

# SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

While syringe drivers are a useful way to administer subcutaneous medicines, in the terminal phase, problems can arise when adding more than one item into the same syringe. This case forms the continuation of [part 1 \(136kb pdf\)](#) and [part 2 \(136kb pdf\)](#).

## Compatibility

Previously you had worked with Greg (Elisa's GP) to determine an appropriate dose of morphine, equivalent to the oral oxycodone Elisa was previously receiving. You also dispensed some metoclopramide injection and called Elisa's husband (Pat) once the dexamethasone injection had arrived in stock.

The district nurse calls the following morning and explains that Elisa is much more comfortable with the morphine and metoclopramide infusion. Nausea is still an issue. She can see the dexamethasone injection has arrived and is enquiring about the compatibility of the metoclopramide, dexamethasone and morphine combination, within a continuous subcutaneous infusion (CSCI).

Elisa's current medicines include:

- > Morphine 50 mg via CSCI over 24 hours
- > Morphine 5mg subcut prn
- > Metoclopramide 30mg via CSCI over 24 hours

The steroid has been charted, by Greg, as:

- > Dexamethasone 2mg via CSCI over 24 hours

## Dexamethasone

Corticosteroids are a useful adjunct when first-line anti-emetics fail to relieve nausea and vomiting. There is merit in continuing the medicine as nausea is still an issue.

As the oral bioavailability of dexamethasone is excellent, the subcutaneous and oral doses are therefore equivalent.

Dexamethasone often causes compatibility problems, when administered concomitantly with other medicines in a syringe. Fortunately, because dexamethasone has a long duration of action, it can generally be given separately to the CSCI, as a bolus subcut injection.

Clonazepam and methadone injections are other examples of medicines with a long half-life that can be given as a subcutaneous bolus.

You call Greg to clarify the dexamethasone order, recommending 2mg dexamethasone as a subcutaneous **bolus** once a day.

Pat calls two days later to explain that Elisa died peacefully at home, with her three children at her side. He is grateful for your support with accessing the medicines so quickly. It was a challenging time for all and having the medicines available allowed her to stay where she wanted to be in the last days of her life.

## Useful resources

- > Eastern Metropolitan Region Palliative Care Consortium [Syringe driver drug compatibilities - Guide to Palliative Care Practice 2016 v3 \(May 2016\)](#) (805kb 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.