

## Medications – Client and Family

This pamphlet includes information about medications that may be given to people who are dying to increase their comfort and relieve suffering. Related pamphlets cover the topics of *Transfers Between Care Settings* and *Nutrition and Hydration* at the end of life.



### Medications at the end of life

As people near end of life, the goals of their care change from trying to improve or maintain their health to maximising their comfort and quality of life in their final days.

An important part of making sure someone nearing end of life is comfortable is to provide medication that will relieve their pain and other symptoms.

### Why are medications used at the end of life?

Medications are commonly needed to manage symptoms, relieve distress and improve quality of life when someone is dying.

For example, medications can be used to prevent or manage nausea and vomiting, difficulty breathing, constipation, anxiety and pain.

When a person is prescribed palliative or end of life medication, it is not uncommon to have feelings of uncertainty or fear about the future and whether they are nearing death.

It is important to remember that appropriately prescribed and administered medication is a fundamental part of providing quality end of life care, and medication is not given with the intent to prolong life or to hasten death, but to ease symptoms.

## What are some common medications used at the end of life?

### Medications for pain and breathlessness:

- *Paracetamol* (pronounced para-see-ta-moll)
- *Ibuprofen* (pronounced eye-byoo-pro-fen)
- *Codeine* (pronounced ko-deen)
- *Morphine* (pronounced more-feen)
- *Oxycodone* (pronounced ok-see-co-doan)
- *Hydromorphone* (pronounced hi-dro-more-phone)
- *Fentanyl* (pronounced fen-ten-all)
- *Buprenorphine* (pronounced boo-prenn-aw-feen)

### The right pain relief for a person who is dying will depend on the type of pain they have and how intense it is.

Sometimes a combination of medications are used including:

- *paracetamol* and non-steroidal anti-inflammatory drugs (NSAIDs) for **mild pain**
- *codeine* for **moderate pain**
- *morphine*, *oxycodone*, *hydromorphone* and *fentanyl* for **strong pain**.

Some of these are short-acting medicines and some of these are longer acting medicines. Sometimes these medications are given as patches, injections or orally.

As someone nears the last few days or hours of life, they may experience pain or breathlessness, which can be distressing. Giving them small, regular amounts of morphine can help to keep them comfortable by easing their pain and helping them to breathe more easily.

If you think that the person is in pain or finding it hard to catch their breath, it is important to let care staff know.

### Medication for restlessness or confusion

- *Haloperidol* or *Midazolam* (pronounced hal-o-PEAR-eeh-doll and mid-AZ-o-lamb)

People can become confused or restless in their last days of life. The medical word for this is 'agitation'. They may hallucinate or talk to people who are not there. They may be angry with family, carers and friends with no clear cause, and it may be hard to reason with them.

In some situations these medications, along with non-medication approaches, are used for settling agitation. Each of these medications can be given to people either as an injection or with other medications through a drip or syringe driver.

Medication that is given to manage confusion and restlessness has a relaxing and calming effect. It is common for people at this stage of life to only open their eyes or nod occasionally, and not wake easily. Sometimes they may stay asleep even when you talk or touch them. This is due to a combination of factors which may include their underlying medical condition (which is causing the agitation) and the medication.

It is important to let care staff know if you are worried that the person is restless or confused as they near the end of their life. It is better to manage their distress as soon as possible.

### Medications to control nausea and vomiting

- *Haloperidol* and *Metoclopramide* (pronounced hal-o-PEAR-eeh-doll and met-o-CLO-pra-mide)

Not everyone will need medication to stop them feeling sick. If a person has felt sick or vomited, medication for nausea may be helpful.



### Is addiction to morphine a risk?

Morphine is sometimes associated with drug addiction. But taking morphine for pain or to help breathing at the end of life will not cause addiction. Commonly, people worry when their dose of morphine increases. But the increase is usually because their needs have changed and more medicine is needed to manage the pain.

## Medications for noisy or rattly breathing

- *Glycopyrrolate* or *Buscopan* (pronounced gly-co-PIE-ro-late or BUS-co-pan)

In the last hours of life, the person may begin to make a noisy, 'rattling' sound when they breathe. The noisy rattle comes from a build-up of spit (saliva) and mucus that they are no longer able to swallow or spit out. The noise of the rattle is often more distressing for family than the person who has the rattle.

Medication may be given to dry the mouth and reduce saliva so that fluid does not build up in the mouth. The medications can be given as a regular injection or included with other medication and given by a drip or syringe driver.

It is important to let care staff know if you begin to hear a 'rattle' sound when the person is breathing. Several things may help, including re-positioning the person and keeping their mouth moist. In some situations, medication may be helpful to reduce the build-up of fluids that make this sound.

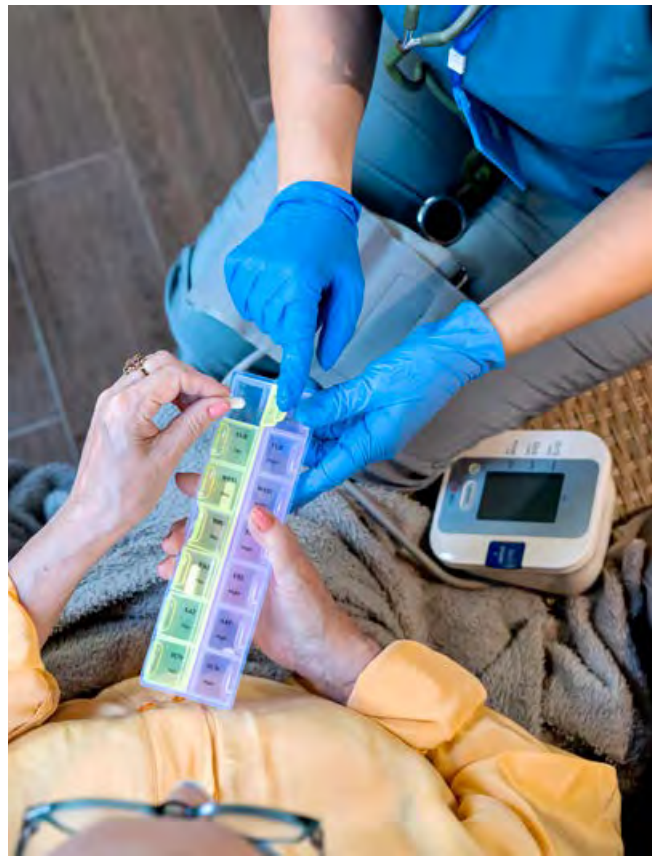
## Who decides what medications are used?

Health professionals and care staff at the aged care service will involve the person (if they can make their own decisions) and their family or friends (if they person agrees for them to be involved, or no longer has capacity) in decision-making about medications at the end of life.

They may do this by holding case conferences to assist with communication, plan care, and make decisions relating to end of life in accordance with the person's wishes.

Where the person agrees to the involvement of family or friends, it is OK for them to ask questions, raise concerns with health professionals and care staff, and explore options.

Health professionals and care staff at the service may also connect with other health professionals who will form part of a multi-disciplinary care team. This team will work to provide integrated palliative care.



### Questions about medications you may wish to ask when someone is dying

- 1 Is there anything else that may help ease my Mum's pain?
- 2 Dad is finding it difficult to breathe today – could medication help him?
- 3 How do you know Dad is not in pain?
- 4 Mary is finding that the injections are hurting. Is there another way she can receive the medication?

## Conversations about the end of life

Having conversations about death and dying is an important way to prepare for death. While these conversations can be difficult, they enable shared understanding and involvement in end of life care.





### Key actions the residential aged care facility will take to manage a resident's medication needs at end of life

- Regularly assess and respond to the person's changing medication needs, goals and preferences
- Rationalise (deprescribe) medications where they are no longer needed or are negatively impacting quality of life
- Withdraw futile or non-beneficial treatments
- Prescribe and administer medications to alleviate symptoms and suffering – particularly pain relief
- Enable the person to make informed choices and follow relevant directions in the person's Advance Care Directive
- Involve the person's substitute decision-maker if they do not have the capacity to consent or make decisions
- Communicate with and involve family or friends in discussions and care planning, when the person wants.

The Aged Care Quality Standards require that *'The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and dignity preserved.'* (Standard 3(3c))

## Helpful resources

- Older Persons Advocacy Network [Medication it's your choice](#)
- The Conversation [End of life conversations can be hard](#)
- ELDAC's [End of Life Law Toolkit](#).
- Aged Care Quality Standards [consumer resources](#)
- [Charter of Aged Care Rights](#)

This resource has been informed by a review of contemporary Australian and international literature including authoritative sources on the Australian policy, legal and practice environment. Additionally, three focus groups of nurses working in a variety of aged care settings were held and content was reviewed by experts in the ELDAC network.