

# End of Life Medication Administration by Ambulance Clinicians



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## Introduction

Scottish Ambulance Service (SAS) have partnered with Macmillan to form a Palliative and End of Life (EOL) Care team to drive forward education and pathways for patients requiring support at the end of life. Evidence suggests that in Scotland around 95% of people in the last year of life contact unscheduled care services.[1] One of the main requirements for contact is symptom relief. SAS Paramedics are able to deliver a range of medications via subcutaneous injection to relieve symptoms such as:

- Anxiety / Agitation
- Breathlessness
- Nausea / Vomiting
- Secretions.



These may be medications previously prescribed for the patient in the form of just in case medications or SAS held medications.

## Aim

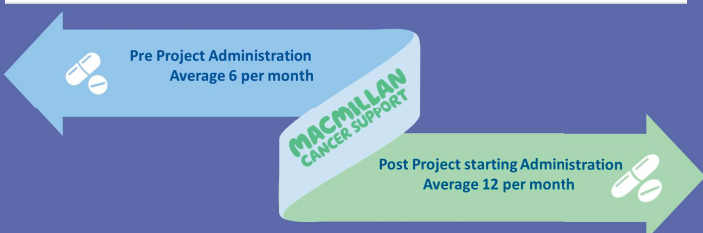
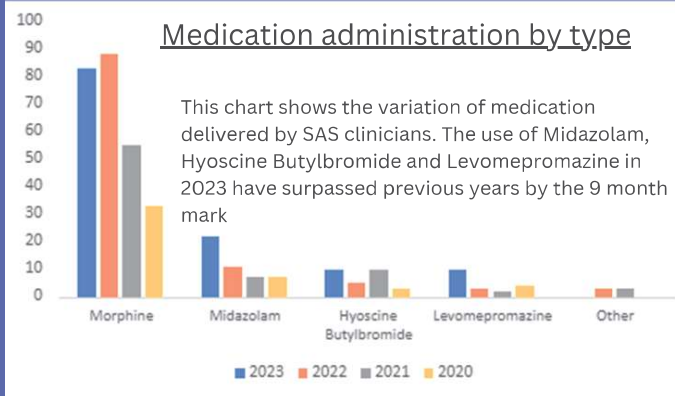
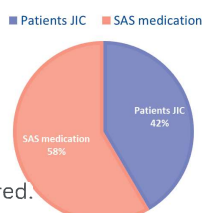
This audit looks at the administration of EOL medications by Scottish Ambulance Service Clinicians from January 2020 until September 2023, to understand the impact of education delivery on the use of EOL medications within the service.

## Method

By retrospectively reviewing the Patient Report Forms the team were able to audit each administration of EOL medications.

Determining:

- If the medication administered was the patient's own (42% administrations) or SAS stock (58% administration)
- The type of medication administered,
- If the medication relieved symptoms
- How many medications were administered.



## Conclusion

To date, results show that since the implementation of the Macmillan project:

- The use of EOL medication has increased.
  - Patients being given multiple medications has increased
  - The monthly mean administration has increased from 6 to 12
- These results are in keeping with previous studies that hypothesised that educating staff to recognise and respond to the needs of patients in receipt of Palliative Care produced positive outcomes.[2] Clinicians are asked to complete a short survey following attendance at a symptom management education session and the results are used to develop the program.

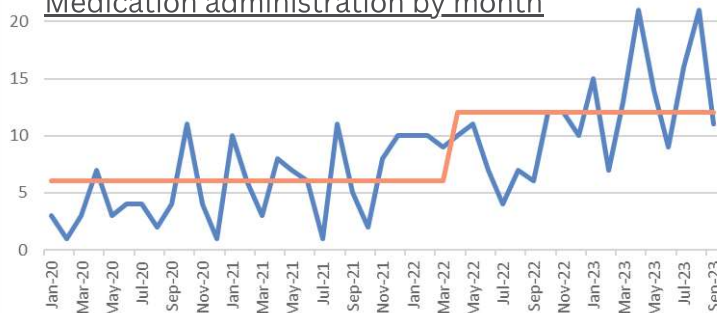
## Feedback from Education Sessions

I felt the course was very well explained regarding its overview of the topic, all factors were covered and discussed well

I feel more confident in dealing with palliative symptoms

Excellent delivered session with lots of useful tips. Would highly recommend to other colleagues.

## Medication administration by month



## Limitations

The audit was only able to include the administrations that were recorded on the SAS Patient Report Form and indicated a subcutaneous administration. There is likely to be further administrations that are not recorded in this method and therefore not captured in the audit.

## Next Steps

- Continual audit on all end of life medication administrations
- Further education to all SAS clinicians
- Publish e-learning content on symptom management at EOL
- Introduce paramedic PGD for end of life midazolam administration
- Expand guidelines to allow Technician administration of JIC medications
- Improve recording methods of JIC administrations

For more information on the wider SAS Macmillan Project scan the QR code

✉ email: sas.endoflifecare@nhs.scot

✂ X: @sasmacmillan



## References:

[1] Mason, B., et al. (2022). "Integrating lived experiences of out-of-hours health services for people with palliative and end-of-life care needs with national datasets for people dying in Scotland in 2016: A mixed methods, multi-stage design." Palliative Medicine 36(3): 478-488.

[2] Murphy-Jones, G., et al. (2021). "Infusing the palliative into paramedicine: Inter-professional collaboration to improve the end of life care response of UK ambulance services." Progress in Palliative Care 29(2): 66-71.