

STANDARD OPERATING POLICY (SOP) FOR ANTICIPATORY PRESCRIBING OF “JUST IN CASE” MEDICATION FOR SYMPTOM CONTROL IN ADULT COMMUNITY PALLIATIVE CARE PATIENTS.



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Purpose of SOP

To ensure safe and appropriate prescribing of JIC medication to community patients.

Introduction

Patients with a life limiting illness often experience new or worsening symptoms. JIC medications are provided in advance where the need for medication is anticipated to manage symptoms and prevent difficulty in accessing medication.

Scope

JIC medication relies on appropriate anticipatory prescribing that forms part of a wider anticipatory care planning process.

Suitable patients will have a life limiting illness and may be:

- Actively deteriorating or unstable
- On the GP Palliative Care Register
- On the Frailty Pathway
- Actively engaged in Advance Care Planning Discussions

Anticipatory prescribing should be tailored to the individual patient and circumstances, taking into account risks and benefits of prescribing in advance.

Definition

JIC stands for Just in Case Medication.

The term 4 Core Drugs may also be used.

Responsibilities

Qualified staff will identify patient’s suitability for anticipatory prescribing and this will have been communicated to the GP, patient and wherever possible, relatives and carers.

For patients who lack capacity the principles of the Mental Capacity Act regarding treatment decisions must be followed with the emphasis on discussions with the relatives/NOK.



Specific Procedure

PRN S/C medication should be provided for each of the 5 symptoms commonly experienced at EOL:

Pain and dyspnoea	Morphine/Oxycodone (If EGFR < 30 seek SPC advice)
Nausea and vomiting	Cyclizine/Levomepromazine
Agitation	Midazolam
Respiratory secretions	Glycopyrronium

The principles/rational of medication use should be discussed with the patient and relatives/carers.

The provision of an explanatory leaflet- "Information for patients and carers leaflet" should be used to ensure full understanding. If patients or families are unwilling to participate in anticipatory prescribing, fears should be explored and appropriate support provided.

Patients should be assessed individually and it may be appropriate to select alternative medication choices. If required seek advice from SPCT.

When a dose range is prescribed, always use the lowest dose initially, then reassess.

Details of communication and prescribing should be documented on EMIS records and patient held records in the home.

With patient consent all information should be entered on EPaCCs or equivalent, for the purpose of information sharing.

Cautions

Patients with a history of drug misuse among carers or visitors to the house. These patients must have an individual risk assessment and safety measures put in place by the nurse responsible in discussions with the GP.

Patients receiving active treatment e.g. Chemotherapy, who may require urgent medical assessment and hospital admission for treatment of complications. Having the JIC drugs in the home does not affect planned active treatment.

Additional Considerations

For those patients who require a syringe driver the JIC medications can be used as initial supply for setting up the syringe driver (even though the prescription on the labels has the JIC dose on it). This requires individual assessment and careful monitoring.

APPENDIX

Forms/templates to be used

Patient information Guide to your Just In Case Medicines



Acrobat
Document.pdf