

# Scottish Palliative Care Guidelines

MACMILLAN PALLIATIVE CARE  
EDUCATION TEAM

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CANCER SUPPORT

**NHS**  
Greater Glasgow  
and Clyde



# Scottish Palliative Care Guidelines

- The Scottish Palliative Care Guidelines provide evidence-based recommendations for healthcare professionals managing adults with life-limiting illnesses
- Developed by Healthcare Improvement Scotland in collaboration with the Scottish Partnership for Palliative Care
- These guidelines are accessible through the Right Decision Service (RDS) platform and are designed to support consistent, high-quality care across various settings, including hospitals, community services, and hospices

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# Where to find the SPCG

- [Scottish Palliative Care Guidelines | Right Decisions](#)

# Key Components of the Guidelines



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# Key Components

- **Symptom Management:** Guidance on controlling pain, nausea, breathlessness, agitation, and other common symptoms in palliative care.
- **Syringe Pump Use:** Recommendations for the safe administration of medications via syringe pumps, including protocols for continuous subcutaneous infusions (CSCI).
- **Palliative Emergencies:** Protocols for managing acute situations such as seizures, bleeding, or respiratory failure.

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# Key Components

- **End-of-Life Care:** Protocols for the final days and hours of life, emphasizing comfort and dignity.
- **Medicines Information:** Comprehensive details on drug dosages, interactions, and administration routes.
- **Professional Resources:** Tools and training materials for healthcare providers.
- **Patient Information Leaflets:** Materials to support patient and family understanding.

Scottish Palliative Care Guidelines | Cough | Right Decisions | Join conversation

https://rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines/symptom-management/cough/

NHS GGC favourites | GGC Shortcuts

# Cough

Scottish Palliative Care Guidelines | Healthcare Improvement Scotland

Healthcare Improvement Scotland

Cough is a forced expulsive manoeuvre usually against a closed glottis, which is associated with a characteristic sound. It usually has a protective function in maintaining patency and cleanliness of the airways.

The impact of cough on patients and relatives is often underestimated. Patients may need symptomatic treatment when cough is persistent, distressing or affecting sleep and/or quality of life. An assessment of the pattern and character of the patient's cough is essential to optimise treatment. Acute cough is defined as duration of <3 weeks, sub-acute as 3 to 8 weeks, chronic as >8 weeks. For information on the nature of cough, refer to the Management section.

[Open all](#)

- Assessment +
- General management +
- Specific advice on managing a dry (non-productive) cough +
- Specific advice on managing a moist (productive of mucus, sputum or saliva) cough +
- Practice points +
- Resources +
- References +

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# Up to date and evidence based

- These guidelines are regularly updated to reflect the latest evidence and best practices.
- These guidelines are used worldwide.

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# Group Activity

- What should you consider in your assessment?
- How could you manage this situation – non-pharmacological/pharmacological measures?
- What steps should you take to reduce the likelihood of recurrence?