Best practice guideline for anticipatory prescribing for patients with a terminal illness.

Patients with a terminal illness often experience new or worsening symptoms outside doctors' normal working hours. Since "out of hours" involves more hours than normal working time, this guideline seeks to avoid distress caused by poor access to out of hours medicines by anticipating need. **This document provides some guidance for sites to enable them to develop a local procedure.**

Purpose

1. To ensure that:
   - Common symptoms in the terminal phase (e.g. pain, secretions and agitation) are anticipated
   - Small quantities of appropriate medicines are prescribed for the patient and stored in a special container, the "**Just In Case**" at the patient's house
   - Carers and patients are re-assured that the prescribed medicines have been prescribed "just in case", and may not be needed.

2. To formalise and encourage good practice that is already taking place in many areas

3. To provide a safe framework for the use of palliative care medicines in the home

4. To provide data relating to usage, costs and wastage, by using an audit trail to follow the administration of medicines from the **Just in Case**

Scope

The scheme will include:

- Patients with a terminal illness registered with ……Surgery, who are supported by District Nurses and/or ……Specialist Palliative Care Nurse, (subject to referral), who are assessed as suitable to be included in the scheme. This will include almost all patients with a terminal diagnosis, but will exclude:
  - Patients where there is a history or suspicion of drug misuse among carers or visitors to the house
  - Patients who are themselves unwilling to participate, or with carers who are unwilling to participate (although nurses and doctors may be able to provide re-assurance in most cases)
- Doctors from ……Surgery
- Specialist Palliative Care Nursing team
- District Nurses attached to ……..Surgery
- Medical Director and/or Clinical Pharmacist ……Hospice
- Pharmacists and dispensing staff at……..Pharmacy

Known Risks

Few, since healthcare professions will be working together but:

- As with all drugs open to abuse, medicine supplies in patients' houses may be subject to misuse.

- Patients and/or carers may misinterpret anticipatory prescribing as provision for euthanasia, or cause increased anxiety that death is near. However good communication and the explanatory leaflet should allay fears.

Process

- District Nurses, Specialist Palliative Care Nurses, or GPs identify relevant patients ahead of need

- Patient's GP will prospectively prescribe appropriate medications on form FP10, which are likely to include
  - diamorphine for pain
  - cyclizine, haloperidol or levomepromazine for nausea and vomiting
  - midazolam for agitation
  - glycopyrrolate or hyoscine hydrobromide for respiratory secretions
  - oral lorazepam tablets

- Prescriptions and the medicines supplied will reflect the individual needs of each patient.

- Patient's GP will also write these anticipatory medicines up in the patient's notes, on the administration sheet used only for anticipatory or PRN medicines given as s/c *stat* doses or oral prn doses, with clear instructions, and signing and dating the entry. Preferably, to avoid errors or discrepancies, the writing of the FP10 and the administration sheet should take place at the same time during a joint home visit with the District Nurse or Specialist Palliative Care Nurse.

- It is usually inappropriate to anticipate syringe driver doses routinely. Predicting starting doses is often difficult and can often only be sensibly done when nausea, coma, or inability to swallow is imminent. When appropriate, doses should be written on the administration sheet used for Continuous Subcutaneous Infusion (CSCI) drugs.

- The quantity of ampoules of prescribed Schedule 2 Controlled Drugs (usually diamorphine) in the **Just in Case** box must be entered on the relevant record sheet according to local policy (which may be clearly defined following the outcome of the Shipman Inquiry), and counted and deducted from numbers when used, along with any non-anticipatory Schedule 2 CDs.

- GP, District Nurse or Specialist Palliative Care Nurse will explain the purpose of the **Just In Case**, and that all items are for professional use only, apart from lorazepam tablets which can be used in accordance with the written leaflet supplied.

- The prescription will be dispensed by supplying pharmacy, dispensing the medicines in the usual way:

  - Adding the expiry dates of drugs and the batch numbers of all injections to each medicine container
  - Including Patient Information Leaflets for each medicine, together with ampoules of Water for Injection with diamorphine ampoules

- The dispensed medicines may be collected from the pharmacy by the patient's carer and subsequently packed into the **Just in Case** at the patient's home by the identified nurse

or

- Medicines may be packed into the **Just in Case** by the community pharmacist and delivered by the identified nurse. Although the NMC recommends that nurses should not routinely carry medicines to patients, the nursing team may use discretion for a nurse to collect medicines if that is deemed to be in the best interest of the patient, particularly in relation to the sensitive circumstances involved

- The **Just In Case** should be labelled externally at the pharmacy or in the patient's home with:
    - Patient's name
    - The date of supply
    - Earliest expiry date of the medicines contained within it

  The kit also contains a brief carer leaflet explaining use of kit and use of lorazepam tablets. A summary of symptom control guidelines can be held either in the **Just in Case** in a sealed envelope identifying it as for professional use, or in the patient's notes.

- Each site will need to use an audit tool for the District Nurse or Specialist Palliative Care Nurse to record the medicines supplied in the box and the details of usage

- Receipt of the **Just In Case** must be recorded by the District Nurse or Specialist Palliative Care Nurse:

    - In the patient's general notes to inform other visiting nurses and doctors
    - On any patient information board at the GP surgery
    - By placing a sticker on the patient notes held at the surgery, to indicate that a **Just in Case** is held at the patient's home, with a record of the first expiry date of the medicines involved.

- The medicines in the **Just in Case** are prescribed for the named patient only and should **never** be used for any other patient.

- 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. A designated, named nurse must be responsible for checking the expiry date of the medicines held within the **Just in Case** and recording in the patient notes that the check has taken place.

- It is the responsibility of the District Nurse or Specialist Palliative Care Nurse to also check the contents of the **Just in Case** at agreed intervals to ensure that nothing has been removed from the case, without a record being made in the patient's notes. If any drugs cannot be accounted for, the nurse must inform the police, after appropriate enquiry of the family and health care team.

- Patient's anticipatory needs may change during the course of the illness. An identified doctor or nurse must be responsible for ensuring that regular review of required drugs takes place (at least once a month, and/or after any known change in circumstances). This will help to ensure that drugs in the **Just in Case** are appropriate and relevant both in terms of strength and type. Some patients may need stronger drugs, while others may need less potent drugs because they have subsequently undergone palliative radiotherapy or surgery to reduce tumour size. Where circumstances change in this way, a separate sheet should be included in the **Just in Case** to provide an adequate record of the drugs added or removed.

- If items are used:

    - The nurse must record this in the patient notes identifying the source as the **Just In Case.**
    - The drugs and quantities used, batch numbers and expiry dates may need to be recorded on the administration sheet, according to local district nurse policy.

- Any use of medicines by out of hours doctors must also be recorded.
- The GP must be informed of the use of the palliative care medicines, re-assess need and prescribe appropriate replacements where relevant via form FP10.
- A review of patient symptoms will be required at this stage as a change in dosage or medicines supplied may be needed.
- Once items have been used from the **Just in Case**, a regular prescription for palliative care medicines for symptom control must be considered.
- The GP must be aware that any new instructions for administration will be needed on the administration sheet.

- An audit tool should be completed when items are used from the **Just in Case.** This will provide information for the surgery to determine any benefits gained for patients by the use of the **Just In Case.**

- The pharmacist must dispense further supply according to the new FP10 (including expiry dates, product information leaflets etc).

- Following the patient's death, any Scheduled 2 Controlled Drugs from the Just in Case should be handled according to local district nurse policy (which may change in the light of the Shipman Inquiry)

- The GP practice or community nurse should inform the pharmacy of the death of the patient.

- All other drugs should be returned to the community pharmacy for destruction as soon as possible, preferably by the relative.

- If patients are admitted to the hospice or hospital and do not return home before their death, the patient's family is responsible for returning the empty **Just In Case** to……. surgery, having returned all medicines to the community pharmacy as stated above.

- So that it can be retained for future use, a printed label on the **Just in Case** will state that the empty box should be returned to the surgery.

- If any drugs are not accounted for at the patient's house, the nurse must inform the police, after appropriate enquiry of the family and health care team.

Responsibilities

Pilot leads: Medical Director ……Hospice
Dr……GP……Surgery
……District Nurse
……Specialist Palliative Care Nurse
……Pharmacist

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