PALLIATIVE CARE DRUG ON DEMAND

CONDITIONS	MEDICATION (recommended starting dose) *Please adjust dosing by individual conditions	Maximum dose
DELIRIUM	• Haloperidol 0.5 - 2.5 mg PO/ SC q 1-12 h prn • Quetiapine 12.5 - 25 mg PO hs • Risperidone 0.5 mg PO bid • Olanzapine 2.5 mg PO bid • Midazolam 0.5 - 1 mg SC/ IV q 1- 4 h prn	5 mg/ day 50 mg/ day 2 mg/ day 10 mg/ day
DELIRIUM CRISIS	**Mild:** • Haloperidol 1 mg PO/ SC q 8-12 h, q 1 h prn **Moderate:** • Haloperidol 2 - 2.5 mg PO/ SC q 8-12 h, q 1 h prn **Severe:** • Haloperidol 2.5 - 5 mg SC stat q 20-30 mins x 3 - 4 doses until stable, Then 2.5 - 5 mg PO/ SC q 8 - 12 h and q 1 h prn	
DYSPNEA	**Opioid naïve:** • *Starting dose:* Morphine 2.5 - 5 mg PO q 4 h prn or MST 10 - 20 mg/ day **Opioid tolerance:** • Use breakthrough dose stat IV/ SC **For anxiety:** • Lorazepam 0.5-1 mg PO/ SL q 6-8 h prn	
SEVERE PAIN	**Opioid naïve:** • *Starting dose*: Morphine 5-10 mg PO q 4 h prn	
NEUROPATHIC PAIN	• Amitriptyline 10 - 50 mg PO hs • Nortriptyline 10 - 50 mg PO hs • Pregabalin: 25 - 50 mg PO hs • Gabapentin: 100 - 300 mg PO hs	 300 mg/ day 3,600 mg/ day
ANXIETY & AGITATION	• Lorazepam 0.5 - 1 mg PO bid - qid • Midazolam 2.5 - 5 mg SC q 1 - 4 h prn	
MALIGNANT BOWEL OBSTRUCTION	• Haloperidol 1- 5 mg SC/ IV q 6 - 12 h (anti-emetic) • Hyoscine butylbromide 60-120 mg SC/ IV q 8 - 12 h (anti-motility and anti-secretory) • Octreotide 100 - 300 mcg SC/ IV q 8 - 12 h (anti-secretory) • Dexamethasone 8 - 16 mg/ day SC/ IV am, noon (anti-inflammation) • Opioid for pain	5 mg/ day 120 mg/ day 900 mcg/ day 16 mg/ day
CONSTIPATION	**Stimulant laxatives:** • Senna 7.5 mg 1 - 3 tabs PO hs • Bisacodyl 1 - 2 tabs PO hs, or 10 mg PR hs **Osmotic laxatives:** • Lactulose 15 - 30 ml PO hs • Polyethylene glycol 17 g PO OD Unison enema	8 tabs/day 60 ml/day
DEATH RATTLE	• 1% Atropine eye drop 1 - 4 drops q 2 - 4 h prn • Glycopyrrolate 0.2 - 0.4 mg SC/ IV q 4 - 12 h prn • Hyoscine Butylbromide 20 mg SC/ IV q 4 - 6 h prn	 1.2 mg/day 120 mg/day
ORAL PROBLEM	**Mucositis:** • 2% Xylocaine viscus 15 ml paint mouth q 3 h • 2% Lidocaine oral solution 50 ml + Diphenhydramine (25 mg/cap) 5 caps หรือ Syrup (12.5 mg/5 ml) 50 ml + 7.5% $NaHCO_3$ 2 amps (50 ml/amp) + NSS 500 ml swish around in mouth, gargle and spit out q 6 h **General infection:** • 7.5% Povidone-iodine sol^n 1 ml + water 19 ml, rinse and spit, qid	

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CONDITIONS	MEDICATION (recommended starting dose) *Please adjust dosing by individual conditions	Maximum dose
	Dry mouth: • Water 1 L + Salt ½ tsp + baking soda 1 tsp • Biotene mouthwash (น้ำลายเทียม) 15 mL rinse and spit, q 4 h or prn	
CANDIDA INFECTION	**Esophageal candidiasis:** • Fluconazole 400 mg PO on day 1 then 200 - 400 mg PO OD x 14-21 days **Oropharyngeal candidiasis:** • Nystatin (100,000 units/ ml) 4 - 5 ml PO qid x 7-14 days • Fluconazole (200) 2 tabs PO at day 1 then 200 mg PO OD x 14 days	
HICCUPS	• Metoclopramide 10 - 20 mg PO/ SC q 6 h prn • Haloperidol 0.5 - 1 mg PO/ SC bid • Baclofen 5 - 10 mg PO q 6 h prn • Chlorpromazine 10 - 25 mg PO q 6 h prn	20 mg qid
NAUSEA & VOMITING	• Domperidone 10 mg 1 tab PO tid ac • Metoclopramide 10 mg 1 tab PO q 6 h prn or Metoclopramide 20 mg IV/ SC q 1 - 6 h prn • Haloperidol 0.5 - 2 mg PO/ SC q 12 h • Ondansetron 4 - 8 mg PO bid • Olanzapine 5 mg 2.5 - 10 mg PO hs	80 mg/ day 16 mg/ day
PRURITUS	**GENERAL TREATMENT:** • Keep skin hydrated, cool packs **URAEMIC ITCH:** • Pregabalin 25 - 75 mg OD after dialysis, • Gabapentin 100 - 300 mg OD after dialysis **CHOLESTATIC ITCH:** • Cholestyramine 4 g PO bid • Paroxetine 5 - 10 mg PO hs * Non-sedating antihistamines are not generally effective	4-16 g/day
SEIZURE	• Lorazepam 1 mg SL q 5 min loading then 1 mg PO/ SL q 4-6 h • Diazepam 10 mg PR q 6 h • Midazolam 5 mg SC/ IV q 10 min loading then 2.5 - 5 mg SC/ IV q 4 h • Phenytoin loading 750 - 1000 mg IV (15 - 20 mg/ kg) then 100 mg IV q 8 h • Phenobarbital 100 mg SC/ IV stat (20 mg/ kg) then 100 mg IV q 12 h • Levetiracetam loading 500 - 1000 mg IV (20 mg/ kg) then 500-1,000 mg IV q 12 h	3,000 mg/ day
MYOCLONUS	• Lorazepam 0.5 - 2 mg PO/ SL q 4 h prn • Diazepam 2.5 - 5 mg PO q 8 - 12 h	
SPINAL CORD COMPRESSION	• Dexamethasone 16 mg/ day PO/ SC/ IV am, and noon * Consider proton pump inhibitor • Radiation / Surgery (as indicated)	16 mg/day
MASSIVE BLEEDING	• Midazolam 2.5 - 5 mg IV/ SC stat q 5-15 min if needed	
OPIOID OVERDOSE	• If RR > 8/ min – reduction in opioid dose • If RR ≤ 8/ min – Naloxone (0.4 mg/ ml) 1 ml + NSS 9 ml → 1 ml (0.04 mg) IV/ SC q 2-5 min until RR > 8/ min improve level of consciousness	
SKELETAL MUSCLE PAIN Multiple sclerosis and neuromuscular disorders	• Diazepam 2- 5 mg tid PO prn • Baclofen 5 mg PO increase q 3 days up to 10 - 25 mg PO tid	
FATIGUE	• Dexamethasone 2 - 4 mg mane * May help short term and should not be commenced early • Methylphenidate 2.5 - 5 mg PO am, noon	
EXTRAPYRAMIDAL EFFECTS	• Benztropine (2 mg/ 2 ml) 2 mg IM/ IV (1st line) • Diphenhydramine 50 mg 1 cap PO tid - qid	

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