

# The Longest Day: Prescribing in the Last 24 Hours of Life

Beth Kernohan, Medical Student; Dr John Walley, Consultant in Palliative Medicine

## Background

Caring for people as they approach the end of their lives remains a central part of hospices' work. Part of doing this well is ensuring appropriate medicines are given to ease distressing symptoms such as pain or agitation.

We aimed to audit our prescribing of symptom control medicines against national guidelines <sup>(1)</sup> and describe our use of opioid analgesics and sedative medicines in patients' last 24 hours of life.

### Aim

To audit prescribing practice for patients dying in Accord Hospice inpatient unit.

## Methodology

We performed a retrospective case note review of 15 consecutive hospice inpatient deaths. Prescribing of subcutaneous symptom control medicines was assessed against national guidelines.<sup>(1)</sup>

Doses of strong opioids were converted to oral morphine equivalents (OME) and sedative medicine administration categorised as low, medium or high dose using a pragmatic approach.

### Results

- Our anticipatory prescribing of symptom control medicines complied with national guidelines, with only one patient not having "Breathlessness" as a second indication for opioid administration.
- Oxycodone (53%) and morphine (27%) were the most commonly used opioids, with a small number being given alfentanil (13%)
- Opioid use in the Last 24 hours of Life

	Average use in the last 24 hours of life		
Background opioid dose	151mg OME (range 4-1200mg)		
As required doses (PRN) administered	2 (range 0-7)		
Total opioid dose	228mg OME		

- Five patients (33%) were given greater than 120mg OME in their last 24 hours and six (40%) used four or more PRN doses.
- The majority received no (7%) or low (87%) total doses of sedatives defined as 20mg or less of midazolam and/or 25mg or less of levomepromazine over the 24 hours. One patient received high doses and whilst only two PRN doses were given on average, the number ranged as high as eight.
- Characteristics of Patients needing Multiple As Required doses in their last 24 hours

As Required (PRN) doses	Number	Taking 120mg or more OME			4 or more PRN opioid doses
Four or more opioid doses	6/15 (40%)	4/6 (67%)	1/6 (17%	3/6 (50%)	X
Four or more sedative doses	3/15 (20%)	3/3 (100%)	1/3 (33%)	X	3/3 (100%)

• Those requiring ≥4 opioid PRNs in their last 24 hours were more likely to be on high doses of opioids, higher levels of sedation and more likely to require higher number of PRN sedative/opioid doses than the group generally.

#### Discussion

Whilst we did not assess outcomes this project does offer a simple method of demonstrating high quality prescribing at the end of peoples' lives. Taking this data alone, the majority appeared to require low doses of opioid and sedative medicines in their last 24 hours.

A smaller group required higher doses and multiple PRN medicines. This group may have had a more difficult pain syndrome with a significant component of psychosocial distress or delirium which worsened as death approached. Alternatively their condition may have worsened more abruptly, requiring multiple PRN doses to re-establish symptom control. Greater support may be needed for those witnessing these more challenging deaths.

#### Reference:

1. HIS/Right Decisions (2024), Scottish Palliative Care Guidelines Available at <a href="https://rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines">https://rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines</a> [Accessed 17.10.24]