

Palliative Care 'Just in Case' Emergency Medicines Box Service

The service:

This service has been developed to ensure easy access to essential anticipatory palliative care medicines.

Despite the fact that up to 90% of all palliative care occurs in a patient's home environment and the majority of patients and their carers wish for a home death, most people who are suffering from terminal malignancy die in an institution. Breakthrough symptom control and lack of anticipatory palliative care are a contributing factor to high hospital death rates and patients being unable to die in their place of choice.

This service supports anticipatory prescribing and rapid access to medicines commonly prescribed in palliative care, by ensuring a palliative care 'just in case' emergency medicines box has been prescribed and placed in the patient's home. The emergency medicines boxes are targeted at patients reaching the terminal phase of their illness. It also supports effective team working between doctors, nurses and pharmacists, both in and out of normal working hours.

The palliative care 'just in case' emergency medicines boxes are available from a number of community pharmacies, details are available on Telford and Wrekin CCG's website <http://www.telfordccg.nhs.uk/pharmacies>. A general practitioner, community nurse, or hospice community nurse specialist, in liaison with the general practitioner, will identify **adult** patients requiring palliative care support in their home. If it is anticipated that the patient's medical condition may deteriorate into the terminal phase of illness and with the patient and carer's verbal agreement, the prescriber can initiate and prescribe a palliative care 'just in case' emergency medicines box. The practice will arrange for the chosen community pharmacy to receive the prescription and supply the emergency medicines box. The box will be kept in the patient's home for rapid administration of medicines commonly prescribed for breakthrough symptom control. All medicines will need to be authorised (prescribed doses, indication, directions, signed and dated) in the patient's community nursing notes by the prescriber, in order to enable a community nurse to administer the prescribed medication. A patient specific direction for 'as required medication' must be completed and accompany the dispensed 'just in case box' when issued to the patient.

The Contents of the Palliative Care 'Just in Case' Emergency Medicines Box:

| Medicine | Strength | Quantity |
|---------------------------------|-----------------|------------------|
| Diamorphine Injection | 10mg | 5 ampoules |
| Hyoscine Butylbromide Injection | 20mg/ml | 4 x 1ml ampoules |
| Levomepromazine Injection | 25mg/ml | 2 x 1ml ampoules |
| Midazolam Injection | 10mg/2ml | 4 x 2ml ampoules |
| Water for Injection BP | BP | 5 x 10ml |

The Process:

Suitable patients:

1. A patient is identified as appropriate for a 'just in case' medicines box by a prescriber or a nurse in liaison with a doctor. Patients will have a terminal diagnosis and will have been appropriate for a DS1500 i.e. a prognosis of 6 months or less. Usually the emergency medicines box is introduced in the last two to three months of life. Some patients may be unwell and in the last few weeks of life but others may be relatively well at the time of initiation of the box.

Patient consent:

1. The provision of a 'just in case' emergency medicines box must be discussed with the patient and where appropriate the family and carers, in order to explain its function and acceptability.
2. The patient will be given a written information leaflet describing the purpose and nature of the 'just in case' emergency medicines box.
3. The healthcare professional will be required to contact the pharmacist and order the emergency medicines box and the pharmacist will need to communicate with the patient or their carer regarding the delivery or collection and refilling of the box.

4. In cases where an adult is found not to be competent to give their consent to receive the 'just in case' medicines box, a capacity assessment will need to be completed. Following this a 'best interest decision' will be required to ensure the issue of an emergency medicines box is appropriate. The patient's relatives, carers or friends may be best placed to advise on the individual's preferences.

Communication with other teams:

1. The patient must be referred to the community nursing team for assessment and the introduction of community nursing notes into the home, if not already in place.
2. Communication with the out-of-hours teams must occur in the usual manner. The provision of a palliative care 'just in case' emergency medicines box should be identified on the flagging notice.

Prescription requirements:

1. A normal FP10 prescription is generated for the medicines contained in the emergency medicines box and signed by the GP caring for the patient. The correct quantities must be specified and the prescription for parenteral diamorphine must meet controlled drug prescription requirements. The CCG will provide practices with an EMIS protocol which incorporates a prompt to issue the emergency medicines box and will generate all the necessary prescriptions within the patient record.
2. The Home Office has expressed the view that a dose of "as directed" or "as required" is not acceptable for a controlled drug prescription but "one to be taken as directed" is acceptable. For the palliative care emergency medicines box, a prescription for diamorphine should contain the following dosage instructions:

Diamorphine 10mg Injection: 10mg to be administered for pain as directed (for 'just in case' medicines box)

Prescription collection & 'just in case' medicines box delivery arrangements:

1. The General Practice is responsible for issuing prescriptions for the emergency medicines box along with a completed patient specific direction (PSD) for its use. The practice should then contact the chosen approved community pharmacy and arrange for the prescription and the PSD to reach the pharmacy.
2. The completed 'just in case' emergency medicines box should either be collected by the patient or their nominated representative and this process will be arranged by the pharmacy. The box could be delivered to the patient's home using the pharmacy's delivery service where available.

Authorisation and administration of medication from the emergency medicines box:

1. Medicines from the box can be administered by a doctor or by the community nursing team. A completed PSD will be required for the community nursing team to administer medicines from the 'just in case' box.
2. In some situations, clinical scenarios can be anticipated and the medicines can be 'written up' in advance when the box is organised for the patient.
3. The box will be sealed to prevent tampering and this seal should only be broken by a healthcare professional when a medicine is required. The seal should not be broken by a nurse/doctor to check the contents of the box as the details of the contents can be found on the audit sheet in the plastic pouch attached to the box.
4. The name of the medicine, batch number and expiry date should be checked prior to administration in the usual manner.
5. The audit sheet in the plastic pouch attached to the box **must** be completed by the doctor or nurse who administers any drug from the box. The audit sheet must then be placed back in the plastic pouch. Completion of the audit sheet is vital to tracking the usage of the medicines.

Using & refilling the emergency medicines box:

1. The emergency medicines box will be delivered with a blue tamper proof seal from the pharmacy. Only a healthcare professional caring for the patient may break the seal in order to administer a medicine from the box. Once any medicine from the box is used, the community nurse and the patient's general practice should organise for the box to be refilled by the same community pharmacy who issued the box originally.
2. The healthcare professional should ensure the practice generate a new prescription, **only** for the medicines used.
3. When a box needs refilling, the practice should contact the pharmacy by telephone to allow the pharmacy time to arrange collection or delivery of both the prescription from the practice and the box from the patient's home. The pharmacy may arrange for a relative to deliver the box to the pharmacy or collect the box directly from the patient's home if they operate a delivery service and it is feasible to do so.

4. The box should be resealed with the spare (yellow) seal found in the box ready for returning to the pharmacy. This gives evidence that the box has been used and needs re-filling (the pharmacy should query any boxes returned unsealed with the appropriate GP or nurse).
5. The completed audit sheet will be returned with the box to the pharmacy in the plastic pouch and the form must be matched to the contents of the box being returned.
6. Where the audit sheet has not been completed or it does not correspond to the box, the pharmacy should contact the patient's practice to ensure completion by the appropriate healthcare professional. Completion of the audit sheet is vital to comply with DDA regulations.
7. The medicines requested on prescription to refill the box should be dispensed and the expiry and batch/LOT numbers should be recorded on a **new** audit sheet.
8. A copy of the previous audit sheet should be retained in the pharmacy and the original returned to the Medicines Management Team for audit purposes.
9. Medicines that have not been used should remain in the 'just in case' box.
10. The box should be resealed with a blue seal ready for delivery/collection and a spare yellow seal placed in the box.
11. The earliest product expiry date of the box should be updated if necessary.
12. If the box is used by the out-of-hours team or community nurse team they will be responsible for informing the practice as soon as reasonably possible that the box has been opened and needs to be refilled.

Emergency medicines box found to be open:

1. If a GP or community nurse finds the box open in the patient's home, the contents should be examined to check they match the details in the audit sheet. If the audit sheet has not been completed, the community nurse should attempt to identify who opened the box, by checking the nursing notes or checking with the practice. The audit sheet should be completed retrospectively and the box should be refilled.
2. If the healthcare professional cannot identify who opened the box, or suspects the patient or a relative of tampering with the box, the patient's doctor must be contacted and advice sought regarding removal of the box from the patient's home.

The Medicines Management Team's role:

- 1) The CCG's Medicines Management Team will provide all approved community pharmacies with the outer plastic boxes (not the white dispensing boxes) seals, plastic wallets and copies of the audit sheets.
- 2) The CCG's Medicines Management Team will provide training for community pharmacies participating in the service.

The 'just in case' box:

- 1) Medicine labels should be generated as usual for each medicine to include the following details:
 - a) Patient's name
 - b) Pharmacy details
 - c) Date of dispensing
 - d) Name of medicine
 - e) Quantity of medicine
 - f) Directions for use
 - g) Keep out of the reach of children
 - h) The medication ampoules should be boxed in a white dispensing box for each product and the medicine label attached as usual
- 2) The labelled medicines should be placed in the just in case box together with symptom control guidelines, patient information leaflets for all drugs in the box and a spare yellow seal tag. The box should be secured with a blue tag.
- 3) The boxes will have been given a unique number by the CCG which will appear on the outside of the box.

- 4) On the outside of the box the pharmacy will need to complete and attach labels stating the following:
- a) "The contents of this box expire on" **the expiry date chosen should correspond to the earliest expiry date of the medicinal products within the box.**
 - b) The contact name and details of the pharmacy.

The Plastic Pouch:

A plastic pouch is attached to one side of the box. The pouch must contain an audit sheet.

- 1) The following details should be completed by the pharmacy on the audit sheet when preparing a new box or refilling a box:
- a) Patient's name
 - b) The name and address of the prescribing GP
 - c) The corresponding emergency medicine box number (found on the outside of the box)
 - d) Expiry dates and batch numbers of the medicines
 - e) Date box dispensed for the patient

Record Keeping:

It is good practice and a requirement of the service level agreement, for the pharmacy to keep a copy of the audit sheet for their records and the following details:

- a) The expiry date placed on the outside of the box in order to monitor when a box needs recalling.
- b) The date the box was supplied. The pharmacy should request the practice to review any boxes remaining in a patient's home for more than 3 months having never been used.
- c) The above details must be kept securely and confidentially in the pharmacy. The CCG recommends that pharmacists keep copies for a period of 5 years.

Box No Longer Required:

The patient's practice is responsible for informing the pharmacy when a patient with a palliative care emergency medicine box has died. The pharmacy will be responsible for ensuring that the box is returned to them for safe and appropriate drug waste disposal and audit completion. The box should be retained for future use. It is recognised there may be a delay in retrieving boxes due to the circumstances and the pharmacist may wish to contact the family after 1 or 2 weeks rather than immediately after death. The 'just in case' box patient information leaflet explains the need to return the box to the pharmacy when it is no longer required.

Payment Details:

It is anticipated that pharmacies involved in the Palliative Care Emergency Medicines Box Scheme will only supply a small number of boxes each year (approximately 5-10 per year). Numbers issued will be monitored.

NB Pharmacists involved in the scheme are expected to keep an adequate stock of the required drugs at all times.

All pharmacists involved in the scheme will receive an annual retention payment of £100, this is to cover the extra workload involved with filling the boxes and also to cover the cost of any stock drugs that expire.

Clinical Governance Issues:

CCG Approved Community Pharmacies:

In order for a community pharmacist to become approved by the CCG, they must first satisfy the following criteria:

- a) Pharmacists taking part in the scheme must undergo Palliative Care Emergency Medicine Box training.
- b) Pharmacists will be responsible for their continuing professional development in the area of palliative care.

Patient Complaints:

Pharmacies and practices should follow in-house complaints procedures and if unresolved, a patient may be directed to the CCG Complaints Manager for further advice.

Scheme Contact Details:

Community Pharmacist Advice and general advice about the scheme:

Jacqui Seaton
Head of Medicines Management
NHS Telford and Wrekin CCG
Halesfield 6
Telford
TF7 47BF
Email: Jacqui.seaton@telfordccg.nhs.uk
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