

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Psychoactive medicines are commonly used throughout the disease journey including the last days of life (see Fact sheets: [Benzodiazepines \(253kb pdf\)](#) and [Anti-psychotics \(327kb pdf\)](#)).

Joy

Joy is a 56yo anxious woman, a regular at your pharmacy. Over the years you have supported Joy in her attempts to quit smoking to stabilise her COPD progression. Unfortunately her ongoing mental health challenges have made it difficult to quit. She has continued to deteriorate and no longer able to visit your pharmacy. Joy's GP has conducted a home visit and tells you she is likely to die in the coming weeks to months and she would like to arrange medications in anticipation of the time Joy is not able to swallow her medications.

Her regular medications include;

Escitalopram 40mg nocte
Oxazepam 45mg nocte
Diazepam 5mg tds
Quetiapine SR 300mg nocte
Morphine syrup 3mg every 2hours

Anticipatory Prescribing

Your recommendations to the GP include;

- > Escitalopram; No direct subcut equivalence is available, you advise the GP that a gradual dose reduction will help avoid withdrawal effects. [Manage symptoms of withdrawal \(131kb pdf\)](#) with as needed subcut dosing of morphine or clonazepam.
- > Oxazepam and diazepam; Continue benzodiazepines (BZD) to avoid withdrawal.
 - o Refer to a BZD [equivalence table \(97kb pdf\)](#) to calculate the equivalent oral diazepam dose then convert to [clonazepam subcut dose \(253kb pdf\)](#) (titrate to effect)

Current dosing	Oxazepam 45mg	Diazepam 5mg tds
Diazepam equiv oral	7.5mg	15mg
	22.5mg in 24hr	
Clonazepam equiv subcut	1mg clonazepam subcut (rounded down) 1e 0.5mg subcut clonazepam bd for anxiety and restlessness	

- > Quetiapine, there is no reliable direct dose conversion for antipsychotics when converting to alternate subcut formulation. Previous dose requirements guide patient need. You ensure an agent is available should Joy become agitated or experience hallucinations.
 - o Haloperidol 1mg subcut tds prn (may need rapid titration to effect)
- > Morphine; convert to subcut dosing and continue as needed dosing for shortness of breath and pain.
 - o Morphine 1mg subcut hourly prn (titrate to effect)

Useful Resources

- > [Eastern Metropolitan Region Palliative Care Consortium: Opioid Conversion Ratios \(715kb pdf\)](#)

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.

