JUST IN CASE (JiC) MEDICATION AUTHORISATION SHEET v3

NHS North Cumbria Integrated Care NHS Foundation Trust

Surname	**Forename**	**GP Surgery**	
Date of birth	**NHS number**	**ALLERGIES**	
Address	**Post Code**		

Prescribe FIVE AMPOULES of each drug option to cover each of the 4 core symptoms (use the blank box if the core drugs are not suitable).
Review the PRN opioid doses regularly, particularly if any changes are made to current background opioid.
A syringe driver may be required if regular PRN doses are needed or if oral route no longer viable. Discontinue this sheet and use the Community Syringe Driver Authorisation Sheet.
Prescribers may specify a safe, limited dose range if appropriate. It is recommended to start with the lowest dose and titrate as needed.

Date	**Indication**	**Medication** See notes overleaf	**Dose** See notes overleaf	**Frequency** See notes overleaf	**Route**	**Prescriber name and registration number**	**Prescribers name and date stopped**
	Opioid analgesic for pain or breathlessness	Either **MORPHINE** Or		Stat and **1** hourly PRN Stat and **1** hourly PRN	S/C S/C		
	Anti-emetic	Either **CYCLIZINE** Or **LEVOMEPROMAZINE**	25mg - 50mg (max 150mg per 24hr) 2.5mg to 5mg	Stat and **8** hourly PRN Stat and **6** hourly PRN	S/C S/C		
	Agitation or breathlessness	**MIDAZOLAM** (use 10mg/2ml ampoules)	2.5mg to 5mg	Stat up to **1** hourly PRN	S/C		
	Excessive secretions	**GLYCOPYRRONIUM**	200microgram	Stat and to **4** hourly PRN	S/C		
		WATER FOR INJECTION 10ml		For flushing/anticipation of use of syringe driver			

NOTES: Palliative and End of Life Care Symptom Control Guidelines (2021, North England Clinical Networks)

OPIOIDS - Morphine is the first choice injectable opioid (unless there is a previous intolerance or caution for use).

- Prescribe 2.5mg to 5mg S/C stat initially if patient is opioid naïve/elderly. Assess the response. A further dose may be given if required after 60 minutes. Higher doses may be needed for patients already taking opioids (including codeine, tramadol etc.) – see BNF or table below or prescribing guidelines for equivalent morphine doses.
- Calculate the total oral morphine dose taken over the last 24 hours (including PRN doses). Divide by 2 to give the equivalent S/C daily morphine requirement. Prescribe ONE SIXTH of this S/C as the Just in Case (JIC) dose.
- Prescribe 5 ampoules of an appropriate strength morphine injection (10mg in 1ml, 30mg in 1ml, 60mg in 2ml). N.B. the injection volume for an S/C bolus should not exceed 2ml.
- If higher doses are needed than given in the table below, contact the Specialist Palliative Care team for advice
- If the patient cannot tolerate morphine or is already taking an alternative opioid refer to the table below for equivalent doses. Seek advice from the Specialist Palliative Care team if needed.
- Fentanyl or buprenorphine patches should be continued, renewing the patch as per prescription. Any additional opioid S/C doses are used to top up this background dose.

APPROXIMATE EQUIVALENT DOSES (N.B. you must use clinical judgment in addition to looking up the doses.)

ORAL morphine	ORAL oxycodone	S/C morphine	S/C oxycodone	S/C alfentanil	TRANSDERMAL fentanyl	TRANSDERMAL buprenorphine
20mg	15mg	10mg	7.5mg	500microgram		10microgram (7 day patch)
30mg	20mg	15mg	10mg	1mg	12microgram	15microgram (7 day patch)
60mg	40mg	30mg	20mg	2mg	25microgram	25microgram (7 day patch)
120mg	80mg	60mg	40mg	4mg	50microgram	52.5microgram (3 or 4 day patch)
180mg	120mg	90mg	60mg	6mg	75microgram	70microgram (3 or 4 day patch)
240mg	160mg	120mg	80mg	8mg	100microgram	105microgram (3 or 4 day patch)
300mg	200mg	150mg	100mg	10mg	125microgram	
360mg	240mg	180mg	120mg	12mg	150microgram	
480mg	320mg	240mg	160mg	16mg	200microgram	
600mg	400mg	300mg	200mg	20mg	250microgram	
720mg	480mg	360mg	240mg	24mg	300microgram	

ANTI-EMETICS: **Cyclizine** 25-50mg PO/SC 8 hourly prn – maximum dose by any route is 150mg- watch for additional oral doses. Contraindicated in severe heart failure, caution in renal and hepatic failure.
Levomepromazine 2.5-5mg SC 6 hourly prn – widely used in palliative care, useful if a sedating effect is required.
Haloperidol – 500microgram S/C 8 hourly prn is an alternative.

AGITATION: **Midazolam** -Use the concentrated preparation (10mg in 2ml). Dose: 2.5-5mg SC hourly prn. Manage other possible causes of agitation –pain, urinary retention, faecal impaction. **Seek specialist advice if ineffective**.

SECRETIONS: **Glycopyrronium** 200microgram SC 4 hourly prn
Hyoscine butylbromide (Buscopan) 20mg S/C is an alternative.
Hyoscine hydrobromide 400microgram S/C is sedating and can cause paradoxical agitation, so is no longer a first line choice.