When people are in the last days of life, their bodies and vital organs are slowing down and will eventually stop working. The medical term for this is end stage organ failure. This is a normal part of the dying process and it happens to everyone while dying.

Our goal now is to provide comfort and support to the dying person and their families/carers. One important part of comfort care is to provide medication that will prevent or relieve discomfort and suffering that may be caused as a result of failing organ and body function.

This information sheet talks about medicines that are given to the person to increase comfort and relieve suffering in their last days of life. Not all people will receive all the medicines discussed here.

You are encouraged to ask the nurses and doctors about what medication/s are being given and how you can be involved, if you would like to be.

The nurses and doctors will be regularly watching your family member/friend for signs of being uncomfortable or distressed. Healthcare staff, while very experienced in caring for people, do not have the deep understanding of the individual that you do.

If you think or feel that your family member/friend is feeling uncomfortable or is distressed, please let the nursing or medical staff know.

Being uncomfortable or distressed may be shown by:
- Facial signs, such as grimacing or wincing
- Groaning
- Stiffening or resisting body movement when being moved into a different position
- Restlessness or agitation
- Bloated tummy (which was not there before)
- Dry heaving or repeated burping

How is medication given in the last days of life?

The most common way to give medication to people in their last hours or days of life is through a small very thin tube that goes under the skin. The medical name for this is sub-cutaneous injection.

The tube that goes under the skin is called a butterfly needle as the outside of the tube that is taped to the skin, looks like butterfly wings. Medication given through the butterfly needle is given through a machine called a syringe driver or pump. This is a machine that is able to deliver very small amounts of fluid through a tube every hour.

Most people will not be able to swallow tablets in the last days/hours of life. Medicine that is given under the skin works very well. Small amounts of medication are given every hour. This helps to better manage distressing symptoms and means your family member/friend does not need to have regular injections. The butterfly needle can stay in place for a number of days before needing to be replaced.

What should I do with any medicines when they are no longer needed?

It is important that any medicines prescribed are safely disposed of when they are no longer needed. This includes regular medicines that have stopped (including tablets, liquids, inhalers, eye drops, etc.) as well as those injection medicines used in the last days of life.

What to do?
- Take any medicines to your local community pharmacy, and give them to the pharmacist for free and safe disposal.

What not to do?
- Do not flush medicines down the toilet
- Do not pour medicines down the sink
- Do not throw medicines into the garbage

(adapted from the Return Unwanted Medications (RUM) Project)
Medication for pain and breathlessness

Morphine (pronounced more-feen)

Morphine is an important part of comfort care management. Many dying people may be distressed by feelings of pain or breathlessness (feeling like you cannot catch your breath) in their last hours/days of life. Giving small, regular or continuous amounts of morphine works very well to help keep the person comfortable by easing their pain and helping them to be able to breathe more easily.

Morphine is a safe medication that is used by many people every day. Morphine that is given when someone is dying does not shorten life. People are only given the amount of morphine that they need to keep their pain controlled and to be able to breathe comfortably.

If you think that your family member/friend is in pain or finding it hard to catch their breath, please let the nursing or medical staff know. It is better to start treatment earlier rather than later.

Medication for restlessness or confusion

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

Many people may become confused or restless in their last days of life. The medical word for this is agitation. They may be hallucinating – talking to people who are not there; unable to be reasoned with and often angry with family/carers and friends, even though there is nothing that has caused their anger. Often it is not possible to help them to settle down because it is what is happening in their thoughts/mind that they are responding to. They do not understand that what they are thinking is not what is really happening.

Two common medications used for settling agitation are called Haloperidol and Midazolam. 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. You may find that your family member/friend is more settled and does not wake up as easily. They may only open their eyes or nod occasionally rather than talk to you. Sometimes they may stay asleep even when you talk to or touch them.

Please let the nurses or doctors know if you are worried that your family member/friend is restless or confused. It is better to manage their distress early rather than late.

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 to have medication to stop them feeling sick. If your family member or friend has felt sick or vomited previously when given morphine AND they have been started on morphine in their last days of life, please let the doctor or nurse know.

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, a person may begin to make a noisy, ‘rattle’ sound when they breathe. The noisy rattle comes from a build-up of spit (medical name saliva) and mucus that they are no longer able to swallow or spit out. The noise of the rattle is often more distressing to the family or friends 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. These medications work best if they are given as soon as the noisy breathing begins. The medications can be given as a regular injection or included with other medication and given by a drip or syringe driver.

Please let the nurses or doctors know if you begin to hear a ‘rattle’ sound when your family member/friend is breathing. Starting medication early helps to reduce the build-up of fluids that make this sound.