1. Unfamiliar drug in a syringe driver

A nurse asks you if levetiracetam can be given subcutaneously via a syringe driver. The neurology team caring for the patient have prescribed a dose of 1.5g over 24 hours but the nurse isn't familiar with giving the drug in this way.

Suggested questions to ask include:

(a) What is the indication for the levetiracetam?
Knowing this will help you determine whether the prescription is appropriate, and allow you to look for alternative options if not.
(b) Is the levetiracetam newly-prescribed?
If the patient has previously been taking levetiracetam then this might help you to assess whether this dose is suitable.
(c) Has a diluent or infusion volume been prescribed?
To help you advise on these issues if needed.
(d) Does the syringe driver contain other medicines? Is the patient prescribed other medicines by continuous subcutaneous infusion?
To help you advise on compatibility and drug interactions if necessary.

Suggested sources:

- Specialist sources such as Andrew Dickman and Jennifer Schneider's book 'The Syringe Driver' and The Palliative Care Formulary might offer some guidance. Other injectable resources such as the AHFS Injectable Drug Information or the Injectable Medicines Guide may also be helpful. A literature search in Embase/Medline to assess the evidence for safety and efficacy of subcutaneous levetiracetam.

2. Swallowing difficulties

A patient calls your medicines helpline to ask if they can chew their medicines. They have oesophageal cancer and are having trouble swallowing them whole.

Suggested questions to ask include:

(a) What medicines are they taking including strengths, and brand names if relevant?
To enable you to check for information about the specific products they are taking. There may be liquids, soluble tablets or other formulations available which might be more suitable.
(b) What is each medicine for?
This may be helpful if you need to explore alternative medicines or routes of administration.
(c) Are any other healthcare professionals aware of their swallowing difficulties?
If you recommend that the patient chews or crushes/dissolves their medicines, then the prescriber should be aware. Also a deterioration in their ability to swallow needs to be assessed by their doctor.

Suggested sources:

- The product SPCs might be helpful, as well as Drug Administration via Enteral Feeding Tubes and the NEWT Guidelines.

3. Switching between opioid analgesics

A junior doctor asks you how to swap a patient from a buprenorphine patch to a continuous subcutaneous infusion of morphine.

Suggested questions to ask include:

(a) What dose and brand of buprenorphine is the patient currently prescribed?
To enable you to calculate the dose of morphine in a way that is accurate and specific to the product concerned.

(b) How well is the patient's pain controlled currently?
Is the dose of buprenorphine adequate? This will help you advise on an appropriate dose of morphine.

(c) Is the patient taking any other medicines and how are these being given?
To check whether these need to be reviewed and to assess the importance of any drug interactions. You also need to know if any medicines are currently being given by syringe driver so that you can advise the junior doctor about any compatibility issues.

(d) What is the patient's clinical condition, and are there any other significant co-morbidities?
Always be careful to check the patient's whole clinical condition when advising about morphine. Think about factors such as renal or liver impairment, to ensure the dose of morphine you advise is appropriate. You should also routinely ask about the patient's age because elderly patients can be vulnerable to opioid side effects including CNS depression.

Suggested sources:

- The BNF has information on converting between transdermal opioids and **oral** morphine, as well as on switching between oral to **parenteral morphine**. The Palliative Care Formulary has lots of useful information about starting syringe drivers as well as opioid conversion factors.