

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

This and future Updates will be case based with the aim of exploring how issues interrelate. While these are based on actual patients, all names are changed.

Hong's Story

Hong is a 64 year old widow with Metastatic Renal Cell Carcinoma with bony metastases. She was recently admitted to the local hospital with a pathological fracture of her left humerus. During the admission Hong developed a cord compression that resulted in back pain and progressive neurological impairment. She is now bed bound, with little feeling below her waist. Hong's pain was eventually brought under control with oral pregabalin 75mg twice a day, oxycodone 40mg as a subcutaneous (SC) 24 hour infusion and oral Endone® 10mg for breakthrough pain. She takes a further five regular and two as needed medicines orally. As she is physically unable to care for herself, Hong has been discharged to an aged care facility and remains on the 24 hr oxycodone infusion. Hong nevertheless demonstrates good upper body strength despite having lost a significant amount of weight.

Is the 24 hour SC infusion warranted?

Palliative Considerations

Continuous SC infusions are used extensively for patients in the last days of life. Other indications for administering medicines via this method include: persistent nausea and vomiting, dysphagia, intestinal obstruction, coma and poor absorption of oral medicines.

Continuous SC infusions are useful to:

- > Reduce the need for repeat SC injections;
- > Save nursing time;
- > Control multiple symptoms with a combination of medicines; and
- > Provide continuous steady plasma concentrations of the medicine.

Disadvantages include:

- > Access to infusion devices
- > Training of staff, together with the need to maintain competency;
- > Difficulty in joining social engagements;
- > Inflammation and pain at the infusion site;
- > Lack of flexibility of dosing, when more than one medicine is added; and
- > Expense to manage (pumps, tubing, medicines).

While the use of the infusion device is a suitable strategy to gain swift control of pain within the hospital environment, it is difficult to justify in this situation:

- > Hong takes eight other medicines by mouth, without difficulty; and
- > parenteral oxycodone is non-PBS, resulting in significant expense

Options for consideration include converting the SC infusion to a:

- > Transdermal opioid patch; or
- > Oral slow release opioid tablets.

The process of opioid conversion will be discussed in the part II.

Useful Resources

- > [Therapeutic Guidelines: Palliative Care - Drug administration in palliative care](#) (Appendix 10.1)
- > [Management of Subcutaneous Infusion Devices in Palliative Care \(663kb pdf\)](#)

[Previous editions of the newsletter](#) are available.

For more information

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