

C018 Guidelines: EOLC Symptom Control for Patients with Renal Failure (in Wandsworth & Tri-borough)

Renal Function (eGFR < 30 mL/ min)

Summary: This guidance offers the best choice of injectable medications and doses for symptom control at the end of life.

Optimising the patient's medications contributes towards a care plan that is individualised to their needs at the end of life.

This guidance is designed for internal use only at Royal Trinity Hospice as a prompt for advice.

External sharing on a named patient basis only

Document Detail		
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Approved by, date	Clinical Risk Group, Sep 2019	
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Superseded documents	V2	
Change History		
Date	Change details, since approval	Reviewed by
May 2017	Review	
Oct 2019	Review	

Monitoring Policy Effectiveness

Regular monitoring by Clinical Risk Group

Evidence includes:

Clinical Incidents

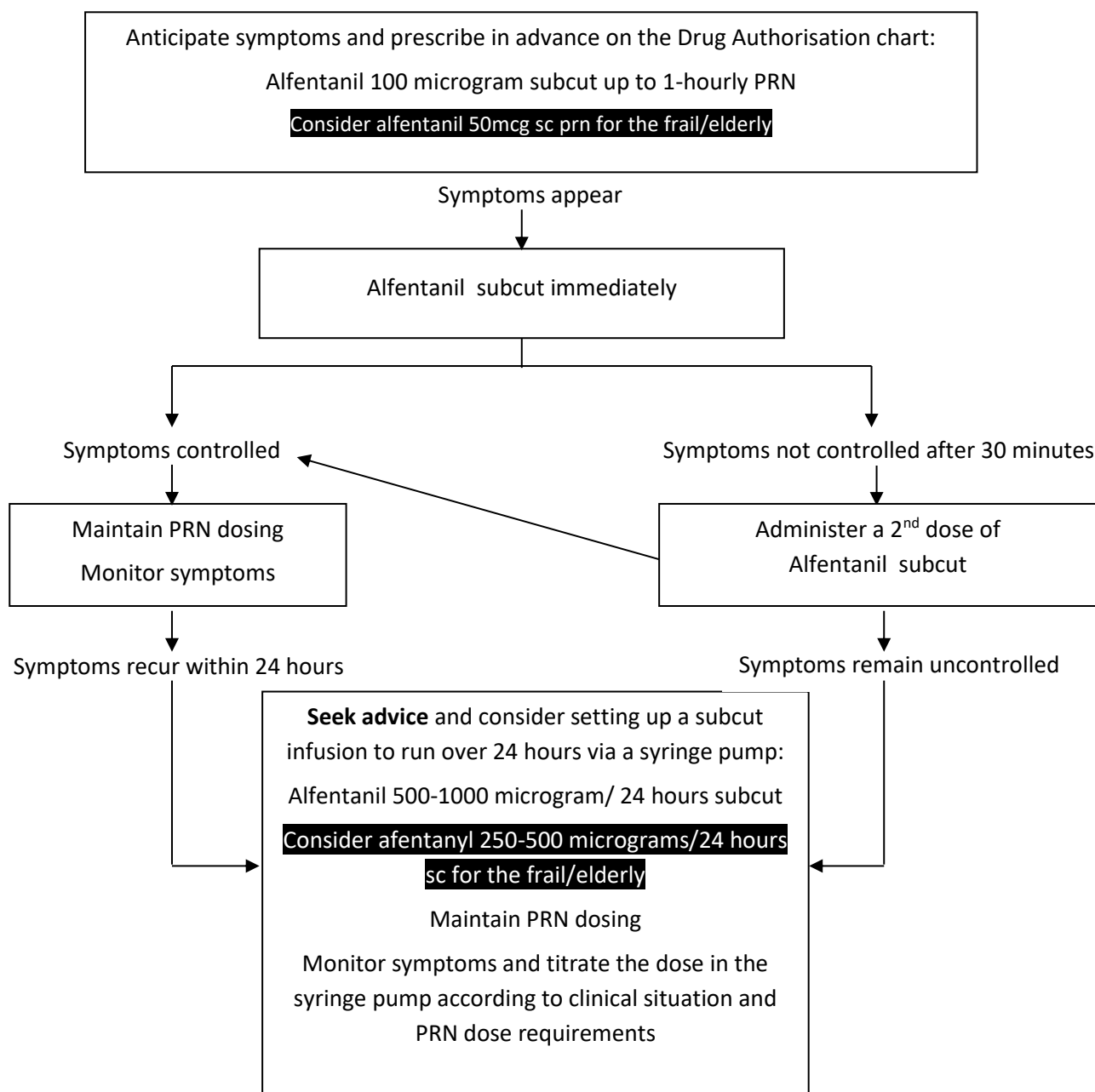
Staff feedback.

Audits of practice.

Changes in legal and best practice guidance

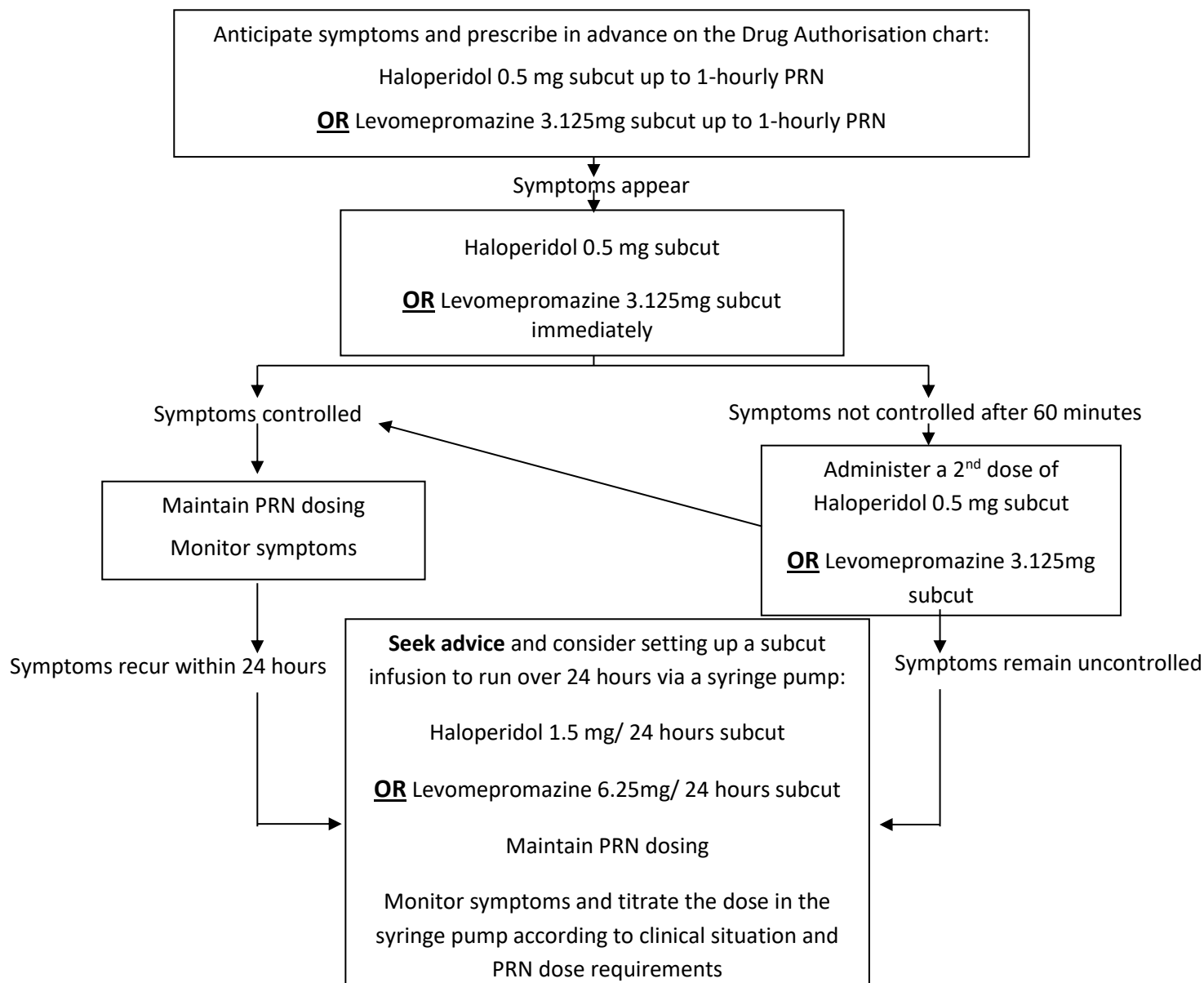
End of life symptom control guidelines for adult patients with **Renal Failure** (eGFR < 30 mL/ min) **Pain**

- For patients already on an analgesic preparation, including another opioid, or symptoms remain uncontrolled seek advice from the Specialist Palliative Care Team at Royal Trinity Hospice.
- Explain to the patient and/or carer(s)/ family what may be causing the pain.
- Consider non-medication interventions that may help relieve pain e.g. re-positioning if appropriate.
- Eliminate potentially reversible causes that may be exacerbating symptoms: consider infection and/ or inflammation, signs suggestive of obstruction or constipation, anxiety.
- Consider using **Alfentanil** subcutaneously following the dosing schedule below.
- In practice, after the first 2 – 3 PRN doses, it would be uncommon for them to be given so frequently.



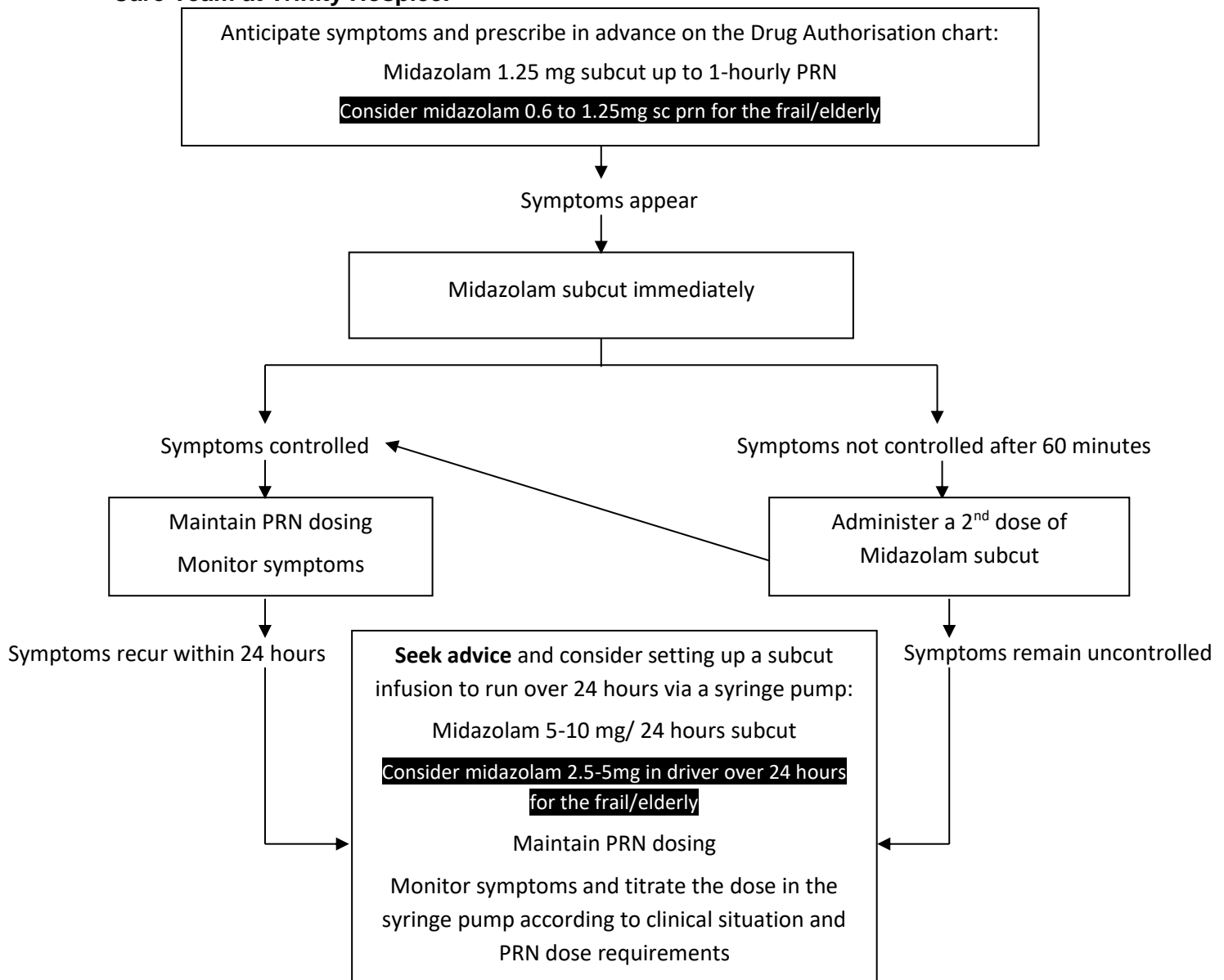
End of life symptom control guidelines for adult patients with **Renal Failure** (eGFR < 30 mL/ min) **Nausea and vomiting**

- Explain to the patient and/or carer(s)/ family what may be causing the symptoms.
- Eliminate potentially reversible causes that may be exacerbating symptoms: consider other medications, severe pain, biochemical factors (e.g. hypercalcaemia and/ or signs of dehydration), infection, raised intra-cerebral pressure, oral problems, anxiety, obstruction or constipation.
- Consider current medications that are controlling symptoms and could be continued by the subcut route.
- Consider using **Haloperidol** OR **Levomepromazine** subcutaneously following the dosing schedules below. If patient has parkinsonism or epilepsy consider if Cyclizine would be appropriate.
- In practice, after the first 2 – 3 PRN doses, it would be uncommon for them to be given so frequently.
- **If symptoms remain uncontrolled or if you need advice contact the Specialist Palliative Care Team at Royal Trinity Hospice.**



End of life symptom control guidelines for adult patients with **Renal Failure** (eGFR < 30 mL/ min) **Agitation and distress**

- Explain to the patient and/or carer(s)/ family what may be causing the symptoms.
- Eliminate potentially reversible causes that may be exacerbating symptoms: consider pain and discomfort that may be caused by a full bladder or rectum.
- Consider using **Midazolam** subcutaneously following the dosing schedule below.
- In practice, after the first 2 – 3 PRN doses, it would be uncommon for them to be given so frequently.
- Consider adding an antipsychotic e.g. haloperidol or levomepromazine, where the patient shows signs suggestive of delirium or where upward titration of midazolam is not adequately controlling symptoms; seek advice.
- **If symptoms remain uncontrolled or if you need advice contact the Specialist Palliative Care Team at Trinity Hospice.**



End of life symptom control guidelines for adult patients with **Renal Failure** (eGFR < 30 mL/ min) **Respiratory tract secretions**

- Explain to the patient and/or carer(s)/ family what is causing the secretions/ noise, and that the noise itself is not likely to distress the patient if they are unconscious.
- Repositioning the patient to one side may help stop secretions pooling in the pharynx, reducing the noise. Anticholinergic medications have no effect on secretions that are already present. If infection is present and is being actively managed anticholinergics may make secretions more tenacious and can therefore be unhelpful.
- Suctioning may not be appropriate. Medication therapy is effective in about 50% of patients.
- Consider using **Glycopyrronium** OR **Hyoscine Butylbromide (Buscopan)** subcutaneously following the dosing schedule below.
- In practice, after the first 2 – 3 PRN doses, it would be uncommon for them to be given so frequently.
- **If symptoms remain uncontrolled or if you need advice contact the Specialist Palliative Care Team**

