

SUPPLY AND ADMINISTRATION OF PALLIATIVE MEDICINES WITHOUT A PRESCRIPTION
FOR USE IN ADULTS AGE 18+ ONLY

Version 2.0 – summary of changes from 1.0:

There are 2 changes to Version 1.0 of the NHS GG&C Palliative Care Medicines for Care Homes Policy 2020 as follows:

- The original protocol proposed that pre-authorisation forms be completed for every care home resident. The updated version advises that forms should be prepared for **all appropriate residents**. This recognises that it may not be clinically appropriate for all residents. Additionally this may be against the wishes of the resident or their Power of Attorney.
- The original protocol implied that within community pharmacies there is ring fenced palliative care medicine stock for care home residents which is not correct. The text has been updated to correct any misunderstanding.

Background: Given the emergency public health crisis with COVID-19, Pharmacy Services has developed a strategy for palliative care drug provision in care homes which has been approved by NHSGG&C.

Proposed Model of Care:

- **Level 1:** Basic symptomatic relief medicines via minor adaptation of Homely Remedies Medicine Policy
- **Level 2:** Routine symptomatic relief medicines which are non-controlled drug Prescription Only Medicines (POMs) – supplied without prescription under pandemic exemptions
- **Level 3:** Routine palliative care controlled drug POMs via existing usual care - palliative care pharmacy networks and care home pharmacies

LEVEL 1 and 2 (see Appendices 1 and 2)

Supply of medicines via STOCK ORDER:

- Stock order written by practice and sent to community pharmacy for supply to care home
- If care home linked to more than one practice, the practice with most patients will be expected to write stock order ***only ONE practice is required to do stock order for each care home***
- You will receive communication via email with specific information on which care homes you will be responsible for doing stock orders, and information to help guide you on drugs to include and quantities (i.e. based on type of care home nursing/residential and number of beds in care home)
- See suggested list of stock quantities based on size of care home
- Note if you have 10 patients in a 80 bedded care home and you are responsible for doing stock order for the full care home (see list)
- Do not request any POMs (Level 2 medicines) for residential only homes unless they have regular ANP input
- You may be required to write further stock orders if more supplies are required
- Consider keeping a copy of any stock order forms issued at the practice

Pre-Authourising prescribing:

- You will be required to do pre-authorisation forms for all appropriate care home patients registered with your practice
- If you have provided a stock order for a care home linked to multiple GP practices, you will not be required to sign pre-authorisation forms for those residents who are registered with other GP practices.
- It may be easier to request a list of current residents linked to your GP practice from the relevant care homes
- Prescriber to pre-authorise supply for each resident (Appendices 1 and 2 for each patient) - please only authorise medicines that are clinically appropriate for that individual patient

COVID-19 – NHSGGC PALLIATIVE CARE MEDICINES POLICY FOR GP PRACTICES 2020

- Authorisation forms sent to care home, scan into Docman prior to sending
- Note this policy only allows treatment for first 48 hours, thereafter a prescription will be required
- For further guidance on palliative care treatment and to access this protocol electronically please see GGC palliative care website. Note this will host the live document and may be updated in response to operational issues https://www.palliativecareggc.org.uk/?page_id=2370
- For further guidance on antibiotics see SAPG guidance <https://www.sapg.scot/>

Verbal Authorisation of LEVEL 2

- These medicines will only be initiated by a registered nurse after verbal authorisation from a GP/prescriber at the time the medicine is required
- Only to be used when following treatment protocols (**see Appendices 3-7**), any deviation from protocols will require individual patient prescription
- If you are commencing antibiotics, please note you will be required to provide a prescription for the remainder of the intended duration after the first 48 hours i.e. for a 5 day course, the care home can administer 2 days using protocol and a prescription will be required for the further 3 days
- If you are authorising the initiation of a Level 2 medicine, ensure this is documented in the patients record

LEVEL 3 – Controlled Drugs – Usual Care

Supply of Medicines: Individual prescription required issued by GP/prescriber and sent to care home

Type of Stock: Packs with patient label generated by community pharmacy

Location of Stock: Regular community pharmacies with care home contracts. In the event of short supply issues additional stock is available via the [Palliative Care Pharmacy Network](#)

Please only supply 5 vials of the usual just in case medicines as per national palliative care guidance

Where a COVID-19 is confirmed in a care home the following should be considered:

- It may be appropriate to write 'Just In Case' Prescriptions for all appropriate residents to be held in the care home.
- In view of current supply issues it may be helpful to provide a separate prescription for each item on the JIC list as prescriptions may need to be taken to different pharmacies to be dispensed.
- Pre-signed authorisation added onto palliative care Kardex
- Prescriptions should not be automatically sent to pharmacy for dispensing (for fear of wastage and causing stock shortages) – should be kept securely in care home until needed
- Note that Controlled Drug prescriptions expire after 4 weeks

Suggested quantities of medicines for stock order

****Please avoid issuing stock orders for excess quantities – sticking to suggested quantities will help to maintain the supply chain of palliative medicines during the COVID-19 Pandemic****

Only issue a stock order supply for those medicines which you think are likely to be used in your specific care homes.

Care Home Size (no. of residents)	80+		31-80		<30	
	Pack Size	No. Of Packs	Pack Size	No. Of Packs	Pack Size	No. Of Packs
Paracetamol 500mg tablets	100	2	100	1	100	1
Paracetamol 250mg/5ml liquid	500ml	2	500ml	1	200ml	1
Paracetamol 500mg suppositories	10	1	10	0.5	10	0
Codeine Linctus 15mg/5ml solution	200ml	2	200ml	1	200ml	1
Prochlorperazine 3mg buccal tablets (e.g. Buccastem M)	8	1	8	1	8	1
Hyoscine Hydrobromide 300microgram Tablets (e.g. Kwells)	12	1	12	1	12	1
Hyoscine 1.5mg Patches (e.g. Scopoderm)	2	1	2	1	2	1
Biotene oralbalance gel	1	2	1	1	1	1
Water for Injection	10	1 (10 vials)	10	0.6 (6 vials)	10	0.4 (4 vials)
Levomepromazine 25mg/1ml Injection	10	0.5 (5 vials)	10	0.2 (2 vials)	10	1 vial
Haloperidol 5mg/1ml Injection	10	0.5 (5 vials)	10	0.2 (2 vials)	10	1 vial
Hyoscine Butylbromide 20mg/1ml Injection	10	0.5 (5 vials)	10	0.2 (2 vials)	10	1 vial
Doxycycline 100mg capsules	8	2	8	1	8	1
Doxycycline dispersible 100mg tablets	8	2	8	1	8	1
Amoxicillin 500mg capsules	21	2	21	1	21	1
Amoxicillin suspension 250mg/5ml	100	1	100	1	100	1

COVID-19 – NHSGGC PALLIATIVE CARE MEDICINES POLICY FOR GP PRACTICES 2020
Appendix 1 – HOMELY REMEDY MEDICINES FOR FIRST 48 HOURS ONLY

PATIENT:	CARE HOME:	GP/practice:
DOB/CHI:	Care home manager Signature: DATE:	GP/prescriber Signature: DATE:

Indication	Choice	Medicine	Dose	Maximum dose	Cautions	Prescriber agreement
Pain or Fever	If patient can swallow without problem	PARACETAMOL 500MG ORAL TABLETS	BELOW 50KG: 1 TABLET EVERY 4-6 HOURS ABOVE 50KG: 2 TABLETS EVERY 4-6 HOURS	Maximum 4 Doses in 24 Hours	*Do not give if already prescribed/taking any paracetamol products including co-codamol or co-dydramol*	YES / NO
	Patient with swallowing difficulties	PARACETAMOL 250MG/5ML ORAL LIQUID	BELOW 50KG: 10MLS EVERY 4-6 HOURS ABOVE 50KG: 20MLS EVERY 4-6 HOURS	Maximum 4 Doses in 24 Hours	*Do not give if already prescribed/taking any paracetamol products including co-codamol or co-dydramol*	YES / NO
	Patient that is nil by mouth	PARACETAMOL 500MG SUPPOSITORIES	BELOW 50KG: INSERT ONE 500MG EVERY 4-6 HOURS ABOVE 50KG: INSERT TWO 500MG EVERY 4-6 HOURS	Maximum 4 Doses in 24 Hours	*Do not give if already prescribed/taking any paracetamol products including co-codamol or co-dydramol*	YES / NO
Cough	Only choice	CODEINE 15MG/5ML LINCTUS	5-10ML EVERY 4-6 HOURS	Maximum 4 Doses in 24 Hours	*Do not give if already prescribed/taking any codeine or dihydrocodeine products including co-codamol or co-dydramol*	YES / NO
Nausea/ Vomiting	Only choice	PROCHLORPERAZINE 3MG BUCCAL TABLETS	ONE OR TWO TABLETS TO BE PLACED HIGH UP BETWEEN UPPER LIP AND GUM AND LEFT TO DISSOLVE EVERY 12 HOURS	Maximum 4 Tablets in 24 Hours	Do not chew or swallow the tablet. * Do not give if patient has epilepsy or Parkinson's Disease	YES / NO
Respiratory Secretions	If patient can swallow without problem	HYOSCINE HYDROBROMIDE 300MICROGRAM TABLETS (eg Kwells®)	1 TABLET EVERY 6 HOURS	Maximum 3 Doses in 24 Hours	Tablet to be sucked, chewed or swallowed	YES / NO
	Patient that is nil by mouth	HYOSCINE 1.5mg PATCHES (e.g. Scopoderm®)	APPLY ONE PATCH	Maximum 1 patch every 72 Hours	Apply onto a clean, dry, hairless area of skin behind the ear	YES / NO
Symptomatic treatment of dry mouth	Only choice	BIOTENE ORALBALANCE GEL	APPLY AS REQUIRED, TO GUMS AND TONGUE	Not applicable (apply as often as you need)	Not applicable	YES / NO

Contact a health care professional if:

- You administer any of the above therapies in order to continue therapy beyond 48 hours
- You are concerned that the resident has developed problems or side effects to any of these medicines

Appendix 2 – Prescription Only Medicines for First 48 Hours Only

PATIENT:	CARE HOME:	GP/practice:
DOB/CHI:	Care home manager Signature: DATE:	GP /prescriber Signature: DATE:

Indication	Choice	Medicine	Dose #	Maximum dose	Cautions	Prescriber agreement
Agitation / Delirium	1 st Line	LEVOMEPROMAZINE 25mg/1ml INJECTION	5MG (0.2ML) SUBCUTANEOUS INJECTION EVERY 12 HOURS	Maximum 2 Doses in 24 Hours		YES / NO
		WATER FOR INJECTION	0.2ML FLUSH AFTER ADMINISTRATION OF MEDICATION IF GIVEN VIA SAF-T INTIMA	Maximum 2 Doses in 24 Hours		YES / NO
	2 nd Line	HALOPERIDOL 5MG/1ML INJECTION	500 MICROGRAM (0.1ML) BY SUBCUTANEOUS INJECTION	Maximum 1 Dose in 24 Hours	* Do not use if patient has Parkinson's Disease. Also consider other antipsychotic use	YES / NO
		WATER FOR INJECTION	0.2ML FLUSH AFTER ADMINISTRATION OF MEDICATION IF GIVEN VIA SAF-T INTIMA	Maximum 1 Dose in 24 Hours		YES / NO
Respiratory Secretions	Only choice if patient is nil by mouth	HYOSCINE BUTYLBROMIDE 20MG/1ML INJECTION	20MG (1ML) BY SUBCUTANEOUS INJECTION UP TO EVERY HOUR IF REQUIRED	Maximum 6 Doses in 24 Hours		YES / NO
		WATER FOR INJECTION	0.2ML FLUSH AFTER ADMINISTRATION OF MEDICATION IF GIVEN VIA SAF-T INTIMA	Maximum 6 Doses in 24 Hours		YES / NO
Purulent Sputum (Choice between Doxycycline or Amoxicillin agreed with GP or prescriber before administration)	If patient can swallow without problem	DOXYCYCLINE 100MG CAPSULES	200MG (2 CAPSULES) TO BE GIVEN AS A FIRST DAILY DOSE FOLLOWED BY 100MG (1 CAPSULE) THE FOLLOWING DAY	Maximum 1 dose in 24 Hours		YES / NO
	Patient with Swallowing difficulties	DOXYCYCLINE 100MG DISPERSIBLE TABLETS	200MG (2 TABLETS) TO BE GIVEN AS A FIRST DAILY DOSE FOLLOWED BY 100MG (1 TABLET) THE FOLLOWING DAY	Maximum 1 dose in 24 Hours	Add tablet to a small amount of water and allow to disperse	YES / NO
	If patient can swallow without problem	AMOXICILLIN 500MG CAPSULES	500MG (1 CAPSULE) THREE TIMES A DAY	Maximum 3 doses in 24 Hours		YES / NO
	Patient with Swallowing difficulties	AMOXICILLIN 250MG/5ML ORAL SUSPENSION	500MG (10ML) THREE TIMES A DAY	Maximum 3 doses in 24 Hours	Follow directions on bottle to make suspension	YES / NO

= Dose cannot be changed as law requires associated pre-written standardised protocol

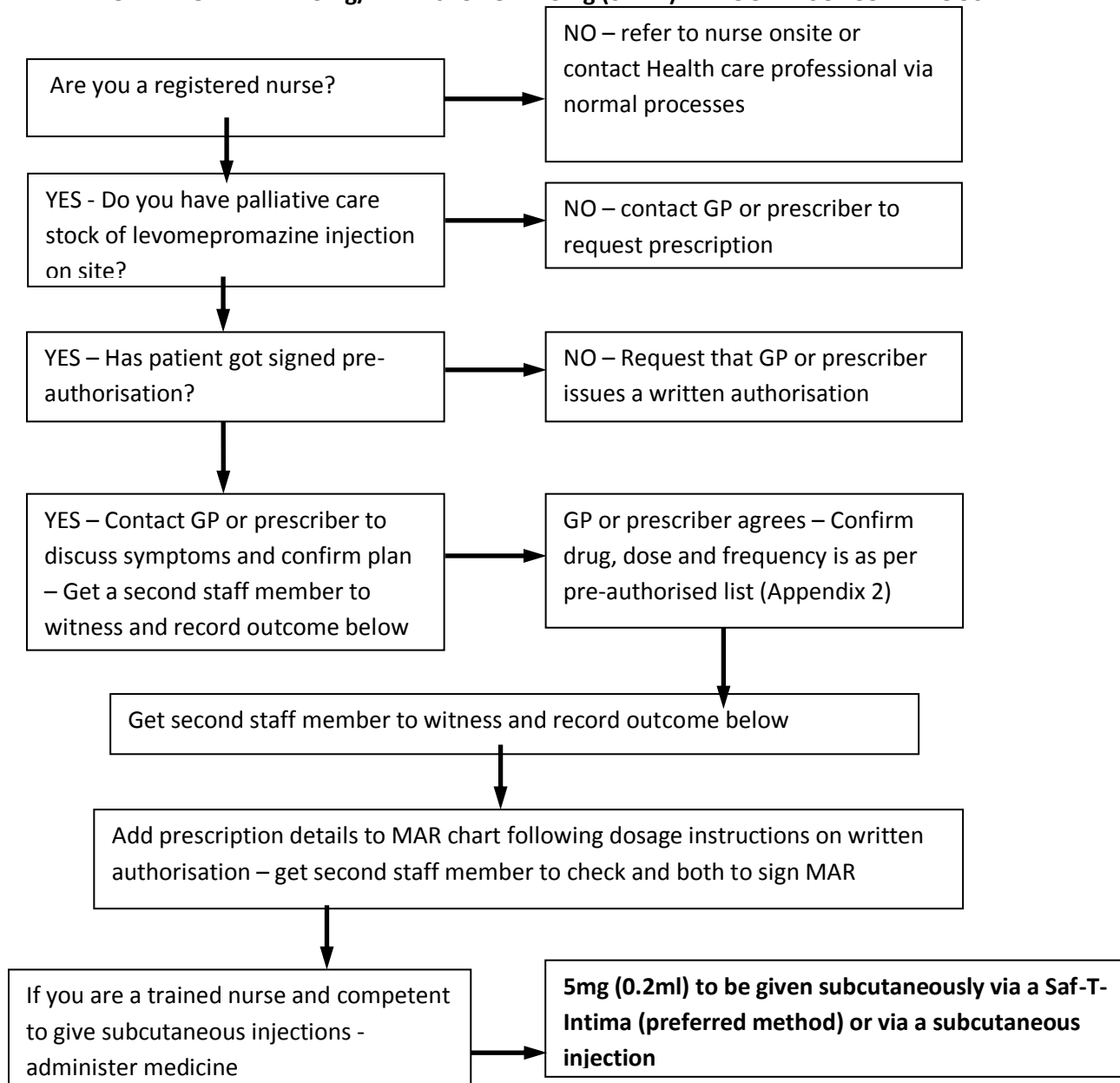
Contact a health care professional if:

- You administer any of the above therapies in order to continue therapy beyond 48 hours
- You are concerned that the resident has developed problems or side effects to any of these medicines

Appendix 3 - Protocol for AGITATION / DELIRIUM (1st Line Option) for

First 48 Hours Only *

LEVOMEPRMAZINE 25mg/1ml INJECTION – 5mg (0.2ml) 12 HOURLY SUBCUTANEOUSLY



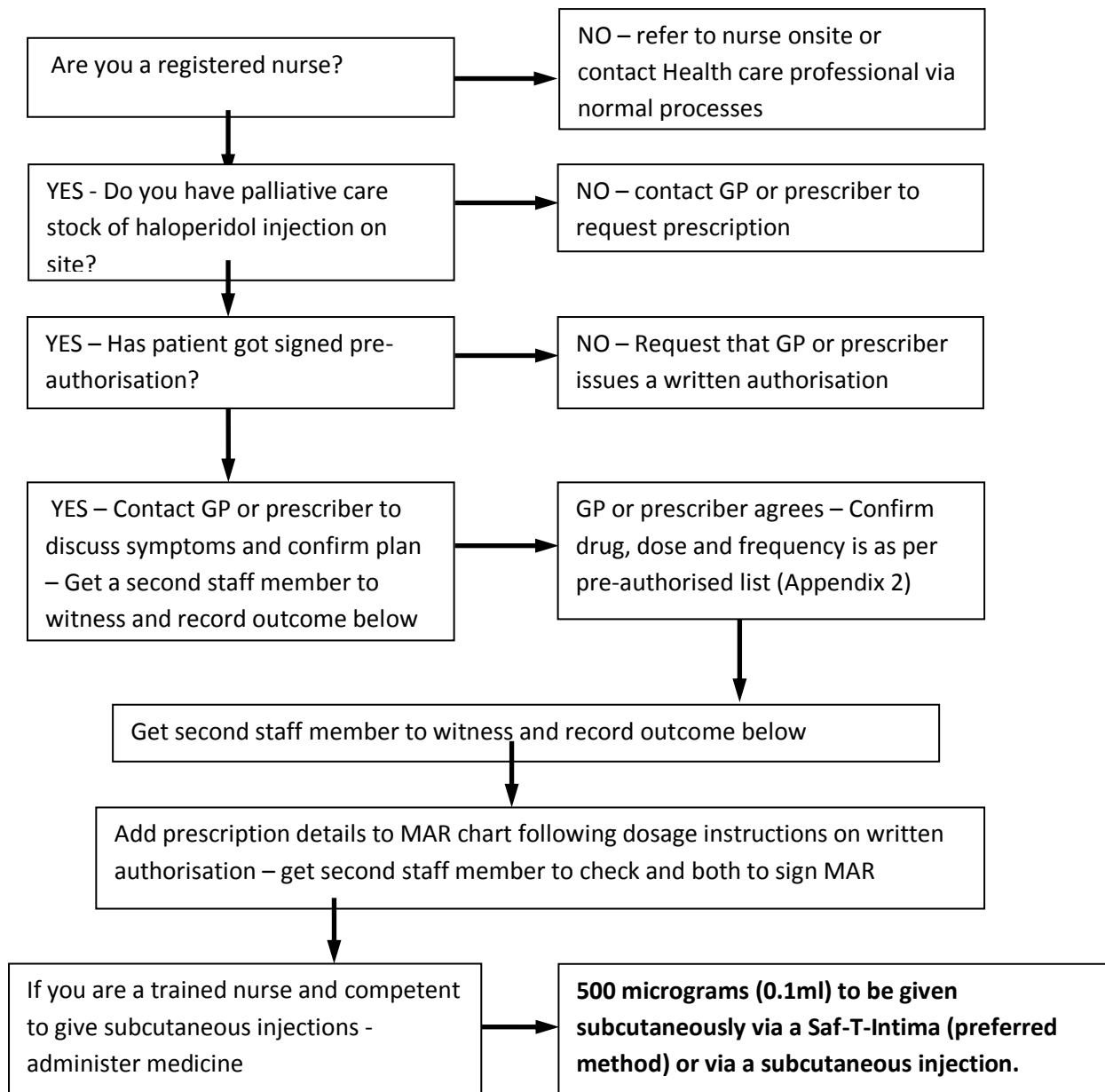
NAME OF GP/PRESCRIBER CONTACTED:	AUTHORISED ADMINISTRATION: YES / NO	DOSE AS PER WRITTEN PROTOCOL: YES / NO
NAME OF NURSE:	NAME OF STAFF 2 ND CHECK:	DATE:

* Exclude patients with LEVOMEPRMAZINE already prescribed through a normal prescription

GP or prescriber must provide a prescription to continue therapy beyond 48 hours

Appendix 4 - Protocol for AGITATION / DELIRIUM (2nd Line Option) for First 48 Hours Only *

HALOPERIDOL 5mg/1ml INJECTION –500micrograms (0.1ml) 24 HOURLY SUBCUTANEOUSLY



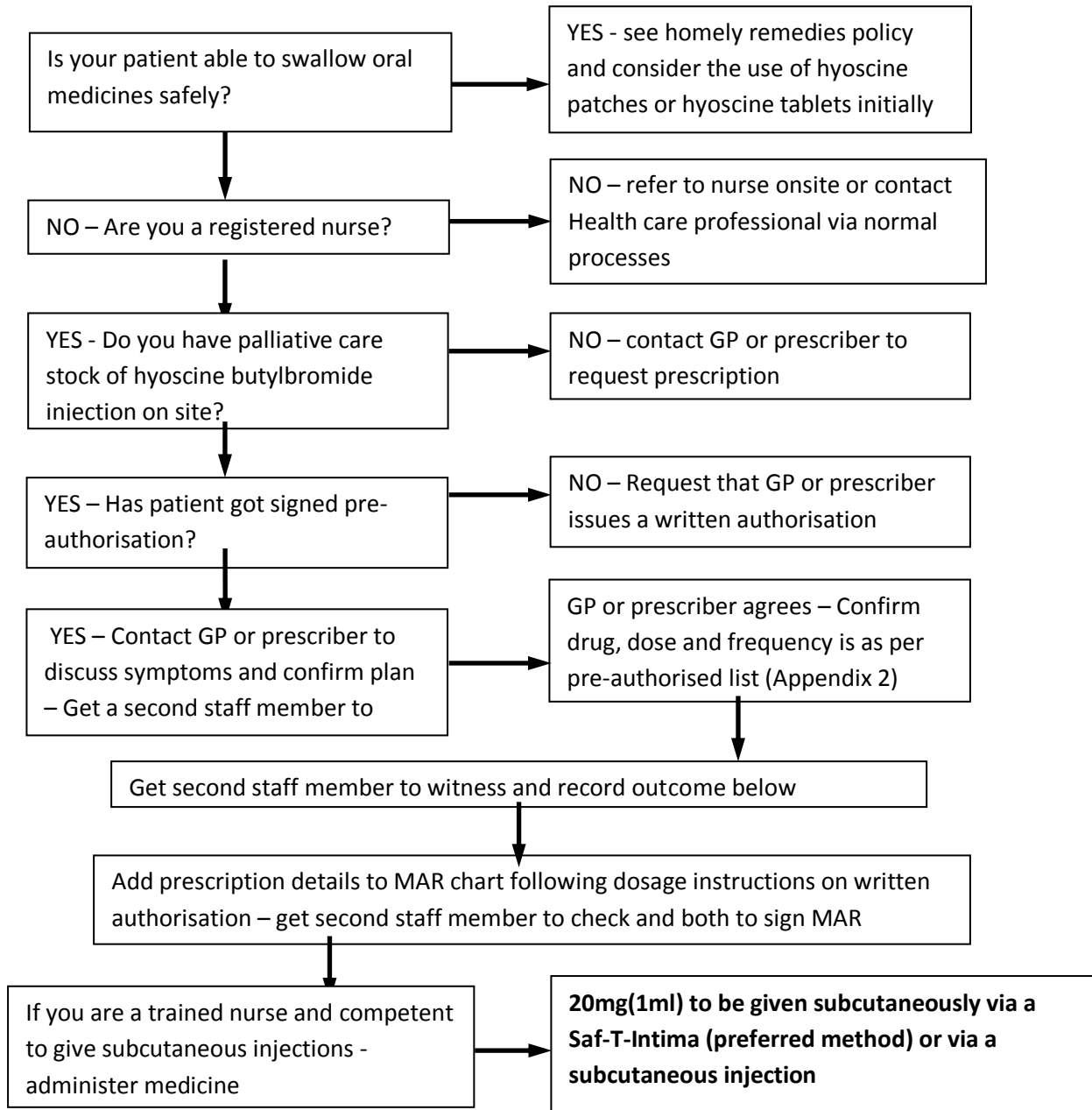
NAME OF GP/PRESCRIBER CONTACTED:	AUTHORISED ADMINISTRATION: YES / NO	DOSE AS PER WRITTEN PROTOCOL: YES / NO
NAME OF NURSE:	NAME OF STAFF 2 ND CHECK:	DATE:

*exclude patients with HALOPERIDOL already prescribed through a normal prescription

GP or prescriber must provide a prescription to continue therapy beyond 48 hours

Appendix 5 - Protocol for RESPIRATORY SECRETIONS for First 48 Hours Only**

HYOSCINE BUTYLBROMIDE 20mg/1ml INJECTION – 20mg (1ml) MAXIMUM 1 HOURLY, AND 6 DOSES/24HOURS SUBCUTANEOUSLY



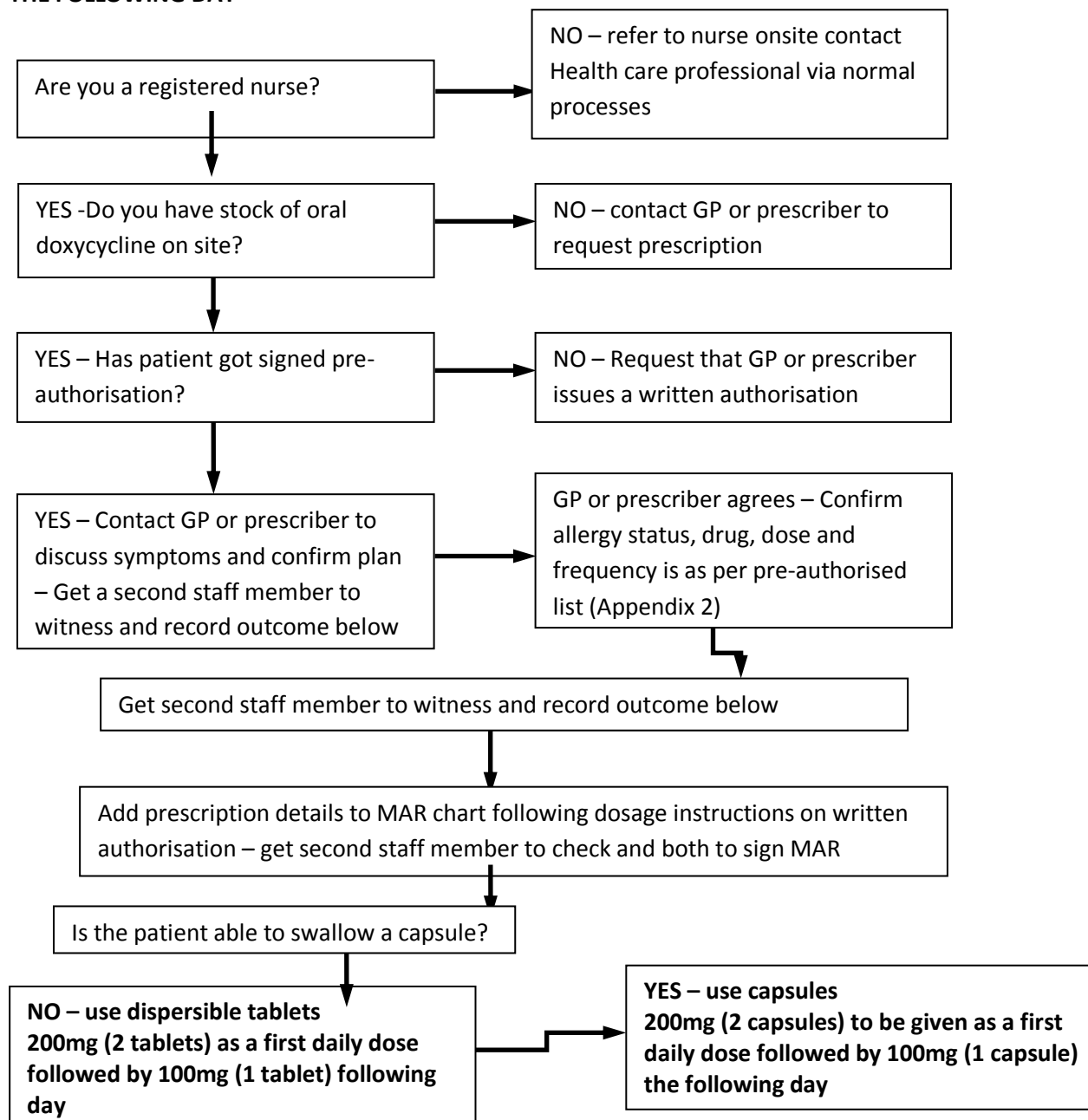
NAME OF GP/PRESCRIBER CONTACTED:	AUTHORISED ADMINISTRATION: YES / NO	DOSE AS PER WRITTEN PROTOCOL: YES / NO
NAME OF NURSE:	NAME OF STAFF 2 ND CHECK:	DATE:

* exclude patients with HYOSCINE BUTYLBROMIDE already prescribed through a normal prescription

GP or prescriber must provide a prescription to continue therapy beyond 48 hours

Appendix 6 - Protocol for PURULENT SPUTUM (i.e. yellow/green/brown spit) for First 48 Hours Only

DOXYCYCLINE CAPSULES/DISPERSIBLE TABLETS – 200mg AS AN INITIAL DOSE THEN 100MG DAILY THE FOLLOWING DAY

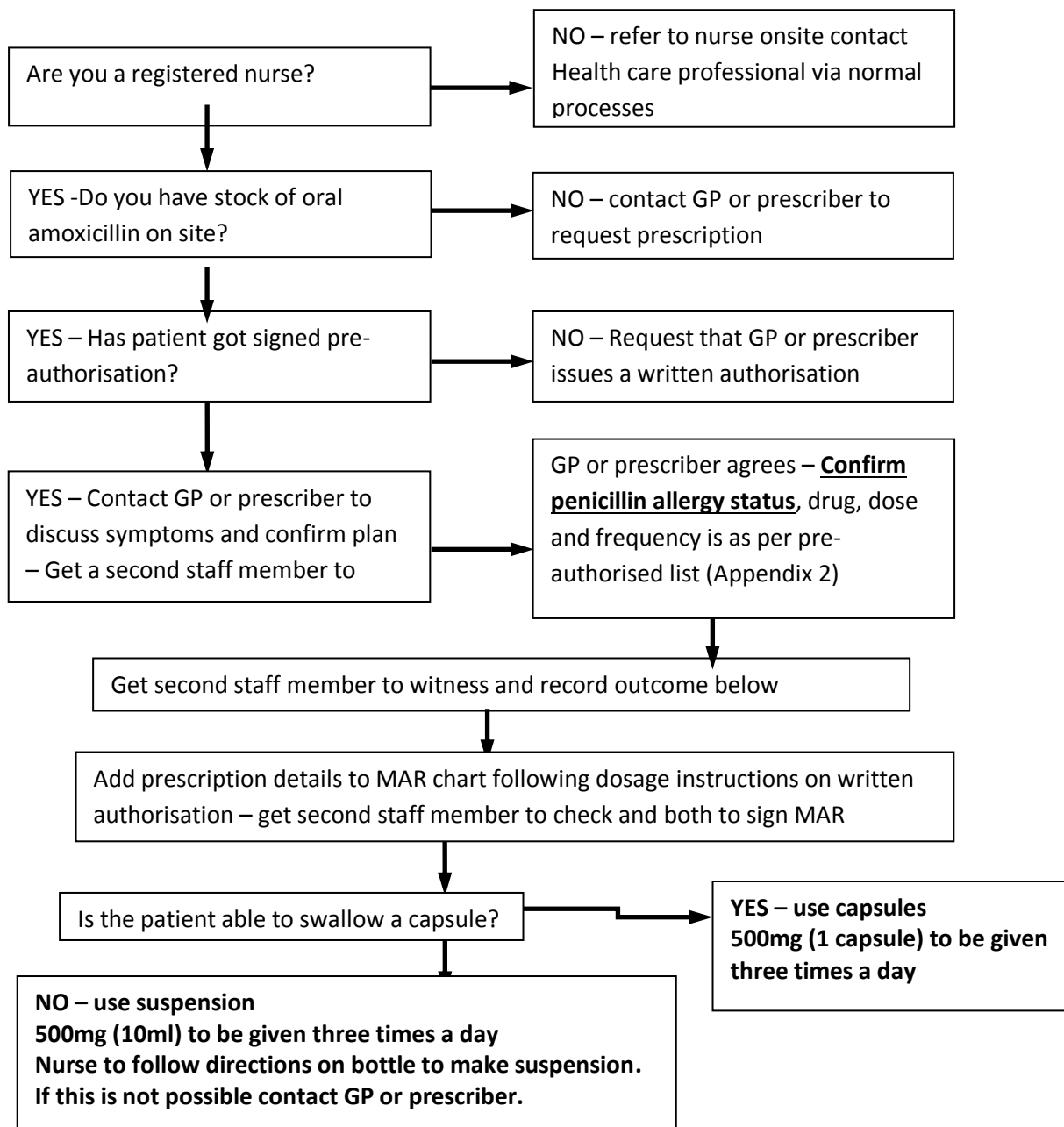


GP or prescriber must provide a prescription to continue therapy beyond 48 hours

NAME OF GP/PRESCRIBER CONTACTED:	AUTHORISED ADMINISTRATION: YES/NO	DOSE AS PER WRITTEN PROTOCOL: YES / NO
NAME OF NURSE:	NAME OF STAFF 2 ND CHECK:	DATE:

Appendix 7 - Protocol for PURULENT SPUTUM (i.e. yellow/green/brown spit) for First 48 Hours Only

AMOXICILLIN CAPSULES/SUSPENSION – 500mg THREE TIMES DAILY



GP or prescriber must provide a prescription to continue therapy beyond 48 hours

NAME OF GP/PRESCRIBER CONTACTED:	AUTHORISED ADMINISTRATION: YES / NO	DOSE AS PER WRITTEN PROTOCOL: YES / NO
NAME OF NURSE:	NAME OF STAFF 2 ND CHECK:	DATE: