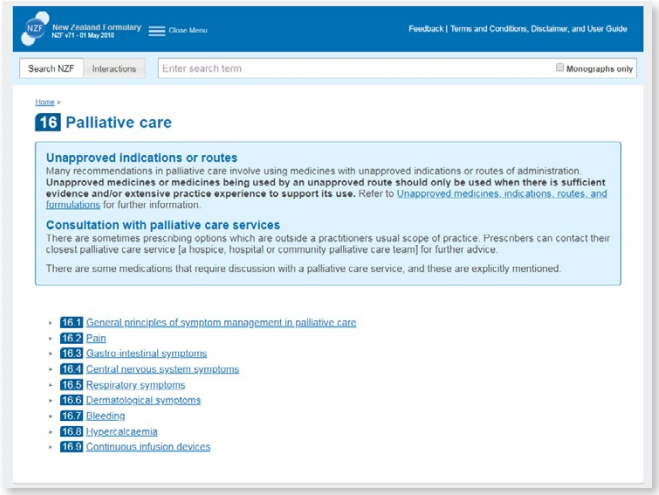
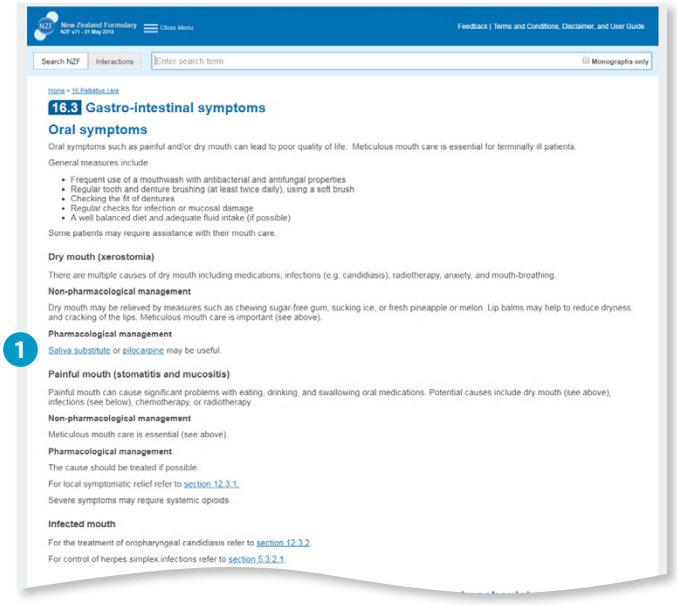
Introducing a palliative care chapter in the New Zealand Formulary

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.

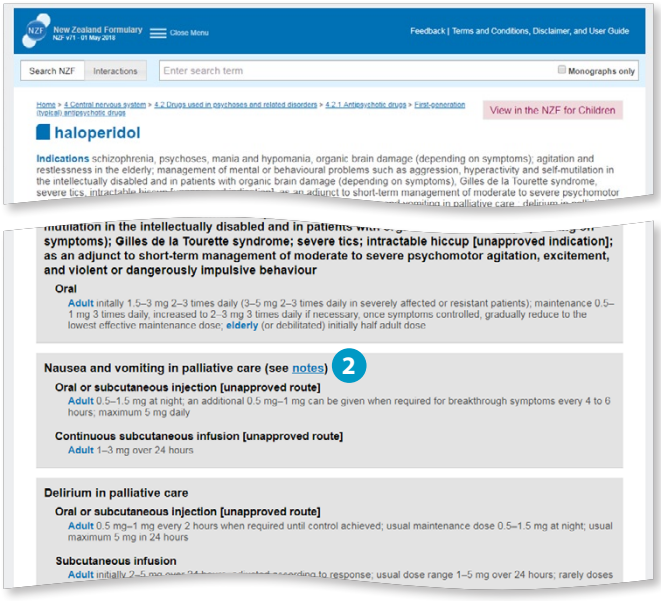


For example:



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.

For example:

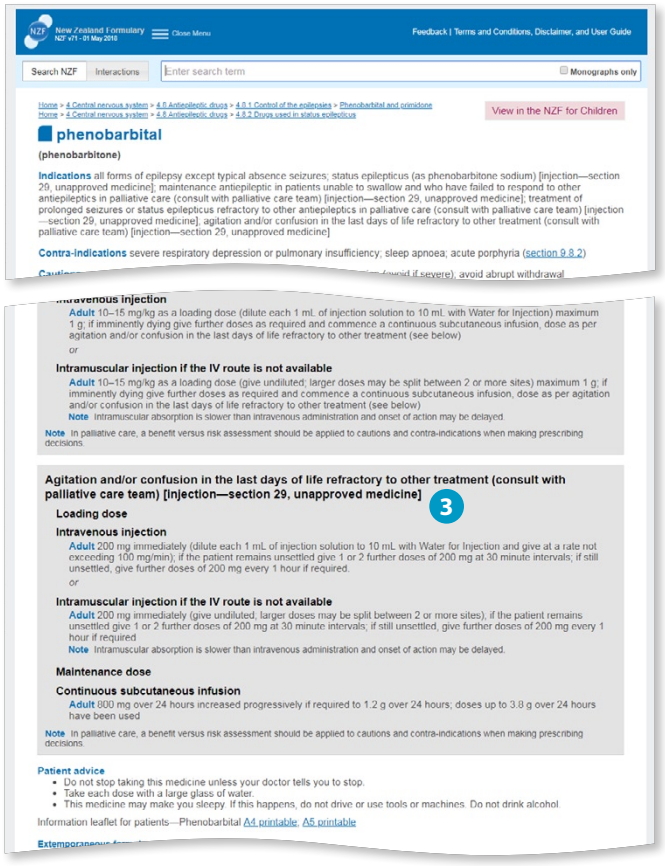


In some instances the dosing regimen will also contain a link (see notes) 2 back to further information in the palliative care chapter.

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 explicitly mentions instances where discussion with a palliative care service is required before prescribing a medicine. 3

For example:



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Home > 4 Central nervous system > 4.8 Antiepileptic drugs > 4.8.2 Drugs used in status epilepticus

View in the NZF for Children

phenobarbital

(phenobarbitone)

Indications all forms of epilepsy except typical absence seizures; status epilepticus (as phenobarbitone sodium) [injection—section 29, unapproved medicine]; maintenance antiepileptic in patients unable to swallow and who have failed to respond to other antiepileptics in palliative care (consult with palliative care team) [injection—section 29, unapproved medicine]; treatment of prolonged seizures or status epilepticus refractory to other antiepileptics in palliative care (consult with palliative care team) [injection—section 29, unapproved medicine]; agitation and/or confusion in the last days of life refractory to other treatment (consult with palliative care team) [injection—section 29, unapproved medicine]

Contra-indications severe respiratory depression or pulmonary insufficiency; sleep apnoea; acute porphyria (section 9.8.2)

Cautions ... (avoid if severe); avoid abrupt withdrawal

Intravenous injection

Adult 10–15 mg/kg as a loading dose (dilute each 1 mL of injection solution to 10 mL with Water for Injection) maximum 1 g; if imminently dying give further doses as required and commence a continuous subcutaneous infusion, dose as per agitation and/or confusion in the last days of life refractory to other treatment (see below)

or

Intramuscular injection if the IV route is not available

Adult 10–15 mg/kg as a loading dose (give undiluted; larger doses may be split between 2 or more sites) maximum 1 g; if imminently dying give further doses as required and commence a continuous subcutaneous infusion, dose as per agitation and/or confusion in the last days of life refractory to other treatment (see below)

Note Intramuscular absorption is slower than intravenous administration and onset of action may be delayed.

Note In palliative care, a benefit versus risk assessment should be applied to cautions and contra-indications when making prescribing decisions.

Agitation and/or confusion in the last days of life refractory to other treatment (consult with palliative care team) [injection—section 29, unapproved medicine] 3

Loading dose

Intravenous injection

Adult 200 mg immediately (dilute each 1 mL of injection solution to 10 mL with Water for Injection and give at a rate not exceeding 100 mg/min); if the patient remains unsettled give 1 or 2 further doses of 200 mg at 30 minute intervals; if still unsettled, give further doses of 200 mg every 1 hour if required.

or

Intramuscular injection if the IV route is not available

Adult 200 mg immediately (give undiluted; larger doses may be split between 2 or more sites), if the patient remains unsettled give 1 or 2 further doses of 200 mg at 30 minute intervals; if still unsettled, give further doses of 200 mg every 1 hour if required

Note Intramuscular absorption is slower than intravenous administration and onset of action may be delayed.

Maintenance dose

Continuous subcutaneous infusion

Adult 800 mg over 24 hours increased progressively if required to 1.2 g over 24 hours; doses up to 3.8 g over 24 hours have been used

Note In palliative care, a benefit versus risk assessment should be applied to cautions and contra-indications when making prescribing decisions.

Patient advice

- Do not stop taking this medicine unless your doctor tells you to stop.
- Take each dose with a large glass of water.
- This medicine may make you sleepy. If this happens, do not drive or use tools or machines. Do not drink alcohol.

Information leaflet for patients—Phenobarbital A4 printable; A5 printable

Extemporaneous ...

The New Zealand Formulary welcomes your feedback on the new palliative care chapter: **www.nzf.org.nz/Feedback**

See the new palliative care chapter of the NZF at:
www.nzf.org.nz