

# SA Palliative Care Community Pharmacy Update

A joint initiative of SA Palliative Care Services and Ambulatory & Primary Health

There are several symptoms that can present during the last few days of life. A pharmacist can contribute in part through the provision of prompt access to treatments.

## End of Life Care

A person is identified in the terminal phase of life when death is likely within days. While they may receive treatment within a health facility, it is also likely that they could be cared for in their home environment. Thus medications that would normally be accessed through a hospital or hospice may need to be obtained through their usual community pharmacy.

The terminal phase is associated with physical changes, including weakness and the inability to swallow. Thus the patient will require switching between oral dosage forms to subcutaneous infusions.

Patients with substantial **pain** require strong opioid analgesics for adequate symptom relief. Morphine is first line treatment. While hydromorphone and oxycodone are also available in injectable forms, the latter is not currently on the Schedule of Pharmaceutical Benefits (PBS) and thus has limited access in the community.

**Nausea and vomiting** can have a variety of causes and this will influence the choice of medication prescribed. Prescribers have access to injectable forms of haloperidol, metoclopramide and dexamethasone through the PBS.

**Dyspnoea** is upsetting for patients and both physical and psychological factors can contribute. The regular use of small doses of opioids is first line treatment. There is evidence to support the use of benzodiazepines such as midazolam and clonazepam in dyspnoea as well.

**Noisy breathing** results from the inability of the patient to clear secretions through

coughing or swallowing. Anti-cholinergics such as hyoscine butylbromide, hyoscine hydrobromide and atropine are the basis of treatment.

**Agitation** can be distressing for the carer as much as the patient. Resolving other symptoms (i.e. pain and dyspnoea) can impact on the level of agitation. Treatment options include parenteral clonazepam or midazolam.

**Delirium** is the acute onset of intermittent confusion and altered consciousness and can be caused or compounded by other medications (particularly with a primary central nervous system action). Initial therapy for delirium is with haloperidol.

A small number of medications are required for symptom control, within the terminal phase. Often several symptoms will occur at once. Knowing the range of treatment options will assist the pharmacist to anticipate which medications to have available.

## Useful resources

### General resources and reading

- > Seidel R, Sanderson C, Mitchell G, Currow DC. Until the Chemist Opens. Palliation from the Doctor's Bag. Aust Fam Phys 35;4: 225-231

### For more information

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This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.

