

IMPROVING ACCESS TO PALLIATIVE CARE MEDICATION

'Just in Case' Boxes

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1 Introduction

- 1.1 The effective management of pain and other symptoms is an essential element of Palliative Care. Currently the Gold Standard Framework has been adopted by the majority of GP practices on the Isle of Wight. This means that people with palliative care needs and those that are in the last weeks of their life will receive care that is standardised and based on best practice.
- 1.2 A key factor that has had a negative impact on palliative care patients and their families is poor access to appropriate medication, in particular diamorphine for the management of pain.
- 1.3 Palliative care patients also often experience new or worsening symptoms outside of doctors' normal working hours. Since out of hours involves more hours than normal working time, the provision of specialist palliative care and the availability of palliative care medicines within the community can present major problems.
- 1.4 Informal feedback from community practitioners has highlighted a number of clinical incidents which could potentially have been avoided with advanced planning and anticipatory prescribing. For example: difficulties in obtaining diamorphine out of hours - leading to people being in pain for unnecessary lengths of time.

2 Current Access to Palliative Care Medicines

- 2.1 There is a palliative care bag kept in the Accident and Emergency Department St Mary's for use of the Island Doctors on Call (IDOC) but it does not contain diamorphine or strong oral morphine.
- 2.2 This palliative care bag is currently under utilised and it is anticipated that the introduction of anticipatory prescribing as Just In Case boxes will improve symptom and crisis management out of hours.
- 2.3 The potential benefits resulting from the success of the introduction of these 'Just in Case' boxes are:
 - Pain and other difficult symptoms will be managed more effectively within Primary Care.
 - A reduction in hospital / hospice admissions.
 - There will be access to Palliative Care medication 24 hours a day, 7 days a week
 - Most importantly, more patients and carers will have better and more timely care.

3 'Just in Case' Boxes

- 3.1 The PCT needs to optimise the quality of service delivery for palliative care patients and their carers, by setting up a system to ensure that they will have prompt and easy access to appropriate medicines during the 'out of hours' period.

4 Evidence

- 4.1 Informal feedback from professionals working in Primary Care Feedback has highlighted a number of issues which could potentially have been avoided with advanced planning and anticipatory prescribing.

5 Aim

- 5.1 The aim of this scheme is to avoid unnecessary distress caused by inadequate access to medicines during the out of hours period. This will be achieved by anticipating pharmaceutical need and prescribing medicines to be used on a 'just in case' basis for individual patients should their condition change or deteriorate suddenly.

6 Purpose

- 6.1 To ensure that:
- Common symptoms which may be experienced at the end of life are anticipated (e.g. pain, nausea, excessive secretions and agitation).
 - Small quantities of appropriate medicines are prescribed for the patient and stored in a special container, within the patient's home.
 - Carers and patients are reassured that the prescribed medicines have been prescribed 'just in case' and may not be needed.
- 6.2 This scheme currently supports the principles of the "Gold Standards Framework" and the Liverpool Care Pathway (known locally as the Last Days of Life Pathway which is being introduced gradually into Primary Care on the Island).

7 Known risks

- 7.1 There are few identified risks as decision making is made within the multi-disciplinary team. However, consideration should be given to the following:
- As with all drugs open to abuse, medicine supplies in patients' houses may be subject to misuse. However, there is no additional risk from this scheme over and above the use and prescribing of controlled drugs in normal practise.
 - Patients and/or carers may misinterpret anticipatory prescribing as provision for euthanasia or cause increased anxiety that death is near. However, good communication, action planning and an explanatory leaflet should allay fears.

8 Process

- 8.1 District Nurses, Hospice Extended Care Team (HECT), Specialist Palliative Care Nurses or GP's should identify relevant patients ahead of 'need.'
- 8.2 Patient's GP will prospectively prescribe appropriate medications as original packs for individual patients on an FP10. The following drugs are suggested as best practice:
- Diamorphine 10mg, 30mg or 100mg ampoules x 5 - for pain
 - Levomepromazine 25mg/1ml ampoules x 10 - for nausea and vomiting

- Midazolam 10mg/2ml ampoules x10 - for agitation
 - Glycopyrronium 200mcg/1ml ampoules x 10 - for respiratory secretions
 - Lorazepam 1mg tablets x 28 for sublingual use for dyspnoea or panic
- 8.3 The patient's GP will write these anticipatory medicines up in the patient's notes and on the Community Nursing Prescription Chart, with clear instructions, signing and dating each entry and informs the DN.
 - 8.4 The dispensed medications will generally be collected by the patient/carer or nominated person from the pharmacy.
 - 8.5 The prescription will be dispensed by the supplying pharmacy, dispensing original packs of the medicines in the usual way.
 - 8.6 The dispensing pharmacy will provide water for injection where appropriate against the prescription for diamorphine.
 - 8.7 The dispensed medicines will be packed into the Just In Case box at the patient's home by the DN or Specialist Nurse.
 - 8.8 The box should be checked to ensure it contains a laminated "Professional's Guide to Use" which explains the symptom control guidelines.
 - 8.9 An audit form should be placed in the plastic envelope on the front of the case. This should be completed with a review date of one month later and the District Nursing Team telephone number on it
 - 8.10 A "Leaflet for Patients and Carers" should also be placed in the plastic envelope which explains the purpose of the box and also the use of the lorazepam tablets.
 - 8.11 The DN, HECT or Specialist Nurse will explain the purpose of the Just In Case box, and that all items are for professional use only, apart from the lorazepam tablets which can be used in accordance with the written leaflet supplied.
 - 8.12 Receipt of the Just In Case box will be recorded by the DN in the patient's notes to inform other visiting health professionals.
 - 8.13 The DN will complete an Out of Hours Handover Form stating that a Just In Case box has been placed in the home and faxed to IDOC.
 - 8.14 The DN will ensure that the triage bypass card is filled in.
 - 8.15 If the prescription was not generated at the patient's practice, then the DN will inform the practice that a Just In Case box has been placed in the home.
 - 8.16 The medicines in the Just In Case box are prescribed for the named patient only. They should never be used for any other patient.
 - 8.17 Care should be taken to avoid the medicines going out of date. This is unlikely to happen but may occur if the patient's condition improves before deteriorating. The first District Nurse visiting on the date one month after dispensing, as recorded on the audit form visible on the front of the box, should check the expiry date of the medicines held within the Just In Case box. The check should be recorded in the patient's notes and the next check date entered on the audit form.

- 8.18 It is the responsibility of the District Nurse to check the contents of the Just In Case box at agreed intervals. This will ensure that nothing has been removed from the case, without a record being made in the patient's notes. Any concerns of misuse should be reported on an incident form.
- 8.19 Patient's anticipatory needs may change during the course of the illness; therefore regular review must occur- at least once per month or after any known change in circumstances. This will help to ensure that drugs held in the Just In Case box are appropriate and relevant both in terms of strength and type. Where circumstances change in this way, a separate sheet should be included to provide an accurate record of the drugs added or removed.
- 8.20 If items are used:
- The nurse/GP should make a record in the patient's notes in accordance with local policy.
 - The GP should be made aware, so that the patient's condition is reviewed, and further appropriate medicines then prescribed.
- 8.21 Following the patient's death, the Just In Case box and contents should be returned to a community pharmacy, generally by the family or carer.
- 8.22 The pharmacy shall dispose of the drugs according to current legislation and protocols, recording the returns on the audit form.
- 8.23 The pharmacy will fax the completed audit form to the Hospice to facilitate audit.
- 8.24 The pharmacy receiving the box will inform the District Nursing Team, using the contact number on the audit form, that the box is available for collection and reuse.

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Mary Allen, Palliative Care Pharmacist, Hospice of St Francis, Berkhamsted

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Chris Maynard, Hospice at Home Sister, Garden House Hospice, Letchworth

Dr Ros Taylor, Medical Director, Hospice of St Francis, Berkhamsted

Dr Viv Lucas, Medical Director, Garden House Hospice, Letchworth

Cathie Alcock (Macmillan Care Coordinator) East Lincolnshire Primary Care Trust

Yvonne Hopkins Service Development Manager Cancer And Palliative Care East Lincs PCT

Ed England Community Pharmacist Mid Hampshire

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