

PALLIATIVE CARE PATIENTS DISCHARGED HOME WITH A CONTINUOUS SUBCUTANEOUS INFUSION

Staff this document applies to:

All medical, nursing and pharmacy staff across all Austin Health campuses.

State any related Austin Health policies, procedures or guidelines:

[Palliative Care Consultancy Service: Referral Guideline](#)

Purpose:

- Palliative care patients may require the administration of a Continuous Subcutaneous Infusion (CSCI) to manage symptoms and improve quality of life.¹
- Some patients are able to be discharged home to receive palliative care services.
- Continuity of care for palliative care patients upon discharge is essential in achieving a seamless transition from hospital to the community. All staff need to understand their responsibilities when discharging palliative care patients.
- A disposable pump that delivers the CSCI is prepared in Pharmacy prior to discharge to provide adequate symptom relief and bridge the period before Community Palliative Care Services commence.

Baxter® FOLFusor SV 2.5mL/hr:

- A Baxter® FOLFusor SV 2.5mL/hr elastometric infusor is used for the preparation of the subcutaneous infusion.
- The standard volume is filled to 60mL which provides a 24 hour infusion.
- Medications to be mixed for infusion need to be checked for compatibility (<http://www.emrpcc.org.au/health-professionals/>).
- The continuous infusions have a 24 hour expiry from the time of constitution.



Discharge Process:

- Palliative care patients with a CSCI are referred by the treating medical unit to the Palliative Care Consultation Service.
- The Palliative Care Clinical Nurse Consultant (CNC) will identify the care needs of the patient, including requirement for CSCI on discharge & will liaise with the medical team, nursing staff & ward pharmacist.

- Orders for the infusion are to be written on the Continuous sub cutaneous infusion record M90.2, by the medical team at least 24 hours prior to discharge or as early as possible within this timeframe if medication doses are to be adjusted.
- The Palliative Care CNC will obtain written orders for the Community Service and forward these and a copy of the inpatient CSCI orders, to the relevant service.
- The ward pharmacist will organise the preparation of the infusor on the day of discharge. Adequate time must be allowed for the preparation of the infusion prior to discharge.
- The CSCI should be exchanged for the disposable infusor as close as possible to the time of discharge to maximise the time available for the Community Service to take over care.
- Nursing staff are to label the disposable continuous infusion with the time of connection and have a copy of the orders to be sent home with the patient.
- These palliative care patients are to be discharged on weekdays only.

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Legislation/References/Supporting Documents:

1. Drug Administration in Palliative Care (Appendix 10.1) [revised 2010 Feb]. In: eTG complete [Internet]. Melbourne: Therapeutic Guidelines Limited; 2012 November. Accessed 2013 February 15. Available from: <http://online.tg.org.au/ip/>
2. Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), *National Safety and Quality Health Service Standards*, ACSQHC, Sydney
3. [Eastern Metropolitan Region Palliative Care Consortium \(Victoria\) Clinical Group. Syringe Driver Drug Compatibilities- guide to practice 2013.](#)

Authorised/Endorsed by:

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Nursing Standards Committee (March 2014)

Medication Management Committee

Clinical Policy and Procedure Committee

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