Institut national d'excellence en santé et en services sociaux
Québec

PREPRINTED INDIVIDUAL PRESCRIPTION

Continuous Palliative Sedation (CPS) in Adults at the End of Life

No. 888028

PATIENT IDENTIFICATION

File Number: _____

Last Name, First name: _____

Date of birth: _____

Health Insurance Number: _____

PATIENT CLINICAL INFORMATION

Allergies/intolerances:_____

Weight: _____ kg Height: _____ cm Presence of an implantable cardiac defibrillator ☐

! This prescription is for information purposes only and should not replace the judgment of the practitioner who performs activities reserved under a statute or regulation. The contents were developed using a systematic approach and are supported by the scientific literature and by the knowledge and experience of Quebec clinicians and experts. For further details, please consult inesss.qc.ca.

QUEBEC NATIONAL MEDICAL PROTOCOL

Please refer to the INESSS National Medical Protocol No. 888028 that is in force at the time of implementing this prescription.

- Consultation with a specialized palliative care team should be considered throughout the process.
- **Continuous palliative sedation consent** and **report** forms must be completed by the prescriber.
- A separate opioid prescription should be provided if pain and dyspnea are present.

INITIATING TREATMENT

Medications should preferably be administered **subcutaneously**, with IV administration reserved for situations where the efficacy of the SC route may be in doubt.

Sedation target level: -4 to -5 on the Richmond Agitation Sedation Scale (RASS) (Appendix)

Start of sedation

☐ As soon as possible ☐ _____ (yyyy/mm/dd and hh:mm)

Place of sedation

☐ Facility

☐ Living environment[1] (please specify): _____

** Ensure that the required resources (professional, material and technical) as well as medical/nursing telephone support are available at all times.*

** If the person is at home, please enter the quantity of each of the drugs dispensed by the community pharmacy as well as the number of refills in the right-hand column of the table below.*

[1] Throughout this document, the term "living environment" is used to include all environments that lack direct access to a technical platform (for example, a person's home, a long-term care centre (CHSLD), a palliative care hospice).

PATIENT'S NAME: _____ FILE #: _____

Consider combining agents from different pharmacological classes depending on the clinical situation.

* *Health history, lifestyle habits and treatment history should be considered when selecting the initial dosage.*

To be completed if community pharmacy

1- Loading dose

☐ Midazolam	☐ SC or ☐ IV	_____ mg (suggested dose: 5 to 10 mg)	☐ x 1 dose (NR)
☐ Methotrimeprazine	☐ SC or ☐ IV	_____ mg (suggested dose: 12.5 to 25 mg)	☐ x 1 dose (NR)
☐ PHENobarbital	☐ SC or ☐ IV	_____ mg (rarely necessary)	☐ x 1 dose (NR)
☐ Scopolamine	☐ SC or ☐ IV	_____ mg (suggested dose: 0.4 mg)	☐ x 1 dose (NR)

2- Maintenance dose

* *The preferred procedure is to administer each agent in a separate infusion. If several agents are combined in the same infusion, check with the pharmacist for compatibility and stability.*

Drug	Route	Dosage	Additional doses	
Benzodiazepines				
☐ Midazolam Continuous infusion	☐ SC or ☐ IV	_____ mg/h (suggested initial dose: 2 to 5 mg/h) To be started at time of loading dose	____ mg every ___ minutes if necessary	☐ 50 mL at ___ mg/mL ☐ 100 mL at ___ mg/mL REP:____
		Increase infusion to ___ mg/h if more than __ additional doses are given over a period of __ hours		
☐ Midazolam Intermittent administration	☐ SC or ☐ IV	_____ mg regularly every 2 hours (suggested initial dose: 5 mg) To be started 1 hr. after loading dose	____ mg every ___ minutes if necessary	No. of doses:____ REP:____
		Increase dose to ___ mg if more than __ additional doses are given over a period of __ hours		
LORazepam ☐ Intermittent administration	☐ SC or ☐ IV	_____ mg regularly every 4 hours (suggested initial dose: 1 to 2 mg)	____ mg every ___ minutes if necessary	No. of doses: ____ REP:____
		Increase dose to _____ mg if more than __ additional doses are given over a period of __ hours		
Antipsychotics (*see precautions indicated in Table 2.4 of National Medical Protocol No. 888028*)				
☐ Methotrimeprazine Intermittent administration	☐ SC or ☐ IV	_____ mg regularly every 4 hours (suggested initial dose: 12.5 to 25 mg)	____ mg every ___ minutes if necessary	No. of doses:____ REP:____
		Increase dose to ___ mg if more than ___ additional doses are given over a period of ___ hours		
☐ Methotrimeprazine Continuous infusion	☐ SC or ☐ IV	_____ mg/h (suggested initial dose: 3 to 6 mg/h) To be started at time of loading dose	____ mg every ___ minutes if necessary	☐ 50 mL at ___ mg/mL ☐ 100 mL at ___ mg/mL REP:____
		Increase infusion to ___ mg/h if more than __ additional doses are given over a period of ___ hours		

PATIENT'S NAME: _____ FILE #: _____				
Barbiturates (*see precautions indicated in Table 2.4 of National Medical Protocol No. 888028*)				
☐ PHENobarbital Intermittent administration	☐ SC or ☐ IV	_____ mg regularly every (suggested initial dose: 30 to 60 mg) ☐ 6 hours ☐ 8 hours Increase dose to ___ mg if more than ___ additional doses are given over a period of ___ hours	____ mg every ____ minutes if necessary	No. of doses: ____ REP:____
Anticholinergics				
☐ Scopolamine Intermittent administration	☐ SC or ☐ IV	_____ mg regularly every 4 hours (suggested initial dose: 0.4 mg) Increase dose to ___ mg if more than ___ additional doses are given over a period of ___ hours	____ mg every ____ minutes if necessary	No. of doses:____ REP:____
☐ Scopolamine Continuous infusion	☐ SC or ☐ IV*	_____ mg/h (suggested initial dose: 0.1 mg/h) To be started at time of loading dose Increase infusion to ___ mg/h if more than ___ additional doses are given over a period of ___ hours	____ mg every ____ minutes if necessary	☐ 50 mL at ___ mg/mL ☐ 100 mL at ___ mg/mL REP:____
** Although no contraindications have been identified for continuous IV administration of scopolamine, data on this subject are limited.*				
Anaesthetics ***It is advisable to consult a specialized team***				
☐ Propofol Continuous infusion	IV	_____ mg/kg/h = _____ mcg/kg/min = _____ mg/h (suggested initial dose: 1 to 3 mg/kg/h) Increase infusion by ____ mg/h every ____ minutes until desired level of sedation is reached (suggested titration: 1 mg/kg/h every 10-15 minutes). Not to exceed ___ mg/kg/h, i.e., _____ mg/h. Notify physician if 2 subsequent increases are required.		N/A

FOLLOW-UP

Please refer to the INESSS National Medical Protocol No. 888028 that is in force at the time of implementing this prescription.

Assess level of sedation, level of relief, feeling of comfort, respiratory rate and occurrence of adverse reactions at the following frequencies:

Upon initiation of treatment and until adequate relief and sedation are achieved	☐ Every 30 minutes (**minimum recommended frequency*) **or** ☐ Every ___ minutes
And then	☐ 2 times per day (**minimum recommended frequency*) **or** ☐ _____

- Notify physician in the event of:
  - Administration of ___ additional dose or doses
  - Inadequate sedation or relief in spite of administering recommended dosage
  - Appearance of adverse effects or hypersensitivity

IDENTIFICATION OF PRESCRIBER WHO WROTE THIS PRESCRIPTION

_____	_____	_____	_____	_____
Physician's Name	Signature	License number	Date (YYYY/MM/DD)	Time (HH:mm)

APPENDIX

Adapted from the Richmond Agitation-Sedation Scale (RASS).

Source: *Palliative Sedation at the End of Life*, PRACTICE GUIDELINES. Société Québécoise des Médecins en Soins Palliatifs (SQMDSP) and Collège des Médecins du Québec (CMQ), 2016.

Level	Description	Definition
+ 4	Combative	Combative, violent, immediate danger to the team
+ 3	Very agitated	Pulls to remove tubes and catheters and/or aggressive behaviour towards the team
+ 2	Agitated	Frequent non-purposeful movements and/or fights the ventilator
+ 1	Restless	Anxious or apprehensive, but movements purposeful, infrequent, non-vigorous, non-aggressive
0	Alert and calm	
- 1	Drowsy	Not fully alert but sustained awakening to voice (eye contact > 10 s)
- 2	Light sedation	Briefly awakens to voice (eye contact < 10 s)
- 3	Moderate sedation	Any movement (e.g., eye opening) to voice but no eye contact
- 4	Deep sedation	No response/movement to voice, but any movement to physical stimulation (non-nociceptive shaking/rubbing of shoulder or sternum)
- 5	Unrousable	No response/movement to either voice or physical stimulation (non-nociceptive shaking/rubbing of shoulder or sternum)