

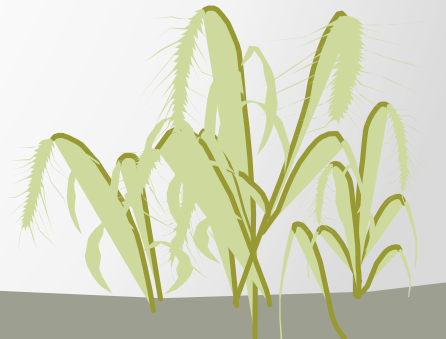
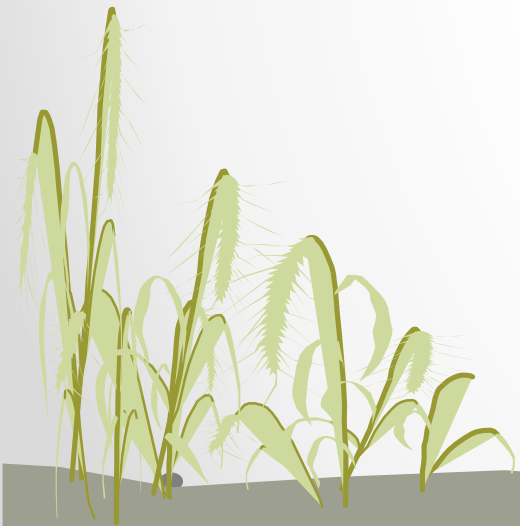
Keeping it simple:

Utilizing sublingual medications for symptom
management at the end of life

Jo Hendrickson

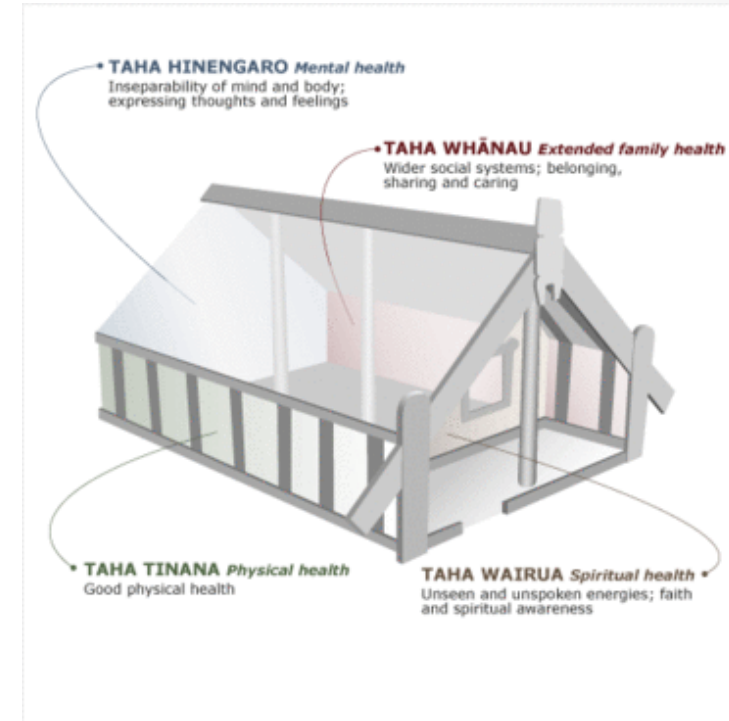
NP Intern

12-04-2019



Overview: Palliative care

- Aims to enhance quality of life
- Provides relief from pain /other symptoms
- Integrates psychological/spiritual aspects of care
- Supports family/carers during illness and bereavement



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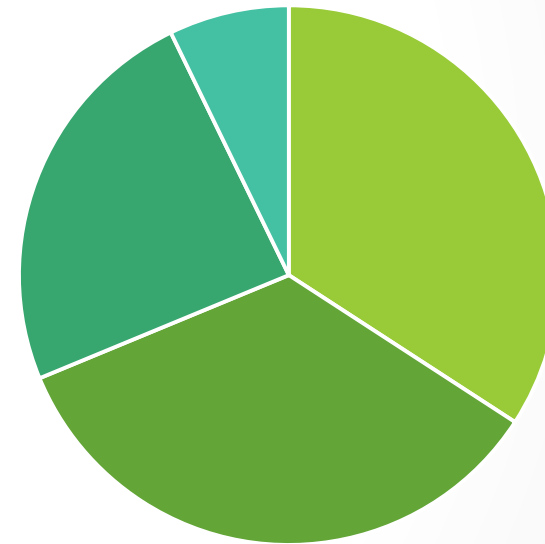
Place of death

Preferred..



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Actual...



■ Hospital ■ ARC ■ Private ■ Hospice IPU

Factors impacting symptom management

Family/whanau

- Physical ability/cognition
- Complexity of symptoms
- Polypharmacy
- Anxiety re addiction/sedation/hastening death
- Exhaustion
- Level of family support and dynamics

Healthcare professionals

- Confidence with EoL conversations
- Knowledge of symptoms and management
- Knowledge of medications
- Level of training
- Ability to liaise/co-ordinate care



Traditionally...

- Subcut prn medications +/-
- Syringe driver



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Another string to the palliative bow

Sublingual or buccal medications

- Can be used alone
- Can use as breakthrough medications with background syringe driver
- Can use as breakthrough for some medications with others subcut



Comfort Medications – an added layer

- Anticipatory prescribing supports patient to die where they wish
- Less stressful for carers as familiar with oral medications, do not have to learn new skills, less medicalised
- Can be given immediately by carers
- HCP's may not have to draw up any breakthrough medications
- Family or HCP's can draw up doses enough for several days





Considerations: The mouth



Considerations: The carers

- Must have clear individualized information
- Provide 1 ml syringes/labels
- Can mark dose level with Vivid
- OBSERVE A PRACTICE RUN!



Hospice Marlborough
Comfort Medications

Patient Label

Comfort Medications

These medications can be used to keep your family member comfortable if they cannot swallow medications. **They are absorbed under the tongue or inside the cheek.** It is important to ensure the mouth is clean and moist before giving these medicines. As they are in small volumes, you will be given 1 ml syringes to draw them up in.

Pain:
Morphine 10 mgs/ml Liquid: Give 2.5 mgs/0.25 mls given every 2-4 hours as needed.

Nausea/confusion:
Haloperidol (Serenace) 2mgs/ml Liquid: Give 0.25 mgs/0.125 mls to 0.5 mgs/0.25 mls given every 4-6 hours as needed.

Agitation/anxiety:
Clonazepam (Rivotril) 2.5mgs/ml drops: Give either 2-3 drops off a teaspoon OR draw up 0.1 ml (this equals 2.5 drops) 8 hourly as needed.

Excessive secretions:
Atropine 1% drops: Give 2-4 drops every 4-6 hours as needed.

If you have any concerns or queries about these instructions you are welcome to speak to a Registered Nurse at the Hospice (03) 578 9492 (24 Hours)

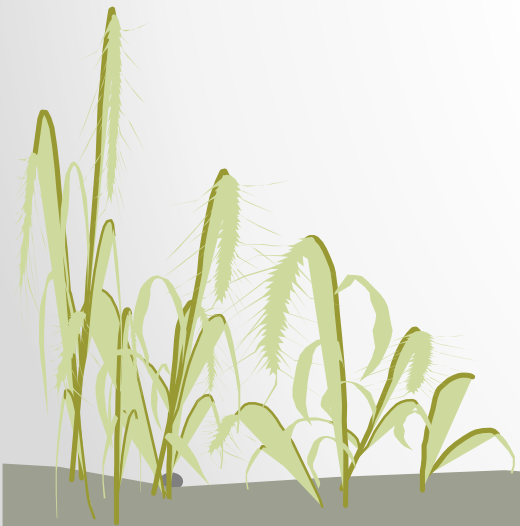
Signature Dr: _____ **Date:** _____

Signature RN: _____ **Date:** _____

Considerations: Absorption

- Rapid onset of action in highly lipophilic drugs (Fentanyl and methadone) – onset felt in 7 mins with reduction in pain score of 3.2 in 15 mins
- Reduced absorption in hydrophilic drugs eg morphine 10% s/l though plasma levels similar to oral morphine as s/l morphine avoids first pass hepatic metabolism.
- More rapid onset and significant pain relief than oral or rectal routes

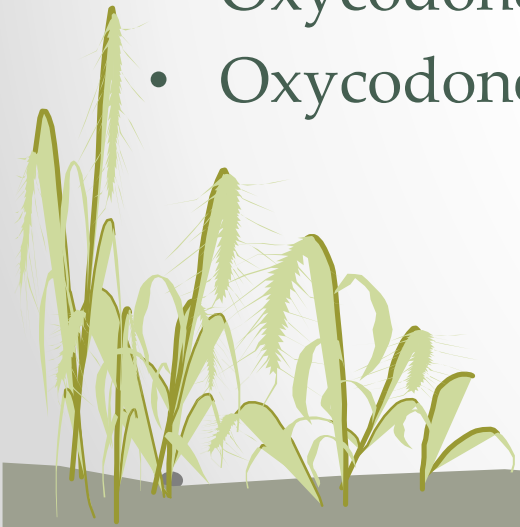
Kestenbaum et al (2014)



Medications

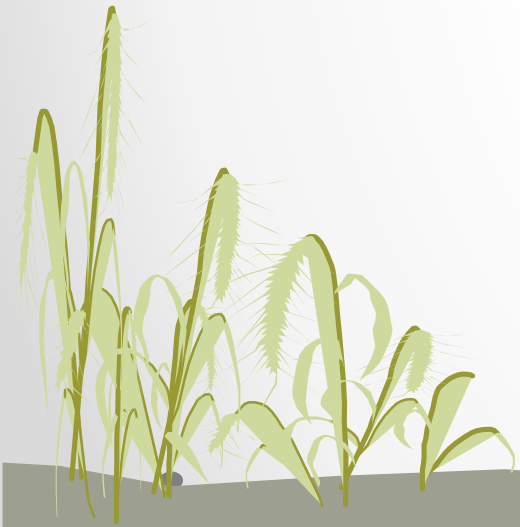
- Pain:

- Morphine elixir 10 mgs/ml (2.5 mgs = 0.25 mls)
- Methadone liquid 10 mgs/ml
- Oxycodone liquid 5 mgs/5 ml
- Oxycodone amps 10 mgs/ml; 50 mgs/ml



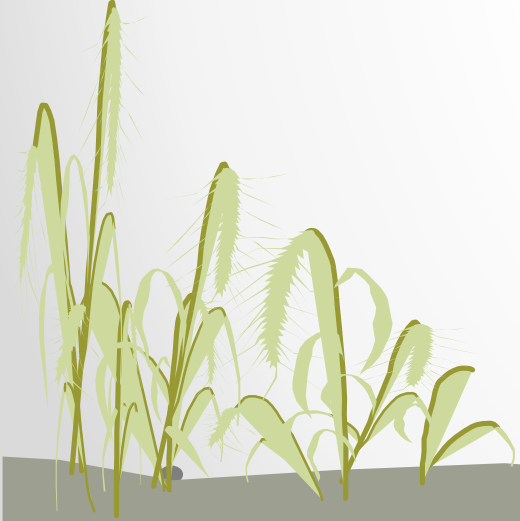
Medications

- Nausea/confusion/agitation:
- Haloperidol 2 mgs/ml (0.5 mgs = 0.25 mls)
- Ondansetron dispersible 4 mgs
- Levomepromazine 6.25-12.5 mgs (crush, mix with honey and place s/l or buccally)



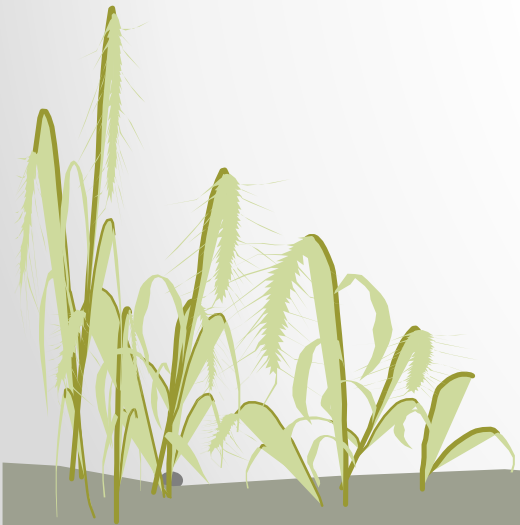
Medications

- Anxiety/agitation:
- Midazolam 15mgs/3 mls (2.5 mgs/0.5 mls) Buccal or spray
- Lorazepam 0.5 – 1 mgs (crush, dissolve in tiny amount warm water, draw up and place s/l or buccally)
- Clonazepam drops – 2-5 drops (2.5 drops/0.1 ml)



Medications

- Secretions:
- Buscopan: Hyoscine butylbromide 20 mgs/ml (10 mgs buccally = 1 ml)
- Atropine 1% solution: 2 drops under tongue q 4-6 hrly (End of life)



Cost effective

- Reduced staff time (nursing/pharmacist)
- Reduces volume of supplies required



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Environmental footprint



Palliative Care Action Plan

- respond to the voices of people with palliative care needs and their families, whānau
- ensure strong strategic connections
- improve quality across all settings
- increase emphasis on primary palliative care
- grow capability of communities and informal carers.

Ministry of Health, 2017



References

Kestenbaum, M., Vilches, A., Messersmith, S., Connor, S., Fine, P., Murphy, B., Davis, M., and Muir, J. (2014) Alternative routes to oral opioid administration in palliative care: A review and clinical summary. Pain medicine. Vol 15. p1129-1153

Wilson, K., Caswell, G., Turner, N. and Pollock, K. (2018). Managing medications for patients dying at home: A review of family caregivers experiences. The Journal of Pain and Symptom Management. Vol 56, No 6. p962-974

Resources:

Medsafe

New Zealand Formulary

Palliative Care Formulary

Pharmac

