

Hyoscine Hydrobromide – Palliative Care



These guidelines are for use in Palliative Care ONLY.

Note that Hyoscine Hydrobromide can cause excessive sedation.
 Hyoscine N-Butylbromide can be used as an alternative but note the difference in doses.

Important: Ensure that you have the correct Hyoscine preparation as multiple products exist.

Presentation

Hyoscine hydrobromide 400mcg/ml ampoules.
 Scopolamine Patch (hyoscine hydrobromide) 1.5mg (Scopoderm TTS).

Indications

- **Licensed:** Nausea and vomiting resulting from motion sickness, drying secretions (surgical premedication)^{1,2}
- **Unlicensed:** Drying secretions – “death rattle” or sialorrhoea⁷.
(Best avoided in conscious patients as causes drowsiness and can cause delirium).

Dose

Subcutaneous (Subcut)	Usual dose for excessive secretions: 400mcg (0.4 mg) subcut stat, continue with 1200mcg (1.2mg)/24hr via continuous subcutaneous infusion (CSCI) ⁷ . 400mcg subcut q4-8 hourly can be used PRN ³ If hyoscine hydrobromide is effective, it can be used in a CSCI to a maximum of 2000mcg (2mg)/24 hours. ⁷
Patches (Scopoderm TTS)	One patch releases 1mg of scopolamine over 72 hours. ²

Diluent

- For subcutaneous bolus administration hyoscine hydrobromide does not need to be diluted.⁵
- When added to a syringe driver the recommended diluent is water for injection unless otherwise indicated.⁷

Additional Equipment

- Subcutaneous Saf-T-Intima single lumen [ADM140] (WDHB Policy Palliative Care- Subcut Site Selection and Insertion of BD Saf-T-Intima)
- Continuous subcutaneous infusion (CSCI) via Niki T-34 pump if required.

Compatibility

Water for injection, 0.9% sodium chloride, dexamethasone, morphine sulphate, haloperidol, cyclizine, metoclopramide, methadone, midazolam, clonazepam, octreotide, fentanyl, oxycodone, levomepromazine.^{3,6,7,8}

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Administration

Subcutaneous (Subcut)	<ul style="list-style-type: none"> • Can be injected directly by a subcutaneous needle or through a Saf-T-Intima that has already been placed. • The Saf-T-intima should be flushed with 0.2ml of water for injection after administration. <p>Can be administered via a continuous subcutaneous infusion (CSCI) via Niki T-34 pump</p>
Patches (Scopoderm TTS)	<p>One patch should be applied to a dry hairless area of intact skin behind the ear. This should be removed and replaced every 72 hours.²</p>

Observation and Monitoring

- Hyoscine hydrobromide crosses the blood brain barrier.³
- Patients need to be monitored for excessive drowsiness, agitation, urinary retention and constipation.
- Paradoxical agitation can occur⁷

Mechanism of Action

Hyoscine hydrobromide is an anti-muscarinic. It acts on smooth muscle as a relaxant and has anti-secretory properties. It is also thought to have a central anti-emetic action.⁷

Contraindications and Precautions

Contraindications

- Narrow-angle glaucoma
- Hypersensitivity to hyoscine hydrobromide
- Prostatic hypertrophy
- Pyloric obstruction
- Paralytic ileus
- Tachycardia
- Urinary bladder neck obstruction¹

Precautions

- Elderly
- Urinary retention
- Cardiovascular disease¹
- Myasthenia Gravis⁷

Possible adverse effects

- Drowsiness
- Sedation
- Hallucinations
- Delirium
- Excessive dry mouth
- Dizziness
- Blurred vision
- Urinary retention
- Constipation
- Central anticholinergic syndrome
- Tachycardia^{1,3,7}

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Drug Interactions

- Anticholinergic agents
- Antihistamines
- CNS depressants
- Monoamine oxidase inhibitors
- Phenothiazines
- Tricyclic antidepressants
- Competitively blocks the action of prokinetic agents, e.g. metoclopramide and domperidone¹

References

1	Medsafe Website – Hyoscine Hydrobromide Datasheet. http://www.medsafe.govt.nz/profs/Datasheet/h/Hyoscineinj.pdf
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5	McClintock A, (ed) Notes on Injectable Drugs 5 th Edition 2004. New Zealand Healthcare Pharmacists' Association Wellington, NZ.
6	Smith, S. Compatibility of syringe driver admixtures for continuous subcutaneous infusion, Pharmacy Department Auckland Hospital 2002.
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