HOSPICE, INC.
PREFERRED DRUG FORMULARY

Hospice, Inc. Mission Statement

To affirm the cycle of life by enhancing the quality of living

Dear Healthcare Professional:

Compassionate care is the right of every patient at the end of life. Hospice, Inc. strives to provide the best healthcare that we can offer. It is possible to significantly control the symptoms of pain, nausea, vomiting, dyspnea and others in ALL patients. Controlling physical symptoms is often a very rewarding piece of caring for the terminally ill patient and allows the patient to complete their life's work.

For this reason, we have created this Symptom-Based Formulary for your reference. In this guide, you will find pharmaceuticals categorized by symptom and alphabetized by generic name. As an added feature, "Hospice Palliative Pathways" and "Notes" are listed at the end of each category. You will also find the World Health Organization (WHO) Pain Control Ladder to assist you and a complete glossary with references.

We welcome and encourage your feedback. Please call one of our Director of Patient Services at the phone numbers listed below with your comments or to request additional copies of our Preferred Drug Formulary.

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HOSPICE, INC.
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Symptom-Based Formulary Including Hospice Palliative Pathways

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PLEASE NOTE:

First Line drugs can be used without any approval.

Second Line drugs need approval of Director of Patient Services.

Third Line drugs need approval of team physician, covering physician or medical director.

Non-Formulary drugs need approval from Dr. Joel Mandelbaum, Sr. Medical Director, with a request form.

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1. Agitation / Confusion / Delirium

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Chlorpromazine HCL	Thorazine	PO	10, 25, 50, 100, 200 mg	$
Clonazepam	Klonopin	PO	0.5, 1, 2 mg	$
Diazepam	Valium	PO	2, 5, 10 mg	$
Diazepam	Valium Liquid	PO	5 mg / 5 ml	$
Diazepam	Valium Suppository	PR	10 mg	$
Haloperidol[1]	Haldol	PO	0.5, 1, 2, 5, 10 mg	$
Haloperidol	Haldol Concentrate	PO/SL	2 mg /ml	$
Haloperidol	Haldol Suppository	PR	5 mg	$
Hydroxyzine Pamoate	Vistaril	PO	25, 50, 100 mg	$
Hydroxyzine Pamoate	Vistaril Liquid	PO	25 mg / 5 ml	$$
Lorazepam [2]	Ativan	PO	0.5, 1, 2 mg	$
Lorazepam Intensol	Ativan Liquid	SL	2 mg / ml	$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Alprazolam	Xanax	PO	0.25, 0.5, 1, 2 mg	$
THIRD LINE DRUGS NEED APPROVAL OF TEAM PHYSICIAN, COVERING PHYSICIAN OR MED DIRECTOR				
Olanzapine	Zyprexa	PO	2.5, 5, 7.5, 10, 15, 20 mg	$$$$
Quetiapine Fumarate	Seroquel	PO	25, 100, 200, 300 mg	$$$
Risperidone	Risperdal	PO	0.25, 0.5, 1, 2, 3, 4 mg	$$$$

Notes:

1 The American College of Critical Care Medicine states haloperidol should be considered the preferred agent for treating delirium in critically ill adults.

1, 2 Useful in managing terminal agitation/restlessness.

Hospice Palliative Pathways:

- Terminal delirium often presents as day/night reversal. It is usually irreversible with the dying patient.
- Confusion occurs in up to 10% of patients during the last hours of life.

2. Anorexia / Weight Loss

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Cyproheptadine HCL	Periactin	PO	4 mg / 5 ml	$
Dexamethasone	Decadron	PO	1, 2, 4 mg	$
Megastrol [1]	Megace	PO	40, 160 mg	$$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Dronabinol	Marinol	PO	2.5 mg	$$$

Notes:
1 Two week trial if effective can continue, if not effective will discontinue.

Hospice Palliative Pathways:

- Supportive symptom management includes treating pain optimally, giving small, frequent meals, and removing unpleasant odors.
- When giving steroids consider prophylaxis for Candidiasis.

3. Anxiety

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Clonazepam	Klonopin	PO	0.5, 1, 2 mg	$
Diazepam	Valium	PO	2, 5, 10 mg	$
Hydoxyzine Pamoate	Vistaril	PO	25, 50, 100 mg	$
Lorazepam	Ativan	PO	0.5, 1, 2 mg	$
Lorazepam Intensol	Ativan Liquid	PO	2 mg/ml	$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Alprazolam	Xanax	PO	0.25, 0.5, 1.0, 2.0 mg	$

SSRI's – see category #10 on page 8

Hospice Palliative Pathways:

- Supportive symptom management includes counseling, relaxation therapy, visualization.
- Acute anxiety commonly accompanies hypoxemia, cardio-respiratory, and other systemic organ failure.

4. Ascites / Edema

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Furosemide	Lasix	PO	20, 40, 80 mg	$
Spironolactone	Aldactone	PO	25, 50, 100 mg	$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Metolazone	Zaroxolyn	PO	0.5, 2.5, 5, 10 mg	$$
THIRD LINE DRUGS NEED APPROVAL OF TEAM PHYSICIAN, COVERING PHYSICIAN OR MED DIRECTOR				
Torsemide	Demadex	PO	5, 10, 20, 100 mg	$$

5. Bladder Comfort / Smooth Muscle Spasm

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Oxybutynin Chloride	Ditropan	PO	5 mg	$
Phenazopyridine HCL	Pyridium	PO	100, 200 mg	$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Belladonna/Opium	B&O	PR	15 mg – 16.5 mg	$
Flavoxate HCL	Urispas	PO	100 mg	$$
Oxybatynin	Oxytrol Patch	TD	1 q 3-4 days	$$$
Tamsulin	Flomax	PO	0.4 mg	$$
Tolterodine Tartrate	Detrol	PO	1, 2 mg	$$

6. Candidiasis / Thrush

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Clotrimazole [1]	Mycelex Troches	Losenge	10 mg	$$
Fluconazole [2]	Diflucan	PO	150 mg	$$
Nystatin [3]	Mycostatin	PO Susp.	500,000 u	$
Magic Mouth Wash [4]				$$

Notes:
1 High patient acceptance.
2 One time dose of 150 mg is effective in the treatment of oral candidiasis.
3 Unpleasant, bitter taste.
4 See Hospice special compounds on page 18.

7. Cardiovascular

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Amiodarone HCL	Cordarone	PO	200 mg	$$
Amlodipine Besylate	Norvasc	PO	2.5, 5, 10 mg	$$
Atenolol	Tenormin	PO	25, 50, 100 mg	$
Carvedilol	Coreg	PO	3.125, 6.25, 12.5, 25 mg	$$
Clonidine HCL	Catapres	PO	0.1, 0.2, 0.3 mg	$
Digoxin	Lanoxin	PO	0.125, 0.25 mg	$
Diltiazem HCL	Cardizem	PO	30, 60, 90, 120, 180 mg	$$
Enalapril Maleate	Vasotec	PO	2.5, 5, 10, 20 mg	$
Furosemide	Lasix	PO	20, 40, 80 mg	$
Furosemide	Lasix	IV	10 mg / ml	$
Furosemide	Lasix	IM	10 mg /ml	$
Hydralazine	Apresoline HCL	PO	10, 25, 50 mg	$
Isosorbide Mononitrate	Imdur	PO	30, 60, 120 mg	$
Lisinopril	Prinivil / Zestril	PO	2.5, 5, 10, 20, 40 mg	$
Metolazone	Zaroxolyn	PO	2.5, 5, 10 mg	$$
Metoprolol	Lopressor	PO	50, 100 mg	$
Metoprolol	Toprol XL	PO	25, 50, 100, 200 mg	$$
Nifedipine	Adalat/Procardia	PO	10, 20, 30, 60, 90 mg	$$
Nitroquick	Nitrostat	PO / SL	0.3, 0.4, 0.6 mg	$
Nitroglycerine	Nitro Bid	Topical	2%	$$
Pentoxifylline	Trental	PO	400 mg	$
Propranolol HCL	Inderal	PO	10, 20, 40, 60, 80 mg	$
Sotalol HCL	Beta Pace	PO	80, 120, 160 mg	$$
Spironolactone	Aldactone	PO	25, 50, 100 mg	$
Warfarin Sodium	Coumadin	PO	1, 2, 2.5, 3, 4, 5, 6, 7.5, 10 mg	$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
ACE Inhibitors		PO	varies	$$
Clopidogral	Plavix	PO	75 mg	$$$
Warfarin	Coumadin	PO	1, 2, 2.5, 3, 4, 5, 6, 7.5, 10 mg	$

8. Constipation

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Bisacodyl [1]	Dulcolax Suppository	PR	10 mg	OTC not covered
Docusate Sodium	Senokot S	PO	50 mg	OTC not covered
Enulose	Lactulose	PO	15 - 60 ml/day	$
Liquid petrolatum	Fleet Mineral Oil Enema	PR	120 ml/ 133 ml	OTC not covered
Magnesium Citrate [2]	Citroma	PO	140, 400, 420, 500 mg	OTC not covered
Sodium biphosphate	Fleet Enema	PR	60 mg/ml	OTC not covered
Sodium phosphate	Fleet Enema	PR	160 mg/ml	OTC not covered
Sorbital Solution		PO	70% in 30 ml unit dose	$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
PEG (Polyethyleneglycol)	MiraLax	PO	255 gm / 14 oz	$$

Notes:

1 Well tolerated; effective within 12-24 hours.

2 Harsh; use only for severe constipation followed by large oral fluid intake.

Hospice Palliative Pathways:

- ❖ Opioids constipate from the moment they are started. Consider stool softener, bowel stimulant and opioids simultaneously.

9. Cough

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Benzonatate	Tessalon Perles	PO	100 mg	$
Codeine	Hycotuss	PO	15, 30 mg	$
Guaifenesin	Humibid/Robitussin	PO	600, 1200 mg	OTC not covered
Hydrocodone/ Guaifenesin	Hycotuss	PO	5 mg/5 ml, 100 mg/5 ml	$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Hydrocodone/ Chlortrimetron	Tussionex	PO	10 mg/5 ml, 8mg/5 ml	$$$
THIRD LINE DRUGS NEED APPROVAL OF TEAM PHYSICIAN, COVERING PHYSICIAN OR MED DIRECTOR				
Inhaled Lidocaine				

Hospice Palliative Pathways:

- ❖ Cough occurs in 30 to 50% of all patients at the end-of-life involving both cancer and non-cancer diagnoses.
- ❖ In the palliative care setting, cough requires aggressive management to prevent complications that may adversely affect quality of life.
- ❖ Opioids are the most effective cough suppressants and appear to act centrally.
- ❖ Non-pharmacologic approaches to the treatment of cough include upright positioning, breathing exercises and attention to air quality.

10. Depression

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Amitriptyline	Elavil	PO	25, 50, 100, 150 mg	$
Citalopram Hydrobromide	Celexa	PO	10, 20, 40 mg	$$
Desipramine	Norpramin	PO	25, 50, 150 mg	$
Fluoxetine HCL	Prozac	PO	10, 20, 40 mg	$$
Imipramine	Tofranil	PO	25, 50, 100, 150 mg	$
Methyl/Phenidate	Ritalin	PO	5, 10, 20 mg	$
Nortriptyline	Pamelor	PO	10, 20 mg	$
Venlataxine	Effexor	PO	75, 150 mg	$$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Bupropion Hydrochloride	Wellbutrin SR	PO	100, 150, 200 mg	$$$
Escitalopram Oxalate	Lexpro	PO	10, 20 mg	$$$
Mirtazapine	Remeron	PO	15, 30, 45 mg	$$
Paroxetine HCL	Paxil	PO	20 mg	$$
Paroxetine HCL	Paxil	PO	Susp. 10 mg / 5 ml	$$$
Sertraline HCL	Zoloft	PO	100 mg	$$$
Venlafaxine HCL XR	Effexor XR	PO	37.5, 75, 150 mg	$$$

Hospice Palliative Pathways:

- Depression is multi-faceted and best treated through a combination of psychotherapy and antidepressant medications.
- Management of depression is based on severity and length of symptoms and patient physical profile/life expectancy.
- Tricyclic antidepressants therapeutic trial is 2-3 weeks.
- Psycho stimulants are recommended for rapid onset for depression in patients with short life expectancy.
- Elderly and frail patients may require smaller than normal dosage.

11. Diarrhea

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Attapulgite	Kaopectate	PO	300, 600, 630, 750 mg	OTC not covered
Attapulgite	Kaopectate	PO	600, 750, 900 mg /15ml	OTC not covered
Cholestyramine	Questran	PO	1 Packet	$
Diphenoxylate HCL	Lomotil	PO	0.0.25, 2.5 mg	$
Loperamide	Imodium A-D	PO	2 mg	OTC not covered
Loperamide	Imodium A-D Liquid	PO	1 mg/5 ml, 1 mg/ml	OTC not covered
Psyllium	Metamucil	PO	varies	OTC not covered

Hospice Palliative Pathways:

- If C. Difficle is a possibility, secondary to broad spectrum antibiotics, consider Flagyl.
- Discontinue anti-diarrheals.

12. Dizziness / Vertigo

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Diazepam	Valium	PO / PR	10 mg	$
Meclizine Hydrochloride	Antivert	PO	12.5, 25 mg	$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Scopolamine	Transderm-Scop	Topical	0.5, 1 mg q3days	$$$

13. Dyspepsia

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Antacids		PO	30 ml	OTC not covered
Calcium Carbonate	Maalox	PO	350, 420, 450, 1000 mg	OTC not covered
Calcium Carbonate	Maalox Liquid	PO	1250 mg / 5 ml	OTC not covered
Famotidine	Pepcid	PO	10, 20, 40 mg	OTC not covered
H2 Blockers	Tagment/Zantac	PO	Varies	OTC not covered
Metoclopramide	Reglan	PO	5, 10 mg	$
Omeprazole for Gerd	Prilosec	PO	10, 20 mg	OTC not covered
Omeprazole	Prilosec	PO	10, 20, 40 mg	$$
Ranitidine HCL	Zantac	PO	75, 150, 300 mg	OTC not covered
Sucralfate	Carafate	PO	1 g / 10 ml	OTC not covered
Sucralfate	Carafate Liquid	PO	1 g.	$$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Esomeprazole	Nexium	PO	20, 40 mg	$$$
Lansoprazole	Prevacid	PO	15, 30 mg	$$$
Pantoprazole	Protonix	PO	40 mg/day	$$$

Hospice Palliative Pathways:

- ❖ Non-pharmacologic interventions include elevation of head of bed, avoiding fatty foods, mints, coffee and citrus.

14. Dyspnea

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Albuterol 0.833%	Proventil / Ventolin	Neb.	90 mcg / actuation	$
Beclomethasone Dipropionate[2]	Q Vair	**Inhaler**	80 mcg/actuation/0.2 ml	$$
Dexamethasone	Decadron	PO	0.25, 0.5, 0.75, 1, 1.5, 2, 4, 6 mg	$
Fluticasone / Propionate[2]	Flovent	**Inhaler**	44, 110, 220 mcg/actuation	$$$
Guaifenesin	Humabid LA	PO	600 mg	$
Ipratropium Bromide[2]	Atrovent	**Inhaler**	18 mcg / actuation	$$
Morphine Sulfate[1]	Morphine Sulfate	PO	15 mg	$
Morphine Sulfate[1]	Morphine Sulfate Liquid	PO	20 mg / ml	$
Normal Saline 0.9%	N/A	Neb.	3 cc	$
Prednisone	Orasone	Neb.	1, 2.5, 5, 10, 20, 50 mg	$
Prednisone	Deltasone	PO	1, 2.5, 5, 10, 20, 50 mg	$
Salmeterol[2]	Serevent	**Inhaler**	50 mcg/blister	$$$
Theophylline	Theodur	PO	200, 300, 450 mg	$
Theophylline	Uniphyl	PO	400, 600 mg	$$
Triamcinolone Acetonide[2]	Azmacort	**Inhaler**	100 mcg / actuation	$$$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Ipratropium Bromide/ Albuterol Sulfate	Duoneb	Nebulizer	0.5 mg / 3 mg per vial	$$$
Salmetrol/Fluticasone	Advair Diskus	Inhaler	100/250/500 mcg	$$$
Tiotropium	Spiriva	Inhaler	18 mcg/blister	$$$
THIRD LINE DRUGS NEED APPROVAL OF TEAM PHYSICIAN, COVERING PHYSICIAN OR MED DIRECTOR				
Morphine		Inhaled		

Notes:

1 Morphine Sulfate is recognized as the standard of care in the treatment of dyspnea when other therapies are ineffective.
2 Inhalers cost considerably more than Nebulizers with no additional benefit.

Hospice Palliative Pathways:

- Air hunger, a subjective symptom, is reported by patients and families to be a very distressful symptom.
- Non-pharmacologic interventions are critically important in the treatment of dyspnea and can significantly improve a patient's quality of life. Examples: Fan to circulate air, energy conservation, relaxation techniques, active listening.
- Consider a spacer for inhalers for increased efficacy.

15. Fatigue

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Dexamethasone	Decadron	PO	1, 2, 4, 6 mg	$
Methylphenidate Hydro-Chloride	Ritalin	PO	5, 10, 20 mg	$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Modafinil	Provigil	PO	100, 200 mg	$$$

Hospice Palliative Pathways:

- There is no known drug that restores strength.

16. Hiccoughs

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Baclofen	NA	PO	10, 20 mg	$
Clorpromazine	Thorazine	PO	10, 25, 50, 100, 200 mg	$

17. Infections

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Amoxicillin	Amoxil		1000 mg	$
Amoxicillin/Clavulanate	Augmentin		875 mg	$$$
Ampicillin	Amoxil		500 mg	$
Cefaclor-2nd generation	Ceclor		250 mg	$$
Cefprozil-2nd generation	Cefzil		1000 mg	$$$
Cefuroxime-2nd generation	Ceftin		250 mg	$$
Cephalexin-1st generation	Keflex		500 mg	$
Ciproflaxacin	Cipro		500 mg	$$
Clindamycin	Cleocin		300 mg	$$
Dicloxacillin	Dicloxacillin Sodium		250 mg	$
Doxycycline	Vibramycin		100 mg	$
Erythromycin	E-mycin		500 mg	$
Levofloxican	Levaquin		500 mg	$$$
Lincomycin	Lincosyn		500 mg	$$$
Metronidazole	Flagyl		500 mg	$
Nitrofurantoin	Macrodantin		100 mg	$
Norfloxacin	Noroxin		400 mg	$$
Penicillin			500 mg	$
TMP/SMX	Septra		80/400 mg	$
Vancomycin	Vancoled		125 mg	$$$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Azithromycin	Zithromax		250 mg	$$$
THIRD LINE DRUGS NEED APPROVAL OF TEAM PHYSICIAN, COVERING PHYSICIAN OR MED DIRECTOR				
Gentamycin	Gentamicin IM		3 mg/kg/day	$

FOR FUNGAL INFECTIONS, SEE CANDIDIASIS

ALL BROAD SPECTRUM ANTIBIOTICS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES

18. Insomnia

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Desyrel	Trazodone	PO	50, 100, 150, 300 mg	$
Diphenhydramine HCL	Benadryl	PO	12.5 mg/5 ml	OTC not covered
Diphenhydramine HCL	Benadryl	PO	25, 50 mg	OTC not covered
Lorazepam	Ativan	IM	4 mg / ml	$$
Lorazepam	Ativan	PO / SL	0.5, 1, 2 mg	$
Temazepam	Restoril	PO	7.5, 15, 30 mg	$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Mirtazepine	Remeron	PO	15, 30, 45 mg	$$
Zolpidem Tartrate	Ambien	PO	5, 10 mg	$$$
Zaleplon	Sonata	PO	5, 10 mg	$$$
THIRD LINE DRUGS NEED APPROVAL OF TEAM PHYSICIAN, COVERING PHYSICIAN OR MED DIRECTOR				
Eszopiclone	Lunesta	PO	1, 2, 3 mg	$$$

Hospice Palliative Pathways:

- ❖ Supportive symptom management includes relaxation techniques.
- ❖ Specific, problem-oriented interventions are much better than routinely prescribing sleep medication. Review contributing Psycho-social factors.
- ❖ Assess patient for increased fall risk.

19. Nausea / Vomiting

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Dexamethasone	Decadron	PO	1, 2, 4, 6 mg	$
Haloperidol[1]	Haldol	PO	0.5, 1, 2, 5, 10 mg	$
Haloperidol	Haldol liquid	PO	2 mg / ml	$
Hydroxyzine HCL	Vistaril	PO	10, 25, 50 mg	$
Hydroxyzine HCL	Vistaril liquid	PO	10 mg / 5 ml	$
Lorazepam	Ativan	PO	0.5, 1, 2 mg	$
Metoclopramide HCL[2]	Reglan	PO	5, 10 mg	$
Metoclopramide HCL[2]	Reglan Liquid	PO	5 mg / 5 cc	$
Prochlorperazine	Compazine	PO	5, 10, 25 mg	$
Promethazine HCL	Phenergan	PO	12.5, 25, 50 mg	$
Trimethobenzamide	Tigan	PO	100, 250, 300 mg	$
Trimethobenzamide	Tigan	PR	200 mg	$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Dronabinol	Marinol	PO	2.5, 5, 10 mg	$$$$
Ondansetron	Zofran	PO	8 mg	$$$$
Prochlorperazine	Compazine	PR	2.5, 5, 25 mg	$$
Promethazine HCL	Phenergan	PR	25, 50 mg	$$
Scopolamine patch	Transderm	Topical	1 Patch	$$$

Notes:

1 Very effective in small doses for managing nausea and vomiting.
2 Use cautiously in suspected bowel obstruction.

Hospice Palliative Pathways:

- ❖ The majority of patients near the end-of-life have multiple co-existent causes of nausea and vomiting. Therefore, a combination of both non-pharmacologic and pharmacologic interventions is necessary for successful palliation.

20. Pain

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
ALL NON-PILL FORMS MUST BE APPROVED BY DIRECTOR OF PATIENT SERVICES				
ASA	Aspirin	PO	81, 325 mg	OTC not covered
APAP	Tylenol	PO; PR	325, 500 mg	OTC not covered
APAP / Codeine	Tylenol #3	PO	300 mg / 30 mg	$
Choline & Mag Salicylate[1]	Trilisate	PO	500, 750, 1000 mg	OTC not covered
Choline & Mag Salicylate	Trilisate	PO	500 mg / 5 ml	OTC not covered
Dexamethasone	Decadron	PO	1, 2, 4, 6 mg	$
NSAIDS		PO	Varies	OTC not covered
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Acetaminophen / Oxycodone HCL	Percocet / Roxicet	PO	325 mg / 5 mg	$
Acetaminophen / Hydrocodone	Vicodin	PO	500 / 5 mg, 750 / 7.5 mg	$
Dihydromorphinone Hydrochloride	Dilaudid	PO	1, 2, 3, 4, 8 mg	$
		IV	titrated to comfort	$$
Dolophine	Methadone	Liquid Conc.	10 mg/ml	$
Dolophine	Methadone	PO	5, 10 mg	$
Dolophine	Methadone	Liquid	5, 10 mg/5 ml	$
Duragesic Patch	NA	Topical	25, 50, 75, 100 mcg	$$$$
Fentanyl	Duragesic	TD	12 mcg	$$$
Fentanyl Patch	NA	Topical	25, 50, 100 mcg	$$$
Morphine	Avinza	PO	30, 60, 90, 120 mg	$$$
Morphine Prefilled Syringe	NA	IV	20 mg	$$
Morphine Sulfate	MS SR, MS Contin	PO	15, 30, 60, 100, 200 mg	$$
Morphine Sulfate	MS Liquid	PO	20 mg / ml, 10mg/5ml	$
Morphine Sulfate	MS IR	PO	15, 30 mg	$
Morphine Sulfate	Morphine	IV	titrated to comfort	$
Oxycodone HCL	Oxy IR	PO	5 mg	$
Oxycodone HCL	Oxyfast Liquid	PO	20 mg / ml	$
Oxycodone HCL	Oxycontin	PO	10, 20, 40 mg	$$
Prescription NSAID's				$
Propoxyphene	Darvocet	PO		$

Notes:

1 Reduced risk of GI bleed.

Hospice Palliative Pathways:

- Refer to the WHO Three-Step Pain Ladder at the back of this booklet for pain management recommendations.
- Start a laxative at the same time as opioids to prevent constipation.
- Opioid analgesics have no ceiling effect. Therefore, dosage may be increased virtually without limit.
- The right dosage of opioids is the dosage that relieves pain without intolerable side effects.
- Opioids often work best when combined with adjuvant medications.
- Demerol is contraindicated in the management of chronic pain, as it leads to accumulation of the toxic metabolite normeperidine.
- Opioids may produce nausea. Anti-emetics help manage this side effect.

21. Pain, Adjuvants, Bone

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Dexamethasone	Decadron	PO	1, 2, 4, 6 mg	$
NSAIDS		PO	Varies	$$
THIRD LINE DRUGS NEED APPROVAL OF TEAM PHYSICIAN, COVERING PHYSICIAN OR MED DIRECTOR				
Bisphosphonates				
Miacalcin	Calcitonin	Nasal Spray	200 IU / International Units	$$
Strontium	Metastron	Rad	Varies	$$$

Notes:
1 Reduced risk of GI bleed.
2 NSAIDS are the drug of choice for bone pain.

22. Pain, Neuropathic

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Antidepressants:				
Tricyclics	Varies	PO	Varies	$
Anti-Convulsant				
Carbamazepine	Tegretol	PO	100, 200 mg	$
Clonazepam	Klonopin	PO	0.5, 1, 2 mg	$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Atypical Neuroleptics:				
Clonidine	Catapres	PO	0.1 mg	$
Gabapentin	Neurontin	PO	100, 300, 400, 600, 800 mg	$$
Olanzapin	Zyprexa	PO	5, 10, 20 mg	$$$
Mexiletine	Mextil	PO	150, 200, 250 mg	$
Quetiapine Fumarate	Seroquel	PO	25, 50, 100, 200 mg	$$$
Risperidone	Risperdal	PO	0.25, 0.5, 1, 2, 3, 4 mg	$$$$
SSRI's	Varies	PO	Varies	$$$
Local Anesthetic:				
Capsaicin	Zostrix	Topical	Cream	OTC not covered
Ketamine Gel	NA	Topical	Patch	$$$
Lidocaine Gel	NA	Topical	Patch	$
Lidocane Patch	NA	Topical	Patch	$$$

23. Pruritus

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Aveeno		Topical		OTC not covered
Crotamiton	Eurax	Topical	30, 60g	$$
Cyproheptadine HCL	Periactin	PO	4 mg	$
Cyproheptadine HCL	Periactin	PO	2 mg / 5 ml	$
Diphenhydramine HCL	Benadryl	PO	25, 50 mg	OTC not covered
Diphenhydramine HCL	Benadryl	PO	12.5 mg / 5 ml	OTC not covered
Diphenhydramine	Benadryl	Topical	NA	OTC not covered
Doxepin	Sinequan	PO	10 mg, 25 mg	$
Doxepin	Sinequan	Topical	5% Cream	$$
Hydroxyzine Embonate	Atarax	PO	10, 25 mg	$
Hydroxyzine Pamoate	Vistaril	PO	10, 25, 50, 100 mg	$
Ranitidine	Zantac	PO	75, 150, 300 mg	$$
Ranitidine	Zantac Liquid	PO	15 mg/ml	$$
Triamcinolone / Aquaphilic Ointment	** See Note	Topical	0.1% compounded	$$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Cetirizine	Zyrtec	PO	5 mg	$$
Cetirizine	Zyrtec Liquid	PO	10 mg/5 mg / 5 ml	$$
Hydrocortisone	Sarna	Topical		OTC not covered
Fexofenadine	Allegra	PO	30, 60, 180 mg	$$
Loratadine	Claritin	PO	10 mg, 1 mg/ml	$

Note:

** Compounded at local pharmacy; Effective for pruritus related to disease progression (i.e.: liver disease).

24. Secretions

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Atropine sulfate	Atropine	Eye gtts.	1% solution	$
Scopolamine Hydrobromide	Transderm Scop	Topical	1.5mg q 72 hr.	$$$
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Glycopryrrolate	Robinul	PO	0.4, 1, 2 mg	$$
Glycopryrrolate	Robinul	Subq	0.2 mg / ml	$$
Hyoscyamine sulfate	Levsin	PO/SL	0.125 mg/0.13, 0.15 mg	$
Hyoscyamine sulfate	Levsin Liquid	PO	0.125 mg / ml, 0.125 mg / 5 ml	$

Hospice Palliative Pathways:

- It is important to note that terminal congestion is different from congestion related to pulmonary edema and should not be treated with diuretics.

25. Seizures

Generic	Brand	Route	Dosages	Relative $ per Dose
FIRST LINE DRUGS				
Carbamazepine	Tegretol	PO	100, 200 mg	$
Carbamazepine	Tegretol Liquid	PO	Susp. 100 mg / 5 ml	$
Diazepam [1]	Valium	PO	2, 5, 10 mg	$
Diazepam	Valium	PR	10 mg	$$
Diazepam	Valium Liquid	PO	5 mg / 5 ml	$$$
Divalproex Sodium	Depakote	PO	125, 250, 500 mg	$$
Lorazepam	Ativan	PO	0.5, 1, 2 mg	$
Phenobarbital	Barbita	PO	15, 30, 60, 100 mg	$
Phenobarbital	Barbita Liquid	PO	20 mg / 5 ml	$
Phenytoin	Dilantin	PO	100 mg	$
Phenytoin	Dilantin Liquid	PO	125 mg / 5 ml	$
Phenytoin	Dilantin	PR	100 mg	N/A
SECOND LINE DRUGS NEED APPROVAL OF DIRECTOR OF PATIENT SERVICES				
Levetirace	Keppra	PO	100, 250, 500, 750 mg	$$
Diazepam	Diastat Gel	PR	2.5, 5, 10, 20 mg	$$$$
THIRD LINE DRUGS NEED APPROVAL OF TEAM PHYSICIAN, COVERING PHYSICIAN OR MED DIRECTOR				
Gabapentin	Neurontin	PO	100, 300, 400, 600, 800 mg	$$

Notes:

1 Recommended for brain metastasis.

Palliative Pathways:

- Seizures occur in only 1% of terminally ill patients.
- Differential diagnosis of seizures include metabolic abnormalities, hypoxia, drugs, brain mets.
- Seizure prophylaxis for brain metastases is ineffective and may be counterproductive.

26. HOSPICE SPECIAL COMPOUNDS

	BENADRYL 25 mg	REGLAN 10 mg	HALDOL 2 mg	DEXAMETHASONE 4 mg	DEXAMETHASONE 6 mg
GRALLA ELIXIRS					
1	X	X	X		
2	X		X	X	
Administer over crushed ice, sip over 30 minutes, repeat Q6H PRN – nausea, vomiting					
GRALLA SUPPOSITORIES					
1	X	X	X		
2	X	X		X	
3	X		X	X	
4	X	X			X
5		X	X		

SUPPOSITORIES

Haloperidol 1 mg suppositories

Haldol 1 mg / Benadryl 25 mg suppositories

Phenobarbital 30 mg suppositories

Lorazepam 1 mg suppositories

Indomethacin 25 mg suppositories

Diastat Rectal Gel 2.5 mg / 5 mg / 10 mg / 15 mg / 20 mg

Morphine 10 mg suppositories

Morphine 30 mg suppositories

Dexamethasone 6 mg suppositories

Dexamethasone 8 mg suppositories

Progesterone 100 mg suppositories

ORAL SOLUTIONS

Magic Mouthwash preparations - can be mixed in any combination using equal parts of each:
Benadryl
Lidocaine Viscous
Maalox
Mylanta
Nystatin Oral Suspensions

27. WORLD HEALTH ORGANIZATION (WHO) Pain Ladder

Pain Management

Effective pain management is a hallmark of quality Hospice end of life care. Pain Management protocols are integrated into Standards of Care to ensure timely on-going assessment and management of pain.

World Health Organization (WHO) Pain Ladder

The World Health Organization recommends a three-step "pain ladder," providing for incremental analgesic increases based on the severity of a patient's pain. **Unlike a traditional "ladder" where treatment is usually started at the lowest rung and progressively intensified until the desired level of response is achieved, the WHO analgesic ladder is accessed at whatever level best represents the patient's pain on presentation.** To maintain freedom from pain, drugs should be given "by the clock", that is every 2-6 hours, rather than "on demand" This three-step approach of administering the right drug in the right dose at the right time is very effective.

S t e p 1
Mild Pain *(1 to 3 on a pain scale of 10)*
Non-Opioids & Adjuvants *

S t e p 2
Moderate Pain *(4 to 6 on a pain scale of 10)*
Opioid + Non-Opioids & Adjuvants *

S t e p 3
Severe Pain *(7 to 10 on a pain scale of 10)*
Strong Opioids + Non-Opioids & Adjuvants *

*Adjuvants – see pain formulary references

28. Additional Internet Resources

www.eperc.mcw.edu
The purpose of EPERC (End of Life/Palliative Care Education Resource Center) is to assist physicians and other educators involved in all aspects of physician end of life (EOL) education through brief abstracts describing peer-reviewed instructional and evaluation materials and a list of core resources for EOL educators and opportunities for training, extramural funding, and pending conferences

www.arizonahospice.org
The Arizona Hospice and Palliative Care Organization (AHPCO) is a nonprofit membership organization representing hospice and palliative care programs and professionals in Arizona. Our mission is dedicated to advancing quality end-of-life care and serving as a voice and resource for its members and the communities which they serve.

www.promotingexcellence.org
The mission of "Promoting Excellence in End-of-Life Care" is to foster long-term changes in health care institutions to expand access to services and improve quality of care for dying people and their families.

www.partnershipforcaring.org
Partnership For Caring: America's Voices For The Dying is a national nonprofit organization that partners individuals and organizations in a powerful collaboration to improve how people die in our society.

www.ampainsoc.org
The American Pain Society is a multidisciplinary organization of basic and clinical scientists, practicing clinicians, policy analysts, and others. The mission of the American Pain Society is to advance pain-related research, education, treatment and professional practice.

www.medbroadcast.com
A comprehensive, consumer-oriented online medical resource dedicated to providing credible, relevant, mainstream information you need to take an active role in discussions and decisions about your healthcare and the healthcare of your loved ones.

www.nhpco.org
The National Hospice and Palliative Care Organization (NHPCO) is the largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States. The organization is committed to improving end of life care and expanding access to hospice care with the goal of profoundly enhancing quality of life for people dying in America and their loved ones.

www.stoppain.org
The Department of Pain Medicine and Palliative Care at Beth Israel Medical Center is dedicated to providing comprehensive care of the highest quality in pain management and palliative care, and advancing the educational and research aims of these disciplines.

www.painfoundation.org
The American Pain Foundation's mission is to improve the quality of life for people with pain by raising public awareness, providing practical information, promoting research, and advocating to remove barriers and increase access to effective pain management.

www.partnersagainstpain.com
Research updates, practice, and regulatory issues, pain assessment tools, professional resources, upcoming meetings and more.

www.soros.org
The mission of the Project on Death in America seeks is to understand and transform the culture and experience of dying and bereavement through initiatives in research, scholarship, the humanities, and the arts, and to foster innovations in the provision of care, public education, professional education, and public policy.

www.abhpm.org
The American Board of Hospice and Palliative Medicine (ABHPM) promotes excellence in the care of all patients with advanced, progressive illness through the development of standards for training and practice in palliative medicine. The ABHPM is an independent, non-profit organization whose certificate is recognized as signifying a high level of physician competence in the discipline of palliative medicine.

www.findingourway.net
The Finding Our Way national public education initiative focused on bringing practical information to the American public regarding end of life and its surrounding issues.

www.cityofhope.org/prc
History of the City of Hope Pain/Palliative Care Resource Center
The purpose of the COHPPRC is to serve as a clearinghouse to disseminate information and resources to assist others in improving the quality of pain management and end of life care. The COHPPRC, established in 1995, is a central source for collecting a variety of materials including pain assessment tools, patient education materials, quality assurance materials, end of life resources, research instruments and other resources.

29. Glossary

Addiction	Overwhelming involvement with obtaining and using a drug for its psychic benefits; not for medical reason; behavior is compulsive and subject to relapse; quality of life is not improved or enhanced.
Adjuvant	Drugs that were developed for WHO clinical indications other than pain relief; adjuvant drugs may be used at all steps of the analgesic ladder.
Anxiety	A state of apprehension and/or dread whose source the patient cannot identify; denial or resistance to life changes resulting in physiologic and emotional stress.
Double effect	An ethical principle that permits an action, intended to have a good effect, when there is a risk of an undesired secondary effect, ONLY when the intention was to produce the good effect. Double effect, as a principle guiding care, is complex and outdated. Although this principle is commonly cited with morphine, in fact, it does not apply, as the secondary adverse consequences are unlikely. It is important to know that adequately controlling symptoms at end of life does not shorten life!
Dyspnea	The uncomfortable awareness of breathing; an unpleasant sensation of shortness of breath
Existential	The philosophy that humans have free will and responsibility for their own actions; “heart/soul” pain.
Hospice	An interdisciplinary approach to provide comprehensive palliative treatments to patients near the end of life.
Interdisciplinary	A process of decision making for patient care that requires team members, including the patient and family, to reach consensus.
Multidisciplinary	A process of decision making that involves various disciplines with each forming their own goals.
Opioid	All drugs with morphine-like actions on endogenous opioid receptors, irrespective of chemical structure.
Opioid “pseudo-addiction”	An iatrogenic syndrome in which patients develop certain behavioral characteristics of psychological dependence as a consequence of inadequate pain treatment “Patients are relief seeking NOT drug seeking” (American Academy of Pain, 2001)
Pain	Whatever the experiencing person says it is, existing whenever he/she says it does (Journal of Pain & Symptom Management); An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage; inability to communicate verbally does not negate the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment. History is 80% of the diagnosis – the patient’s subjective report of pain is even more important to an accurate diagnosis, as there are no physical exam techniques or diagnostic tests to confirm pain history, therefore the patient must be believed.
Palliative care	The World Health Organization (WHO) states “the active total care of patients whose disease is not responsive to curative treatment.” The goal of palliative care must be the best possible quality of life for the patient and his family, so symptom control and attention to the whole patient – in his psychological, social, and spiritual dimensions – have primacy.

Palliative sedation	Medications used specifically for sedation; to make patient unaware of symptoms unrelieved by other interdisciplinary management; appropriate at multiple points in patient's trajectory toward death.
Physical dependence	After repeated administration of an opioid, withdrawal symptoms may occur when discontinued abruptly.
Side effect	An effect of drug treatment that may range in severity from barely noticeable to uncomfortable; side effects are usually predictable; may produce the desired effect.
Titration	Practice of adjusting medication to reach maximal desired effect.
Terminal agitation	A particularly distressing variant of delirium characterized by anguish, restlessness, agitation and cognitive failure.
Terminal delirium	Delirium is common in patients with advanced illness who are nearing death. It often presents as day-night reversal and can be much more complex to assess and difficult to manage. When patients who are dying experience agitation, restlessness, moaning and/or groaning caused by terminal delirium, it is usually irreversible.
Tolerance	After repeated administration of an opioid, a given dosage begins to lose its effectiveness; first in duration of action, second in overall effectiveness. What initially appears to be tolerance may be progression of the disease.

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