

## **'JUST IN CASE' General Information**

### **Purpose**

'Just in Case' provision targets two situations in end of life care.

- Patients approaching death 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.

'Living and Dying Well-A national action plan for palliative and end of life care in Scotland' (2008) identifies 'Just in Case' boxes as good practice. They should facilitate anticipatory prescribing and aid the prevention of unnecessary crises and unscheduled hospital admissions. NHS GG&C Managed Care Network for Palliative Care has recognised the potential benefit of 'Just in Case' in primary care, with implementation included in our 'Living and Dying Well' delivery plan.

### **What does the GP need to prescribe?**

- There is no definitive or exhaustive list. Consider the potential needs of each individual patient. Think about pain relief, nausea, sedation, dyspnoea and secretions.

### **How do I actually prescribe?**

- Write a GP10 or GP10N (if nurse is an independent prescriber) for every item needed.

### **Medicines**

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

|                                 |  |
|---------------------------------|--|
| <b>Pain</b>                     | 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 co-codamol 30/500 or equivalent) an appropriate dose of diamorphine / morphine SC should be available. If opioid naïve, consider diamorphine/morphine 2mg SC hourly as required (maximum of 6 doses in 24 hours). Diamorphine is available in packs of 5 ampoules of e.g. 5mg; morphine is available in packs of 10 ampoules of 10mg/1ml.   |
| <b>Nausea &amp; vomiting</b>    | 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/1ml).   |
| <b>Agitation / restlessness</b> | Midazolam 2mg SC hourly as required (maximum of 6 doses in 24 hours) should be available. Also consider lorazepam 500micrograms SUBLINGUAL 4 hourly as required if the patient would be able to take it.<br><b>Midazolam 10mg/2ml ampoules</b> (packs of 10 ampoules) should be prescribed as other strengths are not used in palliative care.<br><b>Lorazepam</b> is supplied as 1mg tablets. These <b>tablets need to be scored</b> in order that they can be halved to provide 500microgram dose. To be effective lorazepam is taken sublingually as the onset of action is considerably quicker than if swallowed. Not all generic brands fulfill these requirements. The Genus, PVL and TEVA brands are all blue, oblong, scored tablets and are suitable to supply for sublingual use. Prescriptions should state " <b>Lorazepam sublingual 1mg tablets</b> ". |
| <b>Dyspnoea</b>                 | 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 co-codamol 30/500 or equivalent) an appropriate dose of diamorphine / morphine SC should be available. If opioid naïve, 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 SL lorazepam 500micrograms SUBLINGUAL 4 hourly and/or SC midazolam 2mg hourly as required (maximum of 6 doses in 24 hours).   |
| <b>Respiratory secretions</b>   | Occurs in about 50% of dying patients. 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/1ml).  |
| <b>Water for injection</b>      | To flush cannula after a bolus dose (10ml ampoules/vials available in packs of 20).  |

Prescriptions should be dispensed by the community pharmacy as normal.

Write up the (new) as required prescription chart/kardex which covers anticipatory prescribing:

- Medicine
- Route of administration
- Dose
- Frequency
- Indication

***If documentation has been written up and not used, review it at least every 7 days (and before a weekend) to ensure it is still appropriate for the patient.***

***Ensure the patient and family know that if medicines need to be administered OOH, the OOH DN service should be contacted directly rather than NHS24.***

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Approved by the Just in Case Short Life Working Group of the NHS GG&C Palliative Care MCN