

Changes to the Symptom Control  
Prescription and Administration  
Booklet  
(Blue Booklet)

# The Review Process

- Multi-professional group from both East and Central Cheshire
  - District Nurses
  - GPs
  - Macmillan Pharmacists
  - Local Hospice Representation
  - Specialist Palliative Care CNS
  - Specialist Palliative Care Consultant
  - End of Life Partnership Representation
  - CCG Medicines Management Representation

# The Review Process

- Recommendations based upon
  - Previous local guidance
  - Other locality/regional guidance
  - NICE Guidance – individualised approach
  - Relevant academic literature
  - Up to date texts e.g. Palliative Care Formulary
  - Expert opinion of the group

# The Scope of the Booklet

- Designed for patients felt to be in the last hours or days of life
  - All prescribing guidance within the booklet is for this group of patients only.
- The booklet and prescribed medications should be in the patient's home in **anticipation** of requirement
  - Careful consideration of most appropriate time (usually when patient felt to be in last weeks of life)

# Key Changes

- Change to lay out
  - Regular prescriptions requiring nurse administration e.g. once daily SC Dexamethasone
  - ‘When Required’ & Syringe Pump prescriptions
  - Waste column added to stock tables
  - Nurse signature AND name for administration
- Recommendation to review blue booklet every 3 months (signature required)
- Switch of first line injectable opioid from Diamorphine to Morphine Sulphate
  - Brings us in line with many other neighbouring localities
  - Cost savings

# Key Changes


- Simplified Nausea and Vomiting Prescribing
  - Currently Cyclizine, Haloperidol and Levomepromazine pre-printed for potential use
  - Algorithms now state to attempt to determine cause and prescribe accordingly using guidance
  - If cause unknown Levomepromazine recommended as first line antiemetic for last days of life.
  - Levomepromazine recommended as single antiemetic to be prescribed 'in anticipation'


# Key Changes

- Midazolam dosing
  - Previously 2.5-10mg 3hrly PRN
  - Now 2.5-5mg 2hrly PRN
- All Care Plan for End of Life Symptom Algorithms updated and now included within the booklet
- Review of all prescribing guidance on back page of booklet with signposting for further info as needed.

# Top Tips

- Be aware of Opioid Conversions to Morphine

– Oral Morphine  SC Morphine  
÷2

– Oral Morphine  SC Diamorphine  
÷3

CONVERSION TABLES AVAILABLE IN BOOKLET



# Top Tips

- A patient on 30mg BD of Morphine Sulphate MR (e.g.MST/Zomorph)
- Total Oral Morphine in 24 hours = 60mg
- Total SC Morphine in 24 hours via syringe pump = 30mg

**TAKE SPECIAL CARE FOR PATIENTS ON OPIOID  
PATCHES (WORKED EXAMPLE IN PAIN  
ALGORITHM)**

# Top Tips

- Be aware of Issues with the volume of Morphine Sulphate at larger doses
  - Max SC bolus at one site is 60mg/2ml
  - Therefore at doses greater than 360mg/24 hrs in syringe pump may need a switch to Diamorphine
  - Please seek advice from Specialist Palliative Care for assistance if needed

# Top Tips

- When prescribing/setting up syringe pumps
  - Ensure diluent also available (water for injection recommended first line)
  - Check drug compatibilities – see back page for important compatibility info and signposting.
  - Wherever possible prescribe syringe pumps at the point of need rather than in advance (patients' medication requirements can change quickly over time)

# Advice Available

- Specialist Palliative Care 9-5 Mon-Fri
  - East Cheshire Trust/CCG 01625 663177
  - CCICP/ South & Vale Royal CCG 01606 544155
  - Leighton Hospital 01270 612266
- 24 hour Hospice Advice line
  - East Cheshire Hospice 01625 666999
  - St Luke's Hospice 01606 555489