COMMONLY USED HOSPICE MEDICATIONS

ANXIETY/RESTLESSNESS

LORAZEPAM

- **Formulation:** Tablets (can be crushed and combined with H2O), oral concentrate (2mg/ml), IV/SC (2 mg/ml)
- **Initial Dose:** 0.5 tid
- **Titration:** Up to 1 mg q 1 hr
- **Comments:** Potentiates opioids, can have paradoxical effect especially in elderly and dementia

HALDOL

- **Formulation:** Tablets (can be crushed and combined with H2O), concentrate (2 mg/ml), IV/SC 1-2 mg q 4 hr
- **Initial Dose:** 0.5 mg q 4 hrs prn
- **Titration:** Up to 2 mg q 4 hrs for nausea and up to 5mg q 12 hrs for anxiety/restlessness
- **Comments:** Very effective at low dosing for nausea!

SEROQUEL

- **Formulation:** Tablets
- **Initial Dose:** 12.5 mg @ HS but can be used BID at this dose
- **Titration:** Can be done daily up to 150 mg in increments of 25-50 mg with BID dosing
- **Comments:** Most common drug tried for Lewy Body Dementia

THORAZINE

- **Formulation:** Tablets IM, IV
- **Initial Dose:** 25 mg q 6 ptn
- **Titration:** Up to 100 mg q 6
- **Comments:** Generally more sedating than Seroquel

NAUSEA

HALDOL Very effective for nausea – See anxiety

ZOFRAN

- **Formulation:** Tablets, ODT
- **Initial Dose:** 4 mg q 6 hr
- **Titration:** Up to 8 mg q 6 hrs
- **Comments:** Can be scheduled or as needed. Not as sedating as the following medications.

PHENERGAN

- **Formulation:** Tablets, suppositories, IV
- **Initial Dose:** 25 mg q 4 hrs as needed
- **Titration:** Up to 50 mg q 4 hrs as needed
- **Comments:** Can be sedating

COMPAZINE

- **Formulation:** Tablets, suppository
- **Initial Dose:** 5 mg q 6 hrs as needed
- **Titration:** Up to 10 mg q 6 hrs as needed
- **Comments:** Can be sedating

REGLAN

- **Formulation:** Tablets, IV, IM, ODT, Solution (1mg/ml)
- **Initial Dose:** 5 mg q 6 hrs
- **Titration:** Up to 10mg q 4 hrs as needed
- **Comments:** Can be used for Gastroparesis. Can cause tardive dyskinesia.

COMMONLY USED HOSPICE MEDICATIONS

PAIN

HYDROCODONE

- **Comments:** Similar usage as in primary care practices

MORPHINE

- **Formulation:** Tablets come in ER and IR, Oral concentrate (20 mg/ml), IV/IM/SQ
- **Initial Dose:**
  1. Oral concentrate (20 mg/ml) starting dose is 5 – 10 mg q 4 hrs prn
  2. Starting IR dose is 5 – 10 mg q 4 hrs prn
  3. Starting ER dose is 15 mg BID
  4. IV Drip starting dose is 0.5 mg/hr with 0.5 mg q 15 min bolus prn
- **Titration:**
  1. Oral concentrate- up to 20 mg q 1 hr
  2. IV Drip start 0.5 – 1 mg q 1 hr, titrate up to 6 mg/hr
- **Comments:** May cause sedation & potentially constipation – should have a bowel medication ordered. Increased risk of toxicity in renal failure.

DILAUDID

- **Formulation:** Tablets, IV/SQ, Solution 1 mg/ml
- **Initial Dose:** Starting tablets @ 2 mg q 4 hour; 0.2 mg per hour IV/SC
- **Titration:** Up to 8 mg per dose PO; up to 6 mg/hr IV/SC
- **Comments:** Less toxicity in renal failure compared to morphine

METHADONE

- **Formulation:** Tablets, Concentrate (10 mg/ml)
- **Initial Dose:** Start at 5 mg bid or tid
- **Titration:** Increase no sooner than every 72 hours and may take 5 days to realize full effect
- **Comments:** Only extended-release opioid which can be crushed

EXCESS SECRETIONS

ATROPINE

- **Formulation:** Ophthalmic drops 1%
- **Initial Dose:** 1-2 drops SL q 4 hr prn
- **Titration:** 3-4 drops q 2 hr
- **Comments:** Repositioning patient can be more effective than medication

LEVSIN

- **Formulation:** Tablets and sublingual tablets
- **Initial Dose:** Start at 0.125 mg q 4 hr prn
- **Titration:** Up to 0.5 mg q 4 hr prn
- **Comments:** SL can be used in unresponsive patients; repositioning of the patient can be more effective than any medication

DYSPNEA

- Above opioids at same dosing as for pain.
- Anxiolytics with or without opioids
- Nebulizers
- Oxygen per NC or simple mask

NOTE: These are guidelines based on the most commonly used medications and dosages. Each patient's medication regimen is individualized to meet their unique needs.