2.12 Diamorphine Prescribing at the End of Life.

Diamorphine is frequently prescribed in the in the last few days of life. In the wake of the Shipman trial it is even more important for patients, families and the general practitioner and primary health care team to be confident it is being prescribed correctly. This means prescribing appropriate and defensible doses for appropriate and documented indications. Clear discussion with the patient and the family about the indication and dosage is vital.

Diamorphine is primarily a strong analgesic. It is a cough suppressant and in the absence of pain a respiratory sedative. This side effect can be utilised to relieve distressing breathlessness at the end of life.

Diamorphine is NOT a strong sedative. It is generally unsuitable for terminal agitation, anguish or distress and if used innapproriately, it may cause or exacerbate these problems. In the absence of pain or in excessive doses diamorphine can cause nightmares, hallucinations, sweating, confusion and myoclonic jerks. If a patient needs sedation, benzodiazepines are a better choice.

CLINICAL SITUATION AT THE END OF LIFE	SUBCUTANEOUS (S/C) DIAMORPHINE DOSE OVER 24 HOURS	"AS REQUIRED" SUBCUTANEOUS (S/C) DIAMORPHINE DOSE
No previous opioid No pain	Not indicated	2.5-5mg S/C prn
No previous opioid In pain	20mg/24 hours (HALVE DOSE IF >70 YEARS OR FRAIL)	2.5-5mg S/C prn
On oral morphine No pain	Oral morphine dose in mg/24 hours divided by three.	One sixth 24 hour dose in mg S/C.
On oral morphine. In pain	Oral morphine dose in mg/24 hours divided by two.	One sixth 24 hour dose in mg S/C.

Sometimes if a patient is in severe pain and near death, it can be tempting to put a much larger dose of diamorphine in the syringe driver. This is unsatisfactory for two reasons:

1. Diamorphine from a syringe driver takes about four hours to build up to a steady plasma level so is not quick enough.
2. It is very difficult to guess the correct dose, particularly in a patient who has not had opioids before. Too little and the patient is still in pain, too much and the patient may die from an opioid overdose. With severe pain it is better to prescribe a safe and defensible dose of diamorphine in the syringe driver, following the guidance above, and to give "as required" doses every hour or so to quickly gain both pain control and a sense of the correct 24-hour requirement.

Quay Books ISBN 1856422291