

# Introducing a palliative care chapter in the New Zealand Formulary

The May release of the New Zealand Formulary (NZF) includes a new chapter on palliative care treatments for adults (Chapter 16). This chapter has been developed according to international best practice guidelines and New Zealand expert opinion.

The new chapter provides clinical guidance on alleviating distressing symptoms that are often encountered in patients receiving palliative care, such as pain, nausea, vomiting, restlessness, confusion and breathlessness. Each sub-section of the chapter contains notes discussing management options for a particular group of symptoms. Pharmacological treatment options are provided, alongside non-pharmacological management advice where appropriate.

## For example:

**16.3 Gastro-intestinal symptoms**

**Oral symptoms**

Oral symptoms such as painful and/or dry mouth can lead to poor quality of life. Meticulous mouth care is essential for terminally ill patients.

**General measures include**

- Frequent use of a mouthwash with antibacterial and antifungal properties
- Regular tooth and denture brushing (at least twice daily), using a soft brush
- Checking the fit of dentures
- Regular checks for infection or mucosal damage
- A well balanced diet and adequate fluid intake (if possible)

Some patients may require assistance with their mouth care.

**Dry mouth (xerostomia)**

There are multiple causes of dry mouth including medications, infections (e.g. candidiasis), radiotherapy, anxiety, and mouth-breathing.

**Non-pharmacological management**

Dry mouth may be relieved by measures such as chewing sugar-free gum, sucking ice, or fresh pineapple or melon. Lip balms may help to reduce dryness and cracking of the lips. Meticulous mouth care is important (see above).

**Pharmacological management**

Saliva substitute or pilocarpine may be useful.

**Painful mouth (stomatitis and mucositis)**

Painful mouth can cause significant problems with eating, drinking, and swallowing oral medications. Potential causes include dry mouth (see above), infections (see below), chemotherapy, or radiotherapy.

**Non-pharmacological management**

Meticulous mouth care is essential (see above).

**Pharmacological management**

The cause should be treated if possible.

For local symptomatic relief refer to [section 12.3.1](#).

Severe symptoms may require systemic opioids.

**Infected mouth**

For the treatment of oropharyngeal candidiasis refer to [section 12.3.2](#).

For control of herpes simplex infections refer to [section 5.3.2.1](#).

Clicking on a pharmacological treatment option (highlighted in blue) **1** takes you to that drug monograph. Here you will find information about the dosing regimen for use in palliative care.

**16 Palliative care**

**Unapproved indications or routes**

Many recommendations in palliative care involve using medicines with unapproved indications or routes of administration. Unapproved medicines or medicines being used by an unapproved route should only be used when there is sufficient evidence and/or extensive practice experience to support its use. Refer to [Unapproved medicines, indications, routes, and formulations](#) for further information.

**Consultation with palliative care services**

There are sometimes prescribing options which are outside a practitioner's usual scope of practice. Prescribers can contact their closest palliative care service (a hospice, hospital or community palliative care team) for further advice.

There are some medications that require discussion with a palliative care service, and these are explicitly mentioned.

- [16.1 General principles of symptom management in palliative care](#)
- [16.2 Pain](#)
- [16.3 Gastro-intestinal symptoms](#)
- [16.4 Central nervous system symptoms](#)
- [16.5 Respiratory symptoms](#)
- [16.6 Dermatological symptoms](#)
- [16.7 Bleeding](#)
- [16.8 Hypercalcaemia](#)
- [16.9 Continuous infusion devices](#)

## For example:

**haloperidol**

**Indications** schizophrenia, psychosis, mania and hypomania, organic brain damage (depending on symptoms), agitation and restlessness in the elderly; management of mental or behavioural problems such as aggression, hyperactivity and self-mutilation in the intellectually disabled and in patients with organic brain damage (depending on symptoms). Gilles de la Tourette syndrome, severe tics, intractable hiccups, as an adjunct to short-term management of moderate to severe psychomotor agitation, excitement, and violent or dangerously impulsive behaviour

**Oral**

Adult initially 1.5–3 mg 2–3 times daily (3–5 mg 2–3 times daily in severely affected or resistant patients); maintenance 0.5–1 mg 3 times daily, increased to 2–3 mg 3 times daily if necessary, once symptoms controlled, gradually reduce to the lowest effective maintenance dose; **elderly** (or debilitated) initially half adult dose

**Nausea and vomiting in palliative care (see notes)**

**Oral or subcutaneous injection [unapproved route]**

Adult 0.5–1.5 mg at night; an additional 0.5 mg–1 mg can be given when required for breakthrough symptoms every 4 to 6 hours, maximum 5 mg daily

**Continuous subcutaneous infusion [unapproved route]**

Adult 1–3 mg over 24 hours

**Delirium in palliative care**

**Oral or subcutaneous injection [unapproved route]**

Adult 0.5 mg–1 mg every 2 hours when required until control achieved; usual maintenance dose 0.5–1.5 mg at night; usual maximum 5 mg in 24 hours

**Subcutaneous infusion**

Adult initially 2–5 mg over 24 hours, adjusted according to response; usual dose range 1–5 mg over 24 hours; rarely doses

In some instances the dosing regimen will also contain a link (see notes) **2** back to further information in the palliative care chapter.

Many recommendations in palliative care involve using medicines with unapproved indications or routes of administration. There are also sometimes prescribing options described that may be outside of a practitioner's usual scope of practice. Prescribers can contact their local palliative care service (e.g. a hospital, hospice or community palliative care team) for further advice if required.

The New Zealand Formulary welcomes your feedback on the new palliative care chapter: [www.nzf.org.nz/Feedback](http://www.nzf.org.nz/Feedback)

The New Zealand Formulary explicitly mentions instances where discussion with a palliative care service is required before prescribing a medicine. **3**

### For example:

The screenshot shows the New Zealand Formulary website interface. At the top, there is a search bar and navigation links. The main content area is titled "phenobarbital (phenobarbitone)". It includes sections for "Indications", "Contra-indications", and "Dosing". The "Dosing" section is divided into "Intravenous injection" and "Intramuscular injection if the IV route is not available". The "Intravenous injection" section includes a "Loading dose" and a "Maintenance dose" (continuous subcutaneous infusion). The "Intramuscular injection" section includes a "Loading dose" and a "Maintenance dose". A red circle with the number "3" is placed over the text "consult with palliative care team" in the "Intravenous injection" section. At the bottom, there is a "Patient advice" section with bullet points: "Do not stop taking this medicine unless your doctor tells you to stop.", "Take each dose with a large glass of water.", and "This medicine may make you sleepy. If this happens, do not drive or use tools or machines. Do not drink alcohol."

See the new palliative care chapter of the NZF at:  
[www.nzf.org.nz](http://www.nzf.org.nz)

