This Standard Operating Procedure is supported by a Commissioning Approved Policy which has Multi Agency Approval.

Standard Operating Procedure

Title: Just in Case bags (JICB, Anticipatory Prescribing) for Patients with a Terminal illness by staff employed by Torbay and South Devon NHS Foundation Trust.

Ref No: 1994 Version 2

Prepared by: Lead for Palliative and End of Life Care

Presented to:	Date:
Care & Clinical Policies Group	16 November 2016
Clinical Director – Pharmacy and Prescribing	11 January 2017
Chief Nurse	23 January 2017
Medical Director	23 January 2017
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Medical Director	23 January 2017
Chief Nurse	25 January 2017
Clinical Director - Pharmacy and Prescribing	19 January 2017
Care and Clinical Policies Group	16 November 2016

Links or overlaps with other	Strategies/Policies/Documents
Multi Agency Commissioning Policy for Just in Case Bags (JICB, Anticipatory Prescribing) for Patients with a Terminal Illness (2012). British National Formulary (2015), BMJ & RPS Publishing Group. Gold Standards Framework; Examples of Good Practice Resource Guide "Just in Case Boxes" August 2006. Misuse of Drugs Regulations 2001 Department of Health Guidance "Securing Proper Access to Medicines in the Out of Hours Period. Safer Management of Controlled Drugs. The government's response to the fourth Report of the Shipman Enquiry 2004. Medicines, Ethics and practice: A Guide for Pharmacists; Royal Pharmaceutical Society of Great Britain, July 2015.	NICE Quality Standards for End of Life Care for Adults (2011) End of Life Care Strategy DOH (2012) Supportive and Palliative Care for Adults with Cancer (DOH 2004). A Guide to Good Practice in the Management of Controlled Drugs in Primary Care (England) National Prescribing Centre (2006) Standards for Medicines Management. Nursing and Midwifery Council (2010) The safer Management of Controlled Drugs 2007. Health Commission National Patient Safety Agency NPSA NPSA/2008/RRR011- Reducing risk of overdose with midazolam injection. NPSA/2008/RRR05- Reducing dosing errors with opioid medicines. NPSA/2006/12 Ensuring safe practice with high dose amps of diamorphine and morphine. Torbay and South Devon NHS Foundation Trust Medicines Policy and associated Standard Operating Procedures. Torbay and South Devon NHS Foundation Trust Controlled Drug Standard Operating Procedure. (2013) Torbay and South Devon NHS Foundation Trust Injectable Medicines Policy. (2013) Torbay and South Devon NHS Foundation Trust Waste Management Standard Operating Procedure.

TABLE OF CONTENTS **PAGE**

Amendment History

Issue	Status	Date	Reason for change	Authorised
1	**Ratified**	**21 May 2015**	**New**	**Care and Clinical Policies Group**
2	**Ratified**	**26 January 2017**	**Revised**	**Care and Clinical Policies Group** **Clinical Director of Pharmacy** **Chief Nurse** **Medical Director**

1. Introduction

Patients with a terminal illness 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 easy access to the medicines that can help them immediately if their condition deteriorates or symptoms occur suddenly at any time of the day or night, as is common in terminal illness.

JICB 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 Gold Standards Framework Register and the Electronic End of Life Register. The JICBs 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 within 24 hours. They are not intended as baseline prescribing or PRN (when necessary for breakthrough pain) medicines. These should be separately prescribed

1:1 Purpose of this document

This document provides a consistent framework for the management of JICB within the community or hospital setting for patients registered with a GP within Torbay and South Devon, minimising hazards to patients and ensuring that staff involved in this procedure do so effectively and safely.

1: 2 Scope of this SOP

Applicable to Registered Nursing staff working within the hospital and community setting of TSDFT.

1: 3 Competencies required

Registered Nurse, Doctor, Paramedic.

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

1: 4 Patients covered

Adult clients (aged 16 years and over) requiring palliative care services within the hospital/ home environment in TSDFT

Procedure:

2: Setting up a JICB to take home following discharge from Torbay & Community Hospitals

2:1 Nurses and doctors should identify relevant patients ahead of need/ prior to discharge from discussion at multidisciplinary meetings.

2:2 The prescriber must prescribe the approved medicines via the normal hospital ordering process for drugs to take home. The prescriber must prescribe any baseline pain relief medicines required at the time, plus prn medicines for breakthrough pain as appropriate.

2:3 When prescribing a JICB the prescriber **MUST** ensure they complete the PMAR (see appendix 4) and send to Torbay hospital pharmacy.

2:4 Please note that the JICB **WILL NOT** be dispensed unless a **COMPLETED** PMAR is received.

2:5 The JICB envelopes/ bags containing all paperwork (except the PMAR) will be stocked in Torbay hospital pharmacy.

2:6 The prescription should include 2 ampoules of each of the following medicines;

Diamorphine for pain control.
Diluents (either sodium chloride 0.9% injection or water for injection) for reconstitution of diamorphine.
Levomepromazine for the relief of nausea and vomiting.
Midazolam for the relief of anxiety, agitation and terminal restlessness.
Hyoscine Hydrobromide for the relief of respiratory secretions.
Haloperidol for the relief of hallucinations and restlessness.

No other drugs or paperwork should be included in the JICB. For further information on prescribing refer to Local Formulary, Palliative Care Guidelines; British National Formulary (2015).

2:7 The prescriber must write the subcutaneous anticipatory medicines on the drug chart, CD prescription and medication administration chart (PMAR) that is supplied within the JICB with clear instructions for the use for each medicine Including:

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

2:8 Each entry must be signed and dated by the prescriber.

2:9 The doctor or nurse must explain the purpose of the just in case bag medications to the patient and carer and explain that all items are for professional use only.

2:10 The completed PMAR **MUST** be forwarded to Torbay hospital pharmacy when ordering a JICB.

2:11 The pharmacy will dispense the drugs and add the completed PMAR to the JICB alongside the information leaflet, guidance, and audit sheet.

2:12 The JICB will then be sealed and the tamper proof label listing the contents and expiry dates inside the bag will be fixed to the outer seal on the reverse of the bag.

2:13 The JICB will be returned to the ward ready to take home on discharge from hospital.

3: Setting up a JICB in the Community setting.

3:1 Nurses and GPs should identify relevant patients ahead of need from Gold Standard Framework meetings (GSF) or Multidisciplinary meetings.

3:2 Prescriptions: The prescriber must prescribe the approved JICB medicines on the FP10 prescription form.

3:3 The prescription should include 2 ampoules of each of the following medicines

Diamorphine for pain control.
Diluents (either sodium chloride 0.9% injection or water for injection) for reconstitution of diamorphine.
Levomepromazine for the relief of nausea and vomiting.
Midazolam for the relief of anxiety, agitation and terminal restlessness.
Hyoscine Hydrobromide for the relief of respiratory secretions.
Haloperidol for the relief of hallucinations and restlessness.

3:4 For further information on prescribing refer to South West Devon Formulary, Palliative Care Guidelines; British National Formulary (2015).

3:5 PMAR: The prescriber must write the subcutaneous anticipatory medicines on the community prescription and medication administration chart (PMAR) provided in the JICB with clear instructions for the use for each medicine,
Including:

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

3:6 Each entry must be signed and dated by the prescriber.

3:7 The GP or nurse must explain the purpose of the anticipatory medications to the patient and carer and explain that all items are for health professional use only.

3:8 The labelled bag containing the PMAR, audit form and attached information leaflet should be forwarded to the patient's chosen pharmacy

4: Supply of JICB drugs.

4:1 The 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.

4:2 The dispensed medicines should be placed into the bag by the dispensing Pharmacy and sealed.

4:3 The tamper proof label listing the contents of the JICB will be fixed to the outer seal of the reverse of the bag by the dispensing pharmacy, indicating expiry dates and contents.

4:4 In exceptional circumstances the medicines may be collected and transported by the Registered nurse in accordance with the Trust CD SOP, and medicines policy.

5: Managing the JICB in the home. (flow chart appendix 2)

5:1 Please **DO NOT** open the sealed JICB until it is required for use.

5:2 The contents and expiry dates of the JICB are listed on the tamper proof label fixed to the outer seal of the bag.

There is no need to open the JICB to check contents.

5:3 Each JICB should contain a leaflet explaining the purpose of the medication.

5:4 The nurse must record receipt of the JICB in the patient's notes.
Recording of the receipt of Controlled Drugs is not necessary. Stock levels need only be checked following administration of medications from the JICB. It is not necessary to open a sealed bag to count stock.

5:5 Any discrepancies should be reported following the Trust Incident Reporting Procedure

5:6 Care homes may open the JICB to document contents in accordance with their own Governance procedures.

5:7 The nurse must ensure adequate supplies of equipment i.e. syringes and needles are available for administration.

5:8 When a JICB is used; the audit form should be completed and returned in the addressed envelope provided.

5:9 Where the patient's condition deteriorates and a syringe pump is required the JICB medicines under special circumstances can be used for a syringe pump

6.0 Circumstances when medication from a JICB can be used for a Syringe Pump

6:1 Medication from a JICB can be used for a syringe pump if medication is not immediately obtainable for the pump, for example if this results in long delays with medication and results in poor symptom management for patients.

6:2 Medication must be prescribed for the same named patient and the rationale for using the medication from the JICB **MUST** be clearly documented in the patients care plan.

6:3 Before the commencement of a syringe pump the correct PMAR **MUST be** completed by the prescriber.

6:4 **IMPORTANT PLEASE NOTE**: The (PMAR) for use with JICB does **NOT** support the Administration of medication via subcutaneous infusion via a syringe pump

THIS IS A DIFFERENT PMAR.

7: Administration of JICB Medicines

7:1 The initiation of the JICB medication will be made by the clinician who has assessed the patient and is caring for the patient at the time of the assessment. This may include paramedics or doctors from the out of hour's service.

7:2 Healthcare staff will ensure that the patients have had a review of their symptoms prior to the administration of any medication.

7:3 If the patient's condition deteriorates and symptoms are not relieved by the medication currently being taken/administered, a clinical discussion must take place between the medical practitioner and the available clinician. This will be documented in the patient's clinical records and noted on the out of hours electronic systems.

7:4 If the symptoms are unexplained, this should be considered as a new episode of care and a request made for a medical review.

7:5 The registered healthcare professional will document the rationale for the administration of the medication within the patient's clinical records. This may include any drug calculation made to enable the administration of the prescribed dose.

7:6 Registered staff will record the medicine given and dose on the PMAR and sign, and complete the patient care plan in accordance with Clinical Record Keeping Policies following the administration of the medication. If diamorphine or midazolam are administered the remaining stock should be checked against the quantity prescribed as recorded by the prescriber on the PMAR. Any discrepancies should be reported via TSDFT incident reporting system.

7:7 The patient's GP must be informed of the use of the anticipatory medication by the healthcare professional involved in the administration of JICB medication. If out of hours, the on call GP must be informed and the patient's own GP notified immediately the surgery re-opens. Activation of the anticipatory medication must be entered on the Electronic End of life Register.

7:8 A record of each medication administered must be entered on the Audit Sheet. The Audit Sheet must remain with the JICB bag at all times, but should be returned to the address given when the bag is no longer required.

7:9 T&SDFT staff involved in JICB provision must also inform other agencies involved in the care of the patient of the use of the JICB.

7:10 The patient must be reviewed within the next 24 hours for symptom control by a suitably qualified healthcare professional, with evidence documented in records.

7:11 If staff are administering medication within a care home setting, the administration must be written in the administration records of the home in addition to the organisation's nursing care plan.

7:12 The doctor/nurse must reassess / review the frequency of checks in accordance with the patient's needs.

7:13 The prescription **MUST** be used within six months of issue.

7:14 Authorisation/ PMAR charts will expire after six months and **MUST** be reviewed and re written if still appropriate for the patient's needs.

The GP or prescriber must:

7:15 Review the patient's symptoms regularly and on request of the attending TSDFT nurse.

7:16 Ensure a regular prescription for symptom control including prn medicines for breakthrough pain, as the JICB medications are only designed to provide short term support for a patient when a sudden deterioration to their condition is anticipated.

8. Disposal of Medication from Just in Case Bag

When the episode of care ends:

8:1 Part used ampoules administered from the anticipatory medication will be disposed of in accordance with TSDFT Waste Management SOP.

8:2 Where medication is within its original dispensed container and it is no longer required, the healthcare professional will advise the relatives that the medication should be returned by a family member to a community pharmacy or dispensary for disposal as soon as possible. This includes any Controlled Drugs. This discussion must be recorded in the patient held records.

8:3 In exceptional circumstances, the registered nurse may return the drugs to the supplying pharmacy and this must be done directly with no deviation in the journey.

8:4 Where the medication is no longer required in a care home which provides nursing care, the care home is responsible for organising the collection of medicinal waste in accordance with Environmental Waste Regulations.

8:5 The anticipatory medicines are prescribed for the named patient only and must never be used for any other patient.

9. Risk Management/Liability

9:1 The subcutaneous route is recommended for all injections in the JICB.

9:2 Many medicines administered via the subcutaneous route are not licensed for subcutaneous administration therefore their use is 'off license'.

9:3 The effective use of JICB 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.

9:4 The NPSA safer notice practice (Dec 2008) alerts healthcare professionals that when using midazolam injection for sedation, the risk of overdose is high. Professionals should ensure that only 10mg in 2ml ampoules are used to minimise confusion between different strengths.

9:5 The NPSA Safer Practice Notice 12 (May 2006) advises caution when prescribing parenteral diamorphine and morphine for patients 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.

9:6 The NPSA Rapid Response Report (July 2008) is intended to reduce dosing errors with opioid medicines caused by a lack of understanding of correct dosages of opioid medicines, 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.

9:7 Incident reporting: Any incidents or near misses concerning JICB usage, and remedial action taken must be reported through the TSDFT incident reporting systems and 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.

9:8 In the event of a medication incident or an adverse drug reaction, immediate care must be undertaken to minimise harm to the patient.

9:9 The patient's GP should be informed of the incident in addition to the prescriber, if the prescriber is not the patient's GP.

9:10 The incident should be recorded in the patient record indicating the actions taken.

9:11 In the case of an adverse drug reaction the "Yellow card" should be completed 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.

10. TRAINING AND COMPETENCY

10:1 This policy will be made available to all relevant healthcare staff.

10:2 New healthcare staff to whom it applies are required to read the policy on induction.

10:3 All healthcare staff must read the policy and must sign to say they have read and understood it. Staff should seek further advice from their clinical manager or medicines optimisation team if there are any aspects of the policy that they do not fully understand.

10:4 Every member of the healthcare team has a responsibility to check that the intended dose of an opioid 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.

10:5 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.

10:6 Healthcare staff must identify their own training needs and inform their manager if training needs are identified.

10:7 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.

11. EQUALITY & DIVERSITY STATEMENT

Torbay and South Devon NHS Foundation Trust 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.

12. 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 8 – Audit Sheet.

Healthcare professionals and /or carers may be asked to complete a questionnaire to determine any problems and benefits of the scheme.

13. REFERENCES

NICE Quality Standards for End of Life Care for Adults (2011)

Gold Standards Framework; Examples of Good Practice Resource Guide “Just in Case Boxes” August (2006)

Department of Health End of Life Care Strategy (2012).

Misuse of Drugs Regulations 2001.

NICE guidance “Improving Supportive and Palliative Care for Adults with Cancer” (2004)

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 government’s response to the fourth Report of the Shipman Enquiry 2004.

Medicines, Ethics and practice: A Guide for Pharmacists; Royal Pharmaceutical Society of Great Britain July 2011.

A Guide to Good Practice in the Management of Controlled Drugs in Primary Care (England) National Prescribing Centre 2006.

Standards for Medicines Management. Nursing and Midwifery Council 2010.

The safer Management of Controlled Drugs 2007. Health Commission

British National Formulary March 2015, BMJ & RPS Publishing Group

Torbay and South Devon NHS Foundation Trust Controlled Drug Standard Operating procedure.(2013)

Torbay and South Devon NHS Foundation Trust Injectable Medicines Policy. (2014)

Appendix 1

FLOW CHART OF PROCESS (ACUTE/COMMUNITY HOSPITAL SETTING)

Nurses and doctors identify relevant patients ahead of need/ prior to discharge from discussion at MDT meetings.

⇩

The JICB is prescribed via the normal hospital ordering process for drugs to take home.

⇩

When prescribing a JICB the prescriber MUST ensure they complete the PMAR (see appendix 4) and send to Torbay hospital pharmacy.

⇩

Please note that the JICB WILL NOT be dispensed unless a COMPLETED PMAR is received.

⇩

The JICB (jiffy bag) containing all paperwork (except the PMAR) will be stocked in Torbay hospital pharmacy.

⇩

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

⇩

Two ampoules of each medicine should be prescribed.

⇩

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

⇩

The completed PMAR MUST be forwarded to Torbay hospital pharmacy when ordering a JICB.

⇩

Torbay Hospital pharmacy will dispense the drugs and add the completed PMAR to the JICB alongside the information leaflet, guidance, and audit sheet.

⇩

The JICB will then be sealed and the tamper proof label listing the contents and expiry dates of the bag will be fixed to the outer seal on the reverse of the bag.

⇩

The JICB will be returned to the ward by Torbay Hospital pharmacy ready to take home on discharge from hospital.

Appendix 2

FLOW CHART OF PROCESS (COMMUNITY SETTING)

Community Nurse/ Clinical Nurse Specialist/ GPs identifies relevant patients ahead of need as suitable for anticipatory medication using GSF Stability Tool/ MDT meeting and Medication Risk Assessment

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

Following Team discussion and patient consent, the prescriber prescribes appropriate medications on form FP10 and completes and signs PMAR for stat doses by sub-cutaneous injection

The Prescriber writes the JICB medicines on a Community Prescription (PMAR) chart for use as Stat Doses as required by Subcutaneous Injection.

The empty JICB bag is issued, and outside label completed. Patient's name added to Practice held list. Dated and signed by organising member of staff. Date, signature added

The JICB bag should contain the information leaflet, PMAR Chart, guidance, and Audit form (as local plan)

The FP10 Prescription and JICB (anticipatory medication) bag is sent to the relevant community pharmacy following normal channels.

The FP10 prescription is dispensed by the supplying community pharmacy and medicines placed into the patient labelled bag. The audit form, PMAR, information leaflets, should be in the bag. The bag is sealed. The tamper proof label is adhered to the outer seal of the bag stating the contents and expiry dates of the bag.

The filled bag containing patient information leaflets and relevant documentation is collected by the patient or their representative. In certain cases the registered nurse may transport the JICB medication to the patient's home as per local CD. SOP.

The GP/Nurse ensures that the Electronic End of Life Register is updated to highlight that a JICB 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 JICB (anticipated medicines) in the patient's nursing notes.

The prescription/medicines are reviewed at least 3- 6 monthly by the GP/Nurse or after any changes to condition or clinical circumstances.

When drugs are indicated

If the nurse wishes to discuss medication she can call the duty doctor for advice.

When items are used:

The administering nurse/ doctor records the medicine and dose given on the PMAR.
The remaining stock levels of any schedule 2 controlled drugs or midazolam contained in the JICB should be checked against the quantity prescribed on the PMAR.
The Audit Form is completed and returned to the address on the form.
Record of the rationale for administration to be documented in Patient Notes

The prescriber:

Reviews the patient's symptoms and provides a regular prescription for symptom control as appropriate

When episode of care finishes:

A family member returns all medicines to a community pharmacy for disposal as soon as possible. This includes any Controlled Drugs. (In exceptional circumstances, the registered nurse may return the drugs in accordance with local CD SOP). Returned medication must never be reused for any other patient.

Appendix 3

Medication Risk Assessment Tool

MEDICATIONS RISK ASSESSMENT

Section 1: Diversion of Medication overview		
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? If yes, go to section 1a If no, go straight to section 2	**Y / N**	
Has anyone in the household ever been in drug treatment If yes, go to section 1a If no, go straight to section 2	**Y / N**	
Section 1a: Detailed assessment		
Specify which household member(s)		
Specify treatment history	**¦ currently in treatment**	**¦ previously in treatment**
Specify whether the illicit drug used, or substitute prescription is one of the following	**¦ Heroin (diamorphine)**	**¦ Methadone**
	¦ Buprenorphine (Subutex® or Temgesic)	**¦ Other opioid (specify)**
	¦ Benzodiazepines (e.g. diazepam, temazepam)	
Are the premises used by someone to either use drugs or deal drugs?	**Y / N**	
Section 3: risk of medication access by children and other vulnerable family members		
What storage/disposal precautions have been taken to ensure the medication cannot be accessed by a child or other vulnerable member of the household?		
Are the premises used by someone to either use drugs or deal drugs?	**Y / N**	
Section 3: risk of medication access by children and other vulnerable family members		
What storage/disposal precautions have been taken to ensure the medication cannot be accessed by a child or other vulnerable member of the household?		
Are there any concerns about a member of the household's mental well-being where access to a controlled drug could be contra-indicated e.g. suicidal ideation?		

Analysis

Are the premises used by someone to either use drugs or deal drugs?	**Y / N**	
Section 3: risk of medication access by children and other vulnerable family members		
What storage/disposal precautions have been taken to ensure the medication cannot be accessed by a child or other vulnerable member of the household?		
Are there any concerns about a member of the household's mental well-being where access to a controlled drug could be contra-indicated e.g. suicidal ideation?		
Analysis		
Protective Factors		
Summary of Risk		

Appendix 4

Linked to Patient Information Leaflet 25163 – A Guide to your Just in Case Bag (JICB)

Appendix 5

Subcutaneous Injections for Symptom Control in Palliative Care

- **The medicines and doses included here are intended to be a guide for JICB.**
- **See also Local Formulary**
- **Further information is available from: www.palliativedrugs.com for general medicines information and www.pallcare.info for information on medicine compatibilities**

Medicine	Purpose	Dose Range for bolus sub-cutaneous injection	Maximum Dose in 24 hours	Comments
Diamorphine (Schedule 2 CD)	Analgesic	Starting dose 2.5mg to 5mg every 2 hours See fact sheets or BNF for conversion from other opioid analgesics	No maximum but unusual to need more than 200mg	in patients needing rapid escalation of doses or doses above 200mg consult a specialist. A diluent (water for injection or sodium chloride 0.9% injection) must be prescribed for diamorphine
Hyoscine Hydrobromide	Bronchial secretions	400-600 micrograms (mcg) every 4 hours	Maximum dose 2.4 mgs in 24 hours (2400 micrograms)	
Levomepromazine	Antiemetic	6.25mg to 12.5 every 6 hours	25mg	Long half life, can be given as a single dose at night if sedation a problem
Midazolam (Schedule 3 CD)	Anxiety Terminal restlessness and agitation	2.5mg to 5mg every 2 hours	60mg	Higher doses may be given by continuous subcutaneous infusion
Haloperidol	Hallucinations and restlessness	1mg - 3mg BD	2.5mg-10mg over 24hrs	

Appendix 6

Audit Form

JUST IN CASE BAG AUDIT QUESTIONNAIRE

Patient Name……
Prescriber Name……
GP Surgery……
Bag No……..

Date Issued……
Date Returned……

1. **Which medications were in the bag?**

Medication	Strength	Number of Ampoules
Diamorphine		
Midazolam		
Hyoscine Hydrobromide		
Levomepromazine		
Haloperidol		

2. **Was the Anticipatory Medication Bag used? Yes □ No □**

3. **If the answer to question 2 was yes, please record which medications were used**

Medication	Day of the week	Time	Given by (* see code)

***Code**
GP – General Practitioner OOH – Out of hours Doctor DN – District Nurse
SPCN – Specialist Palliative Care Nurse HN – Hospice Nurse MC – Marie Curie

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

5. If the answer to question 4 is No, please state which medications should have been included

Medication Name	Drug Form (tablet / injection / suppository etc.)

6. Did the JICB (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. Was there resistance to the introduction of a JICB (anticipated medication)? Yes □ No □

			Reason for resistance
By the patient	**Yes**	**No**	
By the patient's relatives			
By any other person (please identify)			

Any other questions?
……
……
……
……

PLEASE SEND THE COMPLETED QUESTIONNAIRE IN THE STAMPED ADDRESSED ENVELOPE TO

Narnia Kestell. End of Life Team Co-ordinator Torbay & Southern Devon Care Trust 16 Church Street Paignton TQ33AG.

THANK YOU

Appendix 7

"Just in case" prescribing information

We would suggest putting 5 drugs in a patient's house to cover most of the common end of life emergencies:-

1. **Diamorphine 2.5-5mg s/c prn** for pain or breathlessness
   [for opioid naïve patients or those on up to 90mg of oral Morphine (or its equivalent) per day*]

2. **Midazolam 2.5-5mg s/c prn** for terminal restlessness, agitation and anxiety.

3. **Hyoscine hydrobromide 400mcg s/c prn** for respiratory tract secretions or rattle which is distressing the patient **(consider glycopyrronium if unavailable).**

4. **Levomepromazine 6.25mg s/c prn** for nausea and vomiting.

5. **Haloperidol 1.5-3mg s/c prn** for hallucinations and agitation.

Think list!

Agitation and restlessness - check that the patient is not in urinary retention or extremely constipated.

***Pain** – The dose of breakthrough prn s/c analgesic in the just in case bag/box depends on the overall background dose that the patient is on. This dose needs to be reviewed if the background dose changes. A breakthrough dose equivalent to one sixth of the total 24 hour dose is an acceptable starting point.

Please refer to the reverse of this sheet for a guide to appropriate conversions.

If symptoms persist or are difficult to manage, please ring your palliative care 24 hour advice line:

Exeter Hospiscare - 01392 688044
North Devon Hospice - 01271 347214
Rowcroft Hospice - 01803 210800
St Luke's Hospice - 01752 401172

Appendix 8

Suggested quantities for the Just in Case medication

- 2 x ampoules of Diamorphine 10mg for pain. NB: Consider if opiate naïve or requirement for high dose for breakthrough if on regular opiate.
- 2 x ampoules of Midazolam 10mg/2ml for terminal restlessness, anxiety and agitation.
- 2 x ampoules of Hyoscine Hydrobromide 400mcg/ml for respiratory tract secretions.
- 2 x ampoules of Levomepromazine 25mg/ml for nausea and vomiting.
- 2 x ampoules of Haloperidol 5mg/ml for hallucinations and agitation.
- 2 x 10ml of water for injection for reconstituting Diamorphine.

Oral Morphine			**Subcutaneous Morphine**		**Subcutaneous Diamorphine**		**Oral Oxycodone**			**Subcutaneous Oxycodone**		**Transdermal Fentanyl**
4hr dose(mg)	**12hr SR dose (mg)**	**Total 24 hour dose (mg)**	**4hr dose (mg)**	**Total 24 hour dose (mg)**	**4hr dose (mg)**	**Total 24 hour dose (mg)**	**4hr dose(mg)**	**12hr SR dose (mg)**	**Total 24 hour dose (mg)**	**4hr dose(mg)**	**Total 24 hour dose (mg)**	**Patch Strength (mcg/hour)**
5	**15**	**30**	**2.5**	**15**	**1.25**	**10**	**2.5**	**7.5**	**15**	**1.25**	**7.5**	**12mcg or less**
10	30	60	5	30	2.5 to 5	20	5	15	30	2.5	15	12mcg
15	**45**	**90**	**7.5**	**45**	**5**	**30**	**7.5**	**25**	**50**	**3.75**	**25**	**25mcg**
20	60	120	10	60	7.5	40	10	30	60	5	30	37mcg
30	**90**	**180**	**15**	**90**	**10**	**60**	**15**	**45**	**90**	**7.5**	**45**	**50mcg**
40	120	240	20	120	12.5	80	20	60	120	10	60	75mcg
50	**150**	**300**	**25**	**150**	**15**	**100**	**25**	**75**	**150**	**12.5**	**75**	**75mcg**
60	180	360	30	180	20	120	30	90	180	15	90	100
70	**210**	**420**	**35**	**210**	**25**	**140**	**35**	**105**	**210**	**17.5**	**105**	**125**
80	240	480	40	240	27.5	160	40	120	240	20	120	125
90	**270**	**540**	**45**	**270**	**30**	**180**	**45**	**135**	**270**	*Max*	**135**	**150**
100	300	600	50	300	35	200	50	150	300	*Subcut*	150	175
110	**330**	**660**	**55**	**330**	**37.5**	**220**	**55**	**165**	**330**	*Volume*	**165**	**200**
120	360	720	60	360	40	240	60	180	360	*Reached*	180	200

Appendix 9

PRESCRIPTION AND MEDICATION ADMINISTRATION RECORD FOR USE WITH JUST IN CASE BAGS This prescription does NOT support the administration of medication by subcutaneous infusion including via syringe drivers

Name:	**Date of birth:**	**NHS No:**
ALLERGIES/SENSITIVITIES:	**WEIGHT (IF APPROPRIATE)**	
Name of Prescriber (Print Name)	**Contact Details of Prescriber**	
Please complete all relevant section in BLOCK CAPITALS. Ensure instructions for administration are consistent with the anticipatory clinical plan. Doses must be written in whole numbers (e.g. 500mg not 0.5g and write micrograms in full not mcg) NB Consider opiate naïve patients		

DATE	QUANTITY	MEDICATION	DOSE	CLINICAL INDICATION	ROUTE	FREQUENCY	PRESCRIBER
	x mg ampoules	**DIAMORPHINE**		**For pain or breathlessness**	**s/c bolus**		
	2x 25mg/ml	**LEVOMEPROMAZINE**	**6.25mg**	**For nausea or vomiting**	**s/c bolus**		
	2x 10mg/2ml	**MIDAZOLAM**	**2.5-5mg**	**For anxiety and agitation and restlessness**	**s/c bolus**		
	2x 5mg/ml	**HALOPERIDOL**	**1.5-3mg**	**For hallucinations and agitation**	**s/c bolus**		
	2x 400micrograms/ml	**HYOSCINE HYDROBROMIDE**	**400micrograms**	**For terminal secretions and "rattle"**	**s/c bolus**		
	2x 10ml	**WATER FOR INJECTION**		**To reconstitute Diamorphine**	**s/c bolus**		

PRESCRIPTION

MEDICATION ADMINISTRATION RECORD

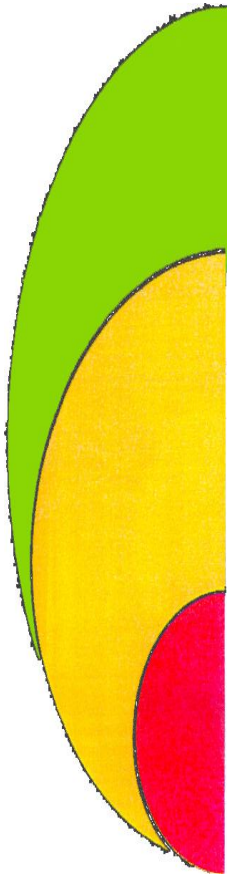
Date	Time	Name of Medication	Dose	Site	Batch Number	Expiry Date	Quantity remaining	Signature

Appendix 10

Colour Banding/Stability Score

Consider Gold Standards Framework triggers to support identification of those patients in final 6 – 12 months of life

1. Surprise Question. "Would you be surprised if this patient were to die in the next 6 – 12 months?"
2. Clinical Indicators. Please see Prognostic Indicator Guidance for each of the three main end of life patient groups – Cancer, Organ Failure, Elderly Frail/Dementia



Stable with no symptoms **Green**	· Offer initial discussion for Advance Statements/Advance Decisions to Refuse Treatment in line with MCA (2005) assessment and requirements. Treatment Escalation Plan (V10) · Personalised care plan · Referral and entry onto to Gold Standard framework register (GSF) · Entry onto Electronic Palliative Care Co-ordination System (EPCCS) · Identify Key worker · Consider current and future clinical and personal needs · Communication/Support for families/Carers assessed · Consider offering assistance with life reflection tools e.g. Memory boxes
Stable/Unstable Condition likely to change **Amber**	**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/review of Advanced Statements/Decisions, Treatment Escalation Plan (V10) - DNAR Status, Preferred Place of Care · Consider referral to Specialist Palliative Care · Implement current clinical needs assessment tools for instance-pain, nutrition etc. · Anticipating and planning for future possible clinical needs, Just in Case Bag medications, Prognostic indicators, Communicating needs to wider teams · Continual Support /communication for families/Carers
Rapidly Changing **Red**	**Patients needs are rapidly changing and/or unpredictable, Patient distressed by fluctuating and severe symptoms, Death may be difficult or sudden** · G.P, Specialist Palliative care review/advice, Anticipatory prescribing · Personalised care plan and clinical needs assessment tools · Treatment Escalation Plan (V10) Best Interest decisions · Consider patients Advance statements and decisions if lacks capacity or unable to communicate decisions at this time. · Continual Support for families/carers,Out of Hours / Special Messages, Verification of Expected Death

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

	Please select			
Who may be affected by this document?	Patient / Service Users	☒	Visitors / Relatives	☒
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☐	Other Statutory Agencies	☐
	Others *(please state):*			

Does this document require a service redesign, or substantial amendments to an existing process?	☐
If you answer yes to this question, please complete a full Quality Impact Assessment. No	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	☐	Disability	☐
	Gender re-assignment	☐	Marriage and Civil Partnership	☐
	Pregnancy and maternity	☐	Race, including nationality and ethnicity	☐
	Religion or Belief	☐	Sex	☐
	Sexual orientation	☐	No	
If you answer yes to any of these strands, please complete a full Quality Impact Assessment.				
If applicable, what action has been taken to mitigate any concerns?	n/a			

Who have you consulted with in the creation of this document? *Note - It may not be sufficient to just speak to other health & social care professionals.*	Patients / Service Users	☐	Visitors / Relatives	☐
	General Public	☐	Voluntary / Community Groups	☐
	Trade Unions	☐	GPs	☐
	NHS Organisations	☐	Police	☐
	Councils	☐	Carers	☐
	Staff	☐	Other Statutory Agencies	☐
	Details *(please state):*	Community staff		

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	1944 - Standard Operating Procedure (SOP) for the use of Just in Case Bags – Anticipatory Prescribing (JICB) for use in Terminal illness by staff employed by Torbay and South Devon NHS Foundation Trust	**Version and Date**	*3* *3 August 2016*
Policy Author	Lead for Palliative and End of Life Care		

An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.

EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)

Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒

Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☒

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?	Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?	Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☒

If 'Yes', how will you mitigate this risk to ensure fair and equal access?

EXTERNAL FACTORS

Is the policy/procedure a result of national legislation which cannot be modified in any way?	Yes ☐ No☒

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Review

Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?

Community Staff / Medicines management

ACTION PLAN: Please list all actions identified to address any impacts

Action	Person responsible	Completion date

AUTHORISATION:
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form	Lead for Palliative and End of Life Care	**Signature**	
Validated by (line manager)	Chief Nurse	**Signature**	