

# PALLIATIVE MEDS INFO NEWSLETTER

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Palliative Meds Info is a medicines information service which provides advice on all aspects of medicines use in palliative care. Contact us at Our Lady's Hospice and Care Services on 01 4912578 or email [palliativemedinfo@olh.ie](mailto:palliativemedinfo@olh.ie) or view the Palliative Meds Info webpage available from the OLH&CS website [www.olh.ie](http://www.olh.ie)



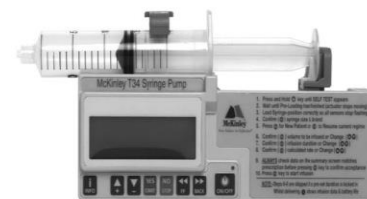
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## The Use of Subcutaneous Sodium Valproate in Palliative Medicine

We have developed guidance on the use of sodium valproate in a syringe pump for patients with palliative care needs. Subcutaneous sodium valproate is indicated in the short term treatment of generalized, partial or other epilepsy when palliative care patients are unable to take oral medications or when IV access is not possible or deemed inappropriate. A 1:1 conversion ratio is usually recommended when converting patients from oral sodium valproate to subcutaneous sodium valproate. However, dosing should be based on the clinical presentation of the patient and the subsequent response to therapy. Sodium valproate can be infused in a single syringe pump over 24 hours although volume restrictions may require that two 12 hour pumps are used. As there is no information regarding the compatibility of sodium valproate with other medicines it should be administered alone in a single syringe pump. Please see full details here: <http://olh.ie/wp-content/uploads/2014/09/The-Use-of-Subcutaneous-Sodium-Valproate-in-Palliative-Medicine-Feb-2018.pdf>



## Treatment Options for Itch

There are many possible causes of pruritus in patients with palliative care needs and management of this symptom is often challenging. Pruritus may originate from more than one cause. Therefore, careful consideration should be given to each possible cause before choosing a treatment approach. Most patients with pruritus have dry skin, even when there is a definitive endogenous cause. Rehydration of the skin may prevent the need for pharmacological therapy. When non-pharmacological therapy fails, pharmacological treatment should be based on the type of pruritus the patient presents with. Please see full details here: <http://olh.ie/wp-content/uploads/2014/09/What-are-the-treatment-options-for-pruritus.docx.pdf>



## Hospices and the HSE Hospital Emergency Scheme:

- The hospital emergency scheme allows the community pharmacist to dispense a 7 day supply of medicines to GMS (medical card) patients on foot of a discharge prescription from an acute hospital or from the A&E setting. This ensures there is no delay in medicines supply while patients are awaiting an updated GMS (medical card) prescription from their GP.
- In November 2017 (circular 035/17) the hospital emergency scheme was expanded to cover patients discharged from a residential palliative care setting (hospice) on foot of a discharge prescription.
- The emergency supply of medicines for hospice patients should be dispensed on the day the discharge prescription is written (in certain circumstances it may be dispensed on the following day).
- Only GMS reimbursable items may be claimed for under this arrangement.
- A medical card levy of €2.00 per item applies as usual for GMS prescriptions.

## Availability Issues with Medicines in Palliative Care:

Over the past few months we have experienced a number of medication shortages which have created challenges for our palliative care teams:



### Haloperidol 5mg/mL injection and 0.5mg capsule

- Supply issues over last few months
- There is no licensed haloperidol injection available, however an unlicensed preparation can be sourced.
- Serenace 0.5mg capsules were unavailable but have returned to stock.

### Rapifen® (Alfentanil) Intensive Care 5mg/mL injection

- Recently returned to stock.
- As Rapifen® Intensive Care is an unlicensed controlled drug delays in the importation process can occur which results in this product being unavailable from wholesalers in Ireland.
- There are no set recommendations on appropriate alternatives to subcutaneous alfentanil.
- Depending on their clinical presentation and past history of opioid use, alternative opioids may be considered for patients on high doses of alfentanil that are unsuitable for Rapifen® 1mg/2mL due to volume restrictions in their syringe pump.

### Hydromorphone injection 50mg/mL and 20mg/mL injection (Martindale)

- Unavailable at present due to increased demand.
- Expected return in late April.
- Consideration may need to be given to the use of an alternative opioid in the absence of supply.

### Palladone® (Hydromorphone) capsules

- Palladone® IR 1.3mg and 2.6mg capsules and Palladone® SR 2mg and SR 24mg capsules were unavailable from suppliers for a period of time. They have now returned to stock.
- Palladone® SR 4mg and SR 8mg capsules continue to be in short supply. Expected return in late April.

### Cyklokapron® (Tranexamic acid) 500mg tablets

- Recently returned to stock.
- In the absence of an alternative oral formulation Cyklokapron® injection 500mg/5mL may have been administered via the oral route.
  - Administration of the injection orally is unlicensed.
  - A filter needle should be used to remove the contents of the vial.
  - The injection should be diluted with water before administration.
  - Once diluted the injection must be used immediately. An opened injection should not be kept for more than 24 hours in the fridge.
  - The above information should be applied by those with experience and facilities to assist in the safe use and disposal of sharps.

### Mycostatin® (Nystatin) 100,000 units/mL oral suspension

- Information has been circulated informing pharmacists that Mycostatin 100,000 units/mL will be discontinued by the end of 2018.
- Currently there is an unpredictable supply. The manufacturers advise that availability will continue until current stock is depleted.
- We will update you with further information in a future newsletter.

**We would like to take this opportunity to thank Cliona Hayden for her fantastic contribution to the Palliative Medicines Information service over the past number of years and we wish her the very best in her new role!**

**Eimear O'Dwyer, Siún Tobin and Amy Byrne.**