

'JUST IN CASE' Frequently Asked Questions

- **Why bother with this? Isn't everything fine?**

No, everything is not fine. For example if a patient becomes agitated at night then the following sequence of events occurs: family contacts NHS24; call passed to GG&C OOH service; GG&C OOH service GP visits; pharmacy able to dispense identified; prescription taken to pharmacy; medicines dispensed; DN contacted; DN visits and administers treatment. This can take several hours. Delays may also occur even during normal working hours. If 'Just in Case' medicines are available in the house then the family can simply contact DN base and DN would visit and administer. This would probably take less than 1 hour.

- **Is there a risk with these medicines lying in the patient's home?**

It is likely that the patient will already be on a number of medicines. The amounts prescribed are small. Obviously if the Primary Care Team feels that there is genuine concern, then there is no need to use 'Just in Case'. This must be weighed against the risk of the patient suffering. The District Nurse will always carry out a risk assessment in the patient's home.

- **What about unused medicines? Can we use the medicines for other patients?**

No. These medicines are prescribed for an individual patient and must be returned to a pharmacy and destroyed when the patient dies. They have been stored outwith a health professional's control and therefore have to be destroyed.

- **Isn't there a lot of waste?**

No. It is likely that in a significant number of patients most of the medicines will be required. The amounts are relatively small and apart from the benefits to the patient it is anticipated that 'Just in Case' will lead to savings e.g. an avoided admission to a hospital/hospice or visit from the OOH service.

- **When should we use this?**

When you notice that the patient's symptoms are becoming more difficult to control or you suspect that their condition might sharply deteriorate and you anticipate that new problems may arise. You may also be noticing that the patient is starting to have difficulty managing oral medicines. Think hard about weekends and public holidays. It is preferable to put Just in Case in place earlier rather than later.

- **What happens when the patient dies?**

DN places unused 'Just in Case' medicines in zip-seal green plastic bag #. The medicines are returned by the family to the community pharmacy. The box is returned to the base by the DN.

- **Where will I get the box for 'Just in Case'?**

There will be 2-3 for each district nurse base.

- **How will we know who has 'Just in Case' in place?**

This will be noted in the GP records, the DN nursing record/care plan (at DN base and in the patient's house) and on the NHS GG&C OOH handover form. This information will also be included on the Electronic Palliative Care Summary (e-PCS) or e-KIS in the future.

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