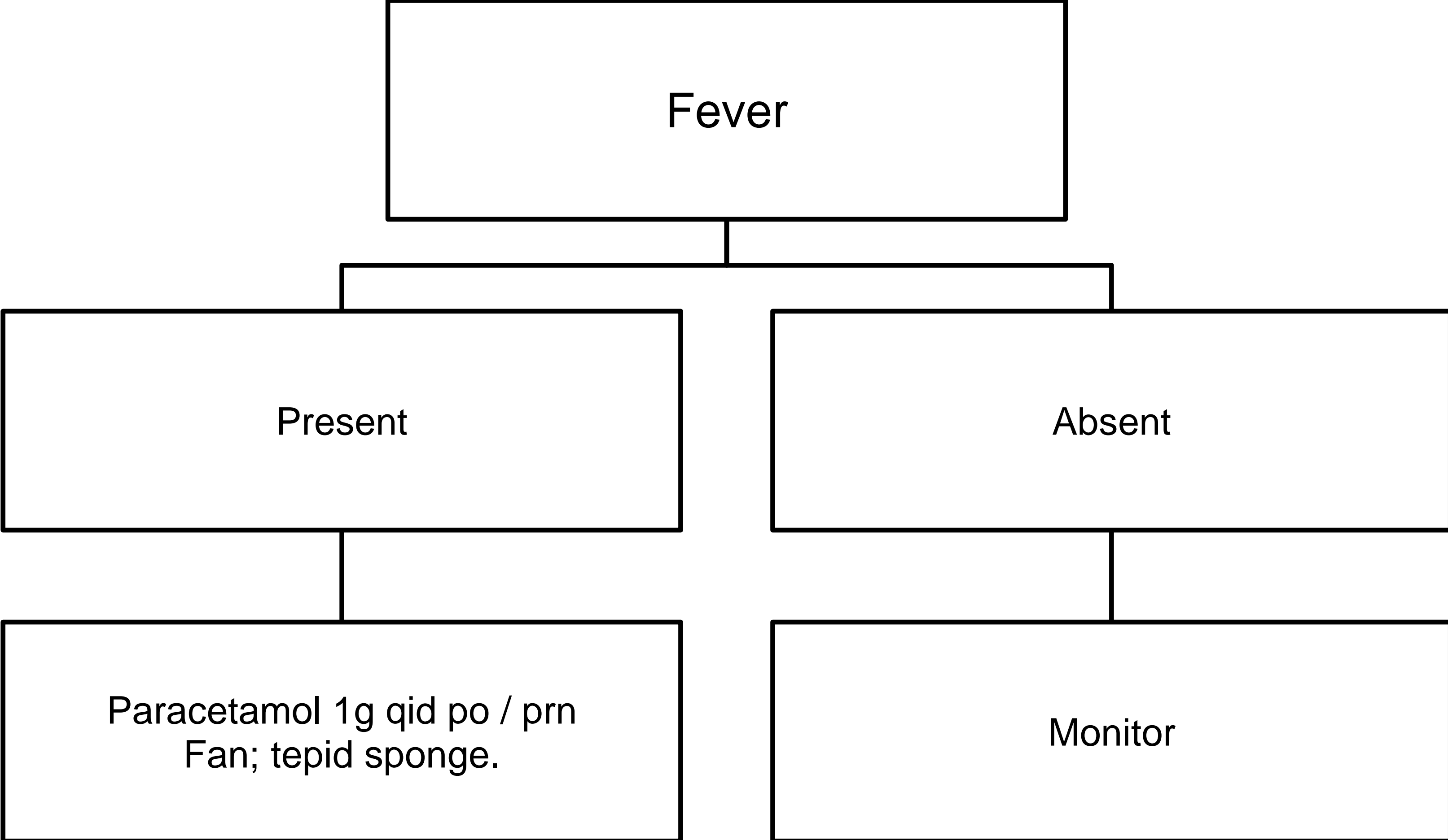
End of Life Symptom Control

In End Stage Kidney Disease

These guidelines are partly based on and used with permission from the United Kingdom Expert Consensus Group which produced the guidelines according to best practice and evidence base
"Symptom management for the adult patient dying with advanced chronic kidney disease: A review of the literature and development of evidence-based guidelines by a United Kingdom Expert Consensus Group – Douglas C, Murtagh FEM, Chambers EJ et al. *Palliative Medicine* 2009; 23: 103-110.

Other sources include the Australian *Therapeutic Guidelines – Palliative Care*. Version 3, 2010 and *The Renal Drug Handbook*, 4th ed, 2014 (edited by Ashley C and Dunleavy A).


Fever
Present
Absent
Paracetamol 1g qid po / prn
Fan; tepid sponge.
Monitor

Pruritus

If able to swallow

If on dialysis – Gabapentin 100mg after each dialysis and titrate to effect.

If not on dialysis and eGFR < 15 - Gabapentin 100mg every 2nd night and titrate to effect.

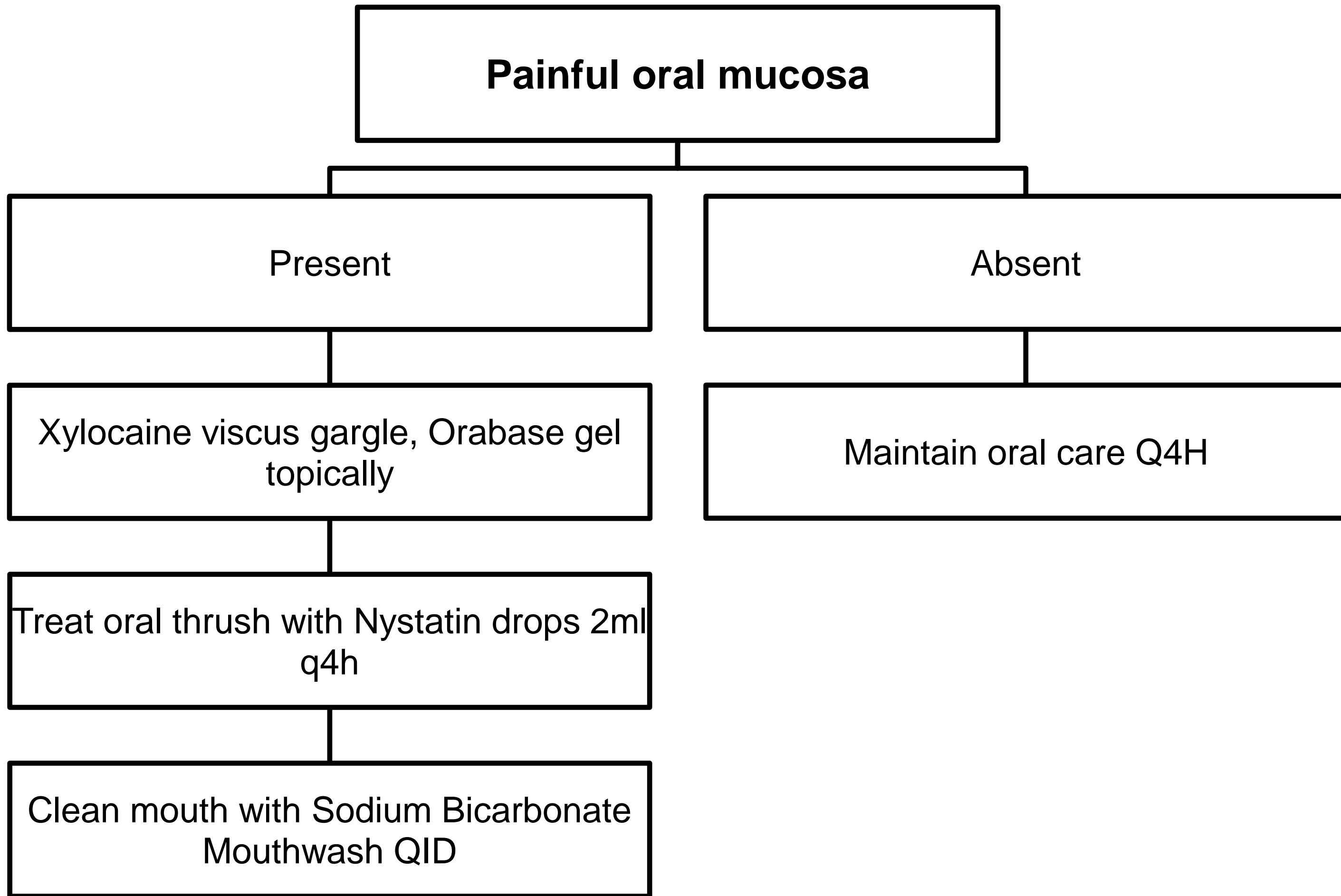
If not on dialysis and eGFR > 15 - Gabapentin 100mg nocte and titrate to effect.

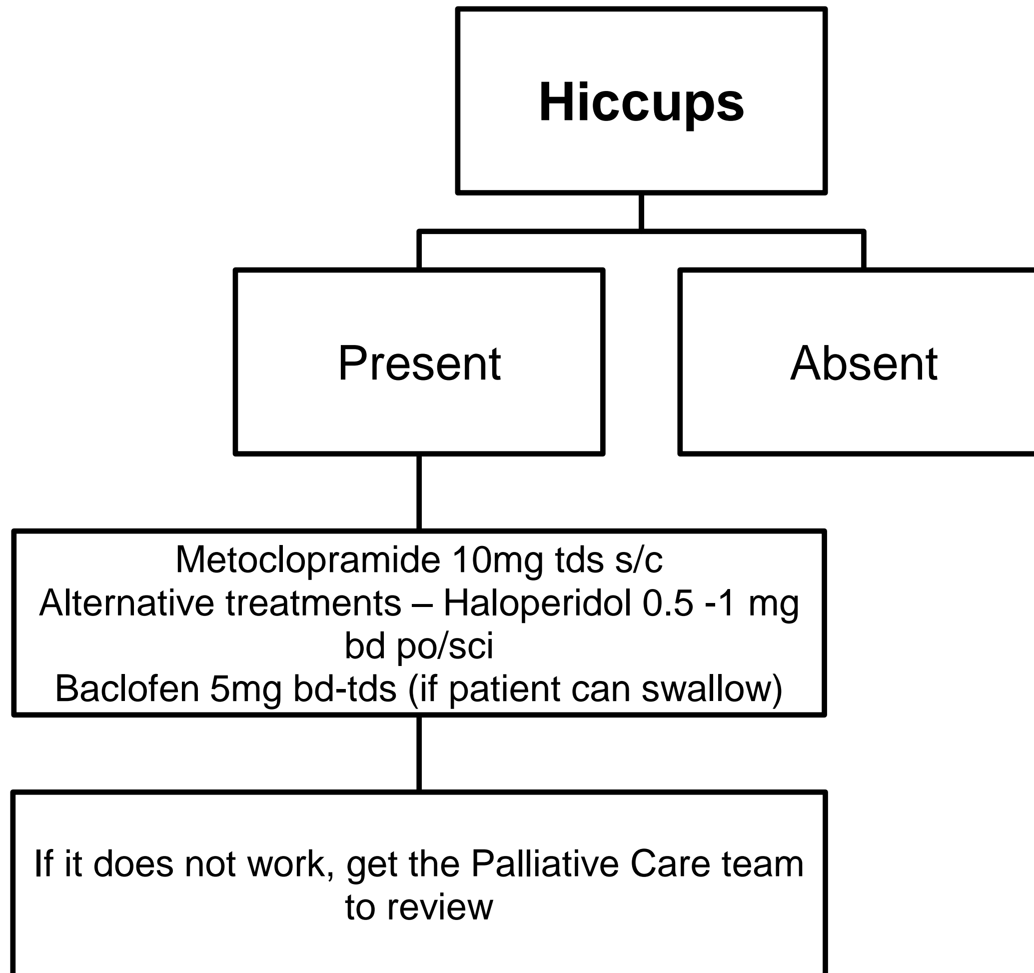
As an alternate to Gabapentin could use Pregabalin commencing at 25mg.

Unable to swallow

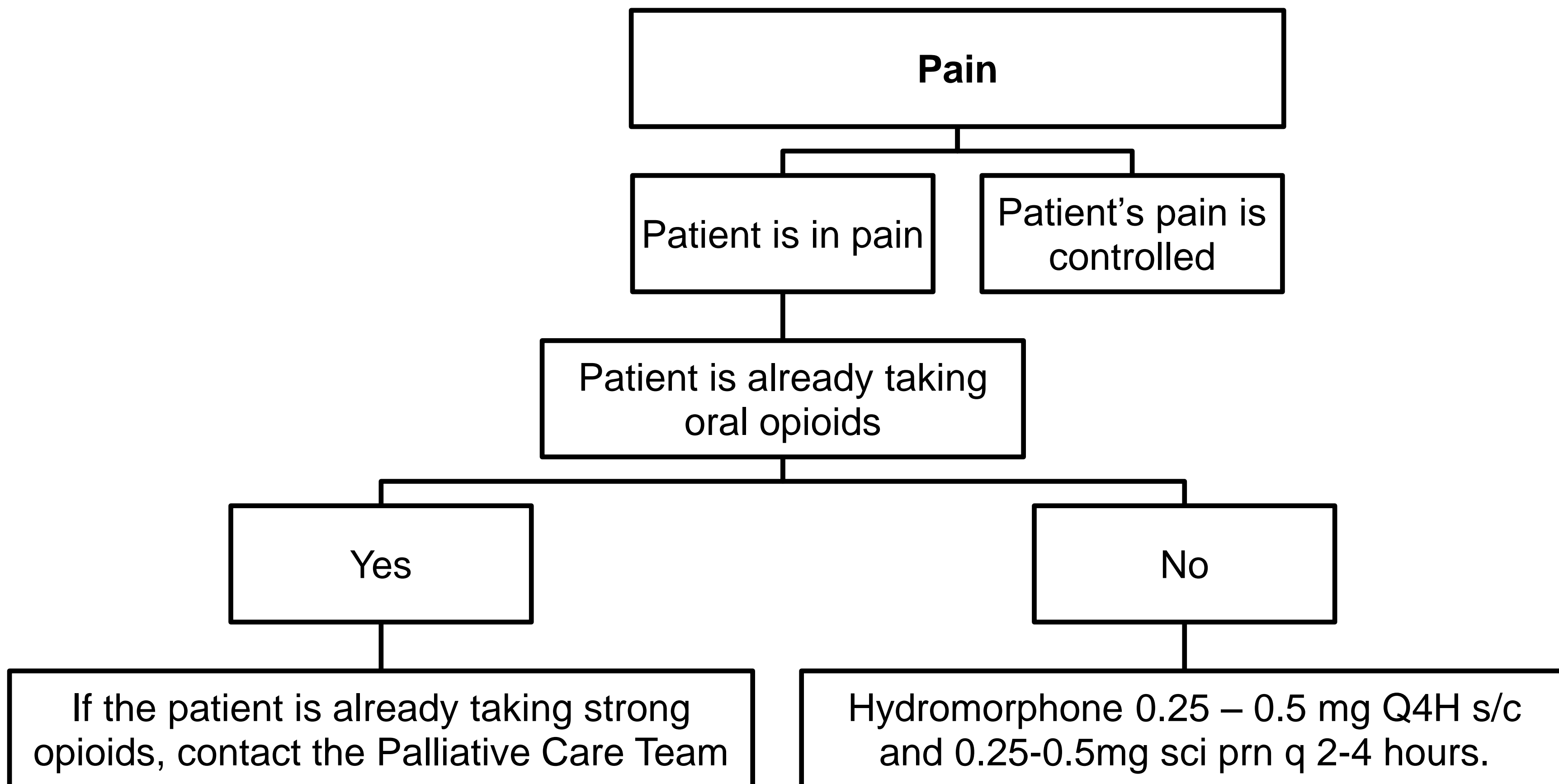
Midazolam 2.5mg – 5mg sci q 4 hours

For pruritus please ensure the patient is not washing in hot water or using soap, consider using Sorbolene cream.


Painful oral mucosa
Present
Absent
Xylocaine viscus gargle, Orabase gel topically
Maintain oral care Q4H
Treat oral thrush with Nystatin drops 2ml q4h
Clean mouth with Sodium Bicarbonate Mouthwash QID



Note: UK expert group expressed caution about the use of Metoclopramide. Caution based on risk of accumulation in severe renal impairment and extrapyramidal side effects.



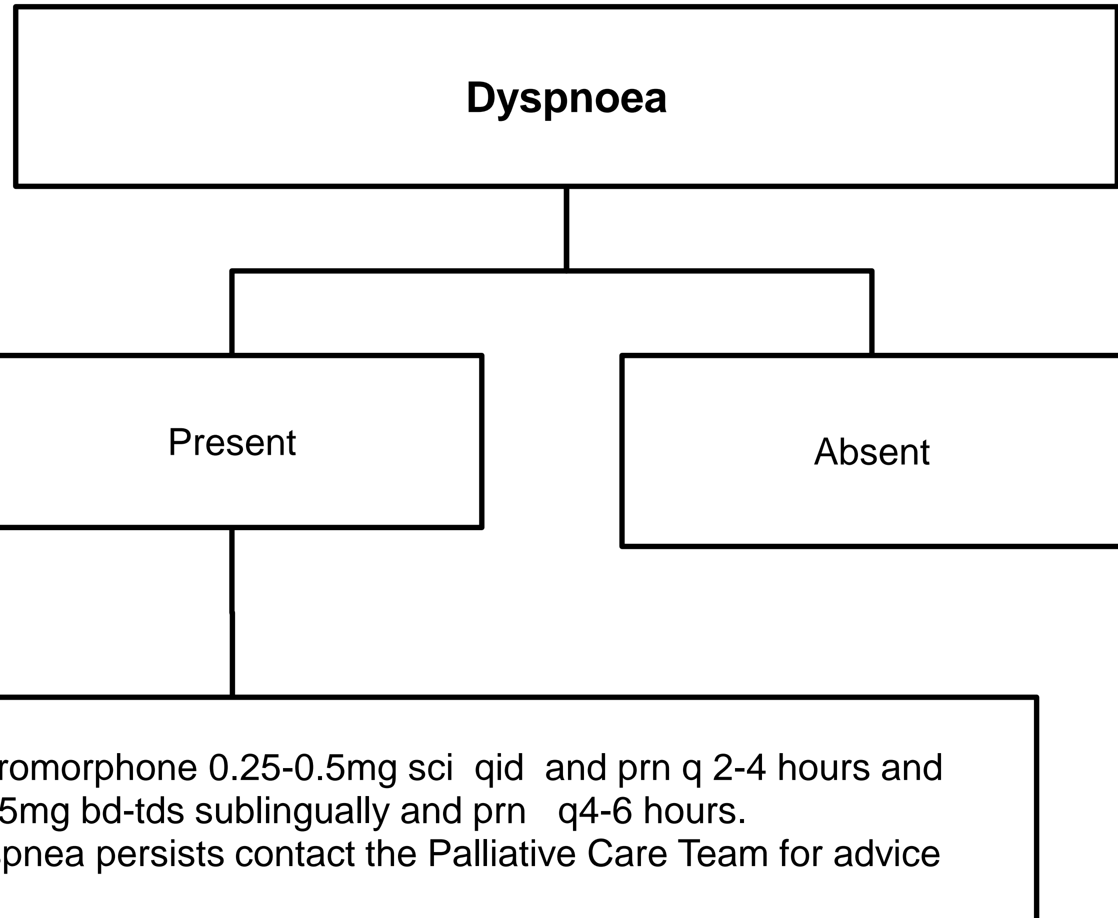
Supportive Information:

To convert from other strong opioids contact the Palliative Care Team / Pharmacy for further advice & support as needed.

Morphine and its metabolites are most likely to cause toxicity (myoclonic jerks, profound narcosis and respiratory depression) and is not recommended. In a patient who is unable to swallow, Hydromorphone or Fentanyl in regular subcutaneous doses or in a continuous infusion is recommended. Transdermal fentanyl may also be prescribed.

If symptoms persist contact the Palliative Care Team

Anticipatory prescribing in this manner will ensure that in the last hours /days of life there is no delay responding to a symptom if it occurs.



1. Small dose opioid – Hydromorphone 0.25-0.5mg sci qid and prn q 2-4 hours and
2. Lorazepam 0.5mg bd-tds sublingually and prn q4-6 hours.

Increase both to effect. If dyspnea persists contact the Palliative Care Team for advice

Supportive Information:

If symptoms persist contact the Palliative Care Team for further advice and support.

Placing a fan near the patient's face has been shown to be efficacious in several randomised controlled trials.

If the patient is very breathless and anxious and the above is not settling dyspnea consider Midazolam 2.5mg sci prn q 4hours and, if necessary, regular Midazolam 2.5mg q 4hours. With deterioration consider commencing a combination of Hydromorphone and Midazalom by continuous infusion.

Please note – Morphine is not recommended due to accumulation of metabolites and toxicity.

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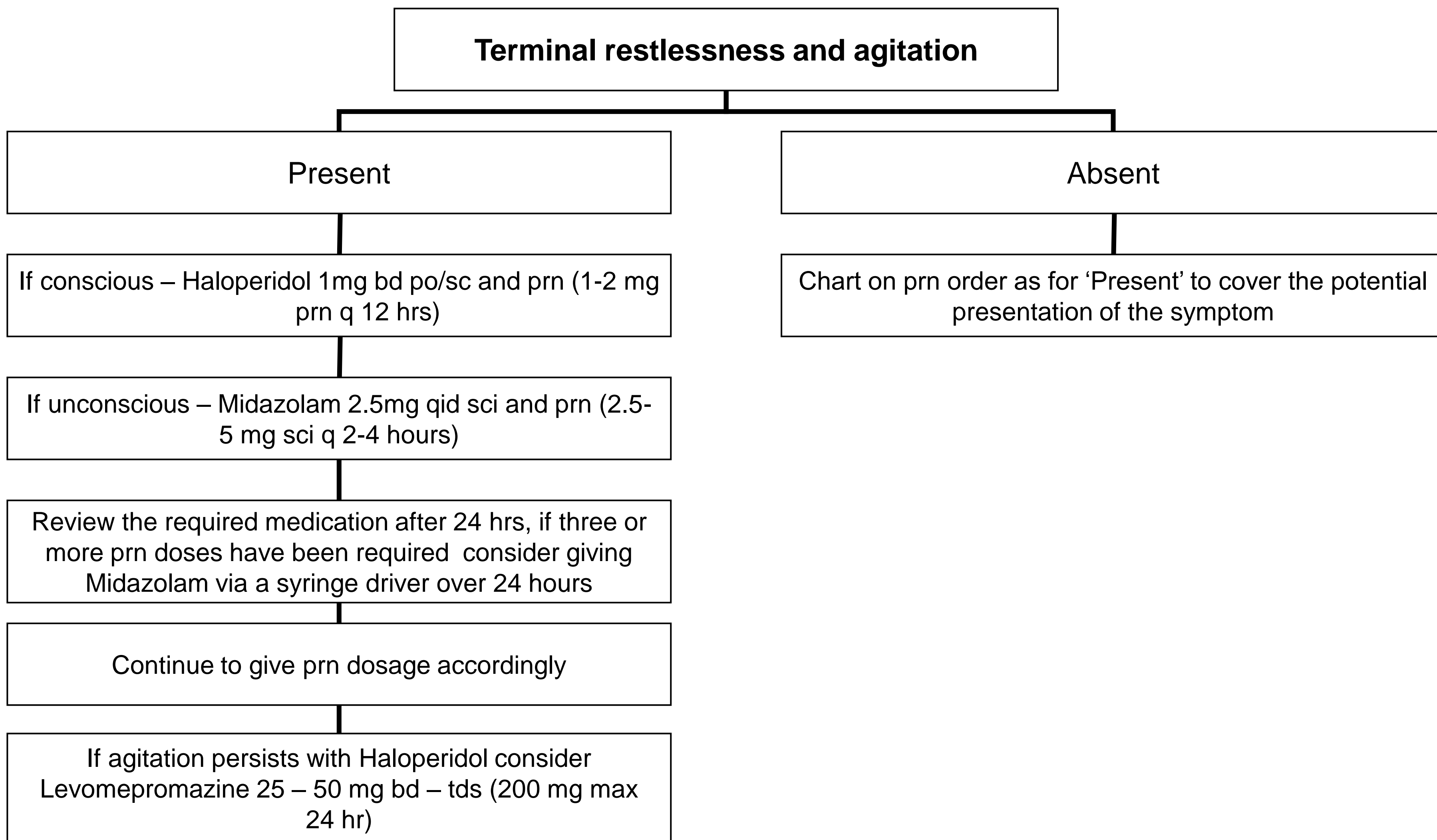

* Restlessness and agitation related to delirium should never be managed with benzodiazepines alone.

* Ensure there are no reversible causes of delirium / agitation such as medication toxicity, sepsis, constipation, pain & urinary retention.

Supportive Information

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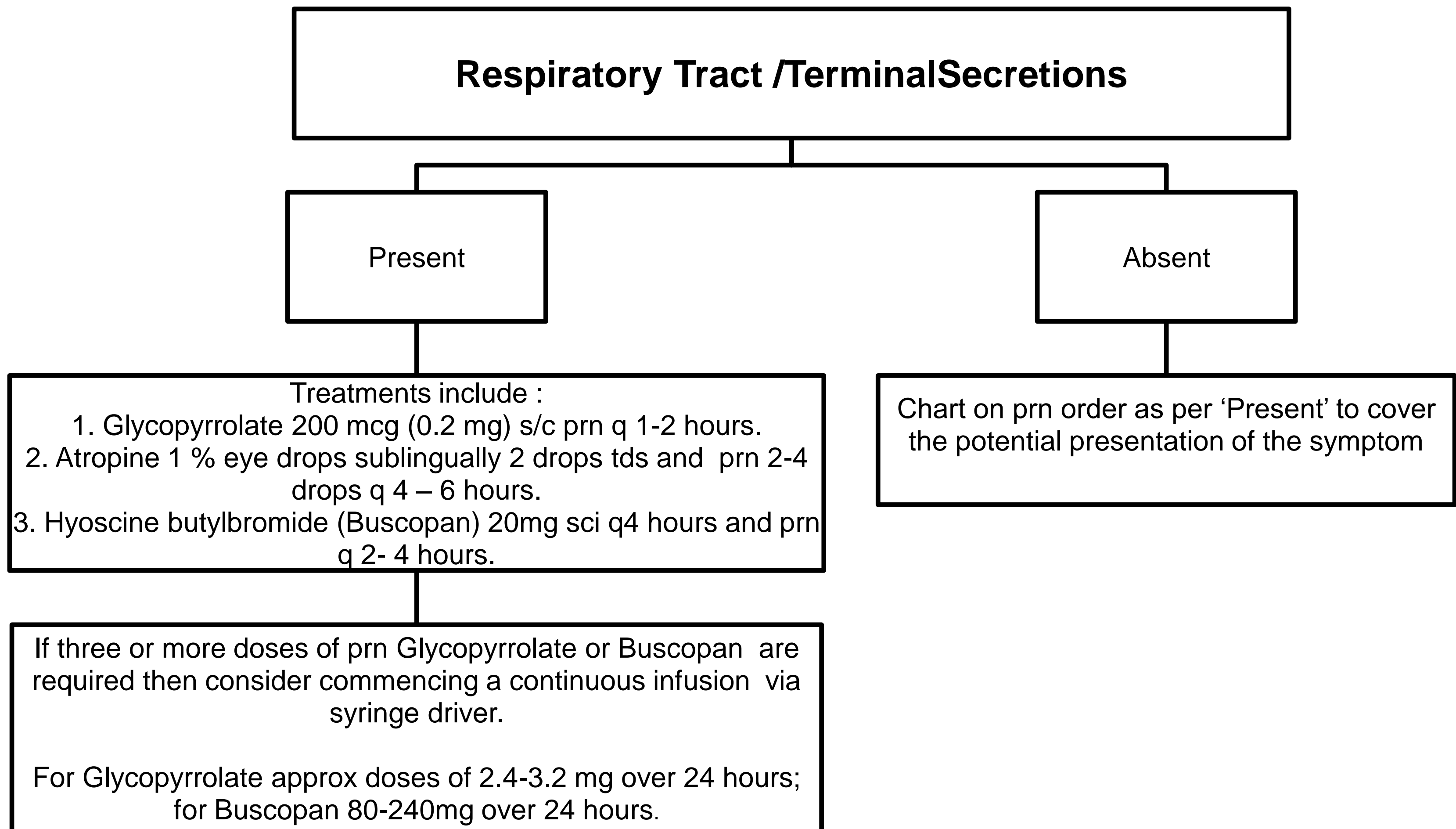

<u>Supportive Information</u>

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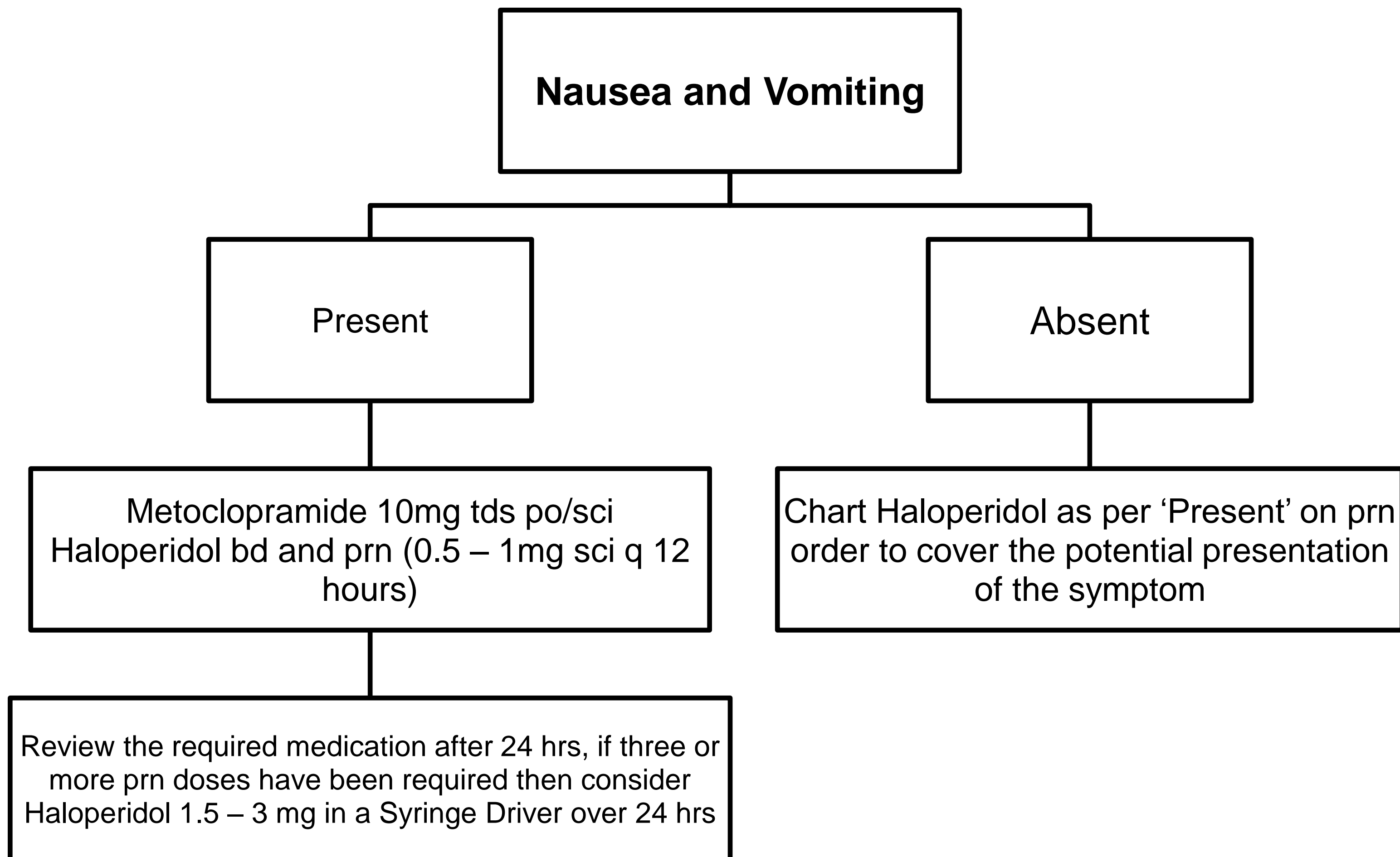
<u>NOTE: Hyoscine Hydrobromide</u> is not recommended due to permeability of the blood / brain barrier in uraemia and a consequent risk of paradoxical agitation.



Supportive Information:

If symptoms persist contact the Palliative Care Team

Suitable alternative second line medication : Levomepromazine 6.25 mg s/c prn bd. (if Syringe Driver is required then consider 12 mg s/c in a Syringe Driver over 24 hrs and titrating to effect).

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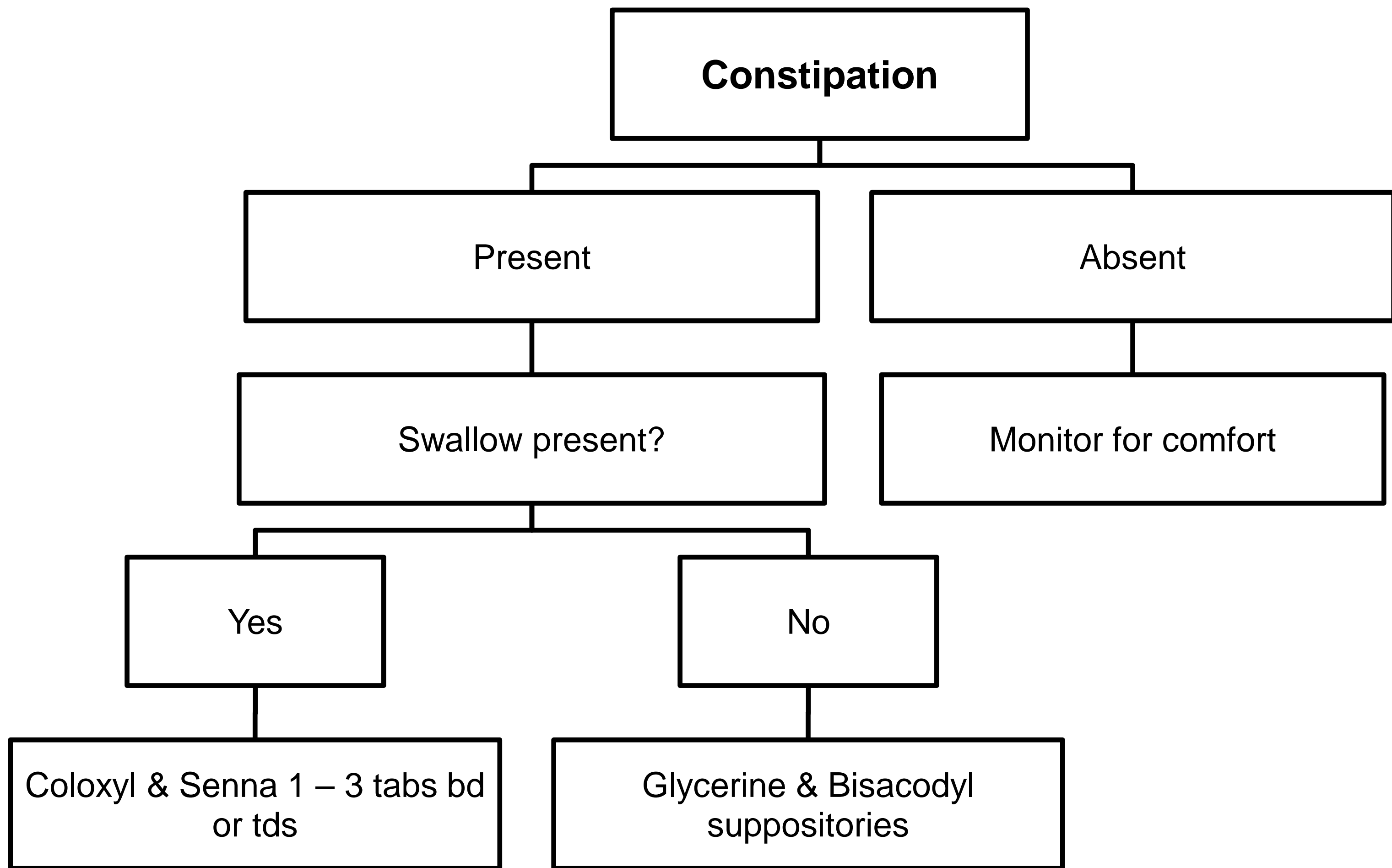
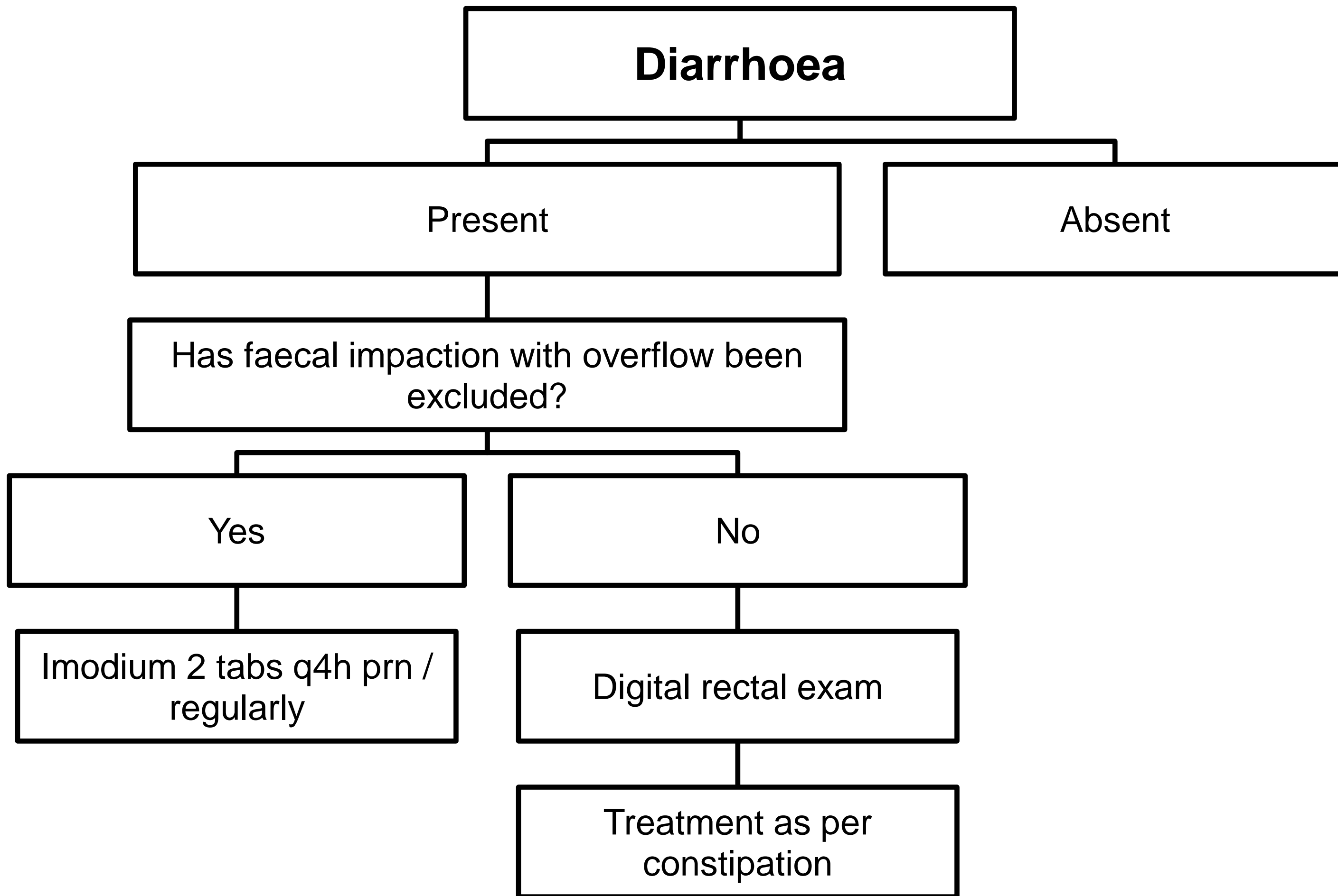
NOTE: Exercise caution with Cyclizine. There is an increased cerebral sensitivity to cyclizine in patients with CKD and cyclizine may induce hypotension, taccharrytmias.



Supportive Information:

If able to swallow consider prophylactic coloxyl & senna 1 – 3 tabs bd or tds to prevent constipation or Movicol 1 sachet bd in ½ glass of water

NOTE: It may not be appropriate to intervene in the terminal phase



* Please ensure diarrhoea is not impaction / overflow