

EVALUATION OF THE USE OF ATROPINE 1% OPHTHALMIC SOLUTION ADMINISTERED SUBLINGUALLY FOR THE MANAGEMENT OF TERMINAL RESPIRATORY SECRETIONS

Bridget McCrate Protus,^{1,2} Phyllis A. Grauer¹, Jason M. Kimbrel¹, William J. Kennedy³

¹*Palliative Care Consulting Group, 555 Metro Place North, Suite 325, Dublin, Ohio 43017;* ²*Pharmacy Practice Resident, College of Pharmacy, The Ohio State University, Columbus, Ohio 43210;* ³*HomeReach Hospice, Riverside Methodist Hospital, 3535 Olentangy River Road, Columbus, Ohio 43214*

A review and evaluation of the sublingual administration of atropine 1% ophthalmic solution for the management of terminal respiratory secretions at an inpatient hospice unit was performed. Terminal respiratory secretions (TRS) or “death rattle” is a relatively common symptom in the dying patient. Current practice for the prevention and treatment of terminal respiratory secretions involves the use of oral, sublingual, transdermal, or injectable anti-cholinergic medications. A retrospective chart review of all patients admitted to an inpatient hospice unit in Columbus, Ohio for terminal care during the time period June 1, 2005 through December 31, 2005 was conducted. All patients admitted for terminal care, or converted to terminal care during the course of an acute or respite admission, that were treated with atropine for TRS were studied. TRS symptom management was recorded on a data collection tool during chart review. The main outcome measure is the response of TRS symptom to the administration of atropine: resolution, improvement, or no change. Additional outcome measures will include heart rate, respiratory rate, and presence of terminal restlessness. All data collected was recorded without patient identifiers to maintain patient confidentiality. As there have been no published studies evaluating the use of atropine 1% ophthalmic drops for the management of TRS, results of this study will be a significant addition to the palliative care literature. Benefits to family and caregivers of dying patients will potentially be reduced distress from TRS via a non-invasive intervention. Results from this study should also benefit hospice programs who are seeking guidance and support on the management of TRS with atropine 1% ophthalmic drops as an easy-to-administer and cost-effective alternative to other agents

Supported by American Pharmacists Association Foundation Incentive Grant.