

## PBS Prescriber Bag medicines for terminal phase symptoms

These medicines are available through the PBS at no cost to prescribers. They can be provided free to patients during home visits for emergency use in managing symptoms or bridging the gap until a prescription is dispensed. Medicines shaded are part of the National Core Community Palliative Care Medicines List and are used to treat common symptoms in straightforward cases.

Medicine	Clinical uses in terminal phase	Strength and form	Pack size	Max qty (packs)
Adrenaline (Epinephrine)	Airway obstruction (nebulised), small volume malignant bleeding (topical)	1 in 1000 (1 mg/mL) injection	5 x 1mL	1
Clonazepam	Agitation, anxiety, distressing breathlessness, refractory distress, seizure	2.5 mg/mL drops	1 x 10mL	1
Furosemide	Oedema associated with heart failure	20 mg/2 mL injection	5 x 2mL	1
Haloperidol	Anxiety, delirium, nausea/vomiting, refractory distress, terminal restlessness	5 mg/mL injection	10 x 1mL	1
Hydrocortisone	Acute severe breathlessness/spinal cord compression, in place of dexamethasone	100 or 250 mg injection (reconstituted to 2mL)	1 x dual chamber vial	2 (100mg) or 1 (250mg)
Hyoscine butylbromide	Respiratory tract secretions, noisy breathing, managing cramps with bowel obstruction	20 mg/mL injection	5 x 1mL	1
Metoclopramide	Nausea/vomiting	10 mg/2 mL injection	10 x 2mL	1
Midazolam	Agitation, distressing breathlessness, refractory distress, seizure	5 mg/mL injection	10 x 1mL	1
Morphine	Distressing breathlessness (first line), pain	10, 15, 20, or 30 mg/mL injection	5 x 1mL	1
Naloxone	Reversing life-threatening opioid overdose	400 microgram/mL injection	5 or 10 x 1mL	2

Based on: caring@home/Pharmaceutical Society of Australia. National Core Community Palliative Care Medicines List [Internet]. Brisbane, QLD: caring@home; 2024 [cited 2025 Jun 2]. Available from: <https://www.caringathomeproject.com.au/for-health-professionals/national-core-community-palliative-care-medicines-list>

## The PBS Prescriber Bag for palliative care

People with palliative care needs may choose to be cared for and die at home. This may include their private dwelling or a residential aged care facility. The evidence encourages the prescribing of all terminal phase medicines in advance, known as anticipatory prescribing. While it should not be a substitute for good advance planning, the PBS Prescriber Bag provides a safety net for those who deteriorate rapidly and unexpectedly at the end of life. This ensures rapid symptom management when needed, though deterioration can occur suddenly.

Prescriber Bag supply order forms allow monthly ordering of medicines and can be requested from Services Australia: <https://www.servicesaustralia.gov.au/pbs-and-rpbs-official-stationery?context=20>.

Complete the form, sign it, and give it to a community pharmacist for dispensing.

### Dosing information

For specific dosing advice, refer to the CareSearchgp or palliMEDS apps (free to download), Palliative Care Therapeutic Guidelines, or Australian Medicines Handbook. You can also consult your local pharmacist.

### Notes on use of specific medicines

- Morphine: avoid repeated dosing in people with serious kidney failure.
- Clonazepam or midazolam: may help with breathlessness if anxiety is present. They may also help to relieve rigidity associated with end-stage Parkinson's Disease if dopaminergic medication has ceased.
- Adrenaline in nebulised form may give temporary relief of stridor with breathlessness.

### Practical tips

- Order your PBS Prescriber Bag medicines at the end of each month.
- Securely store S8 medicines (especially opioids) and follow local legislative guidelines.
- Consider carrying equipment to administer medicines subcutaneously.
- Limit subcutaneous injections to 1.5 mL to avoid causing pain at the injection site.
- Keep a notepad to record medication administration and any doses discarded.