Palliative Care: Medicines for End-of-Life Care

Healthy Handouts Series
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Palliative Care is a person and family-centred approach to treatment, care, and support for people living with a life-limiting illness. A life-limiting illness is an active, progressive, or advanced disease with little or no prospect of cure and is likely to result in death in the future.

End-of-Life Care is the care given to someone in the final months, weeks and hours of life when a condition is no longer curable. The goal of end-of-life care is to maximise comfort, dignity and quality of life.

Medicines for end-of-life care are used to help manage the painful or distressing symptoms that may be experienced in the final stages of life.

	PAIN OR DYSPNOEA	DELIRIUM	RESPIRATORY SECRETIONS (NOISY BREATHING)	NAUSEA AND VOMITING	ANXIETY, AGITATION OR RESTLESSNESS
DESCRIPTION	Pain can greatly impact comfort and quality of life. Dyspnoea is the feeling of breathlessness or shortness of breath. Opioids can help manage both symptoms.	A sudden change in thinking, awareness or behaviour. Can be distressing for the resident, family and carers.	Saliva and mucus build up. Does not always cause discomfort to the resident however it can be concerning for the family and carers.	Common in end of life and can have many causes. May affect comfort, oral intake and the ability to take medicines.	Can cause significant distress and discomfort. Consider possible causes such as pain, delirium, urinary retention or constipation.
MEDICATIONS	**Morphine** injection or oral liquid Alternatives include **Hydromorphone** or **Fentanyl** injection	**Haloperidol** injection	**Hyoscine hydrobromide** injection Alternatives include **Glycopyronium or Atropine injections**	**Haloperidol** injection Alternatives include **Metoclopramide injection or Ondansetron oral tablets**	**Clonazepam injection** or oral drops Alternatives include **Midazolam** or **Haloperidol injections**

RESOURCES

Strengthened Quality Standards:

Outcome 5.7: Palliative care and end-of-life care

Evidence-based resources to support palliative and end-of-life care:

What is palliative care? | Australian Government Department of Health, Disability and Ageing

CareSearch Palliative Care Knowledge Network

PalliAged:

PalliAged is funded by the Australian Government to develop and provide free learning resources and practical tools for staff working in the aged care sector.

www.palliaged.com.au

Palliative Care: Medications Used in End-of-Life Care
QUICK REFERENCE GUIDE

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SYMPTOM	COMMON MEDICATIONS	WHY ARE THEY USED?	KEY CONSIDERATIONS
Pain	• Morphine • Hydromorphone • Fentanyl	First-line opioids for moderate to severe pain. Morphine also helps to relieve breathlessness. Hydromorphone and fentanyl are alternatives when morphine is unsuitable (e.g. renal impairment, itch).	• Assess pain regularly. • Monitor constipation, nausea and sedation. • Consider renal function for medication choice. • Check equivalence between opioid products when converting. • Hydromorphone is approximately five times more potent than morphine. • Fentanyl is preferred in morphine intolerance or significant renal impairment.
Breathlessness (Dyspnoea)	• Morphine • Fentanyl	Reduces the sensation of breathlessness and improves comfort.	• Low doses are often effective. • Combine with positioning, airflow and reassurance • Fentanyl is an alternative where morphine is unsuitable.
Anxiety/Terminal Restlessness	• Midazolam • Clonazepam	Rapid relief of anxiety, terminal restlessness and distress.	• Midazolam has a rapid onset, but short duration of action. • Clonazepam lasts longer but may accumulate, causing oversedation. • Clonazepam oral liquid should be dosed as number of drops (1 drop = 0.1mg). • Clonazepam drops are blue in colour; may stain teeth and saliva.
Delirium/Agitation	• Haloperidol • Midazolam • Clonazepam	Manage distressing delirium or agitation when non-pharmacological strategies are insufficient.	• Consider reversible causes first. • Seek specialist advice for persistent symptoms.
Nausea & Vomiting	• Metoclopramide • Haloperidol • Ondansetron	Treat nausea / vomiting.	• Avoid metoclopramide in bowel obstruction. • Ondansetron is preferred in Parkinsonism or extrapyramidal disorders/Lewy Body Dementia.
Respiratory Secretions (Noisy Breathing)	• Hyoscine butylbromide • Glycopyrronium	Reduces terminal respiratory secretions and improves comfort.	• Most effective when commenced early. • Repositioning also assists. • Review response regularly.
Constipation	• Macrogol • Senna • Lactulose	Prevent and treat opioid-induced constipation.	• Patients on regular opioids are likely to require constipation management. • Encourage fluids if appropriate.

References:

- SA Health Pharmacological Management of Symptoms for Adults in the Last Days of Life Clinical Guideline 2026 (SA Health Fact Sheet Template - Green on White - Helix Position A)
- SA Health Prescribing Guidelines for the Pharmacological Management of Symptoms for Adults in the Last Days of Life (Prescribing+Guidelines_Last+Days+of+Life_V3.pdf)
- Therapeutic Guidelines: Palliative Care
- Australian Medicines Handbook 2026