

## Medicines from the PBS Prescriber bag for terminal phase symptoms

PBS Item Code	Pharmaceutical benefit and form	Strength	Packet size	Max qty (packs)	Max qty (units)
<b>3451P</b>	Adrenaline (Epinephrine) injection	1 in 1000 (1 mg/mL)	5 x 1mL amps	1	5
<b>3478C</b>	Clonazepam oral liquid	2.5 mg/mL (0.1 mg/drop)	1 x 10mL	1	1
<b>3466K</b>	Furosemide (Frusemide) ampoule	20 mg/ 2 mL	5 x 2mL	1	5
<b>3456X</b>	Haloperidol ampoule	5 mg/mL	10 x 1mL	1	10
<b>3470P</b>	Hydrocortisone Sodium Succinate injection*	100 mg (reconstituted to 2mL)	Single injection	2	2
	OR	OR			
<b>3471Q</b>	Hydrocortisone Sodium Succinate injection*	250 mg (reconstituted to 2mL)	Single injection	1	1
<b>3473T</b>	Hyoscine Butylbromide ampoule	20 mg/mL	5 x 1mL	1	5
<b>3476Y</b>	Metoclopramide ampoule	10 mg/ 2 mL	10 x 2mL	1	10
<b>10178Q</b>	Midazolam ampoule	5 mg/mL	10 x 1mL	1	10
<b>10862Q</b>	Morphine ampoule	10 mg/mL	5 x 1mL	1	5
	OR	OR			
<b>3479D</b>	Morphine ampoule	15 mg/mL	5 x 1mL	1	5
	OR	OR			
<b>10868B</b>	Morphine ampoule	20 mg/mL	5 x 1mL	1	5
	OR	OR			
<b>3480E</b>	Morphine ampoule	30 mg/mL	5 x 1mL	1	5
<b>10786Q</b>	Naloxone hydrochloride injection	400 microgram/mL	5 x 1 mL	2	10
	OR	OR			
<b>11233F</b>	Naloxone hydrochloride injection	400 microgram/mL	10 x 1 mL	1	10

Based on the emergency practice concept proposed by Seidel et al 2006 Aust Fam Physician. 2006 Apr;35(4):225-31. Information from PBS listings current as of March 2024. See [www.pbs.gov.au](http://www.pbs.gov.au) for more.

## Medicines from the PBS Prescriber bag for terminal phase symptoms

Many people with palliative care needs, choose to be cared for and die at home.

Prescribing medicines in advance (anticipatory prescribing), ensures prompt response when symptoms occur. Yet, people can deteriorate suddenly and rapidly.

In Australia, some medicines are provided without charge to prescribers, who can supply them free on home visits. The Pharmaceutical Benefits Scheme (PBS) prescriber bag list includes medicines which can be useful in caring for the dying, in the home environment. These can be administered immediately to manage symptoms or to see the person through until a prescription can be dispensed.

A prescriber bag supply order form can be ordered online from [Services Australia](#). The forms allow monthly ordering of medicines. They must be completed, signed, and given to a community pharmacist for dispensing.

The PBS prescriber bag is a safety net for those who deteriorate suddenly at the end of life. It is not a substitute for good advanced planning.

### Symptoms common in the terminal phase

#### **Agitation, or terminal restlessness:**

Characterised by anguish (spiritual, emotional, or physical), restlessness, anxiety, agitation, and cognitive failure. Sublingual clonazepam, subcutaneous midazolam and subcutaneous haloperidol may be used.

**Delirium:** Haloperidol is commonly used to reduce distress due to delirium.

**Dyspnoea:** Subcutaneous morphine is the gold standard. Avoid repeated dosing in people with serious kidney failure. Because there may be an anxiety component, sublingual clonazepam or subcutaneous midazolam may also have

a role. Nebulised adrenaline may give temporary relief if stridor is present.

**Nausea and vomiting:** For onset of new nausea or vomiting in the terminal phase, when the cause is unknown, haloperidol or metoclopramide are usually used as first-line therapy.

**Oedema associated with heart failure:** Intravenous or subcutaneous furosemide (frusemide) can be adjusted against the oral dose until symptoms are controlled.

**Pain:** Subcutaneous morphine can be used in most people with pain. Avoid repeated dosing in severe renal failure. Naloxone can be used for opioid poisoning.

**Respiratory tract secretions:** The inability to clear secretions from the oropharynx or trachea causes pooling of fluids in the throat. This results in rattly breathing. This may be more distressing for the people around than for the person themselves. Hyoscine butylbromide can be used.

Rigidity associated with end-stage Parkinson disease: If dopaminergic medication is ceased, subcutaneous midazolam or sublingual clonazepam may help to relieve rigidity.

**Palliative care emergencies:** A sudden and life-threatening change in a person's condition. Some emergencies may be unexpected. Some can be foreseen, based on the nature and location of the disease. These may include:

- superior vena cava obstruction
- catastrophic haemorrhage
- airway obstruction
- seizures
- spinal cord compression.

Morphine and midazolam, administered subcutaneously in the home, can reduce distress. Subcutaneous hydrocortisone may be used in place of

dexamethasone, where an anti-inflammatory is useful (e.g. bowel obstruction, spinal cord suppression, and airway obstruction).

\*Note: The final volume of the hydrocortisone, once reconstituted, is 2mL which may limit the dose that can be comfortably administered.

In managing a bowel obstruction, hyoscine butylbromide is helpful in managing the cramping pain, while haloperidol is preferred for nausea and vomiting. Topical use of adrenaline is suggested for small volume superficial malignant bleeding.

### Practical tips

In addition to carrying medicines, bring equipment to administer them.

Order your PBS prescriber bag medicines at the end of the month.

Lock medicines up in a secure place. You are responsible for their security and must adhere to legislative requirements around secure storage of S8 medications such as opiates.

Keep a recording book for administering, supplying, or discarding medications.

The maximum volume generally accepted for a subcutaneous injection is around 1.5mL - larger volumes are more likely to be associated with pain at the injection site. See hydrocortisone and volume considerations above.

Speak with the community pharmacist about stocking these medicines, so the ongoing prescription can be dispensed immediately.

For specific dosing advice, refer to:

- [Australian Medicines Handbook](#)
- [Palliative Care Therapeutic Guidelines](#)
- [CareSearchgp app](#).