# POLICY AND STANDARD OPERATING PROCEDURE (SOP) FOR ANTICIPATORY PRESCRIBING FOR PATIENTS WITH A TERMINAL ILLNESS

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<td>Author:</td>
<td>Sarah Hanrott, Jenn Sula-Minns</td>
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## Approval Route

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## Links or overlaps with other strategies/policies:

- NICE Guideline for Care of the Dying Adult (2015)
- NICE Quality Standards for End of Life Care for Adults (2011)
- One Chance to Get It Right – Leadership Alliance for the Care of Dying People (2014)
- Department of Health Guidance “Securing Proper Access to Medicines in the Out of Hours period
- Mental Capacity Act (2005)
- End of Life Care Strategy DOH (2008)
- NICE Guidance “Improving Supportive and Palliative Care for Adults with Cancer (2004)
- Misuse of Drugs Regulations (2001)

## Amendment History

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Appendix 3 Patient medication bag Label
Appendix 4 Patient Information Leaflet
Appendix 5 ‘RAG’ Stability Assessment Tool
Appendix 6 Audit Form
Appendix 7 Prescribing advice leaflet and Nominated pharmacy list
Appendix 8 Medication Stock Record
Appendix 9 Medication Risk Assessment form
1.0 INTRODUCTION

Patients coming towards the end of life often experience new or worsening symptoms for which they require urgent medication. It is essential that these patients and the healthcare professionals looking after them have immediate access to the medicines that can help them if their condition deteriorates or symptoms occur suddenly as is common in end of life care.

Access to palliative care medicines, proactive management of symptoms and anticipation of patient’s future needs are key components of:

- NICE Guideline for Care of the Dying Adult (2015)
- ‘One Chance to Get It Right’: Five Priorities of Care – Leadership Alliance for the Care of Dying People (2014)
- NICE Quality Standards for End of Life Care for Adults (2011)
- Department of Health End of Life Care Strategy, (2008)
- Gold Standards Framework, Control of Symptoms and Care in the Dying Phase
- Improving Supportive and Palliative Care for Adults with Cancer - NICE guidance (2004)

Anticipatory medication should be implemented where the patient’s condition has been assessed by a qualified health professional as deteriorating or unstable, and the patient is on the Practice Palliative Care register. The anticipatory medications are intended for use when there is a sudden or unexpected deterioration in the patient’s health, and must be followed with a review of the patient and their medication as soon as possible (preferably within 24 hours).

2.0 Aims and Objectives

This policy aims to provide a consistent framework for the management of anticipatory medication within the home setting for patients registered with a GP within Oxfordshire, minimising hazards to patients and ensuring that staff involved in this procedure do so effectively and safely. This policy covers the principles of this process and highlights associated Standard Operating Procedures.

This policy should be read in conjunction with current organisation policies.

The objectives of this policy are to:

- Support patient choice if they wish to remain at home.
- Improve access to palliative care medicines in the community.
- Avoid the distress caused to patients, carers and healthcare staff due to not having the correct medicine readily available.
- Encourage prescribers to anticipate common symptoms in end of life care e.g. pain, agitation, nausea and vomiting, secretions or delirium and prescribe sufficient quantities of appropriate palliative medication which is dispensed and kept in the patient’s home in case of urgent need.
• Ensure 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.
• Provide a safe framework for the use of palliative care medicines in the home.
• Help prevent unnecessary hospital admissions.

3.0 ROLES AND RESPONSIBILITIES

3.1 Managers and Team leaders

a. Ensure that the most recent version of the policy is available for use and any previous versions are removed from use.

b. Ensure that staff have read and understood the policy.

c. Ensure that staff has the necessary training and competencies.

d. Ensure on-going induction of new staff to this policy

e. Ensure that incidents and near misses are reported using the OCCG and own organisational Incident reporting policies.

f. Ensure that medicines are handled in accordance with all organisational medicines management policies, and that the necessary equipment and supplies are available.

g. Ensure that a supply of the bags, labels, information leaflets, Direction to Administer forms (DA) and Medication Stock Record sheets are available in GP Practices. (see appendices)

3.2 Prescriber

a. Identify relevant patients ahead of need, e.g. through Palliative Care Register meetings: using the Stability Assessment Tool if used (see Appendix 5) and to include the completion of the medications risk assessment tool, if appropriate (Appendix 9).

b. Prescribe agreed anticipatory medications on form FP10, ensuring that prescriptions comply with current requirements of the Misuse of Drugs Regulations.

c. Complete the Direction to Administer form (DA form – see Appendix 2) from the agreed list of anticipatory medication, to be administered by subcutaneous injection. An anticipatory plan must be completed identifying when the medication is to be initiated. Clinical indications for its use must be stated.

d. Verbal orders cannot be accepted for any medication that has not been prescribed on the approved documentation

e. The bags for the anticipatory medication, labels, patient and doctor information sheets and audit forms are held within GP surgeries:
- complete the patient information label on the outside of the anticipatory medication bag.
- place the completed DA form with Medication Stock Record, Information sheets and Audit form inside the bag for distribution to a dispensing pharmacy (list of pharmacies with guaranteed stock included but any pharmacy can dispense)

f. Ensure the patient/family/carer is aware of the need to collect the prescribed anticipatory medication from a pharmacy, and to provide their identity in doing so.

g. Ensure that anticipatory medication in the home is reviewed regularly, in particular after any known change in circumstances or condition. This will ensure that the medications held are relevant and are appropriate to the anticipated needs of the patient.

A review of the patient by the GP prescriber or out of hours doctor should occur within 24 hours of medication being used.

h. Ensure clear instructions for the use of each medicine are provided.

i. Explain the purpose of the anticipatory medication to the patient and carers with details of how and when the medication will be used.

j. Ensure the patient and carer knows whom to contact should any symptoms or problems occur, including out of hours.

k. Place a note on the patient’s record to indicate that anticipatory medications are held in the home.

l. Ensure that the patient’s key worker and all relevant agencies involved in the patient’s care are informed that anticipatory medication is held within the patient’s care setting. Agencies involved may change but may include the Community Nursing team, Specialist Palliative Care Teams, District Nurses and Oxfordshire GPs. This information must also be recorded on the Special Note System.

3.3 Registered Nurse

a. Identify relevant patients for anticipatory medication ahead of need.

b. Liaise with the doctor regarding prescriptions and supply process of the anticipatory medication.

c. Where appropriate ensure adequate supplies of equipment (e.g. needles, syringes, sharps bin) are available for use to administer the medication when required.

d. Explain the purpose of the anticipatory medication to the patient and carers, and how and when the medication will be used, highlighting that it is for professional use only.

e. Ensure the patient and carers have received verbal and written information referring to the anticipatory medication use.
f. Ensure the patient and carers know whom to contact should any symptoms or problems occur, including out of hours.

g. Document in the patient care plan that the anticipatory medication is held within the patient’s home, stating contents and date received.

h. Ensure that appropriate records of receipt and administration of Controlled Drugs are kept, and all documentation is in accordance with all organisation Clinical Record Keeping Policies.

i. Check the anticipatory medicines are in accordance with this policy to ensure that nothing has been used, removed or expired without being recorded. If discrepancies are noted, the Medication Incident reporting procedure must be implemented. Record this check in the patient’s notes.

j. Understand that in exceptional circumstances Registered Nurses may transport the medication directly between the pharmacy and the patient’s home if necessary, in accordance with organisational medicines policy and NMC guidance.

k. Verbal orders cannot be accepted for any anticipatory medication that has not been written on the approved Direction to Administer documentation.

l. Ensure that all medicines are stored and handled in accordance with organisation policies and procedures.

- Ensure that staff has received the necessary training and maintain and update their knowledge and skills in the relevant areas of practice, ensure they work within their professional codes, competencies, and in conjunction with organisation policies, protocols and standard operating procedures.

m. Ensure that anticipatory medication is disposed of in accordance with organisation policies when no longer in use.

n. Ensure that in the event of the patient’s death, the patient’s notes are returned to base.

o. Ensure that the enclosed Audit Form is completed after use of the anticipatory medication and returned to the address on the form when no longer in use.

3.4 Pharmacist

a. Ensure medication is dispensed in a timely manner as prescribed for the individual.

b. Ensure that the health professional administering the medication receives appropriate information and receives clear instructions for administration and in line with the label on the medication.

c. For each medicine supplied, include the expiry date and manufacturer’s patient information leaflet.
d. Write date supplied and the earliest expiry date on the label of the bag.

3.5 PATIENTS AND CARERS

a. Patients and carers should be aware of what anticipatory medication is and why it has been put in place. They should be given verbal and written advice regarding the medication. They should understand that this is for professional use only.

b. Patients and carers should keep the medication in the bag, in a safe place away from children but within easy reach and available for professionals if necessary.

c. Once no longer needed the medication should be returned to a pharmacy, usually by a relative.

4.0 GUIDANCE

4.1 Inclusion Criteria

a. Patients with a terminal illness registered with a surgery within Oxfordshire on the GP Palliative Care register and supported by District Nurses, Community Matrons and/or Clinical Nurse Specialist in Palliative Care.

b. Anticipatory medication should be considered for patients with a poor prognosis, where the condition is unpredictable and/or is likely to deteriorate rapidly, e.g. on Red or Amber band of Stability Assessment Tool, if used.

4.2 Exclusions

There may be instances where anticipatory medication may not be suitable and the need for medication would need to be managed via other methods. Such exceptions could be:-

a. Patients where there is a history or suspicion of drug misuse among family members, carers or visitors to the house. Although patients in these circumstances cannot have anticipatory medication in the home, they will still receive appropriate medication when needed (see Appendix 9).

b. Patients who are themselves unwilling to participate, or with carers who are unwilling to participate, for example; patients and/or carers may misinterpret anticipatory prescribing as provision for euthanasia or this may cause increased anxiety that death is near. However, good communication, reassurance and the explanatory leaflet should help to allay fears.

4.3 Communication and consent
Prior to initiation and provision of anticipatory medication, a full explanation and discussion about what it is and why it is indicated, should occur between the GP or nurse and the patient and their carers. Informed consent should be obtained. In the event of a patient being unable to give consent, the GP or nurse will act in the best interests of patient in accordance with the Mental Capacity Act (2005) with involvement of an attorney with registered Lasting Power of Attorney if appropriate. Informed consent should be recorded in line with local policy. Written information as per Appendix 4 should also be made available for the patient and carers.

5.0 Risk Management/Liability

a. 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 and the local policy on unlicensed medicines should be followed.

b. The NPSA Safer Practice Notice 12 (May 2006) advises caution when prescribing parenteral morphine for patients who had not previously received doses of opioids. 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.

c. The NPSA Rapid Response Report (July 2008) aimed to reduce dosing errors with opioid medicines caused by a lack of understanding of how opioid medicines are dosed correctly, or inadequate checks on previous doses resulting in mismatching the needs of the patient with the dose prescribed. Every healthcare practitioner involved in prescribing, dispensing and administering opioid medicines has a responsibility to check that the intended dose is safe for the individual patient.

d. Any reported incidents or near misses concerning Anticipatory Prescribing, and remedial action taken, must also be reported through the OCCG incident reporting system Datix as well as own organisation reporting. Any areas of concern will be incorporated into the annual audit programme. Any learning from such incidents should be shared with relevant colleagues to reduce the likelihood of the incident re-occurring.

e. In the event of a medication incident or an adverse drug reaction, immediate care will need to be undertaken to minimise harm to the patient.

f. The patient’s GP should be informed in addition to the prescriber if this is not the GP.

g. The incident should be recorded in the patient record indicating the actions taken.

h. In the case of an adverse drug reaction the “Yellowcard” will require completion and sent to the Medicines and Healthcare products Regulatory Agency (MHRA). Details are contained within the British National Formulary. This can be undertaken by the healthcare professional or the patient if this is appropriate.

6.0 TRAINING AND COMPETENCY
a. This policy will be made available to all relevant healthcare staff.

b. New healthcare staff to whom it applies are required to read the policy on induction.

c. Staff should seek further advice from their clinical manager if there are any aspects of the policy that they do not fully understand.

d. Every member of the healthcare team has a responsibility to check that the intended dose of any medicine is safe for the individual patient. When opioid medicines are prescribed, dispensed or administered, the healthcare practitioner concerned should be familiar with the usual starting dose, frequency of administration, standard dosing increments, symptoms of overdose and common side effects.

e. Medicines should only be prescribed, dispensed and administered by staff that have the necessary knowledge and skills and are confident and competent to carry out this practice.

f. Healthcare staff must identify their own training needs and inform their manager if training needs are identified.

g. The requirements for safe management of medicines may change due to changes in legislation or best practice guidance. It is therefore essential that all healthcare staff keep up to date with current practice. Staff should reflect on their medicines-related learning needs when discussing their Personal Development Plans with their manager.

8.0 EQUALITY & DIVERSITY STATEMENT

Oxfordshire Clinical Commissioning Group will ensure that this document is applied in a fair and reasonable manner that does not discriminate on such grounds as race, gender, disability, sexual orientation, age, religion or belief.

9.0 MONITORING AND AUDIT

Audit will be undertaken to identify drug usage and wastage, benefits and any adverse incidents relating to the use of anticipatory medication. Completion of the audit tool is vital. Data from the Audit Sheets will be entered on to an Audit Data Collection Sheet and reviewed twice yearly to assess the uptake of the scheme. In other areas audit has identified that there were many benefits to patients, healthcare professionals and the organisation. (See Appendix 6 – Audit Sheet).
Healthcare professionals and/or carers may be asked to complete a questionnaire to determine the problems and benefits of the scheme.

10.0 REFERENCES

- NICE Guideline for Care of the Dying Adult (2015)
- ‘One Chance to Get Right’, Leadership Alliance for Care of Dying People (2014)
- NICE Quality Standards for End of Life Care for Adults (2011)
- British National Formulary 59 March 2010, BMJ & RPS Publishing Group
- Department of Health End of Life Care Strategy 2008
- 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
- National Patient Safety Agency NPSA | National Patient Safety Agency
- Safer Management of Controlled Drugs. The governments response to the fourth Report of the Shipman Enquiry 2004
- A Guide to Good Practice in the Management of Controlled Drugs in Primary Care (England) National Prescribing Centre 2006
- The safer Management of Controlled Drugs 2007. Health Commission
PROCEDURE

1. Setting up Anticipatory Prescribing.

a. Nurses and GP’s should identify relevant patients ahead of need either opportunistically or from Palliative Care Register meetings.

b. The prescriber must prescribe the approved medicines on the FP10 prescription form. (Stating ‘for injection’)

c. The prescription could include one medicine for each of the following indications: pain, nausea and vomiting, respiratory secretions, agitation/anxiety and delirium.

d. Five ampoules of each medicine should be prescribed.

e. Doses of medication should allow for those already on regular oral or transdermal opioids. As per current recommendation transdermal opioid patches should be continued.

The Prescription: recommended medication (the prescriber should tailor the medication for the individual patient – please use the blank boxes if necessary)

Morphine (or other opioid if alternative more appropriate) for pain control or dyspnoea.

Metoclopramide (or other antiemetic if more appropriate) for the relief of nausea and vomiting.

Midazolam (10mg/2ml) for the relief of anxiety, agitation or restlessness.

Hyoscine butylbromide for the relief of noisy breathing

Haloperidol for the relief of hallucinations or delirium (or nausea and vomiting).

NB: If Haloperidol unavailable – Levomepromazine can be used as an alternative.

For further information on prescribing refer to OUH End of Life Care guidelines or British National Formulary.

f. The prescriber must write the subcutaneous anticipatory medicines on the Direction to Administer form (DA) with clear instructions for the use for each medicine,
Including:

- **Medicine name**
- **Dose**
- **Route**
- **Frequency**
- **Additional instructions such as indication for use and maximum dose in 24hrs.**

Each entry must be signed and dated by the prescriber.

g. The GP or nurse must explain the purpose of the anticipatory medications to the patient and carer and explain that all items are for professional use only.

h. The labelled bag containing the **DA form**, **audit form**, **medication stock record and prescribing guidance sheet and patient information leaflet** should be forwarded following existing channels to the patient’s chosen pharmacy (list of nominated pharmacies enclosed).

2. **Supply of Prescribed Medicines**

   a. The FP10 prescription must be dispensed by the supplying pharmacy/surgery in accordance with current legislation which will include the labelling of medication with the directions indicated on the prescription.

   b. The dispensed medicines should be placed into the bag by the dispensing Pharmacist, the label completed and the bag sealed.

   c. In exceptional circumstances the medicines may be collected and transported by the Registered Nurse

3. **Administration of Anticipatory Medicines**

   a. The decision to administer the anticipatory medication will be made by the registered healthcare professional that has assessed the patient and is caring for the patient at the time of the assessment. This may include the out of hours or paramedic service. **If uncertain, the professional may ring the GP or out of hours doctor for advice.**

      This will be documented in the patient’s clinical records and on the Special Note system.

   b. **If the symptoms are unexplained** this should be considered as a new episode of care and a request made for a medical review to rule out reversible causes of deterioration.

   c. The registered healthcare professional will document the rationale for the administration of the medication within the patient’s clinical records. This will include any drug calculation made to enable the administration of the prescribed dose.

   d. The professional will record the medicine given and dose on the DA form and sign, update the stock record of any controlled medication given, and complete the relevant patient documentation in accordance with organisational Clinical Record Keeping Policies following the administration of the medication

   e. The patient’s GP must be informed of the use of the anticipatory medication by the healthcare professional involved in the administration.
f. A record of each medication administered must be entered on the Audit Sheet. The Audit Sheet must remain with the anticipatory medication bag at all times, but be returned to the GP surgery when the bag is no longer required.

g. Health Care staff must also inform other agencies involved in the care of the patient of the use of the anticipatory medication.

h. The patient must be reviewed as soon as possible (preferably within 24 hours) for ongoing symptom control by a suitably qualified healthcare professional, with evidence documented in records.

i. If staff are administering medication within a care home setting, in addition to the documentation in the bag, the administration must be documented in the home’s care plan.

j. The nurse must reassess/review the frequency of checks in accordance with the patient’s needs.

The GP or prescriber must:

a. Review the patient’s symptoms regularly.

b. Consider a regular prescription for symptom control (e.g syringe pump), as the anticipatory medications are only designed to provide short-term support for a patient when a sudden deterioration to their condition is anticipated.

   Two or more doses of a PRN medication should be a prompt for ongoing symptom control.

4. Disposal of Medication bag

When the episode of care ends:

a. Part used ampoules administered from the anticipatory medication will be disposed of in accordance with organisational Waste Management Policies.

b. Where medication is within its original dispensed container and it is no longer required, the healthcare professional will advise the medication be returned by a family member to a pharmacy or dispensary for disposal as soon as possible. This includes any Controlled Drugs. This must be recorded in the patient held records.

c. In exceptional circumstances, the registered nurse may return the drugs in accordance with organisational policy.

d. Where the medication is no longer required in a care home providing nursing care, the care home is responsible for organising the collection of medicinal waste from the anticipatory medications in accordance with Environmental Waste Regulations.

e. The anticipatory medicines are prescribed for the named patient only and must never be used for any other patient.
Appendix 1

FLOW CHART OF PROCESS

District Nurses / Specialist Palliative Care Nurse / Community Matrons/ GPs identify relevant patients ahead of need as suitable for anticipatory medication using the Stability Tool and Medication Risk Assessment

The GP, District Nurse, Community Matron or Specialist Palliative Care Nurse explains the purpose of the anticipatory medication to the patient and carer and that all items are for professional use only

Following Team discussion and patient consent the Prescriber prescribes appropriate medications on form FP10 and completes and signs Direction to Administer form (DA form) for ‘stat’ doses by sub-cutaneous injection

The anticipatory medication bag is issued, and outside label completed. Patient’s medical records updated.

The anticipatory medication bag should contain the patient information leaflet, DA form, Medication Stock Record, Prescribing and nominated pharmacy guidance sheet and Audit form

The FP10 Prescription and anticipatory medication bag distributed to the chosen pharmacy following normal channels

The FP10 prescription is dispensed by the supplying pharmacy into the patient labelled bag and the bag is sealed. Earliest expiry date completed by pharmacist.

The filled bag containing patient information leaflet and relevant documentation is collected by the patient or their representative. In certain cases, the registered nurse may transport the anticipatory medication to the patient’s home

The GP ensures that Special Note is updated to highlight that anticipatory medication is in the home

The nurse ensures adequate supplies of equipment can be accessed for administration of the medication

The nurse records receipt of the anticipated medicines in the patient’s nursing notes

The strength and quantity of Schedule 2 Controlled Drugs and midazolam (Schedule 3) received is recorded on the Medication Stock Record
The prescription/medicines are reviewed regularly by the prescriber and in particular after any changes to condition or circumstances.

When drugs are indicated

If the healthcare professional wishes to discuss administration of medication, he/she can call the duty doctor for advice.

When items are used:

The administering professional records the medicine and dose given on the DTA form, and amends the Medication Stock Record. The Audit Form is completed and returned to the address on the form. Record and rationale for administration to be documented in Patient Notes.

The prescriber:

Reviews the patient’s symptoms and considers a regular prescription for symptom control as appropriate

When episode of care finishes:

A family member returns all medicines to a pharmacy/dispensary for disposal as soon as possible. This includes any Controlled Drugs. (In exceptional circumstances, the registered nurse may return the drugs in accordance with individual organisation policies).

Returned medication must never be reused for any other patient.
Appendix 2

**NHS OXFORDSHIRE**

Direction for Administration of Anticipatory Medications

Form to be completed by prescriber in BLOCK CAPITALS to authorise Administration of medication by health professionals.

*(If completed in hospice/ hospital – ensure sufficient supply of drugs and that this form goes home with patient)*

Direction for Administration of ‘JUST IN CASE’ MEDICATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Drug</th>
<th>Indication</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
<th>Max dose in 24 hours</th>
<th>No. amp supplied</th>
<th>Prescriber’s Printed Name &amp; Signature</th>
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<tr>
<td></td>
<td>MORPHINE</td>
<td>Pain or dyspnoea</td>
<td></td>
<td>SC</td>
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<td></td>
<td>METOCLOPRAMIDE</td>
<td>Nausea/vomiting</td>
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<td>SC</td>
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<td>MIDAZOLAM</td>
<td>Agitation/restlessness</td>
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<td></td>
<td>HYOSCINE BUTYLBROMIDE</td>
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<td>HALOPERIDOL</td>
<td>Delirium/hallucinations</td>
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For advice on completing this form please contact your local Specialist Palliative Care Team (telephone numbers to be supplied)
MEDICATION ADMINISTRATION RECORD

For completion by administrator of medication

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Medication</th>
<th>Dose</th>
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Please record any wastage.
Appendix 3

Label for Anticipatory Medication

------------------------------------------------------

Patient’s Name......................................................

DOB .................................................................

NHS number .......................................................

Date supplied.................................

Earliest expiry date of medicines......................

NB: THESE DRUGS ARE FOR PROFESSIONAL USE ONLY

------------------------------------------------------
Appendix 4

Patient Information Sheet

A Guide to your Anticipatory Medication (‘Just In Case Bag’)

What is anticipatory medication?

Anticipatory medication contains a small supply of medication that may well not be needed, but is kept in your home just in case you will need it one day. Sometimes it can be difficult to get these drugs in a hurry, especially at night or at weekends, so it is very helpful to have them ready – just in case. The medicines can only be given by a healthcare professional (usually a nurse or doctor).

What is in an anticipatory medication bag?

In your anticipatory medication bag there are some small boxes containing ampoules of several different medicines, and some information for the nurses, doctors or any other professional. There will also be a medicine administration sheet, authorizing the professional attending to you to give you medication by injection if you need it.

What are the different medicines for?

The medicines in the bag will vary from patient to patient. You may not need any of them, but just in case, the common ones are:

- Morphine – to relieve pain or shortness of breath
- Metoclopramide – to relieve for sickness
- Midazolam – to relieve restlessness or agitation
- Hyoscine butylbromide – to relieve noisy breathing
- Haloperidol – to relieve hallucinations

How do I look after my anticipatory medication?

The medicines in your bag have been prescribed for you, and should not be given to anyone else. They don’t need to be kept in the fridge, but should be kept in a safe place, out of the reach of children. If the medicines are not required, they should be returned to your pharmacist.
Who provides the anticipatory medication and who will give it?

The anticipatory medication will usually be prescribed by your GP and collected from your local pharmacy. The need for you to have the medication will be kept under review by your GP with help from the community nursing team. They will also check if any changes need to be made to your regular medication.

If you need it, then whoever is visiting and assessing you will give you the medication by injection. This usually will be a nurse or doctor.

Any Questions?

If you have any questions about your anticipatory medication, do feel free to ask your community nurse or GP
### Appendix 5

#### STABILITY ASSESSMENT TOOL – ‘RAG’ (Red, Amber, Green)

<table>
<thead>
<tr>
<th>STABLE</th>
<th>STABLE/UNSTABLE CONDITION LIKELY TO CHANGE</th>
<th>RAPIDLY CHANGING</th>
</tr>
</thead>
</table>
| - The patients’ needs are stable  
- The patient has no symptoms  
- Offer discussion for Advance Care Planning  
- Identify Keyworker  
- Consider current and future clinical and personal needs  
- Place on Gold standard framework/Palliative Care register  
- Support families/carers assessed | - Stable condition and symptoms managed at present with medications but there is potential for change. OR  
- Patients condition and/or symptoms unstable and may require Medical/Specialist review  
- Offer discussion for DNA CPR form, advance decision to refuse treatment (ADRT)  
- Current clinical needs assessment tools for pain, depression etc. Anticipatory prescribing  
- Yellow folder, documentation that can be transferred with patient  
- Anticipating and planning for future possible clinical needs, GSF Prognostic Indicators, communicating needs  
- Support for families/carers assessed | - Patient’s needs are rapidly changing and/or unpredictable  
- Patient distressed by fluctuating and severe symptoms  
- Death may be difficult or sudden  
- GP, Specialist Palliative care review/advice, Anticipatory prescribing, DNACPR status, Out of Hours Special Notes  
- Advance statements and decisions  
- Support for families/carers assessed |
Appendix 6

ANTICIPATORY MEDICATION

Audit Form

ANTICIPATORY PRESCRIBING AUDIT QUESTIONNAIRE

Patient Name………………………………………………
Prescriber Name…………………………………………
GP Surgery………………………………………………
Bag No…………. Date Issued…………………………...
Date Returned………………………………………

1. Which medications were in the bag?

<table>
<thead>
<tr>
<th>Medication</th>
<th>Strength</th>
<th>Number of Ampoules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine</td>
<td></td>
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<tr>
<td>Metoclopramide</td>
<td></td>
<td></td>
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<tr>
<td>Midazolam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyoscine butylbromide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haloperidol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Levomepromazine</td>
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</tbody>
</table>

2. Was the Anticipatory Medication Bag used?

   Yes □  No □
3. If the answer to question 2. was yes, please record which medications were used

<table>
<thead>
<tr>
<th>Medication</th>
<th>Day of the week</th>
<th>Time</th>
<th>Given by? (eg GP, DN, OOH, 999 etc)</th>
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</tbody>
</table>

4. Were the most appropriate medications in your bag?
   Yes ☐ No ☐

5. If the answer to question 3. is No, please state which medications should have been included

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Reason</th>
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<tbody>
<tr>
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</tbody>
</table>

6. Did the anticipated medication prevent………?
   An out of hours call to a Doctor Yes ☐ No ☐
   An admission to hospital Yes ☐ No ☐
   An admission to a hospice Yes ☐ No ☐
   A call out to an out of hours pharmacist Yes ☐ No ☐
   Did the patient remain in their chosen place of care? Yes ☐ No ☐
7. Were there concerns around the introduction of an anticipated medication?

<table>
<thead>
<tr>
<th>Reason for concerns</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>By the patient’s relatives</td>
<td></td>
<td></td>
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<tr>
<td>By any other person (please identify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. How did this help symptoms?

9. Any other comments? Comments from carers?

Any other questions?

PLEASE SEND THE COMPLETED QUESTIONNAIRE TO

Delivery and Localities
Project Team
Oxfordshire Clinical Commissioning Group
5510 John Smith Drive
Oxford Business Park South
Oxford
OX4 2LH

Or alternatively Email to; apbag@oxfordshireccg.nhs.uk

THANK YOU
Appendix 7.  
INFORMATION FOR PRESCRIBERS  
Subcutaneous Injections for Symptom Control in Palliative Care

- The medicines and doses included here are intended to be a guide for anticipatory prescribing.
- See also OUH End of Life symptom control guidelines.
- Further information is available from: www.palliativedrugs.com for general medicines information and www.pallcare.info for information on medicine compatibilities.

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Purpose</th>
<th>Dose Range for bolus sub-cutaneous injection</th>
<th>Maximum Dose in 24 hours</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine (Schedule 2 CD)</td>
<td>Analgesic Also used for breathlessness</td>
<td>Starting dose 2.5mg to 5mg every hour (if opioid naïve) See online advice or BNF for conversion from other opioid analgesics.</td>
<td>No maximum but unusual to need more than 200mg</td>
<td>In patients needing rapid escalation of doses or doses above 200mg consult a specialist. Caution in renal impairment.</td>
</tr>
<tr>
<td>Metoclopramide</td>
<td>Antiemetic</td>
<td>10mg every 6 hours</td>
<td>30 - 80mg</td>
<td></td>
</tr>
<tr>
<td>Midazolam (Schedule 3 CD)</td>
<td>Anxiety, restlessness and agitation</td>
<td>2.5mg to 5mg every hour.</td>
<td>10 – 50 mg</td>
<td></td>
</tr>
<tr>
<td>Hyoscine butylbromide</td>
<td>Bronchial secretions</td>
<td>20 mg every 4 hours</td>
<td>120mg</td>
<td></td>
</tr>
<tr>
<td>Haloperidol</td>
<td>Hallucinations and delirium</td>
<td>0.5 – 1.5mg every 8 hours</td>
<td>2.5mg-10mg</td>
<td></td>
</tr>
<tr>
<td>Levomepromazine (if haloperidol unavailable)</td>
<td>Delirium Nausea and vomiting</td>
<td>5 – 10mg every 6 hours 2.5-5mg every 6 hours</td>
<td>25mg</td>
<td>May be very sedating</td>
</tr>
</tbody>
</table>
## Guaranteed Provision of Palliative Care Drugs in the Community Pharmacies (2015-16)

<table>
<thead>
<tr>
<th>Location (locality)</th>
<th>Pharmacy</th>
<th>Address</th>
<th>Tel No.</th>
<th>Opening hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chipping Norton (N)</td>
<td>Boots the Chemist</td>
<td>18 High Street Chipping Norton Oxon, OX7 5AD</td>
<td>01608 642523</td>
<td>Mon-Tues: 08.30-17.30, Wed: 09.00-18.00, Thurs-Sat: 08.30-17.30, Sun: 10.00-1600</td>
</tr>
<tr>
<td>Sonning Common (SE)</td>
<td>Day Lewis Pharmacy, H Carson Ltd</td>
<td>19b Wood Lane Sonning Common Reading, RG4 9SJ</td>
<td>0118 972 2306</td>
<td>Mon-Fri: 09.00-18.00, Sat: 09.00-17.00, Lunch: 13.00-14.00</td>
</tr>
<tr>
<td>Witney (W)</td>
<td>Sainsbury’s Pharmacy (100 Hours)</td>
<td>Witan Way Witney Oxon, OX28 4FF</td>
<td>01993 776038</td>
<td>Mon - Fri: 07.00-23.00, Sat: 07.00-22.00, Sun: 10.00-16.00</td>
</tr>
<tr>
<td>Burford (W)</td>
<td>S &amp; C Reavley</td>
<td>124 High Street Burford Oxon, OX18 4QR</td>
<td>01993 823144</td>
<td>Mon-Tues: 09.00-18.00, Wed: 09.00-13.00, Thurs-Fri: 09.00-18.00, Sat: 09.00-17.30</td>
</tr>
<tr>
<td>Abingdon (SW)</td>
<td>Consult Pharmacy (100 Hours)</td>
<td>11 Spring Road Abingdon Oxon, OX14 1AH</td>
<td>01235 530302</td>
<td>Mon- Sat: 08.00-22.30, Sun: 09.00-22.00</td>
</tr>
<tr>
<td>Henley (SE)</td>
<td>Tesco Pharmacy</td>
<td>359 Reading Road Henley-on-Thames, Oxon, RG9 1HA</td>
<td>01491 579946</td>
<td>Mon - Fri: 09.00-19.00, Sat: 08.00-19.00, Sun: 10.00-16.00</td>
</tr>
<tr>
<td>Oxford (City)</td>
<td>Woodstock Road Chemist</td>
<td>59 Woodstock Rd Oxford OX2 6HJ</td>
<td>01865 515226</td>
<td>Mon – Fri: 08.30-18.30, Sat – Sun: 09.00-18.30</td>
</tr>
<tr>
<td>Bicester (NE)</td>
<td>Superdrug</td>
<td>39 Sheep Street Bicester Oxon, OX26 6JJ</td>
<td>01869 248822</td>
<td>Mon - Wed: 08.00-18.00, Thurs &amp; Fri: 08.00-19.00, Sat: 08.30-18.00, Sun: 10.00-16.00</td>
</tr>
<tr>
<td>Banbury (N)</td>
<td>Boots the Chemist</td>
<td>Unit 1C, Banbury Cross Retail Park Banbury Oxon OX16 1LX</td>
<td>01295 265080</td>
<td>Mon - Sat: 08.30-17.30, Sun: 10.30-16.30</td>
</tr>
</tbody>
</table>
### COMMUNITY NURSING RECORD FOR STOCK OF CONTROLLED DRUGS

**DRUG:**  
(Record drug name and strength)

<table>
<thead>
<tr>
<th>Date</th>
<th>Starting stock</th>
<th>Ampoules delivered</th>
<th>Ampoules used</th>
<th>Ampoules remaining</th>
<th>Signature</th>
<th>Comments</th>
</tr>
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Please record any wastage
<table>
<thead>
<tr>
<th>Section 1: Diversion of Medication overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>To the best of your knowledge, in the past year has anyone in the household used an illegal drug or used a prescription medication for non-medical reasons?</td>
</tr>
<tr>
<td>If yes, go to section 1a</td>
</tr>
<tr>
<td>If no, go straight to section 2</td>
</tr>
<tr>
<td>Has anyone in the household ever been in drug treatment</td>
</tr>
<tr>
<td>If yes, go to section 1a</td>
</tr>
<tr>
<td>If no, go straight to section 2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 1a: Detailed assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify which household member(s)</td>
</tr>
<tr>
<td>Specify treatment history</td>
</tr>
<tr>
<td>Specify whether the illicit drug used, or substitute prescription is one of the following</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Question</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Are the premises used by someone to either use drugs or deal drugs?</td>
</tr>
<tr>
<td>Section 3: risk of medication access by children and other vulnerable family members</td>
</tr>
<tr>
<td>What storage/disposal precautions have been taken to ensure the medication cannot be accessed by a child or other vulnerable member of the household?</td>
</tr>
<tr>
<td>Are there any concerns about a member of the household's mental well-being where access to a controlled drug could be contraindicated e.g. suicidal ideation?</td>
</tr>
</tbody>
</table>

**Analysis**

**Protective Factors**

**Summary of Risk**