Guidance for use of the Community Palliative Care Kardex

The community palliative care kardex has been developed by community nurses in Renfrewshire HSCP to support the delivery of palliative and end of life care within the community. This guidance is intended to support staff as they use this document either in the prescribing or administering of medication and goes through the kardex page by page presenting examples of how to complete each section.

Key points:

- The kardex is intended for use with patients who have palliative care needs and should be initiated when it is judged that anticipatory prescribing (i.e. Just in Case Box) would be beneficial.
- The kardex has been developed to support the introduction of Just in Case boxes. Improved anticipatory care will ensure that patients receive timely symptom assessment and management, which has the potential to enhance patient care, prevent unnecessary crises and prevent unscheduled hospital admissions, helping to ensure that more people with palliative care needs can be cared for and die in a place of their choosing.

Using Just in Case boxes encourages:

- Proactive consideration of anticipatory care and the provision of anticipatory medication
- Anticipation of the key symptoms that patients may experience at end of life e.g. pain, nausea or vomiting, restlessness, moist respiratory tract secretions and breathlessness even if not currently present
- Ensuring that there is an appropriate supply of medication to cover the out of hours period

- *This kardex provides appropriate documentation to record direction to administer and record of administration*

- All medication to be administered by the DN *must* be transferred on to the kardex and then *discontinue the “Direction to Administer” sheet*. This presents an opportunity to review the need for each prescribed medicine.

For further information or support please contact:

- Elayne Harris 07876 478140, Carolyn Mackay 07775 012560, Susan Addie 07880 786659
- Macmillan Palliative Care Project, Renfrewshire CHP, 0141 314 4424
**Patient Demographics**
(Please affix a label or write)
- **Name**
- **Address**
- **Date of Birth**
- **CHI Number**

Record GP and Community Pharmacy contact information here

Any member of staff using the kardex should record their name, designation, example signature and initial the first time it is used.

Record date kardex is commenced

**Important Message:**
If the document has been written up and not used, review it at least every 7 days (and before a weekend) to ensure that it is still appropriate for the patient. **PLEASE RECORD THE DATE AND OUTCOME OF THIS REVIEW HERE BY CIRCLING EITHER:**
- **Still Appropriate** - i.e., there has been no change to the patient's background medication
- **Kardex Updated** - i.e., the patient's background prescription has changed and the just-in-case prescription is no longer appropriate so the kardex should be updated as soon as possible

**Record date kardex is commenced**

**Patient**
- **Surname**: MOUSE
- **Forename**: MICKI
- **Address**: 1 HIGH STREET
- **Date of Birth**: 11/11/1964
- **GP**: DOOLITTLE
- **Phone No**: 01555 123456

**Community Pharmacy Information**
- **Name**: HAPPY HOUSE
- **Address**: S MAIN STREET

**Record Allergies**

**IMPORTANT MESSAGE**

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**Drug Allergies / Sensitivities**
- **None Known**: Yes

Macmillan Palliative Care Project RHSCP 0141 314 4424 – V2 – 30th June 2016
Notes for Users Page

This page contains lots of useful information for prescribers and professionals who are administering medicines. PLEASE READ THIS PAGE CAREFULLY BEFORE USING THE KARDEX.

Micrograms should be written out in full

The use of decimal points should be avoided. Exception is Levomepromazine injection as the lowest dose that can be easily measured is 2.5mg.
Once Only Medications - Prescription and Recording of Administration

Please use this section to record the prescription and administration of once only medications for example:

- phosphate enemas
- dose of diamorphine administered in the OOH period

As the practice of anticipatory prescribing increases there will be less need for this page.

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME (24hr)</th>
<th>DRUG</th>
<th>DOSE</th>
<th>ROUTE</th>
<th>PRESCRIBER (PRINT &amp; SIGN)</th>
<th>GIVEN BY</th>
<th>TIME GIVEN (24hr)</th>
<th>BATCH NUMBER</th>
<th>EXPIRY DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>18/12/15</td>
<td>0300</td>
<td>Diamorphine</td>
<td>2mg</td>
<td>SC</td>
<td>(E HINOS)</td>
<td>0300</td>
<td>1234</td>
<td></td>
<td>9/16</td>
</tr>
<tr>
<td>18/12/15</td>
<td>1200</td>
<td>Phosphate enema</td>
<td>One</td>
<td>PR</td>
<td>(E HINOS)</td>
<td>1230</td>
<td>5678</td>
<td></td>
<td>8/16</td>
</tr>
</tbody>
</table>

Batch number and expiry date can be recorded here.
As Required Medications - Prescription and Recording of Administration

Prescribing a Strong Opioid

1. A drug **MUST** be specified by the prescriber.
2. A dose **MUST** be specified by the prescriber. It is good practice to prescribe the opioid dose in both words and figures.

There is an option to prescribe within a SMALL DOSE RANGE if appropriate e.g. diamorphine 2mg to 5mg, midazolam 2mg to 5mg.

Administering within a prescribed dose range:

Instructions regarding ALLOWABLE DOSE INCREASE CAN BE CLEARLY RECORDED HERE to support community nursing staff when administering within a prescribed dose range.

Administration of medicines:

When administering medicines please sign and complete, INCLUDES SECTION FOR BATCH NUMBER AND EXPIRY DATE.

Prescribing an Antiemetic

1. A drug **MUST** be specified by the prescriber.
2. A dose **MUST** be specified by the prescriber.
3. Maximum frequency **MUST** be specified by the prescriber.

Pre printed medicines and doses are suggested based on NHS Scotland Palliative Care Guidelines. If using please sign, if not PLEASE SCORE THROUGH CLEARLY TO AVOID CONFUSION.

Please note as required SC medicines need to be prescribed at a level that is appropriate to medicines that the patient may already be prescribed.

Please note blank pages are also available.

Macmillan Palliative Care Project RHSCP 0141 314 4424 – V2 – 30th June 2016
Regular Medications- Prescription and Administration
Example 1- NOT PRESCRIBING WITHIN A DOSE RANGE

To ensure that the kardex is a complete record of all medicines including **SC infusions and fentanyl or buprenorphine patches (even if self administered)** MUST be recorded for information purposes in this section.

For medicines being delivered via a CME T34 pump
When recording the dose being administered via a CME T34 pump please record “as charted” in the dose box and “as per SC infusion chart” in the administration section. Note this does not need to be signed by the prescriber (he/she will have signed the SC infusion chart). The actual dose does not need to be recorded here as dose manipulation and administration is fully documented on the (pink) SC infusion chart meaning that the Kardex will not have to be updated unless the drug itself is discontinued.

Please use this section to record the prescription and administration of medicines that will continue to be administered regularly e.g.
- fentanyl patches
- dexamethasone

When administering medicines please sign and complete, INCLUDES SECTION FOR BATCH NUMBER AND EXPIRY DATE.

Please note there are 2 rows of administration boxes per prescribed drug.
Regular Medications - Prescription and Administration
Example 2 - PRESCRIBING WITHIN A SMALL, APPROPRIATE DOSE RANGE

To ensure that the kardex is a complete record of all medicines including SC infusions and fentanyl or buprenorphine patches (even if self administered) MUST be recorded for information purposes in this section.

For medicines being delivered via a CME T34 pump

WHEN PRESCRIBING WITHIN A RANGE, please specify an appropriate range in the dose box. Instructions regarding ALLOWABLE DAILY DOSE INCREASES SHOULD BE CLEARLY RECORDED.

The prescriber must also complete the (pink) SC infusion chart with the intended starting dose of the medicine(s).

If a community nurse adjusts the dose of medicine in a CME T34 pump within a prescribed range, then it is ESSENTIAL that the nurse amends the pink SC infusion chart to reflect the new dose(s). The pink SC infusion chart should be signed by the registered nurse taking responsibility for this. This does not need to be signed by the prescriber as the authority to increase the dose(s) is on the kardex. Daily administrations including dose must be recorded within the kardex and (pink) SC infusion chart.

Please note there are 2 rows of administration boxes per prescribed drug.

Please use this section to record the prescription and administration of medicines that will continue to be administered regularly e.g.

- fentanyl patches
- dexamethasone

When administering medicines please sign and complete, INCLUDES SECTION FOR BATCH NUMBER AND EXPIRY DATE.
### Guidelines and Good Practice Points

It is good practice to insert a Sal-T nilae for administration of as required medications. This cannula should be flushed with 0.2mls of water before and after administration of any medication. Bolus injections given via this route should not exceed 2ml in volume.

If a patient requires 3 or more doses of any one of their as required medications in a 24 hour period, medical advice should be sought as a continuous subcutaneous infusion via a syring pump should be considered.

Please refer to the NHS Scotland Palliative Care Guidelines for further information. [www.palliativecareguidelines.scot.nhs.uk](http://www.palliativecareguidelines.scot.nhs.uk)

#### ‘JUST IN CASE’ General Information

**Purpose**

*Just In Case* provision targets two situations for patients with palliative care needs.

- Patients often experience new/worsening symptoms that require urgent treatment. This can lead to significant problems if occurring out-of-hours (e.g. medicine availability, treatment delay, patient/carer distress).
- As patients deteriorate they may be unable to take oral medication and therefore require parenteral treatment.

**Medicines**

The most likely symptoms are pain, nausea/vomiting, agitation/restlessness, breathlessness and respiratory secretions.

| Pain | Tailor to individual need. Seek specialist advice if patient on a strong opioid other than oral morphine. If patient is receiving oral morphine or a Step 2 analgesic (including oral co-codamol 30/500 or equivalent) an appropriate dose of diamorphine/morphine SC should be available. If opioid naive, consider diamorphine/morphine 2mg SC hourly as required (maximum of 6 doses in 24 hours). Diamorphine is available in packs of 5 ampoules of 5mg; morphine is available in packs of 10 ampoules of 10mg/ml. |
| Nausea & vomiting | Tailor to individual need. If patient is receiving an oral anti-emetic and this is effective, then the equivalent drug should be available for SC use. If the patient is not on an anti-emetic, consider levomepromazine 2.5mg (TWO point FIVE) SC 8 hourly as required (available in packs of 10 ampoules of 25mg/ml). |
| Agitation/restlessness | Midazolam 2mg SC hourly as required (maximum of 6 doses in 24 hours) should be available. Also consider lorazepam 500mcg tablets SUBLINGUAL 4 hourly as required if the patient would be able to take it. Midazolam 10mg/2ml ampoules (packs of 10 ampoules) should be prescribed as other strengths are not used in palliative care. Lorazepam is supplied as 1mg tablets. These tablets need to be scored so that they can be halved to provide a 500 mcg morphine dose. To be effective lorazepam is taken sublingually as the onset of action is considerably quicker than if swallowed. Not all generic brands fulfil these requirements. The Genus, PVL and TEVA brands are all bio, oblong, scored tablets and are suitable to supply for sublingual use. Prescriptions should state “Lorazepam sublingual 1mg tablets”. |
| Dyspnoea | Tailor to individual need. Seek specialist advice if patient on a strong opioid other than oral morphine. If patient is receiving oral morphine or a Step 2 analgesic (including oral co-codamol 30/500 or equivalent) an appropriate dose of diamorphine/morphine SC should be available. If opioid naive, consider diamorphine/morphine 2mg SC hourly as required (maximum of 6 doses in 24 hours). If patient is breathless and anxious, consider the use of lorazepam 500 mcg tablets SUBLINGUAL 4 hourly and/or midazolam 2mg hourly as required (maximum of 6 doses in 24 hours). |
| Respiratory secretions | Hyoscine butylbromide 20mg SC bolus hourly as required (maximum of 6 doses in 24 hours) should be available (available in packs of 10 ampoules of 20mg/ml). |
| Water for injection | To flush cannula after a bolus dose (10ml ampoules/ivials available in packs of 20). |

Please refer to this page for further information on anticipatory prescribing and additional sources of support. **PLEASE READ THIS PAGE CAREFULLY BEFORE USING THE KARDEX.**
Top tips for Just in Case boxes and the community palliative care kardex

1. What opioid is the patient already prescribed? Formulation and dose of anticipatory opioid prescribing needs to reflect the patients regular prescription.

2. Review the kardex every 7 days. Anticipatory medications may need to be adjusted in response to patients changing needs. **Record reviews on the front page of the kardex.**

3. Prescribe for the 5 most common symptoms experienced at the end of life, **even if not currently present.** (Pain, nausea/vomiting, breathlessness, agitation and respiratory secretions)

4. As the box is used, medical review will be required. When a patient experiences symptoms the choice and dosage of medicines may change following assessment. Guidelines indicate that if a medication is given x3 within 24 hours medical review should be requested.

5. **Act sooner rather than later!!** The very fact you are considering anticipatory prescribing indicates that it may be needed!

6. Avoid decimal points wherever possible e.g. prescribe diamorphine/morphine sulfate 2mg or 3mg rather than 2.5mg. Exception is levomepromazine injection as the lowest dose that can be easily measured is 2.5mg.

7. Doses less than 1mg should be prescribed as micrograms e.g. 100micrograms, **NOT** 0.1mg.

8. All opioid patches should be documented on the kardex even if patient/family administered. Oral analgesic breakthrough medication does not need to be recorded unless it is to be administered by nursing staff.

9. If the patient is transferred to another care setting then the kardex (and pink sub cut infusion chart if in use) should accompany the patient.

10. The prescribing suggestions on the last page of the kardex are appropriate for anticipatory prescribing. There may be clinical situations where different dosing schedules would be more appropriate e.g. uncontrolled nausea and vomiting (more frequent dosing may be required). Seek advice from specialist palliative care if unsure.
What to do if......

As use of the kardex becomes more widespread we are gaining greater awareness of some of the questions that are cropping up around clinical practice. Here are some useful examples of what to do if....

<table>
<thead>
<tr>
<th>What to do if.....</th>
<th>in the as required medicines section a drug has been discontinued at one dose and prescribed at a new dose and the prescriber has NOT scored through and discontinued the previous dose.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response.....</td>
<td>A nurse can score through the previous prescription, noting that it has been discontinued but not sign and date it. <strong>Date and signature should be completed by the prescriber at the earliest opportunity.</strong></td>
</tr>
<tr>
<td>Rationale.....</td>
<td>If the previous prescription is not scored through then there would be a risk that an incorrect dose could be administered.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What to do if.....</th>
<th>in the out of hours period the last box for recording of administration has been used and the patient requires breakthrough medication.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response.....</td>
<td>As a registrant you may transcribe from “one direction to supply or administer” to another “form of direction to supply or administer”. <strong>This should then be signed by the prescriber at the earliest opportunity.</strong></td>
</tr>
<tr>
<td>Rationale.....</td>
<td>Nurses are allowed to transcribe as per NMC medicines management standards, standard 3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What to do if.....</th>
<th>Doses are increased in a continuous sub cutaneous infusion.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response.....</td>
<td>Ensure any breakthrough doses are increased appropriately if applicable (see NHS Scotland palliative care guidelines for guidance).</td>
</tr>
<tr>
<td>Rationale.....</td>
<td>To ensure that the patient is prescribed appropriate breakthrough doses.</td>
</tr>
</tbody>
</table>