Interior Health

PALLIATIVE SYMPTOM MANAGEMENT (ADULT)

Community Hospice Bed and Long-term Care

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician / prescriber. Boxed orders (☐) require physician / prescriber check mark (☑) to be initiated.

1. ALLERGIES: see #826234 – Allergy and Adverse Reaction Record

2. COMMUNICATION

- Refer to Advance Care Plan and Advance Directive if available
- Document Goals of Care

☐ Physician / NP to be notified of death within 24 hours ***OR*** ☐ Other: _____

3. CODE STATUS / MOST

- Refer to completed Medical Orders for Scope of Treatment (MOST) #829641

4. DIET

☐ Diet as tolerated ☐ Other _____

5. SYMPTOM ASSESSMENT AND MONITORING

- Palliative Symptom Assessment (e.g. ESAS-r, PAINAD, PPS)

☐ Discontinue Routine Vital Signs ☐ Discontinue Lab Work

6. CONSULTS / REFERRALS

☐ _____

7. HYPODERMOCLYSIS

☐ Sodium chloride 0.9% at 30 to 75 mL per hour PRN for:
- ☐ Clinically relevant dehydration contributing to Delirium
- ☐ Opioid Induced Neurotoxicity

8. MEDICATIONS

- Daily dispensing allowed

☐ Refer to Palliative Bowel Order Set #829668

ANTICHOLINERGICS

☐ **glycopyrrolate 0.4 mg SUBCUT Q4H PRN** for respiratory congestion QTY: _____

CORTICOSTEROIDS (Avoid concomitant use with NSAIDs)

☐ **dexamethasone** _____ **mg** _____ *(route)* **ONCE DAILY ×** _____ **days then reassess**

ANALGESICS

☐ **acetaminophen** _____ **mg** _____ *(route)* **Q** _____ **H** ☐ **scheduled** ☐ **PRN** for pain and / or fever
Note: Total dose of acetaminophen not to exceed 3 g / day

☐ **ibuprofen** _____ **mg PO TID** ☐ **scheduled** ☐ **PRN** for pain QTY: _____
Note: Total dose of ibuprofen not to exceed 2,400 mg / day

OPIOID *(Refer to opioid prescribing guidelines on reverse of page 1)*

☐ Discontinue all previous opioid orders

Date (dd / mm / yyyy)	Time	Prescriber's Signature	Printed Name or College ID#
/ /			

- Refer to BC Inter-Professional Palliative Symptom Management Guidelines for dosing recommendations and general management guidelines: https://www.bc-cpc.ca/cpc/symptom-management-guidelines/
- **Provincial Palliative Care Line – For those who do not have access to a local palliative care service, for advice or support, call 1-877-711-5757** In ongoing partnership with the Doctors of BC, the toll-free Provincial Palliative Care Consultation Phone Line is staffed by Vancouver Home Hospice Palliative Care physicians 24 hours per day, 7 days per week to assist physicians and nurse practitioners with advice about symptom management, psychosocial issues, or difficult end-of-life decision making.

OPIOID CONVERSION TABLE

Adapted from Fraser Health Hospice Palliative Care Symptom Guidelines – Principles of Opioid Management

	Parenteral Dose (IV / SUBCUT)	Oral Dose (PO)	Time to Response
morphine	5 mg	10 mg	1 – 2 days*
codeine		100 mg	1 – 2 days
HYDROmorphone	1 mg	2 mg	1 – 2 days*
oxyCODONE		6.7 mg	1 – 2 days
fentaNYL	See fentaNYL Transdermal Patch PPO (#829427)		3 – 6 days
methadone		Morphine dose equivalence not reliably established	5 days
*steady state when using morphine or hydromorphone controlled release is achieved after 48 – 72H; dose adjustments should only be made every 2 – 3 days.			

morphine
- Oral:Parenteral ratio is 2:1
- Use with caution in renal failure (CrCl less than 20 mL / min) and in elderly due to accumulation of active metabolites
- Formulations available: Morphine IR tabs ; 5, 10, 20, 25, 30, 50 mg; Morphine SR tabs; 15, 20, 30, 60, 100, 200 mg

HYDROmorphone
- Oral:Parenteral ratio is 2:1
- morphine:HYDROmorphone ratio is 5:1
- Metabolites may contribute to myoclonus
- Formulations available: HYDROmorphone IR tabs; 1, 2, 4, 8 mg; HYDROmorphone CR caps; 3, 4.5, 6, 9, 12, 18, 24, 30 mg

OPIOID DOSE TITRATION

https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Professionals/Professionals-Resources/Hospice-palliative-care/Sections-PDFs-for-FH-Aug31/9524-25-FH---Sym_Guide-PrinciplesOfOpioidMgmt.pdf

1. Calculate the total daily dose (TDD) for the past 24 hours (if using multiple routes, convert doses to ALL SUBCUT or ALL PO equivalent prior to calculating TDD)

   TDD = scheduled + all breakthrough doses

2. Calculate new **scheduled** dose by dividing TDD by the number of doses for the next 24 hours (typically immediate release: Q4H = divide by 6 doses; controlled release Q12H = divide by 2 doses)

   new scheduled dose = $\frac{\text{TDD}}{\text{no. doses per 24H}}$

3. Calculate new **breakthrough** dose by multiplying TDD by 10% (typically given as PO Q1H or SUBCUT Q30MIN PRN)

   new breakthrough dose = TDD × 0.1

Parenteral Therapy to manage Opioid-Induced Neurotoxicity (OIN)

- Hydration is a standard approach to manage OIN in combination with reducing or rotating the opioid
- Hydration can improve comfort by enhancing the elimination of opioid metabolites and improving renal clearance
- Artificial hydration (if it aligns with the person's goals of care) may be considered where oral hydration is not sufficient or possible to manage OIN
- Artificial Hydration by IV or Hypodermoclysis for 24 to 48 hours is recommended

Interior Health

PALLIATIVE SYMPTOM MANAGEMENT (ADULT)

Community Hospice Bed and Long-term Care

Weight (kg)

Bulleted orders are initiated by default, unless crossed out and initialed by the physician / prescriber. Boxed orders (☐) require physician / prescriber check mark (☑) to be initiated.

8. MEDICATIONS *(cont'd)*

SCHEDULED: *(choose one)*

☐ **morphine**
- ☐ **morphine immediate release** _____ **mg PO Q4H** QTY: _____
- ☐ **morphine** _____ **mg SUBCUT Q4H** QTY: _____
- ☐ **morphine extended release** _____ **mg PO Q12H** QTY: _____

☐ **HYDROmorphone**
- ☐ **HYDROmorphone immediate release** _____ **mg PO Q4H** QTY: _____
- ☐ **HYDROmorphone** _____ **mg SUBCUT Q4H** QTY: _____
- ☐ **HYDROmorphone controlled release** _____ **mg PO Q12H** QTY: _____

☐ fentaNYL Transdermal Patch PPO (#829427) for fentaNYL patch dose and breakthrough orders

AND

BREAKTHROUGH:

☐ **morphine**
- ☐ **morphine immediate release** _____ **mg PO Q1H PRN** for ☐ **pain** ☐ **dyspnea** QTY: _____
- ☐ **morphine** _____ **mg SUBCUT Q30MINS PRN** for ☐ **pain** ☐ **dyspnea** QTY: _____

☐ **HYDROmorphone**
- ☐ **HYDROmorphone immediate release** _____ **mg PO Q1H PRN** for ☐ **pain** ☐ **dyspnea** QTY: _____
- ☐ **HYDROmorphone** _____ **mg SUBCUT Q30MINS PRN** for ☐ **pain** ☐ **dyspnea** QTY: _____

ANTIEMETICS *(Select antiemetic based on presumed etiology, if unknown or multi-factorial causes, refer to prescribing guidelines on reverse.)*

SCHEDULED
- ☐ **metoclopramide 10 mg** _____ *(route)* **Q8H** QTY: _____
- ☐ Other: _____ *(drug)* _____ **mg** _____ *(route)* **Q** _____ **H** QTY: _____

PRN *(choose up to one option not selected above)*
- ☐ **metoclopramide 10 mg** _____ *(route)* **Q6H PRN** for **nausea** and / or **vomiting** QTY: _____
- ☐ Other: _____ *(drug)* _____ **mg** _____ *(route)* **Q** _____ **H PRN** for **nausea** and / or **vomiting** QTY: _____

ANTIPSYCHOTIC *(Refer to prescribing guidelines on reverse)*

SCHEDULED
- ☐ **haloperidol** _____ **mg** _____ *(route)* **Q** _____ **H** for ☐ **nausea** ☐ **delirium** QTY: _____
- ☐ **methotrimeprazine** _____ **mg** _____ *(route)* **Q** _____ **H** for ☐ **nausea** ☐ **delirium** QTY: _____

PRN
- ☐ **haloperidol** _____ **mg** _____ *(route)* **Q** _____ **H PRN** for ☐ **nausea** ☐ **delirium** QTY: _____
- ☐ **methotrimeprazine** _____ **mg** _____ *(route)* **Q** _____ **H PRN** for ☐ **nausea** ☐ **delirium** QTY: _____

OTHER ORDERS (Please ensure the quantity, route and interval is specified with each medication order)

Date (dd / mm / yyyy)	Time	Prescriber's Signature	Printed Name or College ID#
/ /			

RECOMMENDED ANTIPSYCHOTIC DOSING REGIMENS

- Antipsychotic medications have been associated with an increased risk of stroke, myocardial infarction and death when used to treat behavioral and psychiatric symptoms of dementia
- Avoid use of haloperidol in patients with underlying Parkinson's disease or Lewy Body Dementia
- Use with caution in geriatric patients
- Use lowest effective dosage which is proportionate to the severity of delirium
- Avoid use of medications for prevention of delirium as effectiveness has not been established

Nausea and / or Vomiting	
haloperidol	**0.5 to 1.5 mg PO / SUBCUT Q8H** Use either: scheduled × 48H then reassess (+ additional PRN agent) ***OR*** PRN (+ / - additional scheduled agent)
methotrimeprazine	**3.125 to 6.25 mg PO / SUBCUT Q8H** Use either: scheduled × 48H then reassess (+ additional PRN agent) ***OR*** PRN (+ / - additional scheduled agent)
Delirium	
haloperidol	0.25 to 2 mg PO / SUBCUT Q1H PRN until calming occurs ***AND*** 0.25 to 2 mg PO / SUBCUT Q6H × 48H, then MRP to reassess
methotrimeprazine	12.5 to 25 mg PO / SUBCUT Q1H PRN until calming occurs ***AND*** 12.5 to 25 mg PO / SUBCUT Q8H × 48H, then MRP to reassess

ANTIEMETIC COMBINATION REGIMENS

- Select medications based upon presumed etiology of nausea and / or vomiting and medication mechanism of action
- Although combination regimens targeting different antiemetic pathways may be efficacious for some, use of mono-therapy with a single broader spectrum agent may be equally effective, while minimizing adverse effects and risk of drug interactions
- Oral administration is preferred where appropriate

Combinations to Avoid or Use with Caution	
metoclopramide *AND* antipsychotic (e.g. haloperidol, methotrimeprazine)	**Avoid combination** Risk of adverse effects (e.g. extrapyramidal reactions such as tardive dyskinesia, and neuroleptic malignant syndrome)
Antipsychotic *AND* ondansetron	**Use with caution. Avoid in patients with prolonged QTc** Risk of QTc prolongation
metoclopramide *AND* anticholinergic (e.g. dimenhyDRINATE, scopolamine)	**Use with caution** Monitor clinically for reduced efficacy due to potential antagonistic actions