.



## Q: Does an EOL MAR chart expire?

A: **No!** The EOL MAR chart ***does not*** have an expiry, but it needs to be reviewed according to patient's prognosis and clinical needs. A new chart is only required if there are changes to the prescription. If the prescription has been reviewed and no changes were made, this should be recorded on the chart or in the patient's notes.

If you are unsure about a MAR chart, you can contact either the patient's GP or the Palliative Care Hub (NHS 111 Option 4, or 07919877241 if unable to reach the hub via 111) for advice.



Q: Does a syringe pump prescription expire 72 hours after it is written if not used?

A: **No!** The syringe pump prescription ***does not*** expire after 72 hours. It is recommended that in normal circumstances a syringe pump should not be prescribed more than 72 hours in advance of patient need. However, there may be situations where that is appropriate to prescribe a syringe pump in advance, for example when it is recognised that a patient may deteriorate and need a pump over a weekend or in preparation of the oral route becoming unavailable.

If you have a patient for whom a syringe pump was prescribed more than 72 hours ago and only now needs to start the pump, you can contact either the patient's GP or the Palliative Care Hub for advice.

## Instructions for Prescribing Syringe Pumps

- No more than three medicines should be used together in a syringe pump unless specialist advice is obtained and documented.
- Water for injection is the normal diluent. Sodium chloride 0.9% may lessen site irritation caused by some medicines (e.g. levomepromazine) but **SHOULD NOT** be used with cyclizine.
- **If a medicine is not required initially, but it is anticipated that it may be needed in the future, start the range at zero and state the required starting dose.** See example for when morphine is needed now, but midazolam is not currently needed but may be needed in the near future:

Continuous Subcutaneous Syringe Pump		
Medicine	Starting dose over 24 hours	Dose/ Range over 24 hours
A Morphine sulfate <del>100mg</del> 10mg/1ml solution for injection ampoules	10mg	10-20mg / 24hrs
B Midazolam 10mg/2ml solution for injection ampoules	5mg	0-10mg / 24hrs
C		
D		
Diluent Water for injections 10ml ampoules	Instructions	

- **When prescribing a dose range, the upper dose is normally no more than double the lower dose in the range (e.g. 10mg to 20mg, 20mg to 40mg, etc.)**
- If a change to medicine(s) or dose(s) is required, do not amend the existing MAR Chart prescription. Cross it through, sign and date, and write a new syringe pump section.
- Syringe pumps are not normally prescribed more than 72 hours ahead of need.
- If two syringe pumps are in use, use a separate chart for each pump and cross reference. Make sure to annotate the chart version at the top of the page.
- Prescribe anticipatory/subcutaneous breakthrough (PRN) doses for each medicine included in the syringe pump on the 'as required' section of the chart. Doses should reflect the dose in the syringe pump. PRN opioid doses are usually one-sixth of the 24-hour opioid dose, but may be individualized on specialist recommendations.
- State instructions for use and 24-hour maximum total dose for all medicines.
- Instructions can be added to the PRN and syringe pump sections to clarify the prescriber's intentions for administering PRN doses and starting syringe pumps, and to note if specialist advice has been obtained.

## Continuous Subcutaneous Syringe Pump

Medicine	Starting dose over 24 hours	Dose/ Range over 24 hours
A Morphine sulfate 10mg/1ml solution for injection ampoules	10mg	10-20mg / 24hrs
B Midazolam 10mg/2ml solution for injection ampoules	5mg	0-10mg / 24hrs
C		
D		
Diluent Water for injections 10ml ampoules	Instructions	

Patient Name	NHS Number	
Date of birth		
Address		Allergies / Sensitivities (or state if non known) - full details
GP		

<b>Continuous Subcutaneous Syringe Pump</b>			<b>Administration Record</b>	
Medicine	Starting dose if including in the pump <b>(*required)</b>	Dose range over 24 hours <b>(*required)</b>	Date	
A			Start Time	
B			Dose A	
C			Dose B	
D			Dose C	
Diluent <b>(*required)</b> Water for Injection / Sodium Chloride 0.9% Injection (delete)	Instructions		Total volume in syringe (ml)	
			Syringe size	
Cross through any blank lines A to D to prevent changes to prescription after signing.			Line primed Y / N	
<b>If a change to the medicines / doses is required rewrite in a new section</b>			Rate displayed (ml / hr)	
Prescriber's signature <b>(*required)</b>	Print Name		Battery %	
Double click to enter your initials			Site check (tick)	
Start Date	Time	Discontinue date	Time	Sign
				Sign / Print



# The Palliative Care Hub – 111 option 4

**111 option 4. Professionals 07919 877241**

**24 / 7 telephone advice line for patients, family/friends, carers, GPs, DNs and other health and social care professionals.**

**Palliative Care Clinical Nurse Specialist: advice, signpost to services, transfer to other services, completed referrals to other services.**

**N.B. Addenbrooke's inpatient pharmacy can dispense against a paper FP10 out of hours for EOLC medications needed urgently. Phone in advance**

# Hospice at Home



From Arthur Rank Hospice across Cambridgeshire and Thorpe Hall Hospice in Peterborough.

Patients at end of life who wish to be at home.

Nurses and Health Care Assistants, trained in end-of-life care: symptom advice and support, administer medications (RGNs), personal care, emotional and psychological support.

Referrals via Cambridge and Peterborough Continuing Healthcare (CHC): fast-track and consent forms emailed to [cpicb.newreferrals@nhs.net](mailto:cpicb.newreferrals@nhs.net)



# Eclipse VISTA Palliative Care Dashboard

## SMR Quick Search

Patient ref:

Patient Code:

Please Select Pathway of Choice



Diabetes



Eclipse Live



VISTA Pathways



Eclipse QIC



SMRLive



Palliative Care



GP practice data.

Only available to practice staff

# Patients on Palliative Care

Please be aware this page may take a long time to load.

Filters: None

SURGERY

Core20PLUS5 Filter ▾

Export Selected Rows to XLS

Export All Rows to XLS

Smurf Review	Ref	Age	Drugs	M/F	Red Alerts	Amber Alerts	eFI	Gold Standards Framework	EOL Care Plan	Preferred Place of Care	Preferred Place of Death	Resuscitation Status	Anticipatory Meds	Consent to Share EOLC Plan	Supportive Care Register	Carer Support
	16 F	0	0	0.389	Stage B - Green					20/09/2021		27/01/2023				
	12 F	0	0	0.361	Stage B - Green							11/05/2023				
	14 M	0	0	0.417	Stage B - Green							10/08/2023				
	4 F	0	0	0.389	Stage B - Green					21/12/2020	24/09/2020	07/07/2023				
	10 M	0	0	0.250	Stage B - Green					05/07/2021	05/07/2021	07/07/2023				
	8 M	0	0		Stage B - Green							01/09/2023	30/05/2023			
	12 M	0	0	0.306	Stage C - Yellow					14/12/2022	17/07/2023		19/06/2023			
	43 M	0	0	0.444	Stage B - Green	28/03/2019	28/03/2019					21/08/2019			16/06/2023	

## Comparison Charts [Sep 23]

### Alert Suite Request

		Total	Percentage	Rank
✓	Total Number of Patients	50	0.48%	64
✓	Appropriately Monitored (Total Tests)	100 / 300	33.33%	25
✓	Appropriately Monitored (Informal Carer)	2 / 50	4.00%	41
✓	Appropriately Monitored (ReSPECT form completed)	13 / 50	26.00%	49
✓	Appropriately Monitored (Preferred Place of Death)	14 / 50	28.00%	44
✓	Appropriately Monitored (Anticipatory Meds in place)	14 / 50	28.00%	10
✓	Appropriately Monitored (Preferred Place of Care)	20 / 50	40.00%	34
✓	Appropriately Monitored (Resuscitation Status)	37 / 50	74.00%	10
✓	Medication Costs (per Patient)	£42,922.42 / £858.45	--	59
✓	Admission APC Count (per patient)	45.00 / 0.90	--	57
✓	Admission APC Cost (per patient)	£151,089.00 / £3,021.78	--	63
✓	Admissions A&E Count (per Patient)	59.00 / 1.18	--	48
✓	Admissions A&E Cost (per Patient)	£11,485.00 / £229.70	--	62
✓	Admission OP Count (per patient)	361.00 / 7.22	--	15
✓	Admission OP Cost (per patient)	£26,442.00 / £528.84	--	25

# Patients on Palliative Care

Filters: *None*

Core20PLUS5 Filter ▾

	Total Patients (Patients on Palliative Care)	Total Patients in cohort	% Patients in cohort	
Patients on Palliative Care with GSF Stage D - Red	49	0	0%	<a href="#">View</a>
Patients on Palliative Care with GSF Stage C - Yellow	49	3	6.12%	<a href="#">View</a>
Patients on Palliative Care with GSF Stage B - Green	49	31	63.27%	<a href="#">View</a>
Patients on Palliative Care with GSF Stage A - Blue	49	9	18.37%	<a href="#">View</a>
Patients on Palliative Care without Care Plan	49	41	83.67%	<a href="#">View</a>
Patients on Palliative Care without Anticipatory Meds	49	36	73.47%	<a href="#">View</a>
Patients on Palliative Care without Resuscitation Status recorded	49	12	24.49%	<a href="#">View</a>
Patients on Palliative Care without Carer Support	49	46	93.88%	<a href="#">View</a>
Patients on Palliative Care without Preferred Place of Death	49	36	73.47%	<a href="#">View</a>
Patients on Palliative Care without Preferred Place of Care	49	30	61.22%	<a href="#">View</a>
Patients on Palliative Care without Informal Carer	49	47	95.92%	<a href="#">View</a>
Patients on Palliative Care without ReSPECT form completed	49	36	73.47%	<a href="#">View</a>

## Patients on Palliative Care without Anticipatory Meds

## SURGERY

Please be aware this page may take a long time to load.

**Filters: *None***

## Core20PLUS5 Filter ▾

 Export Selected Rows to XLS

 [Export All Rows to XLS](#)

## Patients on Palliative Care without Resuscitation Status recorded

Please be aware this page may take a long time to load.

## SURGERY

**Filters:** *None*

Core20PLUS5 Filter ▾



### Export Selected Rows to XLS



**Export All Rows to XLS**

# Patients on Palliative Care without ReSPECT form completed

SURGERY

Please be aware this page may take a long time to load.

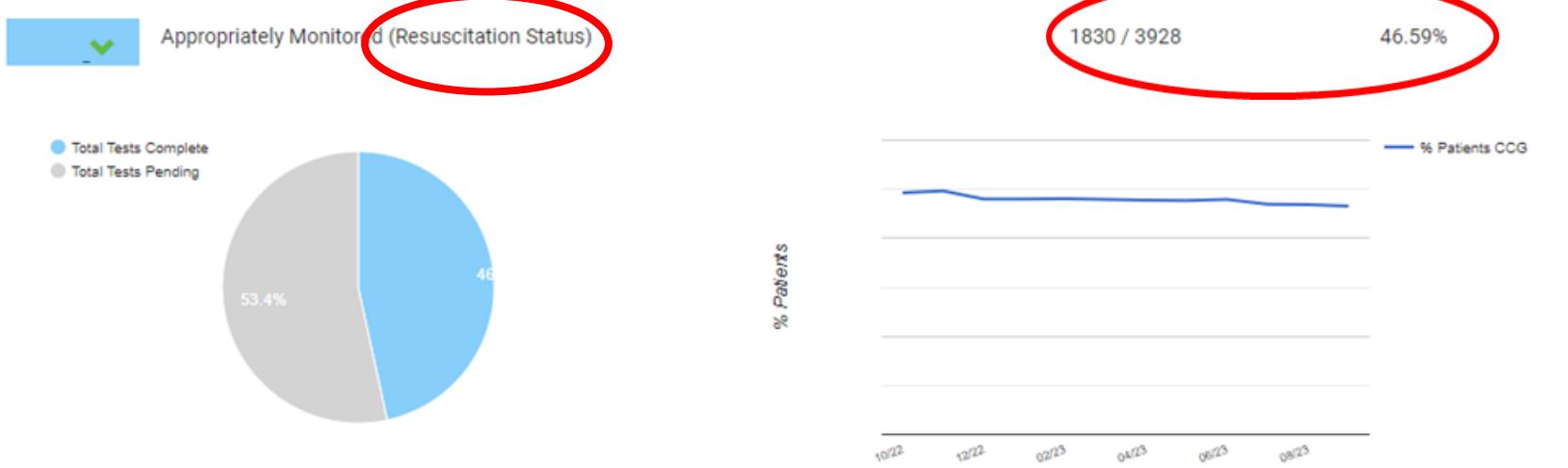
Filters: None

Core20PLUS5 Filter ▾

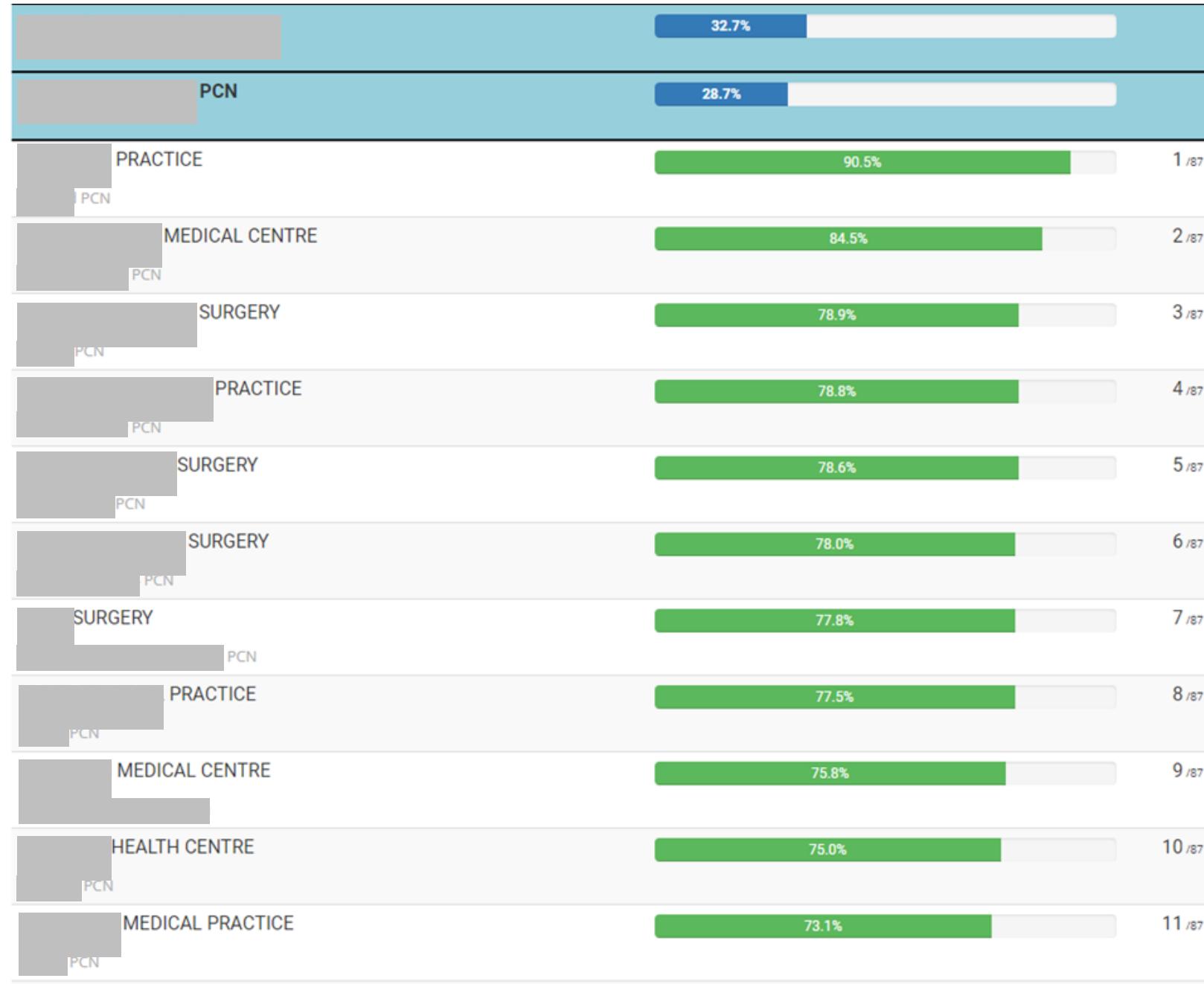
Export Selected Rows to XLS

Export All Rows to XLS

Smurf Review	Ref	Age	Drugs	M/F	Red Alerts	Amber Alerts	eFI	Gold Standards Framework	EOL Care Plan	Preferred Place of Care	Preferred Place of Death	Resuscitation Status	Anticipatory Meds	Consent to Share EOLC Plan	Supportive Care Register	Carer Support
		91	4	F	0	0	0.167	Stage B - Green	✗	✗	✗	✗	16/05/2023	✗	✗	✗
		60	24	M	0	0		Stage A - Blue	✗	✗	✗	✗	✗	✗	21/06/2023	✗
		90	14	M	0	0	0.417	Stage B - Green	✗	✗	✗	10/08/2023	✗	✗	✗	✗
		93	4	F	0	0	0.389	Stage B - Green	✗	21/12/2020	24/09/2020	07/07/2023	✗	✗	✗	✗
		91	10	M	0	0	0.250	Stage B - Green	✗	05/07/2021	05/07/2021	07/07/2023	✗	✗	✗	✗
		77	43	M	0	0	0.444	Stage B - Green	28/03/2019	28/03/2019	✗	21/08/2019	✗	✗	16/06/2023	✗
		88	12	M	0	0	0.306	Stage C - Yellow	✗	14/12/2022	17/07/2023	✗	19/06/2023	✗	✗	✗
		56	17	F	0	0		Stage B - Green	01/11/2014	14/10/2019	22/02/2022	06/12/2022	✗	✗	✗	✗
		98	7	F	0	0	0.444	Stage B - Green	✗	✗	✗	13/03/2023	✗	✗	✗	✗



Organisation Name	Result	Rank
NHS Cambridgeshire and Peterborough CCG	46.6%	
PCN	47.8%	
PCN	41.4%	
PCN	69.1%	
PCN	52.6%	
PCN	73.7%	
PCN	44.9%	
PCN	67.3%	







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For all other contacts:



ROYAL ALBERT INFIRMARY/PA

## PICTURE OF THE WEEK

The family and staff at Wigan's Royal Albert Edward Infirmary arrange for a dying patient to be briefly reunited with the horse that she had cared for for 25 years. Sheila Marsh, who died from cancer soon after, got to say goodbye to Bronwen in the hospital's car park.



UNIVERSITY OF  
CAMBRIDGE

# Prof. Stephen Barclay

[sigb2@cam.ac.uk](mailto:sigb2@cam.ac.uk)



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Any questions?

ⓘ Start presenting to display the poll results on this slide.