OUT WITH THE OLD AND IN WITH THE NEW: Transforming Community Palliative Care Prescribing and Administration of Medicines in Tayside



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BACKGROUND

People with palliative care needs and those approaching the end of their life may experience distressing symptoms that escalate quickly because of rapid deterioration. Therefore, it is essential to offer timely medication at effective doses. Feedback from colleagues and updates to the Scottish Palliative Care Guidelines during the COVID-19 pandemic prompted NHS Tayside to review the existing 'Just In Case' policy and develop a new prescribing and administration record that promotes safe, effective, person-centred care.

AIM

By April 2024, people in the Tayside community will have access to timely, evidence-based symptom management in palliative and end of life care.

METHOD

A short life working group was formed to guide this service development. Quality improvement methods were utilised. A driver diagram helped identify parts of the service that required change to achieve the overall aim.

PROCESSES

Review & Update 'Just in Case' Policy & Prescribing and Administration Record

- Extend prescribing rights to include nonmedical prescribers
- Patient information aligned to NHS Inform material
- **Prescribing guidance aligned** to reflect the current Scottish Palliative Care Guidelines
 - ✓ Dose ranges included for morphine, midazolam and levomepromazine
- ✓ Potential for increased administration frequency for morphine and midazolam
- Levomepromazine added second line for terminal agitation
- ✓ 3 doses in 4 hours seek urgent review;
 6 doses in 24 hours seek review
- Returning unused medicines revised written guidance
- All in one booklet format for prescribing and administration record
- Revised syringe pump records standardised across all care settings

TESTING

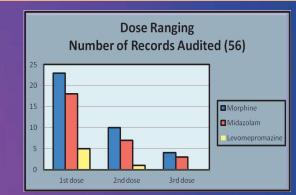
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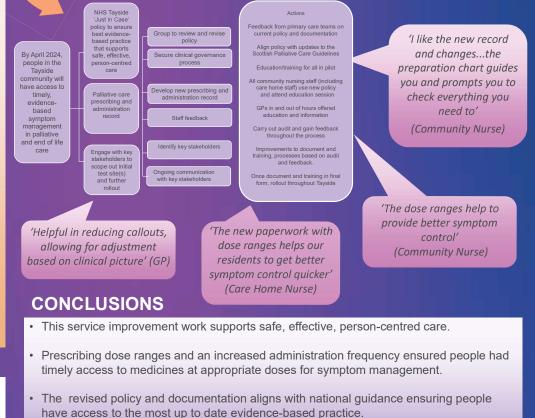


RESULTS

The audit results highlighted key areas that needed further improvement, including changes to the record and the training provided. Having a dose range was both needed and utilised effectively during the pilot. Feedback from GPs and community nursing was positive.



'It provides nursing staff with the ability to choose an appropriate dose and reduces situations where they have to return to the GP to change the documentation' (GP)



• Staff found the revised prescribing and administration document provided additional guidance in a clear and helpful format.



References; Scottish Palliative Care Guidelines

Acknowledgement: Special thanks to NHS Lanarkshire for sharing their prescribing and administration record.