

## Benzodiazepines via the Buccal or Sublingual Routes for Anxiety or Breathlessness in Palliative Care

<b>Aim of Guideline</b>	This guideline aims to support professionals providing generalist palliative care in identifying alternatives to usual drugs and routes of administration, when these are not available especially in the last days and hours of life. Adherence to guideline recommendations will not ensure a successful outcome in every case. It is the responsibility of all professionals to exercise clinical judgement in the management of individual patients.
<b>Anticipatory prescribing in the last hours or days of life</b>	If a patient is in the last hours or days of life it is helpful if 'anticipatory medication' is prescribed for symptom control at the end of life. <a href="#">Anticipatory Prescribing in the Last Hours or Days of Life</a> guideline is available from the following link: <a href="https://hse.drsteevenslibrary.ie/Covid19V2/palliativecare">https://hse.drsteevenslibrary.ie/Covid19V2/palliativecare</a>  <a href="https://www.palliativecareguidelines.scot.nhs.uk">For more detailed guidance, visit https://www.palliativecareguidelines.scot.nhs.uk</a> or contact <a href="#">specialist palliative care team for advice.</a>
<b>When subcutaneous medications are not available or not suitable</b>	Preparations licensed for buccal administration may be used where patients have swallowing difficulties or altered consciousness. Some injectable preparations can be also administered via the buccal or sub-lingual route.
<b>Unlicensed Use</b>	<i>"Off-label" use of medicines where a medicine is used in a way which is not detailed in its license is widely accepted practice within palliative care. Where possible, we would recommend using licensed medicinal products. Recommendations in this guideline are off-label either due to route, dose or indication but are based on available evidence and reflect a consensus of opinion about good practice in the management of adult patients with life-limiting illness.</i>
<b>Anxiolytic sedatives for anxiety or agitation or breathlessness</b>	Benzodiazepines do not relieve breathlessness per se but may have a role when anxiety exacerbates breathlessness by relieving anxiety and panic associated with severe breathlessness. The following options are appropriate for your patient if they are having difficulty swallowing oral medication and where parenteral injections are impractical.  <b>Midazolam:</b> 2.5mg every hour, as required, buccal route <b>Lorazepam:</b> 500micrograms every 4 hours, as required, sublingual route. <ul style="list-style-type: none"> <li>• If 3 or more doses have been given within 4 hours with little or no benefit seek advice or review.</li> <li>• If more than 6 doses are required in 24 hours seek advice or review.</li> </ul> <p><b>Note:</b> If the patient is already on large background doses of benzodiazepines, a larger dose may be needed. If they are frail, a smaller dose may be sufficient.</p> <p>Always review the effect of any 'as required' medicine within one hour of administration to see whether it has relieved the symptom(s) or not. Always review the treatment plan within 24 hours to ensure the treatment plan is effective. If symptoms persist or three or more 'as required' doses are needed, review the treatment plan.</p>
<b>Available Preparations</b>	<ul style="list-style-type: none"> <li>• Buccolam® (<b>Midazolam</b> 5mg/ml) oromucosal solutions are available in pre-filled buccal syringes of 2.5mg; 5mg; 7.5mg and 10mg .</li> <li>• Midazolam injection can be administered via the buccal route. However, the volume per dose and need for filter needles may mean this is preparation is often impractical to use.</li> <li>• <b>Lorazepam:</b> (Ativan® 1mg) tablets can be administered via the sublingual (SL) route.</li> <li>• Lorazepam injection solution can be placed in the buccal cavity or used sub-lingually. However, the volume per dose and need for filter needles may mean this is preparation is often impractical to use.</li> </ul>
<b>Directions for Use</b>	<p><b>When using buccal preparations—moistening a dry mouth helps absorption.</b></p> <p><b>Administration of Buccolam® Midazolam:</b>  <b>Step 1:</b> Hold the plastic tube, break the seal at one end and pull the cap off. Take the syringe out of the tube.  <b>Step 2:</b> Pull the red cap off the tip of the syringe before use to avoid risk of choking. Dispose of it safely. Ensure the translucent tip comes off when the red cap is taken off.  <b>Step 3:</b> Using the finger and thumb gently pinch and pull back the cheek. Put the tip of the syringe into the back of the space between the inside of the cheek and the lower gum.  <b>Step 4:</b> Slowly press the syringe plunger until the plunger stops. The full amount of solution should be inserted slowly into the space between the gum and the cheek (buccal cavity). If necessary (for larger volumes and/or smaller patients), approximately half the dose should be given slowly into one side of the mouth, then the other half given slowly into the other side.</p> <p><b>Administration of Lorazepam Tablets:</b>  Put tablet under the tongue and leave to dissolve. <b>Note:</b> dose may be half a tablet (500 micrograms) Tablets will not dissolve SL in patients with a dry mouth; dissolve the tablet in a few drops of warm water, draw up in a 1mL oral syringe and put between the patient's cheek and gum (i.e. buccally).</p>