



## A Note About These Guidelines:

*These are unprecedented times. There is no roadmap. We are facing situations that we never expected or wanted to. Working together we can make it through with empathy, compassion and sense of service intact.*

*These guidelines have been rapidly assembled and should be seen as an acute response to a fast-moving pandemic. The situation is fluid, and best practice is likely to need to change quickly. As we learn more about the specific needs of people dying with COVID-19, these guidelines will be constantly updated, and we welcome your input and experience in helping to keep these as useful and relevant as possible.*

## Rectal administration of common palliative care drugs (adult)

### Notes:

- Rectal administration of long acting opioids is effective and safe
- Bioavailability of rectally administered medication is highly variable due to variable first pass metabolism that is heavily influenced by the site of insertion
- Absorption is generally good but because of the smaller relative area for absorption, there may be a delay in onset of action compared to oral
- Essentially, any oral tablet can be given rectally. Specific rectal preparations are designed for retention not for efficacy. Capsules designed for the higher acidity upper gastrointestinal environment may be less well absorbed.
- Dosing is equivalent per oral:per rectum (1:1 PO:PR). Opioids are dosed similarly as when given orally
- Avoid rectal route in neutropenia, thrombocytopenia, diarrhoea, ano-rectal disease (fistula, abscess etc), previous abdominoperineal resection

### Guidance regarding rectal administration:

- Rectum should be emptied prior to insertion as stool interferes with drug absorption
- Insert medication about a finger's length into rectum, place against rectal wall
- Tolerance is the same whether a suppository's apex or base is inserted first; retention is superior when the base (blunt end) is inserted first.
- 10ml warm water via syringe may assist in dissolution of suppository or suspension
- Keep volume of drug preparation below 60ml to avoid spontaneous expulsion before absorption



***PR (per rectum) medication options***

**Analgesics**

- Paracetamol (suppository or tablet formulation available)
- Diclofenac (Voltaren suppository); 12.5mg, 25mg, 50mg, 100mg
- Ibuprofen (plain tablets instead of capsules or modified release tablets)
- Naproxen (plain tablets instead of modified release tablets)
- Codeine tablets
- Morphine long acting **tablets** (LA Morph) (modified release morphine sulphate) note that M-Eslon comes as an enteric coated capsule so it is difficult to administer rectally.
- Morphine short acting tablets (Sevredol - immediate release morphine sulphate)
- OxyNorm (immediate release oxycodone) capsules. Empty capsule to make micro-enema
- Oxycodone long acting tablets
- Methadone tablets (*discuss with Palliative Medicine Specialist*)

**Antiemetics**

- Metoclopramide tablets
- Ondansetron (use either wafer or tablets)

**Antipsychotics**

- Haloperidol tablets (also used for nausea)
- Levomepromazine tablets (also used for nausea)

**Steroids**

- Dexamethasone tablets
- Prednisone tablets
- Prednisolone oral liquid

**Anxiolytics (also seizure termination)**

- Stesolid (rectal diazepam); 5mg in 2.5ml or 10mg in 2.5ml enemas
- Lorazepam tablets
- Clonazepam tablets

**Antiepileptics**

- Phenobarbitone tablets
- Sodium valproate 100mg tablets (not enteric coated)
- Levetiracetam tablets

*\*Some of these medications are used 'off label' for the specific symptom or route, but are commonly used in palliative medicine and in end of life care*



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### *Some principles of all COVID-19 guidelines produced by the Collaboration:*

As with all guidelines, they are designed to support decision making and best practice alongside individual assessment and ongoing reassessment as possible.

No one size fits all, and the guideline recommendations should be tailored to individual circumstances. If local guidelines are available, these guidelines can be used in addition as appropriate. In some instances, these guidelines may not necessarily be appropriate or fitting.

Whilst these guidelines are aimed specifically for people with COVID-19, the principles may also apply to people who are dying of other conditions too during a crisis.

Please do not share these guidelines on social media: the information may be sensitive to the public if not given the appropriate context.

Please feedback with your experience, and what else needs to be added or changed, as we learn more about how best to help people needing palliative care in a COVID-19 pandemic. Please email [rachel@hospice.org.nz](mailto:rachel@hospice.org.nz)