

Anticipatory prescribing for dying patients - A pilot study of Just in Case boxes in NHS Lanarkshire

Introduction

Many people nearing the end of life have a strong desire to remain in their own home for as long as possible. Ensuring timely access to medicines can prevent unnecessary crises (e.g. emergency admission to hospital) and distress for patients and their carers

The publication of Living and Dying Well by the Scottish Government in October 2008 led the NHS Lanarkshire Managed Clinical Network for palliative care to consider Just in Case boxes as a way to facilitate anticipatory prescribing and further enhance patient care.

Within NHS Lanarkshire Patient Group Directions (PGDs) for four palliative care medications (haloperidol, hyoscine butylbromide, levomepromazine and midazolam) are currently embedded in practice. These medicines can be administered by community nurses working out-of-hours in accordance with the PGD. Audit findings have revealed that the most common reason for a medicine to be administered under a PGD is lack of anticipatory prescribing or sudden deterioration in a patient's condition. To ensure 24-hour access to end-of-life medicines, it was necessary to take further steps to support anticipatory prescribing and have medicines available in the home before a patient enters their last days of life. Subsequently, a short life working group was set up and tasked with the development of a policy to ensure patients within NHS Lanarkshire who wanted to die at home would have medicines immediately available to them.

A pilot study is currently ongoing to assess the value of placing a Just in Case box into a patient's home, with the patient's consent, a few weeks prior to their anticipated death. Medicines are prescribed for the patient by their GP 'just in case', and are stored in a readily identifiable box along with needles and syringes, a sharps disposal box and a prescription and administration record. This ensures symptoms can be managed effectively and without delay. The prescribed medicines have been aligned with local palliative care guidelines, Patient Group Directions (PGDs) for palliative care medications and local Liverpool Care Pathway (LCP) guidance.

Recommended Medications for Just in Case (JIC) prescription

Indication	Medication	Route	Dose instructions	Recommended Supply
Pain relief	Diamorphine or Morphine sulphate injection (or current opioid)	SC	Dose to be determined by prescriber	Sufficient supply to cover the immediate out of hours period
Restlessness and/or anxiety	Midazolam injection	SC	2.5mg – 5mg hourly as required	10 ampoules of 10mg/2ml
Chest secretions	Hyoscine butylbromide (Buscopan®) injection	SC	20mg hourly as required	10 ampoules of 20mg/1ml
Nausea/vomiting	Levomepromazine injection	SC	2.5mg – 5mg 8 - 12 hourly as required	10 ampoules of 25mg/1ml
Confusion/delirium	Haloperidol injection	SC	2.5mg once or twice daily as required	5 ampoules of 5mg/1ml
Diluent	Water for injection	SC		10 ampoules of 10ml



Additional items: 1ml and 2ml syringes, subcutaneous needles, needles for drawing up, occlusive dressing, community sharps bin, medication stock recording sheet.

Education

- ❖ Scheduled lunchtime information sessions were delivered by the community Macmillan nursing team and the clinical lead for the palliative care managed clinical network
- ❖ Sessions were held in each pilot area and aimed at district nurses and GPs
- ❖ Individual meetings with GPs from participating practices took place on an ad-hoc basis

Prescribing and Administration

- ❖ All GP practices within NHS Lanarkshire using the Vision prescribing system have the JIC prescription available automatically
- ❖ The GP10 prescription is taken to the patient's nominated community pharmacy for dispensing
- ❖ Community nurses take an empty JIC box from the nursing base, add the required sundries and place in the patient's home. The dispensed medications are then added
- ❖ A prescription and administration record is signed by the prescribing doctor and placed in the JIC box
- ❖ Community nurses record administration of JIC medications on the prescription and administration record.
- ❖ If 3 or more doses of any one medicine are required within 24hours a GP referral is made for consideration of a syringe pump.
- ❖ When no longer required any remaining medications are returned to a community pharmacy for destruction and the JIC box is returned to the district nursing base.

Audit Findings

- ❖ 109 audit forms evaluated to date
 - ❖ Average length of time the JIC box available for use 12 days (Range:1-105 days)
 - ❖ 85 patients (78%) required medication from the JIC box
- 73 respondents stated that:
- A call to the out-of-hours service was not made
Of these 59 (81%) claimed that use of the JIC box had prevented the call
 - The patient was not admitted to hospital
Of these 39 (53%) claimed that use of the JIC box had prevented an unscheduled hospital admission
- (Note: 16 respondents did not answer these questions)

Implementation

- ❖ Initially 2 pilot sites (1 rural; 1 urban) within NHS Lanarkshire
- ❖ Recently extended to 4 pilot sites
- ❖ A case is being developed for area wide implementation
- ❖ To be presented to Lanarkshire Medical Committee Autumn 2011

Comments from district nurses

- ❖ Just in case box benefits the patient as drugs can be given instantly saving a wait for GP
- ❖ Reassurance for family that comfort in the home can be maintained without delay or trauma
- ❖ Drugs were not used in emergency but were used to initiate medications in a syringe driver
- ❖ Very useful in preventing admission to hospital/hospice
- ❖ Gives patients, relatives, all nursing staff involved in care reassurance

Contacts

- ❖ **Dr Rosalie Dunn**
Clinical lead managed clinical network - palliative care
Rosalie.Dunn@lanarkshire.scot.nhs.uk
- ❖ **Linda Johnstone**
Macmillan area lead pharmacist - palliative care
Linda.Johnstone2@nhs.net
- ❖ **Jan Smith**
Community Macmillan nursing team leader
Jan.Smith@lanarkshire.scot.nhs.uk