

Rescue Medications for Symptom Distress

Rescue medications are for symptoms that are unrelieved by regularly administered medications. Once acute symptoms are controlled, switch to standing (around the clock) regimen of the effective dosage, every 4 hours for morphine, every 6 hours for haloperidol, lorazepam, and metoclopramide. For more opioid prescribing guidance, see [pain card](#).

Pain or Shortness of Breath or Cough:

ORAL or SUBLINGUAL:

Morphine liquid: 10 mg per 5 ml, take 2.5 ml every 30 minutes until relief. Increase to 5 ml if no relief from starting dosage.

Morphine tablets 15mg: ½ tablet PO every 30 minutes until relief. Increase to 1 tablet if no relief from starting dosage.

IV or SQ:

Morphine 5mg IV or SQ every 30 minutes until relief. Increase to 10 mg if no relief from starting dosage.

Nausea, Restlessness, Anxiety, Agitation, or Confusion:

ORAL or SUBLINGUAL:

Haloperidol liquid (Haldol): 2 mg per ml, Give ¼ ml to ½ ml by mouth or under tongue every hour until relief or calm.

Haloperidol tablets: 1 mg tablet, give half tablet every 1 hour until calm, increase to full tablet if no relief from starting dosage.

IV or SQ:

Haloperidol 2 mg/ml ¼ ml every hour until relief, increase to ½ ml if no relief from starting dosage.

Anxiety, Restlessness, or Agitation (not relieved by haloperidol):

ORAL or SUBLINGUAL:

Lorazepam liquid (Ativan): 2 mg per ml, Give ¼ to ½ ml by mouth or under tongue every hour until relaxed/calm, increase to 1ml if no relief from starting dosage.

Lorazepam tablets: 1 mg tablet, give ½ tablet every hour until calm, increase to 1 tablet if no relief.

IV or SQ:

Lorazepam 1 mg/ml, give ½ ml every hour until relief, increase to 1 ml if no relief from starting dose.

Symptom Control

Pain, dyspnea, cough:

ORAL or SL:

Morphine Sulfate: 15 mg ½-1 tablet every 4 hours AROUND THE CLOCK. (once we know what the average daily total requirement is to keep pain or dyspnea below a 5 out of 10, switch to a long acting pain medicine, see [pain card](#)).

IV or SQ:

Morphine 5 mg IV or SQ every 3 hours around the clock. Increase by 50% for pain unrelieved by starting dose.

Nausea:

ORAL or SUBLINGUAL:

Metoclopramide: 10 mg every 6 hours around the clock.

OR

Ondansetron: 4 mg every 8 hours, increase to 8 mg if no relief from starting dosage.

IV or SQ:

Metoclopramide 5 mg/ml, give 1 ml every 6 hours around the clock.

OR

Ondansetron: 0.15 mg/kg IV every 8 hours

****If using antiemetics for opioid-induced nausea give 30 minutes before morphine to prevent nausea - this should only be necessary for 3-4 days as nausea wears off with time.**

Preventing Constipation:

Miralax powder: 1-2 capfuls in water or juice or any liquid you like *every day*. If no daily bowel movement increase to 3 capfuls. Over the counter.

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Dulcolax suppository: 1 or 2 per rectum *every morning* after breakfast. Over the counter.