

NHS EAST AND NORTH HERTFORDSHIRE ADULT PALLIATIVE CARE 'JUST IN CASE' GUIDELINES

This is a guide to prompt the prescription of “Just in case” medications to have available in the home to support best practice in palliative care. This list of drugs is to support urgent symptom control for 24-48hours if the patient is no longer able to take oral medication.

KEY MESSAGES

ANTICIPATE symptoms that might develop over the next few days or weeks.

BE PREPARED to prescribe drugs for up to 3 days to cover out of hours.

COMMUNICATE with others involved in the patients’ care particularly the out of hours’ service, & the patient, family and professionals.

DIAL for advice by contacting the local Specialist Palliative Care Team or the local Specialist Palliative Care advice line.

EMERGENCY PHARMACY telephone numbers are available from Out of Hours’ Services regarding Extended Hours Pharmacy locations.

GENERAL ADVICE - Prescribe in anticipation of symptoms: always consider

1. PAIN
2. NAUSEA AND VOMITING
3. ANXIETY, TERMINAL AGITATION , RESPIRATORY DISTRESS
4. RESPIRATORY SECRETIONS

- Subcutaneous injections and continuous subcutaneous infusions via syringe pumps are used when the oral route is no longer possible.
- For patients using a Fentanyl patch for analgesia this should be continued at the same strength. Additional Morphine Sulphate can be added to the subcutaneous infusion if necessary, calculated by the previous 24 hours break through doses.
- Opioid conversion ratios can be found in the Palliative Network Guidelines Book 3rd edition 2011, contact your Specialist Palliative Care Team.
- Consider subcutaneous Dexamethasone if taking long term oral steroids.
- Consider subcutaneous Furosemide for Heart Failure patients who can no longer take oral diuretics suggest stat doses 40mg s/c (in two divided doses) or continuous subcutaneous infusion.

SUGGESTED JUST IN CASE (J.I.C.) MEDICATION *(include water for injections)*

Morphine sulphate /diamorphine	5 x 10mg/1ml amps.	N.B. will depend on current background oral opioid dose.
Cyclizine	5 x 50mg/1ml amps.	
Midazolam	5 x 10mg/2ml amps.	
Glycopyrronium Bromide	5 x 0.2mg/1ml amps.	
Lorazepam	5 x 1mg sublingual tablets.	(“Genus” brand to be specified as known to dissolve sublingually)

Based on Beds and Herts Specialist Palliative Care Group Guidelines, July 2014.

Approved by NHS East and North Hertfordshire CCG Primary Care Medicines Management Group, June 2015. Updated with additional pharmacy information and advice numbers, March 2016

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Indication	Drug	PRN Subcutaneous s/c Stat Breakthrough Dose	Syringe Pump dose (Continuous subcutaneous infusion / 24hrs)	Think Box	Ampoule sizes available
Pain If opioid naïve	Morphine Sulphate or Diamorphine	2.5 - 5mg s/c 2 - 4 hourly	10 - 20mg /24hrs	Reduce doses in renal or hepatic failure or if very frail	10mg/ml
Pain If already on oral Morphine, can use:	Morphine Sulphate s/c Or Diamorphine s/c	Divide the total oral Morphine dose by 12. e.g 30mg MST bd = 60mg divide by 12 = 5mg s/c 2 - 4 hourly ----- Divide the total oral Morphine dose by 18. e.g 30mg MST bd = 60mg divide by 18 = 3.3 = 2.5 - 5mg s/c 2 - 4 hourly	Half of the total oral Morphine dose. e.g 30mg MST bd = 30mg Morphine / 24hours ----- One third of the total oral Morphine dose. e.g 30mg MST bd = 20mg Diamorphine / 24hours	Morphine is increasingly becoming first line in hospitals and community areas. Refer to your local Palliative care services if in doubt. If on different opioid consult specialist for s/c conversion doses.	10mg/ml 30mg/ml ----- 5mg 10mg 30mg
Nausea and Vomiting	Cyclizine	25 - 50mg s/c 8 hourly	75 - 150mg / 24hrs	Do not exceed 150mg in 24 hrs or 75mg if frail/elderly. If already on effective antiemetic then prescribe this s/c for JIC box.	50mg/1ml
Anxiety and Terminal Agitation	Midazolam Lorazepam (<i>'Genus' brand to be specified</i>)	2.5 - 5mg s/c 2 hourly 0.5 - 1mg sublingual 6hrly	10 - 30mg / 24hrs	Consider pain/urinary retention and level of relaxation/ sedation required. Discuss with patient/family, 0.5 mg = half a scored tablet	10mg/2ml
Respiratory Distress	Morphine or Diamorphine Midazolam	2.5 - 5mg s/c 2 - 4hrly 2.5 - 5mg s/c 2 hourly	10 - 20mg / 24hrs 10 - 20mg / 24hrs	May need an opioid and Midazolam in pump for severe respiratory distress.	
Respiratory Secretions	Glycopyrronium Bromide	0.2 - 0.4mg s/c 6 hourly	0.6 - 1.2mg / 24hrs	Reposition patient Reassure relatives.	0.2mg/ml

In case of patient having seizures, seek specialist advice on a case by case basis.

Daytime advice:

Isabel Hospice - **01707 382500**

Lister Hospital Specialist Palliative Care Team – **01438 284035**

St Clare Hospice - **01279 773773**

Garden House Hospice - **01462 679540**

Macmillan Cancer Information and Support Centre – **01438 284657**

Keetch Hospice - **01582 492339**

North Herts Community SPC Team - **01462 427034**

Princess Alexandra Hospital – **01279 827846**

Out of Hours Specialist Palliative Care Advice Lines: East Herts – **01707 382575** / North Herts – **01462 679540** / St Clare Hospice - **01279 773773** (24 hour advice line)

Pharmacies currently participating in the Immediate Access to Emergency Medicines Scheme: (*denotes 100 hour pharmacy)

Boots*, Brookfield Centre, Cheshunt - **01992 635767**

Tesco In-Store Pharmacy*, Broadwater, Stevenage – **0345 677 9114**

Jhoots Pharmacy, Hatfield – **01707 262748**

Manor Pharmacy, Letchworth Garden City – **01462 685915**

Bridge Cottage Pharmacy*, Welwyn - **01438 840240**

Tesco In-Store Pharmacy, Royston – **0345 677 9582**

Stevenage Pharmacy, Stevenage – **01438 361027**

Tesco In-Store Pharmacy, Baldock – **0345 677 9024**

Tesco In-Store Pharmacy, Bishop's Stortford – **0345 677 9056**

Sainsbury's In-store Pharmacy*, Letchworth - **01462 482082**

Lloyds Pharmacy, Buntingford – **01763 271406**

Bells Pharmacy, Hitchin – **01462 450101**