

DOCUMENT HISTORY/ EQUALITY IMPACT ASSESSMENT FORM					
TITLE	ANTICIPATORY PRESCRIBING FOR SERVICE USERS WITH A TERMINAL ILLNESS "Just in Case"				
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SECTION	21				
PERSON RESPONSIBLE FOR POLICY			Helen Burgess		
REVIEWED BY	DATE REVIEWED	NEXT REVIEW	CHANGES		If YES record new version no.
			Yes	NO	
H Burgess	01/08/13	01/08/15	✓		02
H Burgess	June 15	June 17		✓	
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This P&P has an impact on:		Impact		Equality Impact Assessment form completed	
		Yes	No	No	
Age			✓	If No comment:	
Disability			✓		
Ethnicity			✓		
Gender			✓		
Religion or belief			✓		
Sex orientation			✓		
Socio-economic			✓		

EQUALITY IMPACT ASSESSMENT FORM

What is the main purpose or aims of the policy

Who will be the beneficiaries of this policy?

Has the policy been explained to those it might affect directly or indirectly?

Have you consulted on this policy?

What are the expected outcomes of this policy?

Equality Target Group	a) Positive Impact		b) Negative Impact		Reason/Comment
	High	Low	High	Low	



PROCEDURAL MANUAL

POLICY REF: BK2/21/004
POLICY STATEMENT: ANTICIPATORY PRESCRIBING FOR SERVICE USERS WITH A TERMINAL ILLNESS
"Just in Case"

1. INTRODUCTION

Service users with a terminal illness often experience new or worsening symptoms for which they require urgent medication. It is essential that these service users and the healthcare professionals looking after them have easy access to the medicines that can immediately help them if their condition were to deteriorate suddenly at any time of the day or night as is common in terminal illness.

Access to palliative care medication, proactive management of symptoms and anticipation of service user's future needs are key components of:

- Gold Standards Framework, "Control of Symptoms and Care in the Dying Phase"
- NICE guidance, "Improving Supportive and Palliative Care for Adults with Cancer"
- Department of Health Guidance, "Securing Proper Access to Medicines in the Out of Hours Period".

2. PURPOSE AND SCOPE

2.1 Aims

- To avoid the distress to service users, carers and healthcare staff caused by not having the correct medicine readily available.
- To help prevent unnecessary hospital admissions.
- To provide a safe framework for the use of palliative care medicines in the home

2.2 Objectives

To ensure that:

- Prescribers are encouraged to anticipate the future needs of the service user
- Common symptoms in the terminal phase are anticipated e.g. pain, secretions and agitation and small quantities of the appropriate medication is prescribed and kept in the home for the service user.
- Prescribing complies with current legislation and takes place in a clear and safe manner that is understood by healthcare staff responsible for dispensing and administering the medication.

- Carers and service users are provided with verbal and written information about the medication in the Just in Case bag and understand the reason it has been prescribed.

2.3 Inclusion Criteria

- Just in case boxes/bags should be considered for service users with a poor prognosis, where the condition is unpredictable or is likely to deteriorate rapidly, or approaching weekend or during extended holiday periods.

3. DUTIES AND RESPONSIBILITIES

3.1 Managers and Team leaders

- Ensure that relevant staff are aware of this policy
- Ensure that a supply of Just in Case drugs and leaflets are readily available
- Ensure that staff have the necessary training and competence
- Ensure that incidents and near misses relating to medicines used for anticipatory prescribing are reported using the Nugent Care Incident Reporting system.
- Ensure that all medicines are stored and handled in accordance with Nugent Care Medication Policies.

3.2 Prescriber

(The term Prescriber means the service user's General Practitioner)

- Identify relevant service users ahead of need.
- Prescribe appropriate medications on form FP10, ensuring that prescriptions comply with current requirements of the Misuse of Drugs Regulations.
- Ensure the prescription and medicines supplied reflect the individual needs of the service user but include one drug for each indication.
- Ensure that anticipatory medication is reviewed regularly, at least once a month and after any known change in circumstances.
- Explain the purpose of the Just in Case bag to the service user and carers and how and when the medication will be used.
- Ensure clear instructions for the use of each medicine are provided.

3.3 Registered Nurses

- Identify relevant service users ahead of need.
- Liaise with the doctor regarding prescriptions and supply of the medication
- Ensure adequate supplies of equipment (e.g. needles, syringes, sharps bin etc) are available in the home to administer the medication.
- Explain the purpose of the Just in Case medication to the service user and carers and how and when the medication will be used.
- Ensure that appropriate records of receipt and administration of Schedule 2 Controlled Drugs (e.g. diamorphine) are kept on the prescription chart or in the service user's notes.

- Inform the doctor when medication from the Just in Case medication has been used.
- Check the Just in Case medicines every day to ensure that nothing has been used, removed or expired without being recorded. Record this check in the controlled drugs register
- Ensure Just in Case drugs are disposed of appropriately.
- Ensure that all medicines are stored and handled in accordance with Nugent Care policies and procedures.
- Ensure that they have received the necessary training and maintain and update their knowledge and skills in the relevant areas of practice. A record of CPD must be maintained as evidence.
- Ensure that, after an episode of care, the service user's notes are updated to reflect the care given.

3.4 Pharmacist / Dispenser

- Ensure that a service user or carer receives appropriate information and advice to support them in gaining best effect from any medicines supplied. This includes making clear any indefinite instructions such as “as required” or “as directed”.
- For each medicine supplied include the expiry date and manufacturer's service user information leaflet.
- The medicines in the Just in Case bag are prescribed for the named service user only and are never used for any other service user.

4 PROCESS

See [Appendix 1 Flow chart of Process](#)

4.1 Setting up Anticipatory Prescribing

- Nurses and GPs identify relevant service users ahead of need
- The prescriber prescribes the appropriate medications on form FP10, which are likely to include:
- **Diamorphine** or alternative for pain plus **diluent** (either sodium chloride 0.9% injection or water for injections)
Haloperidol or **levomepromazine** for nausea and vomiting
Midazolam for agitation
Glycopyrronium or **hyoscine butylbromide** (Buscopan®) for respiratory secretions

Subcutaneous Injections for Symptom Control in Palliative Care

- The medicines should reflect the individual needs of each service user but should include one drug for each indication.

- It is recommended that at least 5 ampoules of each medicine be prescribed if needed.

Notes:

The subcutaneous route is recommended for all injections. Many medicines administered via the subcutaneous route are not licensed for subcutaneous administration therefore their use is 'off label'. The effective use of medicines via the subcutaneous route is well documented and the prescriber should be conversant with such evidence. CCG policy on unlicensed medicines should be followed.

Prescriptions for parenteral diamorphine and midazolam are subject to the requirements of the Misuse of Drugs Regulations 2001 (see BNF). The instruction "as directed" or "as required" is not acceptable for a controlled drug prescription but "one (or the dose) to be taken as directed" is acceptable.

The NPSA Safer Practice Notice 12 (May 2006) advises caution when prescribing parenteral diamorphine and morphine for service users who had not previously received doses of opiates. However, it is also important that clinicians have appropriate access to medicines of sufficient strengths and a good understanding of which medicine can be used to best effect.

4.2 Supply of Prescribed Medicines

- The FP10 prescription is dispensed by the supplying pharmacy/surgery.
- The dispensed medicines are put into a Controlled drugs cabinet by the nurse in charge

4.3 Managing the Just in Case medication in the home

- The nurse makes a record of the receipt of the Just In Case medication in the Controlled drugs register. The nurse records the strength and quantity of Schedule 2 Controlled Drugs received. The quantity of the Controlled Drug is counted and recorded each time it is used. (It is also necessary to record the balance of other injections).
- The nurse ensures adequate supplies of equipment are available in the home for administration
- The prescriber must review the prescription together with the nurse at least every 3 days or after any changes to circumstances. This is to ensure that the Just in Case medication is appropriate both in terms of strength and type (NB - requirements may go up or down).
- Where circumstances change, a record should be made of the medications added or removed and the prescription chart be updated accordingly.

4.4 Administration

- When subcutaneous medication is administered from the Just in Case medication:

The administering nurse/ doctor records the medicine and dose given on the prescription chart.

- The GP or prescriber must:
 - Review the service user's symptoms – may need a change in dosage or medicines prescribed
 - Prescribe replacement medication if needed via FP10 prescription,
 - Update the prescription chart for any new medication or changes in dose / instructions.

4.5 Disposal

- When the episode of care finishes:

The registered nurse must keep any unused medication for 7 days after the death of the service user. After 7 days, the medication should be disposed of according to Nugent Care Disposal of medication Policy.

The Just in Case medicines are prescribed for the named service user only and must never be used for any other service user.

5 REFERENCE DOCUMENTS

5.1 Statutory and other Relevant Guidance

- Misuse of Drugs Regulations 2001
- NICE guidance "Improving Supportive and Palliative Care for Adults with Cancer"
- Department of Health Guidance "Securing Proper Access to Medicines in the Out of Hours Period"
- Gold Standards Framework; Examples of Good Practice Resource Guide "Just in Case Boxes" August 2006

6.0 COMMUNICATION

This policy will be communicated to all staff via line managers, The Care Quality Commission, and will be available on the intranet

7.0 TRAINING

Specialist training will be provided for staff and will also be given to all staff on induction.

8.0 MONITORING

Documentation will be reviewed in line with Nugent Care documentation monitoring procedures.

Nugent Care Governance procedures will review cases.

9.0 REFERENCES

Gold Standards Framework
Mental Capacity Act (2005)
RCN

10.0 DOCUMENT HISTORY

Procedures are reviewed at least every two years.

This document was created **Mar 11** and amended **Aug 13, June 15, Aug 15**.

Appendix 1 Flow chart of Process

- Nurse/ GPs should identify relevant service users ahead of need
- Prescriber prescribes appropriate medications on form FP10
- The GP and Nurse explains the purpose of the *Just In Case* medication to service user and carer
- The FP10 prescription is dispensed by the supplying pharmacy/ dispensary
- The nurse ensure adequate supplies of equipment are available in the home for administration
- The dispensed medicines are put into the Controlled Drugs cabinet by the nurse in charge.
- The nurse makes a record of the receipt of the Just In Case medication in the Controlled Drugs Register
- The strength and quantity of Schedule 2 Controlled Drugs received is recorded on the Prescription chart.
- The nurse checks the contents of the Just in Case medication on a daily basis and records this
- The prescription/medication must be reviewed by Prescriber at least every 3 days or after any changes to circumstances

The prescriber must:

- Review the service user's symptoms, prescribe replacement medication if needed via FP10
- prescription and update the prescription chart for any new medication or changes in dose instructions.

When episode of care finishes:

- The GP or nurse should inform the supplying pharmacy of the death of the service user.
- The registered nurse must keep any unused medication for 7 days after the death of the service user. After 7 days, the medication should be disposed of according to Nugent Care Disposal of Medication Policy
- Unused medication must never be reused for any other service user.