SA Palliative Care

Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Research shows that community pharmacists struggle to anticipate which medicines to stock to support timely symptom control in the last days of life (terminal phase). This case forms the continuation of part 1.

Loss of the oral route

Elisa's GP (Greg) calls and explains she was unable to take this morning's tablets and is looking distressed from pain. He adds that she is now totally bedfast, sleeps much of the day and oral intake is now limited.

Her current medicines include:

- OxyContin® 40 mg po BD
- Oxynorm® 10 mg po prn
- Metoclopramide 10mg po tds
- Dexamethasone 2 mg po daily

Greg is keen to support Elisa to remain at home, with the assistance of her family. He is checking which subcutaneous medicines you have available.

Core Medicines

In the terminal phase, dysphagia is common, limiting the administration of medicines to either subcutaneous injections or oral liquids. Also, a small range of anticipated symptoms (fatigue, pain, anxiety, agitation, nausea, dyspnoea, delirium and noisy breathing) can present suddenly or be exacerbated.

While the Palliative Care Therapeutic Guidelines contain recommendations for the management of symptoms commonly seen in the terminal phase, this equates to almost 40 separate injectable and oral liquid formulations. It becomes expensive and runs the risk of stock expiring if pharmacies choose to carry all options. Alternatively, if pharmacies choose to order stock in only when it is prescribed, there can be delays in accessing the stock - compromising good symptom control.

The development of the SA Core Medicines list ensures a safety net with the formulations prescribed being also the ones that are stocked.

The FIVE Core Medicines include:

- Clonazepam 1mg/mL Inj
- Haloperidol 5mg/mL Inj
- Hyoscine butylbromide 20mg/mL Inj
- Metoclopramide 10mg/2mL Inj
- Morphine 10mg/mL Inj

You explain that you have metoclopramide Inj and the 10mg/mL strength of morphine in stock. No recent renal function tests are available to check if Elisa is at an increased risk of adverse effects from morphine but Greg is comfortable with the use of morphine under these conditions. Together you calculate a dose of morphine to be administered using a continuous subcutaneous infusion (CSCI), equivalent to the oral oxycodone dose (using the AMH opioid equivalence table). Your pharmacy currently has no dexamethasone injection in stock. Given the long half-life and prolonged effect, Greg is comfortable for you to place this on order (for later that day) and to contact Elisa's husband (Pat), once it has arrived.

Useful resources

- Tait P, Morris B, To T. Core palliative medicines: Meeting the needs of non-complex community patients. Aust Fam Physician. 2014 Jan-Feb;43(1):29-32.

For more information

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