

# 'Just in Case' medication supplied on discharge

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**Abbreviated abstract:** During the COVID-19 pandemic a temporary Standard Operating Procedure (SOP) was introduced across NHSGG&C acute hospitals to enable completion of the palliative care community Kardex at discharge, when supplying 'Just in Case' (JIC) anticipatory medicines.

Our aims were:

- to review the prescribing of JIC medicines at discharge from secondary care
- to review the documented communication at discharge to primary care relating to JIC medicines and supply of the community Kardex.

## Related publications:

– L. Johnstone. Facilitating anticipatory prescribing in end-of-life care, *The Pharmaceutical Journal* 2017; 298 (7901)

# Background

- 'Just in case' (JIC) medicines are prescribed for end of life symptom control if a patient is in the last weeks or days of life
- To allow district nurses to administer JIC medicines in a patient's home, they must be prescribed on a community Kardex.
- During the COVID-19 pandemic a temporary SOP was approved to allow completion of the community Kardex at the point of discharge, to help reduce the burden on primary care services.
- Information on completion of the Kardex at discharge and communication with primary care staff was needed to inform submission for permanent approval of this SOP.
- As the pandemic also brought challenges around drug supply/shortages, review of quantities at discharge and timeliness of prescribing of JIC meds was considered useful to inform practice

NHS Greater Glasgow and Clyde

PALLIATIVE CARE PRESCRIPTION FORM COMMUNITY

Date Commenced: 17/12/15

Write, imprint or attach label

Write, imprint or attach label	STAFF NAME (BLOCK CAPITALS)	DESIGNATION	EXAMPLE SIGNATURE	INITIALS
Surname: MURPHY OH No: 2110451224	FLAINE HANGLIS	DOCTOR	<i>[Signature]</i>	FM
Forenames: MURPHY Gender: MALE DOB: 21/10/1948	DIUSANNE GRAY	NURSE	<i>[Signature]</i>	SG
Address: 1 HIGH STREET EDINBURGH				
GP: Dr DOOLITTLE				
Surgery Address: 3 MAIN STREET, EDINBURGH				
Phone No: 01505 123456				

COMMUNITY PHARMACY INFORMATION

Name: HENRY GUNNIST Tel No: 01505 651515  
Address: 5 MAIN STREET EDINBURGH

\* If documentation has been written up and not used, review it at least every 7 days (and before a weekend) to ensure it is still appropriate for the patient. Record review in boxes below.

Review Date	Clinician Signature Print & Sign	Outcome (please circle)	Review Date	Clinician Signature Print & Sign	Outcome (please circle)
24/12/15	<i>[Signature]</i>	SII appropriate Kardex Updated			SII appropriate Kardex Updated
31/12/15	<i>[Signature]</i>	SII appropriate Kardex Updated			SII appropriate Kardex Updated
		SII appropriate Kardex Updated			SII appropriate Kardex Updated
		SII appropriate Kardex Updated			SII appropriate Kardex Updated

\* Ensure the patient and family know that if medicines need to be administered OOH, the OOH DN service should be contacted directly rather than NHS24.

Drug Allergies / Sensitivities None Known  Yes  (provide details below)

# Methods

- Data was collected retrospectively on patients discharged with JIC medicines in April/ May 2020 from 5 acute hospitals in NHSGG&C
- Patients were identified by searching Ascribe (pharmacy dispensing system) for patients dispensed hyoscine butylbromide injection or by review of paper Immediate Discharge Letters (IDLs)
- Data was collected in Sept 2020 by review of IDLs, medical and nursing notes on clinical portal

# Results

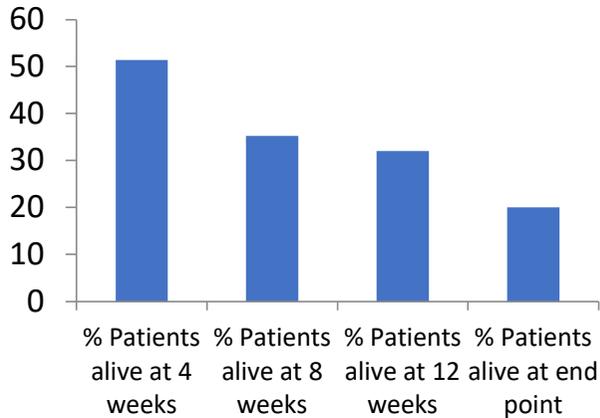


Figure 1 - % Patients alive

- 105 patients were included
- A Hospital Palliative Care Team (HPCT) was involved in the care of 77% of patients
- **Figure 1:** 80% had died by time of data collection. Median time to death was 24 days post discharge
- **Figure 2:** Patients still alive were more likely to have non-malignant (NM) than malignant (M) disease (76% vs 24%), compared to the total population where malignant disease predominates (35% NM vs 65% M)

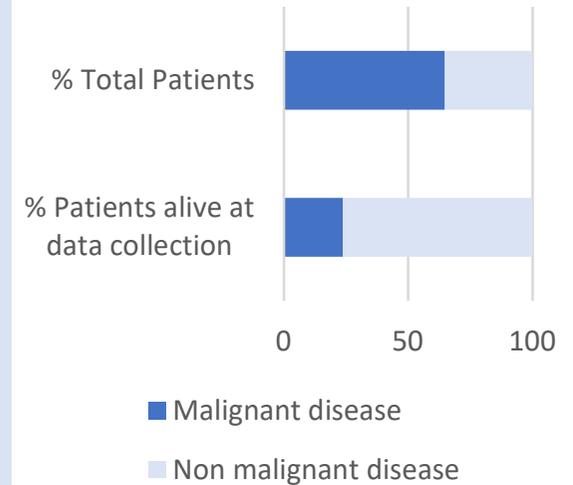


Figure 2: Malignant vs Non- Malignant

# Results

- Documentation of communication with community nurse was better than communication with GP
- Documented completion of the community Kardex was poor
- Only 41% patients were prescribed 5 amps of each drug in line with current recommendations

JIC meds in IDL clinical comments	69%
Completion of community kardex in IDL	12%
Communication with GP	31%
Communication with District Nurse	78%
<b>Figure 3 – Documentation</b>	

# Conclusions

## Hospital Palliative Care Teams

- Results inform practice on JIC prescribing
- Continue to encourage communication with primary care and completion of community Kardex at discharge

## Pharmacy staff

- Ensure IDLs for JIC meds include WFI and current recommended quantity of 5 amps of each drug
- Continue to promote completion of the community Kardex at discharge and encourage documentation of this in the IDL