Managing symptoms – Early management of respiratory secretions

The following guidance provides first line management alongside alternative medications and routes of administration for patients with life limiting conditions experiencing thick or thin secretions depending on the underlying cause.

### THICK Upper Respiratory Secretions

**NON-PHARMACOLOGICAL APPROACH**

- Rehydration – caution in patients with a poor swallow
- Pineapple Juice – drinking or applying to tongue with sponge as contains proteolytic enzymes
- Avoid dairy products

**First Line: CARBOCISTEINE**

- Dose: 750mg TDS
- Side effects – Occasional Dyspepsia
- Available formulations: Capsules or Liquid

**If first line unavailable: Saline 0.9% Nebulised Solution***

- Dose: 2.5-5mls PRN
- Available formulations: Nebules

***Caution with use in suspected or confirmed cases of COVID-19. This may potentiate infectivity, use only if necessary.

### THIN + WATERY Upper Respiratory Secretions

**First line: HYOSCINE HYDROBROMIDE PATCH (SCOPADERM)**

- Initial dose 1mg per 72 hours (Maximum 2mg)
- Side effects: antimuscarinic – drowsiness, urinary retention, delirium, local irritation/pruritus, falls, postural hypotension
- Available formulations: 1mg patches

**If first line unavailable: AMITRIPTYLINE**

- Initial dose: 10-25mg nocte
- Side effects: antimuscarinic as above
- Caution: avoid use in patients with a history of arrhythmias
- Available formulations: tablets or suspension

**If second line unavailable: GLYCOPYRRONIUM BROMIDE**

- Initial dose: 200micrograms TDS
- Consider 1st line if cognitive impairment present as fewer CNS effects
- Can be increased every 2-3 days to 1mg TDS
- Available formulations: suspension (tablets available but expensive)

**Alternative option: ATROPINE**

- Initial dose: 4 Drops on tongue QDS
- Caution: systemic side effects can occur, chiefly tachycardia
- Available formulations: 1% Ophthalmic solution

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