If more information is required please seek help from specialist palliative care

Opioid dose conversion chart, syringe driver doses, rescue/prn doses and opioid patches

Use the conversion chart to work out the equivalent doses of different opioid drugs by different routes.
The formula to work out the dose is under each drug name. Examples are given as a guide

Oral opioid mg /24 hour (Divide 24 hour dose by six for 4 hourly prn oral dose)	Subcutaneous infusion of opioid Syringe driver (SD) dose in mg per 24 hours (or micrograms for alfentanil where stated)				Opioid by patch Dose microgram/hour	
Morphine 24 hour	**Oxycodone 24 hour**	**Diamorphine sc 24 hour**	**Morphine sc 24 hour**	**Oxycodone sc 24 hour**	**Alfentanil sc 24 hour** (500microgram/mL)	**Fentanyl** normally change every 72 hours	**Buprenorphine** B=Butrans change 7 days T = Transtec change 96 hrs (4 days)
	Calculated by dividing 24hr oral morphine dose by 2	Calculated by dividing oral morphine dose by 3	Calculated by dividing oral morphine dose by 2	Calculated by dividing oral oxycodone dose by 2	Calculated by dividing 24 hour oral morphine dose by 30	Conversions use UK SPC	
20	10	5	10	5	500mcg	(6)	B 10
45	20	15	20	10	1500mcg	12	B 20
90	45	30	45	20	3mg	25	T 35
140	70	45	70	35	4500mcg	37	T 52.5
180	90	60	90	45	6mg	50	T 70
230	115	75	115	60	7500mcg	62	T 70 + 35
270	140	90	140	70	9mg	75	T70 + 52.5
360	180	120	180	90	12mg	100	T 140
450	225	150	225	110	15mg	125	-
540	270	180	270	135	18mg	150	-
630	315	210	315	160	21mg	175	-
720	360	240	360	180	24mg	200	-

Fentanyl and buprenorphine patches in the dying/moribund patient
- **Continue fentanyl and buprenorphine patches in these patients.**
  - Remember to change the patch(es) as occasionally this is forgotten!
  - Fentanyl patches are more potent than you may think

If pain occurs whilst patch in situ
- Prescribe 4 hourly prn doses of subcutaneous(sc) morphine unless contraindicated.
- Use an alternative sc opioid e.g. **alfentanil** or **oxycodone** in patients with
  - **poor renal function**,
  - morphine intolerance
  - where morphine is contraindicated
- **Consult pink table when prescribing 4 hourly prn subcutaneous opioids**

Adding a syringe driver (SD) to a fentanyl or buprenorphine patch
If 2 or more rescue/ prn doses are needed in 24 hours, start a syringe driver with appropriate opioid and continue patch(es). The opioid dose in the SD should equal the total prn doses given in the previous 24 hours up to a maximum of 50% of the existing regular opioid dose. Providing the pain is opioid sensitive continue to give prn sc opioid dose & review SD dose daily.
E.g. Patient on 50 micrograms/hour fentanyl patch, unable to take prn oral opioid and in last days of life. Keep patch on. ***Use appropriate opioid for situation or care setting.*** *If 2 extra doses of 15 mg sc morphine are required over the previous 24 hours, the initial syringe driver prescription will be morphine 30mg/24 hour.* ***Remember*** *to look at the* ***dose of the patch and the dose in the syringe driver*** *to work out the* ***new*** *opioid breakthrough dose* ***each time a change is made.***
Always use the chart above to help calculate the correct doses.

Equivalent doses if converting from oral to sc opioid

Renal failure/impairment GFR<30mL/min:
Morphine/Diamorphine metabolites accumulate and should be avoided.
- **Fentanyl patch** if pain is stable.
- **Oxycodone** orally or by infusion if mild renal impairment
- If patient is dying & on a fentanyl or buprenorphine patch top up with appropriate sc **oxycodone** or **alfentanil** dose & if necessary, add into syringe driver as per renal guidance
- **If GFR<15mL/min and unable to tolerate oxycodone** use **alfentanil** sc

If unsure please seek help from palliative care

Calculation of breakthrough/ rescue / prn doses

Oral prn doses:
- Morphine or Oxycodone: 1/6th of 24 hour oral dose

Subcutaneous:
- Morphine & Oxycodone: 1/6th of 24 hour sc syringe driver (SD) dose
- Alfentanil: 1/6th of 24 hour sc SD dose
  - Short action of up to 2 hours
  - Seek help If reach Maximum of 6 prn doses in 24 hours

(For ease of administration, opioid doses over 10mg, prescribe to nearest 5mg)

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Anticipatory Drugs and Syringe Driver Chart

This chart is intended for use in all care settings

Cut Out

If a patient transfers to a **care home** the original chart should remain in the hospital notes and a **new chart written** to go with the patient. **All other transfers,** to patient's own home, community hospital, community unit or hospice the **original chart should go with the patient.**

Information for **prescribers**

Prescribe approved name of drug entered in **CAPITALS**

Cancel Drugs

- **Discontinue prescriptions by clearly crossing through the whole prescription, with the date discontinued & signature.**
- Do not alter an existing prescription **always rewrite** a new syringe driver prescription in a new box
- There is space for 4 syringe driver prescriptions
- **Always check for allergies**.

Diluents

Generally use water for injection.
- Never use 0.9% sodium chloride with cyclizine as it will crystallise

Use 0.9% sodium chloride for
- Levomepromazine by itself
- Syringe driver combinations containing octreotide, methadone, ketorolac, ketamine or furosemide

Syringes

- Use 20mL syringes or 30mL if larger volume required.

Opioids

- **Prescriptions for opioids & CDs must be prescribed in words and figures.** CDs now include midazolam & phenobarbitone
- Write in **whole numbers** and where possible **avoid decimals.**
- Document dose calculations in the medical notes.
- The **prn dose** ranges should reflect the total amount of regular opioid the patient is receiving from all routes (ie syringe driver and **fentanyl** or **buprenophine** patch if in situ). The **prn** dose is one sixth of the 24 hour dose of regular opioids if patient can tolerate this.
- Calculate the increased **opioid** dose requirements for the next syringe driver based on the number of additional **prn** doses over the previous 24 hours (ensuring the pain is opioid sensitive)
- **Remember** to prescribe regular medications (including opioid patches) and **prn** medications (when required) on the chart.

Information for **nurses**

- Use clear adhesive dressing over the infusion site
- Patients with syringe drivers should be checked every 4 hours in institutions and as a minimum every 24 hours in a patient's home.
- If the patient requires additional medication (analgesic/ sedative/antiemetic etc) give a subcutaneous dose of the appropriate drug, as prescribed on the prn section of the drug chart. If ineffective seek medical advice.
- NB each non-opioid drug has a 24 hour maximum.
- If you are giving opioids (e.g.morphine, oxycodone, alfentanil) to a patient who has not had one before (opioid naïve), or to a patient who has had a dose increase observe for signs of:
  - Drowsiness
  - Confusion/hallucinations
  - Nausea / vomiting
  - Reduced respiratory rate
  - Twitching
- Observe patients closely and report any symptoms you are concerned about to the doctor. The opioid may need to be discontinued, reduced or changed to a different opioid.
- In exceptional cases naloxone may be required to reverse opioid side effects. Refer to naloxone infusion guidelines.

Resources for **information**

For dying patients refer to

- care plan for last days of life documentation

For all other information consult

- website for algorithms and conversion charts
  - **www.york.nhs.uk/Our Services/GP hub** or
  - **www.york.nhs.uk/Our Services/palliative care**

Please **seek advice** if uncertain about drug compatibilities
- Specialist palliative care/ hospice
- Medicines information
- The Syringe Driver: Continuous subcutaneous infusions in palliative care 3rd edition Andrew Dickman, Jenny Schneider

For patients with **renal failure**

Look at information in **red** on:
- Anticipatory drugs section
- use oxycodone or alfentanil as sc opioid of choice

If GFR<15mL/min and unable to tolerate oxycodone use alfentanil (500microgram/mL)

Contact for further help & advice

York Specialist Palliative Care Team (SPCT)			Scarborough Specialist Palliative Care Team (SPCT)		
In hours	· Community SPCT · Hospital SPCT · St Leonard's Hospice	01904 724476 01904 725835 01904 708553	**In hours**	· Community (macmillans) · Hospital SPCT · St Catherine's Hospice	01723 356043 01723 342446 01723 351421
Out of hours	· GP OOH · St Leonard's Hospice	0845 056 8060 01904 708553	**Out of hours**	· Palcall	01723 354506

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Version: 2 Approved by: Drug and Therapeutic Committee Order number: FY03000081

Saint Catherine's Hospice · St Leonard's Hospice · York Teaching Hospital NHS Foundation Trust

Prn Chart for Anticipatory Drugs

If patient on opioid patch and syringe driver the prn opioid dose should reflect this
Frequency of some medications may be altered at discretion of prescriber. Remember to write opioid dose in words and figures

Antiemetics

- **Haloperidol** (5mg/mL) **prescribed** as an **anticipatory**
  Indications: Opioid or chemically induced nausea
- **Levomepromazine** (25mg/mL) **prescribed** as **anticipatory**
  Indications: Broad spectrum antiemetic (also anti-agitation medication)
- **Metoclopramide** (10mg/mL) **not prescribed routinely** unless clinically indicated
  Indications: Prokinetic, pushes gut contents forward
  Dose:10mg tds /**prn** Syringe driver SD 30 to 60mg /24 hours
- **Cyclizine** (50mg/mL) **not prescribed routinely** unless clinically indicated
  Indications: Raised intracranial pressure and bowel obstruction
  Dose: 25 to 50mg tds **prn** Syringe driver SD 75 to 150mg /24 hours
  Start low (dose in red) or avoid in renal /heart/ liver failure

Antiemetics used together

- Haloperidol + Cyclizine

NB use Levomepromazine if above ineffective

- Metoclopramide + Levomepromazine

Antiemetics not used together

- Metoclopramide + cyclizine: opposing effect
- Haloperidol + levomepromazine: dopaminergic
- Haloperidol + metoclopramide: dopaminergic

Prescribing Anticipatory drugs - up to five depending on antiemetic combination

Opioid
- Is patient renally compromised? If so avoid morphine and use oxycodone or alfentanil
- Dose depends on whether patient opioid naïve or has been on regular opioids

Anti agitation
- Midazolam start low

Respiratory secretions
- Hyoscine Butylbromide (Buscopan) 20mg

Antiemetic
- Was drug effective orally? If so continue with same drug sc
- If patient requires two drugs to control nausea prescribe both
- For compatibility consult antiemetic table (to the left)

NOTE ON RECORDING: Enter actual dose given in DOSE column

Date | Time | Route | Dose | Sig | Date | Time | Route | Dose | Sig

① Drug Appropriate opioid

Date | Dose | SC

Instructions **2 to 4 hourly prn**
Prescriber may alter frequency if indicated.

Full Signature & bleep | Pharm | Supply

② Drug **HALOPERIDOL** (5mg/mL) (nausea)

Date | Dose **500 micrograms to 1mg** Start low in renal patients | SC

Instructions **8 hourly prn**
Max: 5mg in 24 hours (prn + S/driver)
Lower max in renal failure

Full Signature & bleep | Pharm | Supply

③ Drug **HYOSCINE BUTYLBROMIDE** (20mg/mL)
BUSCOPAN for colic & resp secretions

Date | Dose **20mg** | SC

Instructions **4 hourly prn**
Max 240mg in 24 hours (prn +S/driver)

Full Signature & bleep | Pharm | Supply

NOTE ON RECORDING: Enter actual dose given in DOSE column

Date | Time | Route | Dose | Sig | Date | Time | Route | Dose | Sig

④ Drug **MIDAZOLAM** (10mg/2mL)

Date | Dose **2 to 5mg** Start low in renal patients | SC

2 - 4 hourly prn. May need 10mg for bleeds
Max 60mg in 24 hours (prn +S/driver) Max usually 30mg in 24 hours in renal failure (prn +S/driver)

Full Signature & bleep | Pharm | Supply

⑤ Drug **LEVOMEPROMAZINE** (25mg/mL)

Date | Dose **5 to 6.25mg** Start low in renal patients | SC

8 hourly prn
Nausea Max: 25mg in 24 hours
Agitation consult Palliative Care Team

Full Signature & bleep | Pharm | Supply

⑥ Drug

Date | Dose | SC / O

Instructions

Full Signature & bleep | Pharm | Supply

First name: Surname:
DOB: Hosp No:
NHS No: GP/Cons:

T34 set up - Complete both shaded and white area checklist T34 Monitoring - Complete white area checklist

4 hourly checks in Hospital/ Community Hospital/ Care Home/ Hospice. Minimum daily check in Community.

Time	0200	0600	1000	1400	1800	2200	0200	0600	1000	1400	1800	2200
Date & time of S/D set up / check												
Asset No												
Prescription used e.g. No. 1 to 4												
Site changed Yes or No												
Location of site used												
Line changed Yes or No												
Battery % * at set up												
Rate in mL												
Volume to be infused (VTBI) mL												
Volume infused in mL												
Site Ok Yes or No												
Syringe and line clear Yes or No												
Battery % *												
Key pad lock on												
Signature / Initials												

4 hourly checks in Hospital/ Community Hospital/ Care Home/ Hospice. Minimum daily check in Community.

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Site Ok Yes or No												
Syringe and line clear Yes or No												
Battery % *												
Key pad lock on												
Signature / Initials												

Battery
- Check battery *
- Change if 40% in patients home
- Change 15% in hospital/hospice

Syringe contents
- Check drugs in syringe or line are clear with no crystallisation

Is the syringe driver working ?
- Check set up
- Check battery

Enter details of known allergies/sensitivities and reaction or write 'nil known'

Prescriber's signature **bleep:**

This section MUST be completed before medicines are given

Ward **Main chart** **Supplementary chart**

First name: Surname:
DOB: Hosp No:
NHS No: GP/Cons:

T34 set up - Complete both shaded and white area checklist **T34 Monitoring -** Complete white area checklist

4 hourly checks in Hospital/ Community Hospital/ Care Home/ Hospice. Minimum daily check in Community.

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Battery	• Check battery * • Change if 40% in patients home • Change 15% in hospital/hospice	**Syringe contents**	• Check drugs in syringe or line are clear with no crystallisation	**Is the syringe driver working ?**	• Check set up • Check battery

Prn Chart for Anticipatory Drugs

If patient on opioid patch and syringe driver the prn opioid dose must take account of this
Frequency of some medications may be altered at discretion of prescriber. Remember to write opioid dose in words and figures

NOTE ON RECORDING: Enter actual dose given in DOSE column	Date	Time	Route	Dose	Sig	Date	Time	Route	Dose	Sig
⑦ Drug										
Date / Dose / SC/O										
Instructions										
Full Signature & bleep / Pharm / Supply										
⑧ Drug										
Date / Dose / SC/O										
Instructions										
Full Signature & bleep / Pharm / Supply										
⑨ Drug										
Date / Dose / SC/O										
Instructions										
Full Signature & bleep / Pharm / Supply										
⑩ Drug										
Date / Dose / SC/O										
Instructions										
Full Signature & bleep / Pharm / Supply										

NOTE ON RECORDING: Enter actual dose given in DOSE column	Date	Time	Route	Dose	Sig	Date	Time	Route	Dose	Sig
⑪ Drug										
Date / Dose / SC/O										
Instructions										
Full Signature & bleep / Pharm / Supply										
⑫ Drug										
Date / Dose / SC/O										
Instructions										
Full Signature & bleep / Pharm / Supply										
⑬ Drug										
Date / Dose / SC/O										
Instructions										
Full Signature & bleep / Pharm / Supply										
⑭ Drug										
Date / Dose / SC/O										
Instructions										
Full Signature & bleep / Pharm / Supply										

P = Pre- admission
A = Amended dose of pre-admission medicine
N = New medicine
T = Time critical medicine
S = Supplementary charts

Antimicrobials should have an **indication and course length** or review date recorded on the chart

Non-administration codes
1 Medication not required
2 Refused
3 Absent from ward
4 Medication not available
5 Unable to take
6 Nil by mouth
7 Prescription not clear
8 Unable to administer
9 Self medication
10 Self medication at home

Essential Regular Medication

e.g. fentanyl, buprenorphine or hyoscine patches, antifungals, any topical or PR medications

	Year																
	Date/Month																
P	Drug	PO															
A	Date Dose	SC	6														
		IM	8														
N	Instructions	IV	12														
			14														
T	Full Signature & Bleep Pharm	Supply	18														
S			22														
P	Drug	PO															
A	Date Dose	SC	6														
		IM	8														
N	Instructions	IV	12														
			14														
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			14														
T	Full Signature & Bleep Pharm	Supply	18														
S			22														

Pharmacy Medication Check and Level 1 or 2

T34 set up - Complete both shaded and white area checklist T34 Monitoring - Complete white area checklist

4 hourly checks in Hospital/ Community Hospital/ Care Home/ Hospice. Minimum daily check in Community.

Time	**0200**	**0600**	**1000**	**1400**	**1800**	**2200**	**0200**	**0600**	**1000**	**1400**	**1800**	**2200**
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Key pad lock on												
Signature / Initials												

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Battery	• Check battery * • Change if 40% in patients home • Change 15% in hospital/hospice	**Syringe contents**	• Check drugs in syringe or line are clear with no crystallisation	**Is the syringe driver working ?**	• Check set up • Check battery

T34 set up - Complete both shaded and white area checklist T34 Monitoring - Complete white area checklist

4 hourly checks in Hospital/ Community Hospital/ Care Home/ Hospice. Minimum daily check in Community.

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e.g. fentanyl, buprenorphine or hyoscine patches, antifungals, any topical or PR medications

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Date/Month																	
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T			14														
S	Full Signature & Bleep / Pharm	Supply	18														
			22														
Pharmacy Medication Check and Level 1 or 2																	

Syringe Driver Prescription Chart

If Patient on opioid patch - leave patch on and refer to opioid conversion chart

Has patient consented to syringe driver? Yes / No
If unable to consent has family agreed? Yes / No

❶ Syringe driver drug(s)	Dose (CDs to be prescribed in words and figures)	
1.		
2.		
3.		
4. If advised by specialist palliative care team		
Diluent (For advice read front sheet)	Route **SC**	Duration **24 hours**
Date	Prescriber Signature	

❷ Syringe driver drug(s)	Dose (CDs to be prescribed in words and figures)	
1.		
2.		
3.		
4. If advised by specialist palliative care team		
Diluent (For advice read front sheet)	Route **SC**	Duration **24 hours**
Date	Prescriber Signature	

❸ Syringe driver drug(s)	Dose (CDs to be prescribed in words and figures)	
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Diluent (For advice read front sheet)	Route **SC**	Duration **24 hours**
Date	Prescriber Signature	

❹ Syringe driver drug(s)	Dose (CDs to be prescribed in words and figures)	
1.		
2.		
3.		
4. If advised by specialist palliative care team		
Diluent (For advice read front sheet)	Route **SC**	Duration **24 hours**
Date	Prescriber Signature	

T34 set up - Complete both shaded and white area checklist **T34 Monitoring -** Complete white area checklist

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Battery % * at set up												
Rate in mL												
Volume to be infused (VTBI) mL												
Volume infused in mL												
Site Ok Yes or No												
Syringe and line clear Yes or No												
Battery % *												
Key pad lock on												
Signature / Initials												

Battery	• Check battery * • Change if 40% in patients home • Change 15% in hospital/hospice	**Syringe contents**	• Check drugs in syringe or line are clear with no crystallisation	**Is the syringe driver working ?**	• Check set up • Check battery