NHS FORTH VALLEY

Facilitating Anticipatory Symptom Control for Adults at the End of Life

Guideline for the use of Just in Case Boxes in Community

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Group Committee	NHS FV Palliative Care MCN
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This document can, on request, be made available in alternative format

Consultation and Change Record – for ALL documents

Contributing Authors:	With thanks to NHS Lanarkshire & NHS Tayside who gave permission to base this document on their own policy Just in Case Box Short Life Working Group (see appendix 1 for members)
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Change Record

Date	Author	Change	Version
2/6/16	A.Wilson/ A.Forsyth	NHS Forth Valley JICB audit results added Highlighted that opioid doses recommended are for opioid naïve patients only. Patients already prescribed an opioid should be prescribed 1/6th of the total daily dose of the opioid. Removal of reference to NHS Forth Valley Palliative Care resource manual Addition of reference to Scottish Palliative Care Guidelines Addition of renal and hepatic impairment advice Appendix 5 – Forth Valley Palliative Care Pharmacist Network list updated. Appendix 6 - Forth Valley Palliative Care Network Drug Stock List updated. Reviewed August 2016 – Approved by Nursing and Midwifery Policy forum on 15th September 2016	2

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1. Introduction

This guideline has been prepared in response to the national strategy document, *Living and Dying Well – A National Action Plan for Palliative and End of Life Care in Scotland*[(1)] which states:

> *'NHS Boards and CHPs should take steps, including the use of Patient Group Directions and Just in Case Boxes where appropriate, to facilitate the use of anticipatory prescribing to enhance patient care and aid the prevention of unnecessary crises and unscheduled hospital admissions*.'

The Scottish Government document, *Living and Dying Well – A National Action Plan for Palliative and End of Life Care in Scotland* aims to ensure the delivery of high quality palliative care to everyone in Scotland on the basis of clinical need not diagnosis, and according to established principles of equity and personal dignity.

The purpose of this and supporting guidelines is to improve anticipatory care to help more people with palliative care needs and at the end of their life to be cared for and die at home which is often their preferred place of care. Improved anticipatory care will help ensure patients receive timely symptom assessment and management, especially out of hours and at weekends. Facilitating improved anticipatory care has the potential to enhance patient care and aid the prevention of unnecessary crises and unscheduled hospital admissions.

Just in Case (JIC) boxes were introduced in NHS Forth Valley in June 2014 and their use was audited for the first 6 months. 77 completed audit forms were received during the 6 months and medication was administered from 45 (58%) of them. The results and the feedback gathered from the audit provided information to support that the JIC boxes contributed to patients staying at home for end of life care; prevented hospital admissions and calls to the out of hours team. Overall, the comments from the District Nurses and G.P's were very positive.

The safe and effective provision of anticipatory care at the end of life in the community setting may be enabled by the provision of a JIC box in the patient's home. Common symptoms in the terminal phase e.g. pain, anxiety, breathlessness, nausea and respiratory secretions may be anticipated. Adequate quantities of the appropriate medicines are prescribed for the patient and stored in an identifiable container, the Just in Case box in the patient's home. Carers and patients are reassured that the prescribed medicines have been prescribed 'just in case,' and may not be needed. Patients and carers have a range of contact numbers (including District Nursing and out-of-hours services) to ensure timely access to symptom assessment and management.

A national guidance document, *The Gold Standards Framework – Examples of Good Practice Resource Guide for Just in Case Boxes* [(4)], and the NHS Tayside & Lanarkshire Policy for the use of Just in Case Boxes in Primary Care [(5)(6)] were used to develop this guidance document. This work was overseen by the Forth Valley Palliative Care Managed Clinical Network's Just in Case Short Life Working Group (SLWG).

2. Guideline statement

The aims of this guideline are to:

- Promote procedural uniformity and assist practitioners who are involved in setting up a Just in Case box within NHS Forth Valley
- Promote procedural uniformity and assist practitioners who are administering medication from a Just in Case box within NHS Forth Valley
- Support safe and accountable practice when providing symptom relief for those patients who require prescribed medication administered from a Just in Case box
- Clarify roles and responsibilities
- Promote Anticipatory prescribing across Forth Valley

3. Scope

This guideline applies to all General Practitioners (GP) within NHS Forth Valley caring for patients at the end of life. Further details can be sought from people on the contacts list in appendix 1.

Staff providing care under this scheme require to be aware of the content of this guideline and practice within the scope of their professional competence. All practitioners using a Just in Case box must maintain clear, legible and accurate records of medicine administration [2, 3].

4. Definitions

- Just in case box: A box that is placed in the patient's home, containing medication and sundries that may be required to help control symptoms towards the end of life.

- Anticipatory prescribing: The availability of medication to treat symptoms, in advance of the symptoms occurring.

- EMIS: Egton Medical Information System, the electronic system used within GP practices in NHS FV

- KIS: Key Information summary

5. Guidelines for setting up a 'Just in Case' box for a patient in the community

5.1. Patient selection

This scheme is open to all adult patients with a terminal illness registered with a GP in Forth Valley who is supported by District Nurses and/or Specialist Nurses and who is assessed as suitable for inclusion.

5.2. Assessing a patient's suitability for inclusion in the scheme

The patient's own GP, District Nurse or Clinical Nurse Specialist will discuss a patient's suitability for inclusion in the scheme. Practitioners should aim to have a Just in case box placed within a patient's home a few weeks prior to their anticipated death.

5.3. Informing patients and carers of the scheme

- The GP/District Nurse/Clinical Nurse Specialist must explain the purpose of the Just In Case box to the patient and their carer(s), and reinforce that all items contained within the box are for use by professionals only. See appendix 2 for Just in Case box flow chart
- Provide the patient and their carer(s) with a copy of the *Patient Information Sheet* (Appendix 3), which describes the scheme and their responsibilities
- Reassure the patient and carer(s) that they may opt in or out of the scheme at any time. The patient may need further time to discuss the scheme with their carer(s).

5.4. Action to be taken if a patient declines or is unsuitable for inclusion in the scheme

- Where a patient and or their carer(s) is unwilling to participate in the scheme, and/or there is a history or suspicion of drug misuse among carers or visitors to the house a risk assessment should be undertaken. (See NHS FV website for current General Risk Assessment)
- If patient exclusion from the scheme is considered appropriate, alternative arrangements should be discussed, agreed and implemented
- If possible, discuss with the patient where he or she wishes to be cared for at the end of life.
- If a patient prefers to be cared for at home at the end of life, inform him or her that the usual procedures for symptom assessment and management will apply.

5.5. Reassessment of a patient's suitability for inclusion in the scheme

A patient's anticipatory care needs may change during the course of their illness. An identified GP or District Nurse must be responsible for ensuring a patient's suitability for inclusion in the scheme is reviewed and/or after any known change in circumstances.

6. Procedure for commencing a Just in Case box for a patient.

(a). An *NHS Forth Valley Just in Case/Syringe Pump Prescription and recording sheet* (appendix 4) will be used to document all aspects of a patient's care provided under this scheme. This prescription will be kept in the Just in Case box section of the yellow Gold Standards Framework Folder.

(b). A registered medical practitioner, preferably the patient's GP, who has access to the patient's current medical record will look at the patient's current medication and prescribe the most appropriate anticipatory medication for the individual patient using GP10 form(s) and complete the relevant section of the *NHS Forth Valley Just in Case Box/Syringe Pump Prescription and recording sheet.* The GP10s should be issued using the Just in Case Protocol Prescription available on EMIS. It must be noted that the medication listed on the JIC box protocol is for opioid naïve patients only. Patients already on an opioid may require a higher breakthrough opioid dose. The medication details should also be recorded in the patient's medical notes.

(c). An appropriate non-medical prescriber, following discussion with the patient's GP, can prescribe medication in line with the Just in Case Box Guidance.

7. Recommended medication

The following guidance has been developed by the NHS Forth Valley JICB SLWG (see table 1), based on the Scottish Palliative Care guidelines. For further information please see www.palliativecareguidelines.scot.nhs.uk or seek specialist advice from the Palliative Care team at Strathcarron Hospice 01324 826222 (24hours).

(a) Opioids

The opioid dose (2mg s/c morphine sulfate) is for opioid naïve patients only. Patients already prescribed an opioid (morphine or oxycodone) should have a breakthrough dose of the same opioid calculated at approximately 1/6th of the total daily opioid dose. Patients prescribed oxycodone should not be prescribed morphine for breakthrough, as required oxycodone should be used. For patients on a fentanyl patch or an alfentanil infusion, contact the Palliative Care team for more advice.

All patients who are prescribed an opioid should be reviewed regularly for constipation and signs of opiate toxicity (sedation, hallucinations, delirium, myoclonus and abnormal skin sensitivity).

A patient's renal function may deteriorate resulting in accumulation of morphine or oxycodone. Consider dose reduction or seek advice regarding alternative analgesia.

(b) Renal patients

Alfentanil is the opioid of choice for the management of pain and breathlessness for end of life care in patients with renal disease.

Morphine, oxycodone and diamorphine will accumulate in renal impairment.

If the patient has known or suspected renal impairment (stage 4 to 5 acute or chronic kidney disease (eGFR < 30ml/min) whether receiving dialysis or not, then the opioid analgesic of choice is alfentanil 100 micrograms s/c as required hourly, if not on a regular opioid.

Oxycodone 1mg s/c as required 2-4 hourly could be used cautiously as an alternative if opioid naïve but repeated doses may result in opioid toxicity.

If several 'as required' doses are needed, consider starting a syringe pump, for example alfentanil 500 micrograms over 24 hours (1mg of alfentanil = 30mg oral morphine) and titrate according to response. Avoid using oxycodone in a syringe pump as there is a high risk of opioid toxicity.

Please see the Scottish palliative care guidelines (www.palliativeguidelines.scot.nhs.uk) for more information on alfentanil or renal disease in the last days of life or contact the palliative care team for more advice.

(c) Hepatic impairment

In moderate to severe hepatic failure avoid oxycodone as clearance is much reduced. Other opioids can be used but use a reduced dose and titrate slowly.

Table 1 – Recommended Medications for Just in Case Box prescription

Indication	Medication	Route	Dose instructions	Comment
Pain relief Convert oral doses to subcutaneous doses† See renal section for patients with known or suspected eGFR <30mls/min	**Morphine sulfate** injection	SC	Opioid naïve: 2mg sub-cut bolus hourly or 1/6th of 24 hourly dose of opioid hourly	10 amps of 10mg/ml or 30mg/ml Max 6 doses in 24 hours for all indications
	Other regular opioid	SC	1/6th of 24 hourly dose (max of 6 doses in 24 hours for all indications)	Ensure sufficient supply
Breathlessness Convert oral doses to subcutaneous doses† Opioids: See renal section for patients with known or suspected eGFR <30mls/min	**Morphine sulfate** injection	SC	Opioid naïve: 2mg sub-cut bolus hourly or 1/6th of 24 hourly dose of opioid hourly	See above for pain Max 6 doses in 24 hours for all indications
	Other regular opioid	SC	1/6th of 24 hourly dose (max of 6 doses in 24 hours for all indications)	Ensure sufficient supply
	Midazolam injection	SC	2mg - 5mg hourly as required (start with lower dose) *	10 amp of 10mg/2ml Max 6 doses in 24 hours for all indications
Restlessness/ anxiety/ agitation	**Midazolam** injection	SC	2mg – 5mg hourly as required (start with lower dose)*	10 amps of 10mg/2ml. Max 6 doses in 24 hours for all indications
	Levomepromazine injection	SC	2.5mg-5mg 8-12 hourly as required (start with lower dose)	10 amps of 25mg/ml Caution: Can lower seizure threshold
Respiratory tract secretions	**Hyoscine butylbromide** (Buscopan®) injection	SC	20mg hourly as required (max 120mg in 24 hrs)*	10 amps of 20mg/1ml
Nausea /vomiting	**Levomepromazine** injection	SC	2.5mg – 5mg 8 - 12 hourly as required (start with lower dose)	10 amps of 25mg/ml. Caution: Can lower seizure threshold
Diluent	**Water for injection**	SC		10 ampoules of 10ml

* *Review response and if not effective contact GP or if necessary Specialist Palliative Care for advice.*

† *Guidance for conversion doses can be found on the last page of the Prescription and recording chart (appendix 4)*

(a). The prescribed medication will be dispensed by the patient's preferred community pharmacy. See appendix 5 for a list of the NHS FV Palliative Care Pharmacist Network and appendix 6 for their palliative care medication stock list.

(b). In the event of a supply problem with one of the recommended medicines, the patient's primary health care team should contact their local pharmacy or Specialist Palliative care team for advice.

(c). Medication contained within a Just in Case box has been prescribed for an individual patient and should **never** be administered to any other patient.

(d). Just in case boxes (containing the sundries only) will be stored at District Nurse bases. The dispensed medication together with the required sundries will be packed in the Just in Case box by an identified District Nurse in the patient's home. The number of ampoules of each medication should be documented. The box will be stored out of reach and sight of children. An identified District Nurse should document in the patient's yellow gold standards framework folder that a Just in Case box is in place in the patient's home and the location within the home where it is stored.

(e) The District Nurse should add an alert on to Midis that a Just in Case box has been put in the patient's home

(f) The Key Information Summary (KIS) notes for the patient should be updated stating that a 'Just in Case' box is in place at the patient's home in the KIS special note.

(g) The Just in Case box should be labeled externally with the patient's name, the date the box was placed in the patient's home and the earliest expiry date of the medicines contained within the box. The District Nurse must be responsible for ensuring the medication contained within the Just in Case box has not reached its expiry date. This must be checked and documented in the patient's notes **monthly** and/or after any known change in circumstances.

(h) If the patient's medication changes the JIC box medication should be reviewed to ensure that the JIC box medicines and dosages are still appropriate for the patient.

8. Procedure for using the Just in Case box

(a) If any of the medication prescribed as part of the scheme is administered, the practitioner administering the medication will document this on the *NHS Forth Valley Just in Case Box/Syringe Pump Prescription and recording sheet* in the patient's home including the details of the drug, dose, indication, signature and remaining balance of ampoules. These details will be communicated with the rest of the team responsible for this patient. The doctor should be contacted when the first dose has been administered and agree future management of the symptoms and when the doctor should next be contacted. The out of hours team will communicate this information to the GP practice.

(b) If three or more doses of any one of the medications prescribed are administered within a 24-hour period, the medical practitioner responsible for the care of the patient at that time must be informed. A regular prescription or continuous subcutaneous infusion via a syringe pump may now be more appropriate.

9. Regular assessment of the patient

A patient's anticipatory care needs may change during the course of their illness. In particular, doses might require adjustment if regular doses of medication given have been increased. An identified GP or District Nurse must be responsible for ensuring a patient's individualised treatment plan is reviewed **at least weekly** and/or after any known change in circumstances. This will assist in ensuring the medication available in the Just in Case box and the supporting documentation are appropriate for the needs of the patient.

10. Just in case box no longer required

(a) If a syringe pump is commenced the medication should be reviewed and if the JIC box medication is still appropriate, the medication can be moved to the Syringe Pump box for continued use. The Just in case box can be returned to the district nurse base (as per box information).

(b) If a medication expires prior to use or is no longer required the medication should be returned to the community pharmacy by the patient's carer. This should be documented on the administration record chart and the balance of medication amended.

(c) Following a patient's death or admission to another care setting for end of life care, any remaining medication should be returned to a community pharmacy by the carer for disposal. However, please refer to the NHS FV Care of the Deceased Policy if there are concerns regarding safety of the carer or misuse of the medication. This policy is available on the NHS FV Intranet page or via the below link.
http://www.nhsforthvalley.com/__documents/qi/ce_guideline_bereavement/care_of_deceased_policy.pdf

(d) The patient's carer/District Nurse should return the 'Just in Case' box to the patient's GP surgery/District Nursing base. The printed information on the box will say where to return it to.

11. Patients discharged from hospital

Patients being discharged from hospital will not routinely be issued with medication needed for end of life care, unless it is likely that there is an urgent need for it. It is appropriate for the hospital staff to contact the GP and suggest that a Just in case may be required in the near future.

12. Reporting Suspected Incidents or Defects

Any errors or incidents in relation to the use of a Just in Case box must be recorded and reported. This should be done via the practitioner's Line Manager and the incident should be recorded on the IR1 system. Any further documentation must be completed as per local policy.

13. Cleaning

On the return of the Just in case box to the district nurse base, it should be cleaned and a decontamination certificate placed in the box. Please refer to NHS FV Infection Control policy.
http://staffnet.fv.scot.nhs.uk/wp-content/uploads/2012/05/national-standard-infection-control-precautions-policy1.pdf

14. References

1. Scottish Government (2008) *Living and Dying Well – A National Action Plan for Palliative and End of Life Care in Scotland.* Edinburgh: Scottish Government.

2. Nursing & Midwifery Council (2015) *The Code: Professional standards of practice and behaviour for nurses and midwives.* London: Nursing and Midwifery Council.

3. Nursing & Midwifery Council (2010) *Standards for Medicines Management.* London: Nursing and Midwifery Council.

4. GSF (2006) *The Gold Standards Framework. Examples of Good Practice Resource Guide. Just in Case Boxes. http://www.goldstandardsframework.org.uk/cd-content/uploads/files/Library%2C%20Tools%20%26%20resources/ExamplesOfGoodPracticeResourceGuideJustInCaseBoxes.pdf*

5. NHS Tayside (2009) *Policy for the Use of Just in Case Boxes in Primary Care.* Dundee: NHS Tayside.

6. NHS Lanarkshire (2010). *Policy for the Use of Just In Case Boxes In Primary Care*. NHS Lanarkshire

7. Scottish palliative care guidelines 2013. Accessed online 2/6/16. Available at www.palliativeguidelines.scot.nhs.uk

APPENDIX 1: Key contacts/ Just in Case Box Short Life Working group members 2014

Name	Post	Contact details
Anne Wilson/Amy Forsyth	Palliative Care Pharmacist	Strathcarron Hospice Randolph Hill DENNY, FK6 5HJ 01324 826 222 Anne.wilson1@nhs.net Amy.forsyth@nhs.net
Paul Baughan	Lead Cancer and Palliative Care G.P	paul.baughan@nhs.net
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Cathy Kelly	Community CNS	catherine.kelly3@nhs.net
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Chris Miller	Community Pharmacy Manager	chrismiller2@nhs.net
Cherie Raby	Clinical Nurse Manager, Marie Curie	Cherie.Raby@mariecurie.org.uk
Margaret Ramsay	Palliative Care Facilitator (Care Home Project)	margaret.ramsay@nhs.net
Janice Nutt	District Nurse	janice.nutt@nhs.net
Dr Lamont	Lead G.P Out of Hours	dlamont@nhs.net
Helen Grant	Care Home Manager	HGrant@meallmore.co.uk
Margaret Ferguson	Cancer & Palliative Care Facilitator (Primary care)	margaret.ferguson2@nhs.net

2016 Reviewers

Name	Post	Contact details
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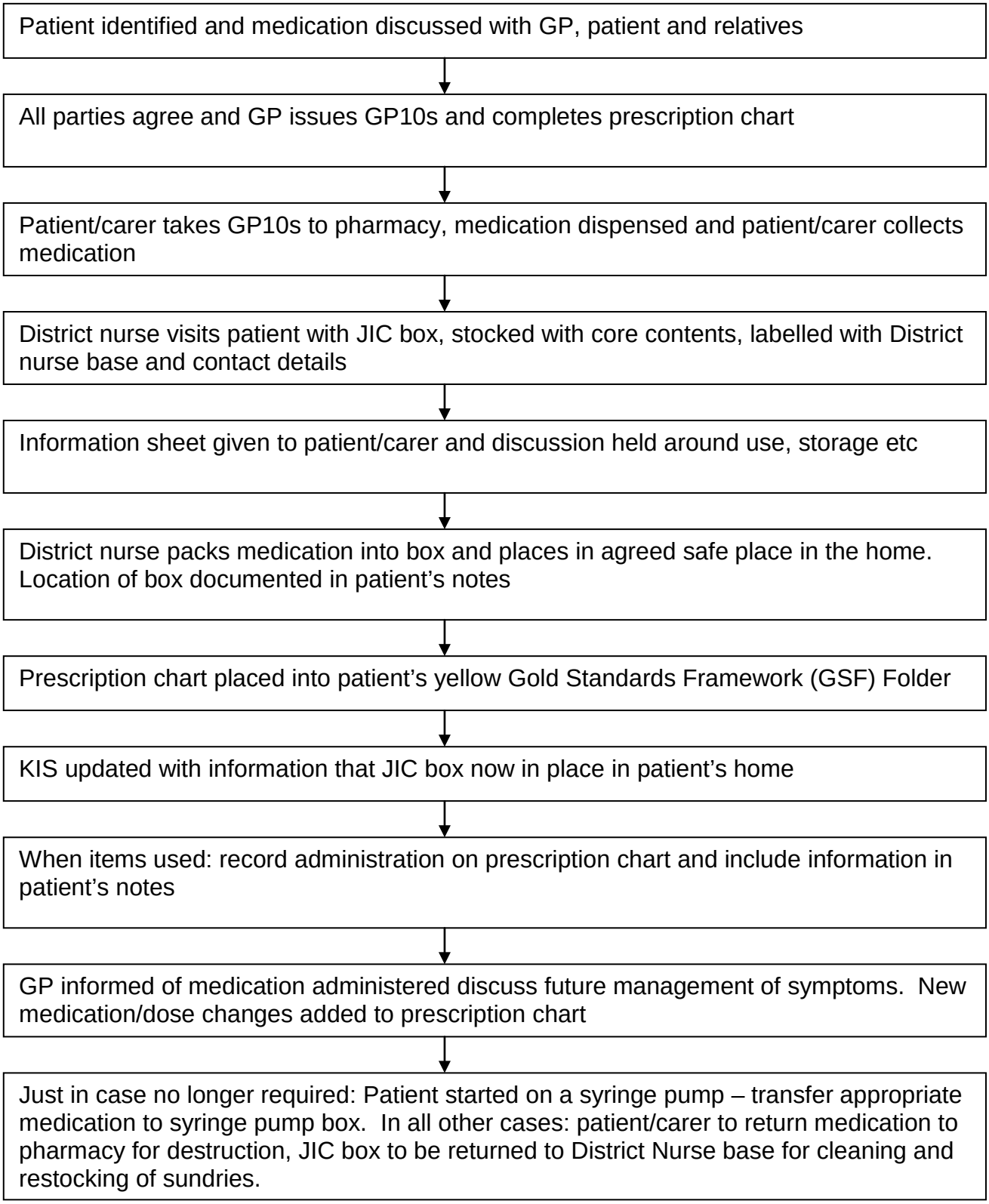
Paul Baughan	Lead Cancer and Palliative Care G.P	paul.baughan@nhs.net
Gill Foster	Consultant in Palliative Medicine	Gillian.foster@nhs.net
Sandra Campbell	Nurse Consultant for Cancer and Palliative care	sandra.campbell2@nhs.net
Morven Kellett	Community CNS	Morven.kellett@nhs.net
Chris Skirving	Palliative Care Community Pharmacist	c.skirving@nhs.net
Margaret Ramsay	Palliative Care Facilitator	margaret.ramsay@nhs.net
Janice Nutt	District Nurse	janice.nutt@nhs.net
Anna Lamont	G.P. FV Out of Hours specialist lead	Anna.lamont@nhs.net
Margaret Ferguson	Cancer & Palliative Care Facilitator (Primary care)	margaret.ferguson2@nhs.net
Christina Brown	Macmillan nurse	Christina.brown9@nhs.net
Vicky Chisholm	Community Development nurse. NHS FV Night nursing	Victoria.chisholm@nhs.net

APPENDIX 2 **Just In Case Box Flowchart**
Process for anticipatory prescribing for patients



Appendix 3

NHS Forth Valley

Anticipatory Care Medication

A leaflet for patients and carers

Anticipatory Care Medication

Just in Case Box

Anticipatory Care

This is a kit containing some medicines which may be helpful in treating one or more symptoms that can sometimes happen – such as pain, anxiety or sickness.

This means that you and your carer can relax, knowing that you won't have to worry about trying to get hold of the most commonly used medicines if you need them outside normal working hours.

These symptoms can be distressing if they occur in the night or at weekends when your local GP practice or local pharmacy is closed. Waiting for a doctor to come and write a prescription together with spending time trying to find a pharmacy which is open, can lead to further distress.

The box contains some injections that a nurse or doctor may give if needed to relieve patient's symptoms.

If any of the medicines are needed, the box contains just enough to last until more can be supplied in the usual way.

Your nurse or GP will talk to you and your carer about the box when they bring it to the house.

THIS BOX SHOULD BE STORED IN A SAFE, DRY PLACE AT ROOM TEMPERATURE (LESS THAN 25^{o}C)

ALL MEDICINES SHOULD BE STORED OUT OF SIGHT AND OUT OF THE REACH OF CHILDREN

APPENDIX 4

NHS FORTH VALLEY COMMUNITY SERVICES
JUST IN CASE/SYRINGE PUMP MEDICATION RECORDING SHEET

NAME:	**DOCTOR'S NAME:**
ADDRESS:	**GP PRACTICE:**
POSTCODE:	**Telephone No:**
Date of Birth: **CHI No:**	**DISTRICT NURSE:** **Telephone No:**
Telephone No:	**ALLERGIES**

JUST IN CASE/ONCE ONLY/AS REQUIRED PRESCRIPTION: ***Please include symptom to be relieved and minimum time interval between doses***

DATE	DRUG AND STRENGTH (Capitals)	DOSE	ROUTE	INDICATION	MIN INTERVAL BETWEEN DOSES (TIME)	PRESCRIBER SIGNATURE	CHANGE/DISCONTINUATION	
							DATE	PRESCRIBER NAME & SIGNATURE
	* MORPHINE SULFATE 10mg/ml INJECTION	** 2 mg	SUB-CUT	Pain/ Breathlessness	1 hourly (max 6 doses/24hrs)			
	MIDAZOLAM 10mg/2ml INJECTION	2 mg	SUB-CUT	Breathlessness/ anxiety	1 hourly (max 6 doses/24hrs)			
	LEVOMEPROMAZINE 25mg/ml INJECTION	2.5 mg	SUB-CUT	Nausea/vomiting/ agitation	8 hourly			
	HYOSCINE BUTYLBROMIDE 20mg/ml INJECTION	20 mg	SUB-CUT	Respiratory tract secretions	1 hourly (max 120mg/24hrs)			

*For advice in prescribing opiates in suspected or known renal impairment, see back page

** Dose if opiate naïve; for further advice see back page

Syringe Pump Prescription to be recorded overleaf

McKinley T34 Syringe Pump/CME T34 Ambulatory Syringe Pump Serial N°: .....

SYRINGE PUMP PRESCRIPTION 1 *(please record all prescribed drugs for syringe pump administration on this sheet)*

DATE	DRUG (Capitals)	DOSE PER 24 HRS	ROUTE	INDICATION	DILUENT	PRESCRIBER SIGNATURE	CHANGE/DISCONTINUATION	
							CHANGE DATE	PRESCRIBER NAME & SIGNATURE

McKinley T34 Syringe Pump/CME T34 Ambulatory Syringe Pump

Serial N°: .....

SYRINGE PUMP PRESCRIPTION 2

(If 2 syringe pumps are used concurrently, record 2nd syringe pump drugs on this sheet)

DATE	DRUG (Capitals)	DOSE PER 24 HRS	ROUTE	INDICATION	DILUENT	PRESCRIBER SIGNATURE	CHANGE/DISCONTINUATION	
							CHANGE DATE	PRESCRIBER NAME & SIGNATURE

PRESCRIBED DRUG RECORDING SHEET

This documentation should be used by ALL HEALTHCARE PROFESSIONALS, PATIENTS OR CARERS to record administration and to check and record stock

Name of Drug: (*please use a separate page for each drug) ……

Date	Time (24 hrs)	Name of Drug	Indication for administration	Dosage and Number ampoules/ patches/ **supplied by Pharmacy**	Total Dosage Administered (A) /Total Dosage Discarded (D)	Batch Number & Expiry date		Number ampoules/ patches used	Number of remaining ampoules/ patches	Signature and Print Name
						BN	ED			

DISPOSAL / DESTRUCTION OF UNUSED MEDICATION
Patient or Patient Representative

Patient Identifier Label

Community Nurses **should not destroy** controlled drugs for the patient or their representative – they should advise them to return any unused or unwanted medication to a community pharmacist for disposal. **I have advised the patient/representative to return to a community pharmacist the following controlled drugs** (File completed form in nursing notes)

Date	Name of Drug (Capitals)	Strength	Quantity of Controlled Drug N° of Ampoules/ Tablets/ Capsules/ Patches/ mls	Signature of Community Nurse and Print Name	Signature of Patient / Representative and Print Name

The patient / representative stated that they intend to return the above medication to:

Community Pharmacy: . . . . . Address: .....

DISPOSAL / DESTRUCTION OF UNUSED MEDICATION
Community Nurse

On the **rare occasion** that a **community nurse may remove controlled drugs** from a patient's home (safety issue or diversion potential) **the following table should be completed** and **filed in the nursing notes**

Date	Name of Drug (Capitals)	Strength	Quantity of controlled drug (N° of ampoules, tablets, capsules, patches, mls)	Date Controlled Drugs handed to Community Pharmacist	Community Pharmacy address	Signature and Print Name

Nurse Signature: .....
Print Name: .....
Date: .....

Pharmacist Signature: .....
Print Name: .....
Date: .....

Notes for prescribers

- Opioids are used for moderate to severe pain and breathlessness
- Most palliative care patients respond well to titrated oral morphine (1st line opioid)
- All patients who are prescribed an opioid should be reviewed regularly for constipation and signs of opiate toxicity (sedation, hallucinations, delirium, myoclonus and abnormal skin sensitivity)
  - Patient's renal function may deteriorate resulting in accumulation of morphine or oxycodone
  - Consider dose reduction or seek advice regarding alternative analgesia

- Always prescribe an appropriate dose of breakthrough medication: 1/6th of the total 24 hourly regular opioid dose e.g.
  - morphine 30mg/24 hours via a syringe pump - breakthrough dose is 5mg subcutaneous morphine
  - oxycodone 60mg/24 hours via syringe pump – breakthrough dose is 10mg subcutaneous oxycodone

- In some circumstances an alternative opioid to morphine would be preferable:
  - Pain responds to morphine but dose titration results in persistent intolerable side-effects
  - **Renal impairment** – known or suspected eGFR <30 mls/min (CKD 4 and 5)
    - alfentanil 100 micrograms or oxycodone 1mg subcutaneous prn if opiate naïve
    - avoid oxycodone, diamorphine or morphine in syringe pump as high risk of developing opiate toxicity
    - for further advice see Scottish Palliative Care Guidelines – Renal Disease in the Last Days of Life – www.palliativecareguidelines.scot.nhs.uk or contact medical staff at Strathcarron Hospice

- In moderate to severe **hepatic failure** avoid oxycodone. Other opioids can be used but reduce dose and titrate slowly.

Dose conversions

From	To	Calculation
Oral morphine	Subcutaneous morphine	Divide oral dose by 2
Oral oxycodone	Subcutaneous oxycodone	Divide oral dose by 2
Subcutaneous morphine	Subcutaneous oxycodone	Divide subcutaneous dose by 2
Fentanyl patch	Continue with patch and change every 72 hours. A syringe pump can be added to manage any additional symptoms	
Oral morphine	Subcutaneous diamorphine	Divide oral dose by 3
Oral morphine	Subcutaneous alfentanil	Divide dose by 30

- This is a GUIDE to prescribing. Assess each patient carefully. Reduce dose if patient is elderly, frail or opioid toxic
- Dose conversions should be conservative and doses usually rounded down. Decimal points are not recommended
- When prescribing controlled drugs on a prescription (including syringe pumps), please ensure that the dose prescribed and the total quantity is written in words and figures

For Specialist Palliative Care advice please contact the Palliative Care team at Strathcarron Hospice on 01324 826222 (24 hours)

APPENDIX 5

PALLIATIVE CARE COMMUNITY PHARMACY NETWORK	
Pharmacy	**Pharmacy telephone number**
Lindsay & Gilmour 5 Firs Entry **Bannockburn** FK7 0HW	01786 816893
Boots Pharmacy 60 South Street **Bo'ness** EH51 9HA	01506 822106
Bonnybridge Pharmacy Co. The Toll **Bonnybridge** FK4 1BX	01324 812332
M Farren Ltd 45 Main Street **Callander** FK17 8DX	01877 330132
Lloyds Pharmacy 55 Bridge Street **Dollar** FK14 7DG	01259 742536
Woodside Pharmacy 3 The Cross **Doune** FK16 6BQ	01786 841216
Lloyds Pharmacy 96-100 Grahams Road **Falkirk** FK2 7DL	01324 635859
Tesco In-store Pharmacy Central Retail Park **Falkirk** FK1 1LW	0131 2892565
Lindsay & Gilmour 16 Central Avenue **Grangemouth** FK3 8SD	01324 482079
The Pharmacy 11 Main Street **Killearn** G63 8RJ	01360 550242
Slamannan Village Pharmacy 17 High Street **Slamannan** FK1 3EX	01324 851265
Lindsay & Gilmour 81 Main Street **Sauchie** FK10 3JT	01259 723155
Tesco In-store Pharmacy Wallace Street **Stirling** FK8 1NP	0131 2894129
Clackmannan Pharmacy 30 Main Street **Clackmannan** FK10 4JA	01259 722635

APPENDIX 6

Forth Valley Palliative Care Network
Drug Stock List

Product	Quantity
Alfentanil 500mcg/ml / 2ml ampoules	1 x 10 ampoules
Cyclizine Injection 50mg/ml	2 x 5 ampoules
Dexamethasone Injection 3.3mg/1ml	1 x 10 ampoules
Dexamethasone Tablets 2mg	1 x 50 tablets
Diamorphine Injection 10mg**	2 x 5 ampoules
Diamorphine Injection 5mg**	2 x 5 ampoules
Haloperidol Injection 5mg/ml	1 x 5 ampoules
Hyoscine Butylbromide (Buscopan) Injection 20mg	1 x 10 ampoules
Hyoscine Hydrobromide Injection 400microgram/ml	1 x 10 ampoules
Levomepromazine (Levinan) Tablets 6mg	1 x 28 tablets
Levomepromazine (Nozinan) Injection 25mg	1 x 10 ampoules
Lorazepam 1mg tabs (Manufacturer: Genus)†	1 x 28 tablets
Matrifen Patches 100 micrograms/hour	1 x 5 patches
Matrifen Patches 12 micrograms/hour	1 x 5 patches
Matrifen Patches 25 micrograms/hour	1 x 5 patches
Matrifen Patches 50 micrograms/hour	1 x 5 patches
Matrifen Patches 75 micrograms/hour	1 x 5 patches
Metoclopramide Injection 10mg/2ml	1 x 10 ampoules
Midazolam 10mg/2ml buccal liquid (Buccolam oromucosal solution®)	1x pack (4 x 10mg doses)
Midazolam Injection 10mg/2ml	1x 10 ampoules
Morphine Sulphate Injection (10mg/ml) 1ml amp	1 x 10 ampoules
Morphine Sulphate Injection (30mg/ml) 1ml amp	1 x 10 ampoules
Morphine Sulphate Oral 10mg/5ml	1 x 100ml
Morphine Sulphate Oral Concentrate 20mg/ml	1 x 30ml
Ondansetron Injection 4mg/2ml (only stocked in Tesco Falkirk, Tesco Stirling and Bonnybridge The Toll)	1 x 2ml
Oxycontin 10mg S/R Tablets	1 x 56 tablets
Longtec 10mg S/R Tablets	1 x 56 tablets
Oxycontin 20mg S/R Tablets	1 x 56 tablets
Longtec 20mg S/R Tablets	1 x 56 tablets
Oxycodone 10mg Capsules	1 x 56 capsules
Oxycodone Injection (10mg/ml) 1ml	1 x 5 ampoules
Oxycodone Liquid 5mg/5ml	1 x 250ml solution
Sodium Chloride 0.9% 10ml	2 x 10 ampoules
Water for Injection 10ml	2 x 10 ampoules

** Morphine sulphate should be used in preference to diamorphine

† Lorazepam Tabs 1mg for sublingual use should be prescribed as:
Rx: Lorazepam tabs 1mg; Directions: For sublingual use (Genus make required)

Forth Valley Palliative Care Network July 2016

APPENDIX 7

Just in Case Box - Core Contents

Syringes and Needles:

- 10 x 1ml syringes
- 10 x 2ml syringes
- 10 x 25 gauge orange needles
- 10 x filter needles
- 3 x 25g Butterfly needles with short tubing

Water for injection (must be prescribed for individual patient) 10 x 10ml

Mediswabs

Clear film adhesive dressing x 3

Sharps box

<u>Stationary</u>

NHS Forth valley Just in Case/Syringe Pump prescription and recording sheet

Patient information leaflet

Decontamination certificate

Quality Assurance

Lead authors details?

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Department:	Pharmacy	Email:	Amy.forsyth@nhs.net

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