

Where indicated maximum dosages should be regarded as maximum and unlikely to be starting doses. IF IN DOUBT DOUBLE CHECK. If still in doubt use minimum dose or not at all. (Please note that whilst dosages and drug uses listed are current accepted palliative care practice, some are "off licence" indications).

		STAT DOSE	24 HR DOSE	CAUTIONS & ADVICE
V O M I T T I N G	<b>Metoclopramide</b>	10mg (S.C)	30mg - 40mg (S.C) MAX	Do not use in obstructive vomiting (including constipation) Be careful with young people.
	<b>Cyclizine</b>	50mg (S.C)	100mg - 150mg (S.C) MAX	Sedating, caution when patient has had Cyclimorph. Good general Antiemetic.
	<b>Nozinan</b>	6.25mg - 12.5mg (S.C) MAX	6.25mg - 25mg (S.C) MAX	May cause extreme sedation even at very low doses. Care in elderly. Needs normal saline for dilution.
T E S T R E S S I N G	<b>Nozinan</b>	12.5mg (S.C)	12.5mg - 50mg (S.C) MAX	Please note dosages for terminal restlessness, in less advanced cases or frail patients lower dose of 6.25mg may be more appropriate.
	<b>Haloperidol</b>	0.5mg - 5mg (S.C)	2.5mg - 15mg (S.C) MAX	Sedating. Dystonic and extrapyramidal reactions particularly in elderly.
	<b>Midazolam</b>	2.5mg - 5mg (S.C) MAX	10mg - 60mg (S.C) MAX	Short acting when given as stat dose.
F I T S	<b>Stesolid</b>	10mg PR	N/A	Need to discuss sedation with family. Depending on stage of illness other treatments & investigations may be necessary after emergency treatment.
	<b>Midazolam</b>		20mg - 60mg (S.C) MAX	
S E C R E T I O N	<b>Hyoscine Hydrobromide</b>	400mcg (S.C)	1200mcg - 2400mcg (S.C) MAX	Use early at first sign of secretions. May cause sedation which may not be acceptable to patient or relatives.
C O M P O R E N D S I O	<b>Dexamethasone</b>	8mg (IV / IM)	N/A	I V preferable route.
S P A S M	<b>Buscopan</b>	10mg - 20mg (S.C)	20mg - 80mg (S.C) MAX	For crampy abdominal pain.