Anticipatory prescribing guidance

Anticipatory prescribing aims to ensure patients who are in the **last 2 weeks of life** OR at risk of losing oral route have access to symptom control in their home. It aims to avoid distress and symptoms towards the end of life and the need for unnecessary emergency care in hospital. Anticipatory prescribing must always be individualised according to the patient's current medications and clinical context – **always consider renal function**. The guidance below aims to provide clear advice to non-palliative care specialists prescribing anticipatory medications for their patients in Surrey and Sussex

Opioids for pain/breathlessness

Is the patient currently taking oral modified release tablets or transdermal (TD) opioid patches regularly?

Yes

If taking oral modified release morphine/oxycodone

Syringe pump should be prescribed in advance. Convert total oral dose of morphine or oxycodone to subcutaneous (SC) route

Oral morphine	→	**Subcutaneous morphine**	**Divide oral total 24hr dose by 2**
Oral oxycodone	→	Subcutaneous oxycodone	Divide oral total 24hr dose by 2

The PRN dose will be 1/6 of the total SC dose, e.g. syringe pump with 15mg morphine sulphate → PRN dose 2.5mg up to 2 hourly, max 6 doses/24hrs

If has a TD Buprenorphine or fentanyl patch in situ

Does not need a syringe pump routinely prescribed and TD patch can remain in situ. Subcutaneous morphine or oxycodone PRNs will need to be prescribed. Calculate PRN dose according to conversion chart. **Seek specialist advice if unsure**

No

Consider the patient's renal function.

Is the eGFR ≥30ml/hr?

Yes → Prescribe PRN doses of morphine sulphate 2mg-4mg up to 2 hourly, max 6 doses/24hrs**. Seek specialist advice if ≥3 doses are ineffective**

No → Prescribe PRN doses of oxycodone 1mg-2mg up to 2 hourly, max 6 doses/24hrs. **Seek specialist advice if ≥3 doses are ineffective**

If regular PRN doses of morphine sulphate/oxycodone are required, a syringe pump may be necessary. Starting dose will depend on the average requirement of opioid over 24hrs. **Seek specialist advice if uncertain.**

Opioid Conversion Chart
refer to page 5 for further details

Nausea and Vomiting

Is the patient currently taking a regular anti-emetic?

Yes → Many oral anti-emetics are available in SC formulation → continue oral antiemetic in a syringe pump – check BNF

No → Consider if the patient has one of the following clinical contexts where specific anti-emetics can be helpful

Brain metastases or raised intracranial pressure

PRN cyclizine* 25mg-50mg 4 hourly, maximum dose 150mg/24hrs

Partial bowel obstruction/delayed gastric emptying

Metoclopramide** 6 hourly, maximum dose 30mg/24hrs

Unknown – use broad spectrum anti-emetics

Haloperidol** 0.5mg-1mg 6 hourly, maximum dose 3mg/24hrs

OR

Levomepromazine** 2.5-5mg dose interval 12hrly

When an effective anti-emetic is identified, start a syringe pump

- Cyclizine* 75mg-150mg/24hrs
- Metoclopramide** 30mg/24hrs
- Haloperidol** 1.5-3mg/24hrs
- Levomepromazine** 12.5-25mg/24hrs

*Please note that cyclizine is incompatible with sodium chloride diluent and incompatible with drugs including hyoscine butylbromide and high dose oxycodone – seek advice if unsure

**Avoid in Parkinsons or Parkinsons-plus syndromes

Agitation

Clinical scenario	Medication	Suggested PRN dose	Suggested syringe pump dose	Usual total maximum dose/24hrs	
Terminal agitation	Midazolam	2.5mg-5mg up to 2hourly	10mg-20mg	20mg – seek specialist advice if symptoms not controlled	If ≥3 PRN doses required /24hrs then seek specialist help
If no response to 1st line agitation medication	Levomepromazine can be used if clinician has the knowledge and experience to do so safely. **Seek specialist advice if unsure**		Seek specialist advice	Seek specialist advice	

Other considerations

Clinical scenario	Medication	Suggested PRN dose	Suggested dose
Seizure	Midazolam	5mg, repeated after 10mins if seizure ongoing	Oral anticonvulsants can be replaced with **20 – 30 mg midazolam** via a syringe pump when the patient is unable to manage tablets **(suggest contact St Catherine's to discuss individual patient circumstances)**
Seizure	Buccolam (Buccal Midazolam)	10mg /2ml pre-filled syringe.	10mg/2ml followed by 2nd dose 10 minutes after the 1st if seizure continues. Administer slowly via oromucosal route. NOT for injection.
Crisis events – bleeding/airway obstruction		**A referral to St Catherine's would be expected if the patient is at risk of a crisis event for specialist advice regarding management**	

Buccal Midazolam

Midazolam oromucosal (buccal) solution 10mg/2ml
This leaflet is only applicable to the preparation called BUCCOLAM®

Midazolam oromucosal solution 10mg/2ml (BUCCOLAM®), sometimes referred to as 'buccal' midazolam, is licensed to treat prolonged, convulsive, seizures in children from 3 months to less than 18 years of age. In palliative care, midazolam oromucosal solution (BUCCOLAM®) is sometimes prescribed to treat prolonged, convulsive, seizures in adults. This condition is sometimes called 'status epilepticus'.

The preparation prescribed will be BUCCOLAM® which is supplied in a pre-filled single use (needle-free) oral syringe containing 2ml of 10mg/2ml solution.

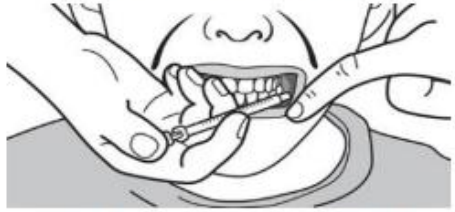
Verbal and written instructions will given by a health care professional about how to administer BUCCOLAM®. The manufacturers' patient information leaflet supplied also contains these instructions along with the method of administration which is reproduced on the back of this information sheet.

The initial dose is 10mg, which is the content of **one** 2ml oral syringe. If the seizure does not stop within 10 minutes of giving the first dose, another 10mg dose (2ml) may be needed. This will be made clear in the written instructions given to you by your doctor or nurse.

If a second dose is needed, an ambulance should be called immediately after the dose is given in case it does not work. Please keep the empty containers of each dose given to show the ambulance crew what has been given.

Administration of BUCCOLAM®

- Read the Patient Information Leaflet supplied in the pack.
- BUCCOLAM® should be given by the oromucosal (buccal) route.
- Remove the syringe from its protective plastic tube. Remove the syringe cap before use to avoid risk of choking.
- DO NOT attach a needle to the syringe. BUCCOLAM® MUST NEVER BE INJECTED.
- The full amount of solution should be inserted slowly into the space between the gum and the cheek (as shown below).



- If necessary, approximately half the dose should be given slowly into one side of the mouth, then the remainder given slowly into the other side.
- The dose must not be administered below the tongue since the teeth may clamp shut and break the syringe in the mouth.
- Ideally the patient should remain lying down for at least an hour after administration.

Respiratory Secretions

Review any treatments that may be exacerbating secretions i.e. assisted nutrition/hydration, subcutaneous fluids

→

Prescribe:
Glycopyrronium bromide 0.2mg-0.4mg up to 6 hourly, max dose 1.2mg/24hrs (Caution if eGFR<30ml/min)

OR

Hyoscine butylbromide 20mg PRN up to 2 hourly, max 120mg/24hrs

NB conscious patients likely to experience dry mouth

→

If PRNs are beneficial, then start a syringe pump
Glycopyrronium bromide 0.6mg-1.2mg/24hrs
OR
Hyoscine Butylbromide 60mg-120mg

Ampoule Strengths when prescribing

Opioids	Antiemetics	Respiratory Secretions	Agitation
Morphine Sulphate 10mg/ml OR 30mg/ml	Cyclizine 50mg/ml	Glycopyrronium bromide 600mcg/3ml	Midazolam 10mg/2ml
Oxycodone 10mg/ml	Haloperidol 5mg/ml	Hyoscine Butylbromide 20mg/ml	Haloperidol 5mg/ml
	Metoclopramide 10mg/2ml		Levomepromazine 25mg/ml
	Levomepromazine 25mg/ml		

How many ampoules to prescribe
We suggest having enough medication in the house for 3 days' supply, increased to 5 days over long bank holiday weekends.

We suggest issuing water for injection ampoules when prescribing anticipatory drugs and a sharps bin.

ST CATHERINE'S HOSPICE

References

Scottish Palliative Care Guidelines

https://www.rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines/anticipatory-prescribing/

Scottish Palliative Care Guidelines
Choosing and changing opioids / opiates (converting/switching) | Right Decisions

Pan Sussex Guidance for Symptom Management of Adult Palliative Care Patients and those in the last days of life

Wilcock, A., Howard, P., Stark Toller, C., Droney, J., & Charlesworth, S. (Eds.). (2025). *Palliative care formulary* (9th ed.). Pharmaceutical Press.

StCH Anticipatory Guidelines will be reviewed every two years.

(V1, May 2026)

Example Chart – Sussex

Sussex Health&Care

PAN SUSSEX PALLIATIVE CARE MEDICATION INSTRUCTION CHART (MIC) FOR ADULTS

FOR MEDICATION GIVEN AS REQUIRED (PRN) +/- VIA SYRINGE PUMP

To be used in conjunction with Pan Sussex Policy and Procedure

CHART……1….OF……1….

Patient's full name: TEST PATIENT	*If chart printed without prescriber's signature, it MUST be verified below as having been produced by named prescriber and printed by verifier to be valid:	
	Prescriber's name: Dr X	Verifier's name:
Date of birth: 01 Jan 1984	Prescriber's role and registration number: GP	Verifier's role and registration number:
NHS number:	Prescriber's employing organisation: A GP SURGERY	Verifier's employing organisation:
Date chart completed: 24 October 2025 **(for review, see page 2)**	***Prescriber's signature:** *General Practitioner*	Verifier's signature:
Allergies and/or drug sensitivities:	NKDA	

MEDICATIONS BY INJECTION/BUCCAL AS REQUIRED (PRN)					**SYMPTOMS OR CLINICAL INDICATION**	**MEDICATIONS FOR USE VIA SYRINGE PUMP** **Please complete if patient currently on pump or may need this soon**		
Medication	Route	PRN dose range	Frequency and/or max dose/24hrs	Prescriber's name		Medication	Dose range over 24hrs	Prescriber's name
MORPHINE SULPHATE	SC	2mg-4mg	Up to 2 hourly, max 6 doses/24hrs	Dr X	**Pain and/or Breathlessness**	MORPHINE SULPHATE	10mg	Dr X
HALOPERIDOL	SC	0.5mg-1mg	Up to 6 hourly, max 3mg/24hrs	Dr X	**Nausea and/or Vomiting**	HALOPERIDOL	1.5mg - 3mg	Dr X
MIDAZOLAM	SC	2.5mg-5mg	Up to 2 hourly, max 20mg/24hrs	Dr X	**Agitation (+/- Anxiety or Delirium)**	MIDAZOLAM	10mg-20mg	Dr X
GLYCOPYRRONIUM	SC	0.2mg – 0.4mg	Up to 6 hourly, max 1200mcg/24hrs	Dr X	**Respiratory Secretions**	GLYCOPYRRONIUM	0.6mg-1.2mg	Dr X
	SC				**Seizure Management**			
	SC				**Other (please state):**			

Example Charts – First Connect Surrey – PRN Chart

First Community Health and Care

NHS

Title: Mrs	**Name:** Test-TestPatient	**DOB:** 01 Jan 1984	**PRN INSTRUCTION CHART NO:**
	NHS no:		**Date:** 24 10 25 — **Valid for 6 months**
GP and Practice name and contact details: GP surgery ABC Street	**Specialist Palliative Care Team name and contact details:** St Catherine's Hospice – 01293 447333 stch.admin@nhs.net		**Known Allergies and reaction** **NKDA** **Signature:** Dr X **Date:** 24 10 25
Special instructions **None**		**Syringe pump start date**	**Syringe pump stop date**

PRN

PRN (MEDICATION AS NEEDED) INSTRUCTION CHART

Ensure PRN dose is in line with 24 hour dose. Is transdermal patch in situ? Y/N

If 3 or more PRN doses are needed in a 24 hour period or symptoms not effectively controlled consider review by GP or Specialist Palliative Care Team

Symptom	Medication Name, form and strength	Dose	Frequency	Route	Maximum total 24 hour dose (including Syringe pump if in use)	Prescriber name	Prescriber signature
PAIN & BREATHLESSNESS	MORPHINE SULPHATE	2mg-4mg	Up to 2 hourly	SC	24mg (6 doses/24hrs)	Dr X	Dr X
NAUSEA & VOMITING	HALOPERIDOL	0.5mg-1mg	Up to 6 hourly	SC	3mg	Dr X	Dr X
ANXIETY & AGITATION	MIDAZOLAM	2.5mg-5mg	Up to 2 hourly	SC	20mg	Dr X	Dr X
RESPIRATORY SECRETIONS	GLYCOPYRRONIUM	0.2mg-0.4mg	Up to 6 hourly	SC	1.2mg	Dr X	Dr X
Other							
Other							

Example Charts – First Connect Surrey – Syringe pump Chart

First Community Health and Care

NHS

Title: Mrs	**Name:** Laura Test-TestPatient	**DOB:** 01 01 1984	**SYRINGE PUMP INSTRUCTION CHART NO:**
Known as: Test	**NHS no:**	**Date: 24 10 2025**	**Valid for 6 months**
GP and Practice name and contact details: GP Surgery ABC Street	**Specialist Palliative Care Team name and contact details:** St Catherine's Hospice, 01293 447333 stch.admin@nhs.net	**Known Allergies and reaction:** **NKDA** **Signature** Dr x	**date 24/10/25**
Is a transdermal analgesic patch being used? ~~yes~~ / no Instruction if yes:			

SYRINGE PUMP INSTRUCTION CHART

- Medication should be used according to assessed symptoms. Not all medication prescribed may need to be used at the same time.
- If symptoms are unstable review the total 24 hour requirements.
- No more than three medicines should be used in the syringe pump unless under supervision of the specialist Palliative Care team.
- If in doubt when setting up the syringe driver, liaise with prescribing GP and/or appropriate Specialist Practitioner.

Date	Symptom	Medication name, form and strength via syringe pump (continuous subcutaneous infusion)	Dose range and frequency	Prescriber name	Prescriber signature
24 10 2025	**PAIN & BREATHLESSNESS**	MORPHINE	10mg over 24 hours	Dr X	Dr X
24 10 2025	**NAUSEA & VOMITING**	HALOPERIDOL	1.5-3mg over 24 hours	Dr X	Dr X
24 10 2025	**ANXIETY & AGITATION**	MIDAZOLAM	10mg-20mg over 24 hours	Dr X	Dr X
24 10 2025	**RESPIRATORY SECRETIONS**	GLYCOPYRRONIUM	0.6mg-1.2mg over 24 hours	Dr X	Dr X
24 10 2025	Other		over 24 hours		
24 10 2025	Other		over 24 hours		
24 10 2025	**DILUENT**	Water for injection	Make up to 17ml for 20ml syringe 23ml for 30ml syringe	Dr X	Dr X

Example – Surrey Downs – PRN Chart

SURREY DOWNS Health & Care

NHS

Name: Test-TestPatient Date of birth: 01 Jan 1984 NHS no:

STAT/PRN Medication

Nurse administered palliative care prescription sheet

Patient address	5 Malthouse Road, Crawley, W Sussex, RH10 6BE	GP name	Dr X

Drug	MORPHINE SULPHATE	Route	s/c
Date	Dose range	Doctor's signature	
24 10 25	2mg-4mg up to 2 hourly, max 6 doses/24hrs	Dr X	

Drug	MIDAZOLAM	Route	s/c
Date	Dose range	Doctor's signature	
24 10 25	2.5mg-5mg up to 2 hourly, max 20mg/24hrs	Dr X	

Drug	HALOPERIDOL	Route	s/c
Date	Dose range	Doctor's signature	
24 10 25	0.5mg-1mg up to 6 hourly, max 3mg/24hrs	Dr X	

Drug	GLYCOPYRRONIUM	Route	s/c
Date	Dose range	Doctor's signature	
24 10 25	0.2mg-0.4mg up to 6 hourly, max 1.2mg/24hrs	Dr X	

Prescribing clinician must state range and frequency of any stat doses separately

Example – Surrey Downs – Syringe pump Chart

SURREY DOWNS Health & Care

NHS

Name: Test-TestPatient Date of birth: 01 Jan 1984 NHS no:

Medication via MckinleyT34 Syringe Pump (over 24hours)

Nurse administered palliative care prescription sheet.

Patient address	5 Malthouse Road, Crawley, W Sussex, RH10 6BE	GP name	Dr X

Drug	MORPHINE SULPHATE	Route	s/c

Date	Dose range	Doctor's signature
24 10 25	10mg	Dr X

Drug	MIDAZOLAM	Route	s/c

Date	Dose range	Doctor's signature
24 10 25	10mg-20mg	Dr X

Drug	HALOPERIDOL	Route	s/c

Date	Dose range	Doctor's signature
24 10 25	1.5-3mg	Dr X

Drug	GLYCOPYRRONIUM	Route	s/c

Date	Dose range	Doctor's signature
24 10 25	0.6mcg-1.2mg	Dr X

Prescribing Clinician must state range and frequency of any stat doses separately.