

5 Quick Tips for Prescribing Medicines in the Last Days of Life

In its "Dying Well" report published in September 2014, the Grattan Institute said 14% of Australians die in their own home. The option of care at home is often well received by patients and carers alike. Enablers for people to remain at home include support from their general practitioner (GP) as well as access to good symptom control.

Given the small proportion of people who require support at home in the last days of life and the infrequency of managing this patient group, there are some simple tips for GPs to consider with regards to prescribing medicines.

These 5 tips help the GP to anticipate the barriers to timely access to good symptom control and possibly avoid an unnecessary hospitalisation for an issue that could have been effectively managed in the community.

Anticipate the Symptoms

In the last few days of life, a small range of anticipated symptoms) can present suddenly. These include: fatigue, pain, nausea, dyspnoea, delirium and noisy breathing

Dysphagia is also common, limiting the administration of medicines to either oral liquids or subcutaneous injections.

Consider Which Medicines to Use

Australian guidelines contain broad recommendations for the pharmacological management of these anticipated symptoms. Most GPs will favour some options over others. A couple of approaches to establishing a defined list include:

- ♣ SA Core Medicines List (see Box);
- ♣ Until the chemist opens - palliation from the doctor's bag.

Document the Usual Pharmacy

As we grow older and develop more comorbidity, there is good evidence to show that we access medicines through the same community pharmacy. Having the particulars of this pharmacy in mind, may help fast-track access to medicines where unexpected deterioration occurs, by leveraging a relationship that already exists.

Involve Pharmacists Early

Accessing medicines through the patient's usual pharmacy is a sensible strategy. Yet community pharmacists can struggle to reliably anticipate which medicines to stock.

Appreciating some pharmacies have limited opening hours, planning becomes an essential element to prescribing symptom control. Liaising with the patient's usual pharmacy prior to prescribing is good GP practice, ensuring the preferred medicines are available in a timely way.

Box 1. Recommended South Australian Core Palliative Medicines

Clonazepam 1mg/mL Inj
Haloperidol 5mg/mL Inj
Hyoscine butylbromide 20mg/mL Inj
Metoclopramide 10mg/2mL Inj
Morphine 10mg/mL Inj

Identify Dosing Resources

Appropriate use of medicines requires an understanding of routes of administration, appropriate doses, knowledge of the duration of effect, and of adverse effects. Doses should be individualised and based on reputable resources. Some options include:

- ♣ Palliative Care Therapeutic Guidelines;
- ♣ Decision Assist palliAGED smartphone app; or
- ♣ Guide to the Pharmacological Management of End of Life (Terminal) Symptoms in Residential Aged Care Residents: A Resource for General Practitioners

Standard Pharmaceutical Benefits Scheme (PBS) rules apply to each of these medicines.

For more information

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