

Palliative care - Management of common symptoms

“There is always something we can do”

Symptom	Nursing/general care	Possible medication <i>(in case of PRN prescription, write the indications to help the carers)</i>
PAIN <i>You must always think about the overall pain: physical, psychological/social, spiritual</i>	<ul style="list-style-type: none"> - Spiritual and psychological support - Positioning of the patient - Regular analgesia - Deep breathing - Encourage the patient to relax - Hot and cold compresses - The family can give the massage gently or do passive movements - Encourage the family to talk to the patient, reassure, entertain - Explanation, answer questions <p>Can use a pain scale to measure pain intensity</p>	<p>REGULAR medication (don't wait for pain):</p> <ol style="list-style-type: none"> 1) Paracetamol 500mg-1g 4 times a day 2) + ibuprofen 3-4 times a day (+ppi) 3) + mild opiate – codeine-containing compound, tramadol (child >6m: 2mg/kg/6h; adult: 50-100mg/4-6h max 600mg/d) 4) morphine – start with short-acting morphine (2.5-5mg every four hours, double dose bedtime + PRN for breakthrough pain at same dose, up to hourly). Keep record of doses required to calculate dose required of longer acting morphine (12 hourly dosing). Continue with PRN liquid/short-acting morphine for breakthrough pain (this should be 15-20% of total dose). Increase dose according to extra doses required (or by 30%) if still in pain and no signs toxicity. <p>Adjuvant analgesics:</p> <ul style="list-style-type: none"> - Amitriptyline 12.5mg at night for neuralgia (effective for anxiety/insomnia too), increase dose to 25mg after a few days if no improvement (can try gabapentin if this doesn't work) - Prednisolone 15-30mg in the morning (max 5 days) for severe inflammation; or dexamethasone 16mg IV or prednisolone 100mg PO if intracranial tumour or spinal cord compression. - Hyoscine butylbromide PO 10-20mg 4 times a day or IM 20mg, repeat after 20min if necessary, max 100mg/day - for smooth muscle spasm, e.g. abdominal colic (NB: may cause constipation) - Diazepam 5-20mg nightly for skeletal muscle spasm - Liquid antacid or PPI – epigastric pain
COUGH / DYSPNEA	<ul style="list-style-type: none"> - Patient positioning - Avoid smoke / fire - Encourage practicing breathing exercises - Steam inhalation 	<ul style="list-style-type: none"> - Diazepam PO (2.5-5mg tds) if distressed - Promethazine PO/IM if distressed - Hyoscine butylbromide (see above) or amitriptyline or atropine (1mg tds) for secretions - Furosemide – for pulmonary oedema in heart failure - Codeine or liquid morphine for dry cough - Liquid morphine – may help with end-stage dyspnoea, pain and restlessness - Dexamethasone / prednisolone – may help if bronchospasm or obstruction <p>Consider reversible causes, i.e. treatment of pneumonia with antibiotics improves dyspnoea even at the end of life</p>
NAUSEA / VOMITING / REFLUX / POOR APPETITE	<ul style="list-style-type: none"> - Encourage drinking - Cold food is often better tolerated than hot food - Feed the patient what he wants - Do not prepare the meal in front of the patient - Split meals - Encourage eating high-calorie foods (can add oil/sugar - but beware the oil can also cause diarrhoea) <p>NB – consider side effects of medication, and possibility of worms/parasites</p>	<p>For nausea secondary to infection, cerebral causes, complete bowel obstruction:</p> <ul style="list-style-type: none"> - Ondansetron PO and sublingual - Promethazine PO/IM - Cyclizine <p>For nausea due to prolonged stomach emptying or partial bowel obstruction: Metoclopramide tds (NB not for children/young people)</p> <p>For nausea secondary to brain tumour - dexamethasone/prednisolone may help– see above</p> <p>Try giving the antiemetic 30 minutes before the meal</p> <p>For reflux.indigestions - liquid antacid +/- PPI</p> <p>For reduced appetite/energy – can try dexamethasone 2-4mg or prednisolone 15-30mg PO in the morning for one week trial. Reduce to lowest effective dose; stop if no benefit</p>

Kijabe OPD Guidelines

CONSTIPATION	<ul style="list-style-type: none"> - Encourage drinking - Eat fruits / vegetables / fibre 	Lactulose or docusate for softening Bisacodyl or senna for stimulation +/- glycerol suppository Anti-haemorrhoid suppository or zinc oxide ointment for anal pain
ANGUISH / AGITATION	<ul style="list-style-type: none"> - Reassure the patient - Explain to him what is happening - Ask if he has any anxieties - Encourage the family to talk to the patient - especially the mother in children - Hold hand 	Diazepam PO 2.5-10mg at night Promethazine PO/IM 25mg at night Chlorpromazine PO/IM 25mg-50mg up to 3 times daily Check need for increasing analgesics. Oral morphine also useful in anxiety Haloperidol 1.5-5mg at night for confusion/agitation
MOUTH CARE	<ul style="list-style-type: none"> - Encourage drinking - Give ice water - Help the patient to brush their teeth regularly 	Soluble aspirin mouthwash for painful mouth – 600mg qds GV paint for all kinds of mouth problems - bd Oral thrush: Oral nystatin, Gentian violet: application with cotton swab 6 times a day, fluconazole 50mg os for 5d Zinc oxide ointment or petroleum jelly for the lips: the family can apply it Metronidazole mouthwash for smelly mouth cancer (crushed tablet in fruitjuice) Prednisolone half tablets can be placed against painful apthous ulcers for relief (or crushed and powder onto ulcer)
HICCUPS	<ul style="list-style-type: none"> - Treat constipation or urinary retention 	Metoclopramide 10mg 3 times a day Haloperidol 1.5-3mg at night Chlorpromazine 25-50mg at night (up to 3 times daily) Baclofen 5-10mg tds if none of the above work
BLADDER SPASM		Amitriptyline 25-50mg nightly Hyoscine butylbromide PO 10-20mg 4 times daily

Reference:

Palliative Care Toolkit, Chapter 5; Bond, Lavy and Wooldridge, 2008