

Newbury and Community

Primary Care Trust

Protocol for the Emergency Palliative Care Box

Applicable to:

- All GPs working for NEWDOCS or providing out of hours cover to patients in Newbury and Community PCT
- All District Nurses providing out of hours care for patients in Newbury and Community PCT and;
- All staff working in Newbury Community Hospital.

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DATE FIRST ISSUE February 2001

Date SECOND ISSUE: April 2003

ISSUED TO:

- All GPs in Newbury and Community PCT
- All doctors working with NEWDOCS
- All Nurses in Charge who work in Aird ward, Newbury Community Hospital
- Newbury and Community PCT Chief Executive
- All District Nursing staff Newbury and Community PCT
- NEWDOCS

Protocol for the Emergency Palliative Care Box

This Protocol has been produced for use in the Newbury and Community Primary Care Trust by a multi-disciplinary team:

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Berkshire NHS HealthCare Trust -----

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Mrs. Clare Howard, PCT Pharmaceutical Adviser -----

Miss Lisa King, Project Development Pharmacist -----

Dr Paul Millard Palliative Care Practitioner -----

Mrs Rosemary Wyatt, Community Nurse Manager -----

They have been approved for the PCT by:

Mrs Sheila Hayes, Chief Executive -----

Dr Clinical Governance Lead -----

Mrs Cynthia Newman,
Chair of Controls Assurance Committee -----

The PCT Board has delegated the responsibility for signing all Policies and Procedure to the Audit Controls Assurance Committee.

This Policy becomes valid on 13th May 2003, and becomes due for review before 13th May 2005

These protocols expire on 12th May 2005.

INTRODUCTION

A locked, wall-mounted, metal cupboard will be placed in Aird Ward and contain medication suitable for emergency situations in the treatment of patients with palliative care needs "out of hours".

This cupboard will contain standard emergency medication and controlled drugs such as Diamorphine, for use in patients in the Newbury and Community PCT. The drugs are available for administration to a patient in an emergency situation, when the drugs cannot be provided by a local Pharmacist.

This protocol now replaces the protocol first developed in 2001. A multidisciplinary group consisting of a GP and Pharmacist has developed this protocol with advice and guidance from the Home Office. The protocol has been developed in consultation with the Community Nurse Manager and the Nurse Prescribing Sub Group.

PROTOCOL FOR ACCESS TO THE PALLIATIVE CARE EMERGENCY MEDICATION

Access to emergency medication will be strictly controlled by the following protocol.

1. THE CUPBOARD.

- 1.1 The cupboard is a locked, wall mounted, metal cupboard, meeting British Standards for the purpose of storing medicines with a smaller, locked controlled drug cupboard within.
- 1.2 The drugs contained within the palliative care box are solely for the use of the duty Doctors covered by Newbury and Community Primary Care Trust. This includes duty Doctors at NEWDOCS, Kintbury Surgery, Woolton Hill Surgery and Falkland Surgery. The drugs are available for administration to a patient in an emergency situation, when the drugs cannot be provided by a local Pharmacist.
- 1.3 This cupboard must not be used for any purpose other than that of storing emergency drugs for the palliative care of Newbury and Community PCT patients.
- 1.4 The keys to open the emergency palliative care box will be stored in a wall mounted code-locked safe on Aird Ward.

2. ACCESS

- 2.1 The cupboard should only be accessed if all other avenues of providing the medication contained within it have been exhausted. The "other avenues" may include;
 - Drugs routinely stocked by NEWDOCS
 - Writing a prescription which can be dispensed at a local pharmacy
 - Drugs routinely carried by a GP in the Doctor's bag.
- 2.2 In the event of an emergency situation, where a drug required couldn't be provided any other way, the GP must request from NEWDOCS the code for the key safe on Aird ward.
- 2.3 The palliative care box should be opened by GP with the Nurse in Charge of Aird Ward present as a witness. **At no time should the GP access the keys and have access to the Emergency Palliative Care Box alone, without the Nurse in Charge of Aird Ward acting as a witness.**
- 2.4 The only other persons who should be permitted access to the Emergency Palliative Care Box are the Senior Clinical Pharmacist, the Hospital Palliative Care Practitioner and the PCT Pharmaceutical Adviser for the purpose of stock ordering and periodic checks.

2.5 UNDER NO CIRCUMSTANCES CAN DISTRICT NURSES WORKING FOR THE EDNS ACCESS THE EMERGENCY PALLIATIVE CARE BOX.

3. WITHDRAWAL OF A “NON-CONTROLLED DRUG” OR SCHEDULE 4 DRUG

- 3.1 An accurate and contemporaneous record of the withdrawal of the drug should be made in the register provided and signed by the GP and the Nurse in charge of A&E ward must counter sign the entry as a witness. The register provided will include the following sections, each of which must be completed by the GP and Nurse witness.

Date	Drug	Strength	Quantity removed	Name of GP removing drug	Signature of GP removing drug	Signature of witness (Nurse in charge)	Name of patient to whom drug will be administered. (Please print in CAPITALS)

- 3.2 Although there is no legal requirement to record the withdrawal of a non-controlled drug or schedule 4 drug, there are some drugs that will be stored in the palliative care box that have the potential for abuse or misuse. For this reason (and for the purposes of stock control) non-controlled drugs and schedule 4 drugs should be signed for as above. Also these drugs will be used in an emergency situation. In order to prevent medication errors occurring, two people (GP and Nurse in charge) should check the name of the drug and strength marked on the container.

4. WITHDRAWAL OF A CONTROLLED DRUG

- 4.1 If the drug required is a controlled drug, then a record of the withdrawal must be recorded in the controlled drug register. This is a legal document. It should be completed carefully and any errors made **must not** be “tippexed” or crossed out. Any correction of an entry in the controlled drugs register should be made only by way of a marginal note or footnote, which must specify the date on which the correction is made.
- 4.2 All relevant sections of the controlled drugs register should be completed by the GP and witnessed by the Nurse in Charge. The register must be completed accurately. The sections of each entry must be recorded in the column provided. It is good practice to use the columns in the register, as this will ensure that no details are omitted from the record.

5 KEYS

- 5.1 The keys are only accessible to a Doctor as listed in 1.2. At no time must the GP use the keys to open the Emergency Palliative Care Box **without the Nurse in Charge of Aird ward acting as a witness.**
- 5.2 The keys to the emergency palliative care cupboard will be kept in a wall mounted safe on Aird ward. The GP on duty at NEWDOCS will have access to the cupboard via the code issued to the GP by NEWDOCS.
- 5.3 NEWDOCS duty manager will keep the code for the wall mounted key safe. If a GP requires access to the Emergency Palliative Care Box, they must phone the duty manager who will then issue them with the code for the wall mounted key safe.
- 5.4 Once the required medication has been removed from the Emergency Palliative Care Box the cupboard should be locked up and the key returned to the wall mounted safe which should then be locked.
- 5.5 **Under no circumstances should the keys to the Emergency Palliative Care Box leave Aird ward.**

6 CODE FOR WALL MOUNTED KEY SAFE.

- 6.1 NEWDOCS managers will change the code to the wall mounted key safe every month. In addition they will change the code at **only** the request of the Palliative Care Practitioner, the Senior Clinical Pharmacist or the Pharmaceutical Adviser
- 6.2 The NEWDOCS managers will inform the Senior Clinical Pharmacist of any changes to the code to the wall mounted key safe. However the Senior Clinical Pharmacist can only access the Emergency Palliative Care Box for stock ordering purposes and cannot issue the number to a GP under any circumstances.

7 DATE CHECKING OF THE CUPBOARD AND UPKEEP OF STOCK LEVELS

- 7.1 It is the responsibility of the Senior Clinical Pharmacist to check the palliative care box every fortnight. The check will comprise two elements:
- A date check of all of the stock in the cupboard. A logbook, containing a separate page for each month of the year, will be stored in the cupboard. When a drug is added to the cupboard, the expiry date of the drug must be recorded in the date book. Each fortnight, the Senior Clinical Pharmacist will check the book for any stock that expires that month and remove it from stock.
 - The second part of the check is stock levels. For non-controlled and schedule 4 drugs the stock levels should be checked against the stock list and reordered as appropriate on PCT approved fax transition form.
- 7.2 For controlled drugs, the Senior Clinical Pharmacist will check the stock level of each drug to ensure that the levels in the cupboard match the running total recorded

in the controlled drug register. Controlled drugs must be ordered in the CD requisition book held in the emergency palliative care box for this purpose.

- 7.3 At least twice a year, the PCT Pharmaceutical Adviser will carry out a random check of the Emergency Palliative Care Box to ensure that all parts of the protocol are being adhered to.
- 7.4 At least twice a year the Palliative Care Practitioner will carry out a random check of the Emergency Palliative Care Box to ensure that all parts of the protocol are being adhered to.

8 RE-ORDERING OF DRUGS

- 8.1 The Senior Clinical Pharmacist should re-order drugs in writing as above and in line with the Newbury and Community PCT Care and Control of Medicines Policy.

9 RE-STOCKING

- 9.1 The Nurse in charge of the ward should receive the stock from the Aird ward transport system, check the stock and then add it to the cupboard and complete the necessary record i.e. non – controlled drugs forms and controlled drugs registers and running totals, following normal procedures. (See Care and Control of Medicines Policy 2002).

10 MONITORING

- 10.1 Once a year, a meeting will be convened for the relevant people to discuss which drugs need to be stored in the cupboard. This discussion will be based on the levels of usage of drugs recorded over the previous 3 months and also any relevant information from GPs who work within the Newbury and Community Primary Care Trust. For example a situation whereby a drug was required but was not kept as part of the palliative care box.

11 TRANSFER OF DRUGS FROM NEWBURY COMMUNITY HOSPITAL TO THE PATIENT

- 11.1 In an emergency, it is permissible for GPs to procure drugs from the Emergency Palliative Care Box in accordance with this protocol and then to request that a District Nurse takes the drug to the patients home to be administered, provided that the following steps are taken by both the GPs and the District Nurse on duty.
- 11.2 A lockable container solely for the transfer of drugs from the emergency palliative care box will be provided by NEWDOCS.

Transfer of Drugs from Newbury Community Hospital to the patient's home for urgent administration by the Extended/ Out of hours District Nursing Service (EDNS)

The GP accesses the Palliative Care Emergency Cupboard to obtain the required drug, as per protocol.



The GP and EDNS complete the 'Drugs issued' section of the patient call sheet, which both sign. This call sheet is retained by NEWDOCs.



The GP and EDNS check the drugs and place them in a lockable container for transportation.



The EDNS transfer this locked container to the patient's home.



The EDNS administer the drugs according to the signed prescription, which is retained in the patient's house.



EDNS add the drugs to the syringe driver record in the patient's house, if appropriate, and both EDNS staff sign this entry.



This procedure must be carried out for all drugs obtained from the palliative care box, both controlled drugs and non controlled drugs.

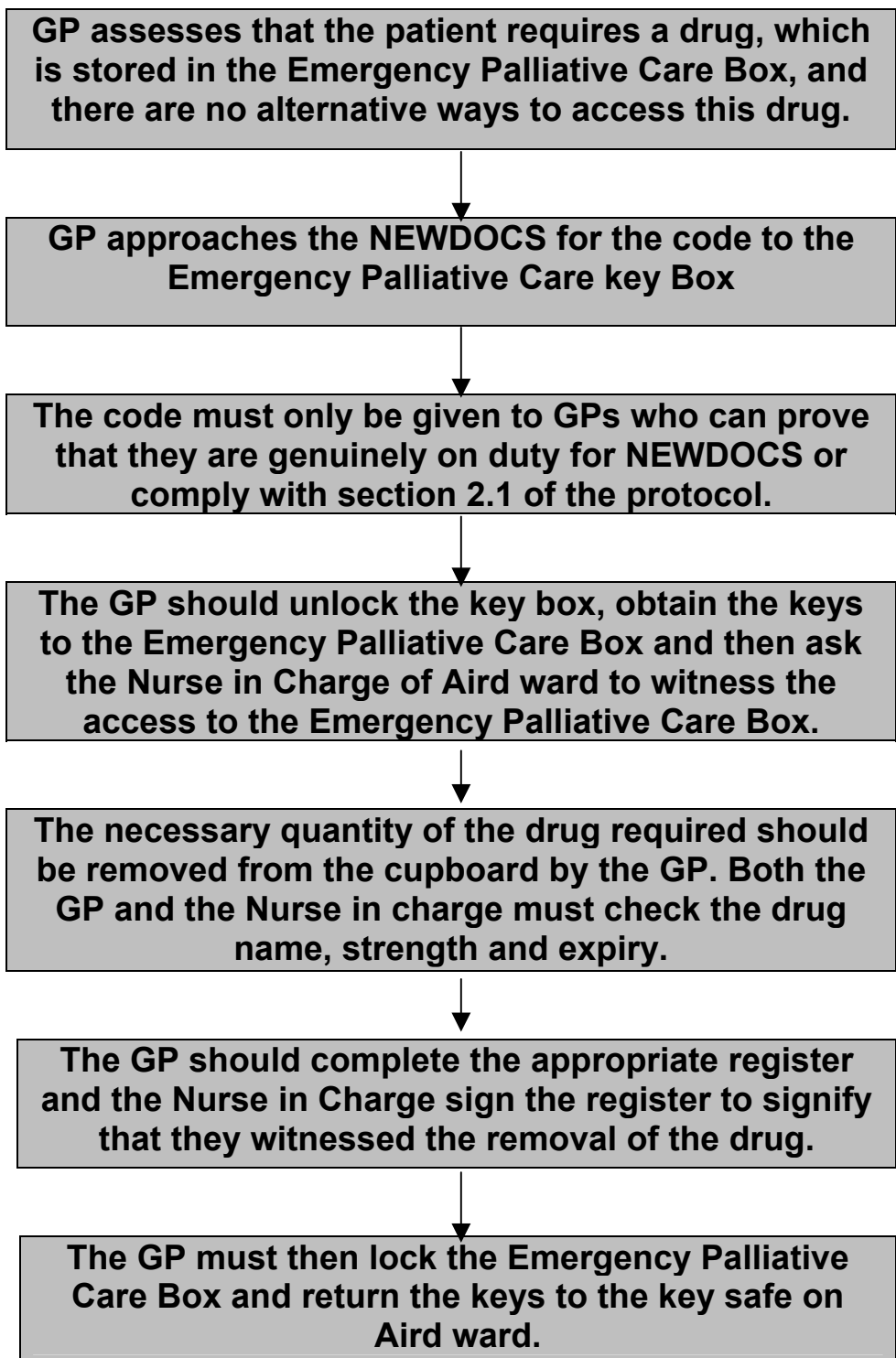
RESPONSIBILITIES AND ACCOUNTABILITIES

Professional	Key responsibilities	Action in the event of deviation from the protocol or a adverse event
<ul style="list-style-type: none"> • GP on duty at NEWDOCS • GPs from Kintbury and Woolton Hill and GP from Falkland surgery. 	<ul style="list-style-type: none"> • To act within professional code of conduct when dealing with emergency issues, which require the use of drugs stored within the Emergency Palliative Care Box. • To act in accordance with NEWDOCS policy and within the Protocol for the Emergency Palliative Care Box • To ensure that the drug required cannot be sourced from elsewhere (e.g. Local Pharmacy) within a reasonable time period, before requesting access to the palliative care box. • To ensure that all registers and forms are completed in accordance with the protocol for the Emergency Palliative Care Box. • To be accountable for the cupboard when it is opened and for any drugs removed from the cupboard. • Not to access the controlled drugs cupboard in circumstances other than those described in this protocol. 	<ul style="list-style-type: none"> • Report to the Hospital Palliative Care Practitioner, or his deputy or the Senior Clinical Pharmacist the next working day after the incident. • GPs are accountable to the Hospital's Palliative Care Practitioner for NDH.
<ul style="list-style-type: none"> • Nurse in charge of the ward 	<ul style="list-style-type: none"> • To act within their professional code of conduct when dealing with requests to witness access to the Emergency Palliative Care Box. • To act in accordance with the protocol for the Emergency Palliative Care Box. • To receive orders from the Fair Mile Hospital Pharmacy Department delivery van and add then to stock, record and sign for their addition and lock the cupboard and return the keys to the key safe on Aird ward. • To be accountable for drugs received and stock entries into the cupboard, and return the keys to the key safe on Aird ward. 	<ul style="list-style-type: none"> • Report to the Palliative Care Practitioner, or deputy or the Senior Clinical Pharmacist the next working day after the incident. • If the adverse event involves the Nurse in charge of the ward, the situation must be reported to the Matron

		<p>and or the Director of Clinical Services the next working day.</p> <ul style="list-style-type: none"> Accountable to the Director of Clinical Services.
<ul style="list-style-type: none"> Duty District Nurse working for EDNS 	<ul style="list-style-type: none"> To act within their professional code of conduct when dealing with requests to administer medicines taken from the Emergency Palliative Care Box. To act in accordance with the protocol for the Emergency Palliative Care Box. If requested to transport the drugs procured from the Emergency Palliative Care Box to the patients home and administer them in accordance with the prescription and in accordance with the protocol for the Emergency Palliative Care Box. 	<ul style="list-style-type: none"> Report to the Pharmaceutical Adviser, the palliative care Practitioner and the Community Nurse Manager the next working day.
<ul style="list-style-type: none"> Senior Clinical Pharmacist 	<ul style="list-style-type: none"> To act within their professional code of conduct. To ensure that the Emergency Palliative Care Box is date and stock checked every two weeks. To reorder drugs in order to maintain the stock levels in accordance with the protocol. To liaise with the Palliative care Practitioner and the PCT Pharmaceutical Adviser to ensure that the protocol is being followed and that the emergency palliative care box is used safely and within the law. 	<ul style="list-style-type: none"> Report to the Hospital palliative Care Practitioner and the PCT Pharmaceutical Adviser the next working day after the incident.
<ul style="list-style-type: none"> Hospital Practitioner for palliative care 	<ul style="list-style-type: none"> To act within their professional code of conduct. To ensure that GPs working at NEWDOCS or as members of the Newbury and Community Primary Care Trust (see section 1.2) are aware of the protocol. To take appropriate action if the protocol is deviated from or an adverse event occurs. To carry out random checks on the Emergency Palliative Care Box at least 	<ul style="list-style-type: none"> Accountable to the Director of Clinical Services.

	<p>twice a year.</p> <ul style="list-style-type: none"> To liaise with the PCT pharmaceutical adviser and Senior Clinical Pharmacist to ensure that the system works within the law and good practice recommendations. 	
<ul style="list-style-type: none"> PCT Pharmaceutical Adviser 	<ul style="list-style-type: none"> To act within their professional code of conduct To carry out random checks on the Emergency Palliative Care Box at least twice a year. To ensure that the protocol is up to date with current legal requirements and good practice guidelines. To be accountable for maintaining up to date policies and procedures and any training and education requirements of those using the Emergency Palliative care Box. 	<ul style="list-style-type: none"> Accountable to the Newbury and Community PCT Chief Executive.
<ul style="list-style-type: none"> Newbury and Community Chief Executive. 	<ul style="list-style-type: none"> Accountable for the actions of the PCT Pharmacists, Nurses and Doctors. 	
<ul style="list-style-type: none"> NEWDOCS Ltd GPs from Kintbury and Woolton Hill Practice and St John's Road Surgery 	<ul style="list-style-type: none"> To act in accordance with the protocol for the Emergency Palliative Care Box. To ensure that the keys to the Emergency Palliative Care Box remain locked in the safe on Aird ward at all times when not in use and that the keys never leave the ward. To ensure that any GP requesting access to the cupboard is recognised as a GP working on duty at NEWDOCS, or working as a representative of the Newbury and Community Primary Care Trust (See section 1.2) at the time of the request. NEWDOCS may request proof of identity of the GP. Appropriate identification may include one or more of the following: driving license, BMA card, prescription pad, NEWDOCS rota, patient call sheet etc. To ensure that the GP opening the cupboard is witnessed by the Nurse in Charge of Aird Ward and that the GP completes the appropriate registers to signify that the withdrawal of the drugs has occurred and is witnessed by the Nurse in Charge. To take appropriate action if an individual GP uses the Emergency 	

	<p>Palliative Care Box inappropriately. This action should include informing, in writing, the Hospital Practitioner for Palliative Care and the Pharmaceutical Adviser to the Newbury and Community PCT.</p> <ul style="list-style-type: none">• To be accountable for ensuring that the Emergency Palliative Care Box Protocol is adhered to.	
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**SUMMARY OF ACTION TO BE TAKEN TO ACCESS THE NEWDOCS
PALLIATIVE CARE BOX.**

**THE KEYS TO THE EMERGENCY PALLIATIVE CARE CUPBOARD
MUST NOT BE REMOVED FROM AIRD WARD**

DRUGS TO BE KEPT IN EMERGENCY PALLIATIVE CARE BOX

This list will be reviewed as stated in section 7.1

Controlled Drugs

DRUG	FORM	QUANTITY
Diamorphine 10mg	Powder for injection	5 ampoules
Diamorphine 30mg	Powder for injection	5 ampoules
Diamorphine 100mg	Powder for injection	5 ampoules
Fentanyl patches "25" patch	Transdermal patch	5 patches
MST Continus 30mg	Modified release tablets	60 tablets

Non Controlled Drugs and Schedule 4 drugs

DRUG	FORM	QUANTITY
Cyclizine 50mg/ ml	1ml injection	5 ampoules
Dexamethasone 4mg/ml	2ml Injection	5 ampoules
Diazepam 10mg tube	Rectal tubes	5 tubes
Diazepam 5mg/ml	2ml injection	10 ampoules
Haloperidol 5mg/ml	1ml injection	10 ampoules
Hyoscine Hydrobromide 400mcg/ml	1ml Injection	10 ampoules
Hyoscine butylbromide 20mg/ml	1ml injection	5 ampoules
Ketorolac Trometamol 30mg/ml	1ml injection	2 ampoules
Levomepromazine 25mg/ml (Nozinan)	1ml injection	10 ampoules
Metoclopramide 5mg/ml	2ml injection	10 ampoules
Midazolam 5mg/ml	2ml injection	10 ampoules
Water for injection	10ml injection	20 ampoules
Sodium Chloride 0.9%	10ml injection	10 ampoules

END OF PROTOCOL