

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 developed a strategy for palliative care drug provision in care homes.

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

This policy has been accepted for use in partnership care homes in NHSGGC.
Private sector care home should ensure approval via normal governance structure

LEVEL 1 and LEVEL 2 (see Appendices 1 and 2)

Supply of Homely Remedies and POMs: Stock order to be arranged by GP practice - written by practice and sent to community pharmacy for supply to care home. Each care home will receive a small stock of medicines likely to be required in their particular setting.

Type of Stock: Packs without individual patient labels

Stock control processes:

- Care home must keep this stock locked away/separate from individual patients medication
- Must be clearly labelled (homely remedies palliative care) - keep Level 1 and Level 2 medicines separate
- Residential homes will not receive Level 2 medicines unless they have regular ANP) input
- Keep a record of stock used with running balance (see sample stock book for use – **appendix 3**)
- Do stock checks on regular basis and contact the GP practice responsible for doing your stock order when further supplies required

Mechanism for prescribing:

- No prescription needed, send a list of current residents to relevant GP practice
- Prescriber to pre-authorise supply for each resident where appropriate – 2 Forms (**See Appendices 1 and 2**)
- Forms sent to care home, signed by care home manager and filed with patients MAR) chart

COVID-19 – NHSGGC PALLIATIVE CARE MEDICINES FOR CARE HOMES POLICY 2020

Authorisation of LEVEL 2

- Registered nurse must obtain authorisation from a prescriber in the patient’s own practice or other suitable prescriber, such as the care home ANP, at the time the medicine is required
- Only to be used when following treatment protocols and for maximum of 48 hours (**Appendices 4-8**)
- You should not deviate from these protocols unless an individual prescription is generated/supplied for the patient

LEVEL 3 – Controlled Drugs

Supply of Medicines: Usual care (prescription via GP practice)

Type of Stock: Usual care (packs with patient label generated by community pharmacy)

Mechanism for prescribing: Standard physical prescription written by GP or independent prescriber

Location of Stock: Usual process from regular community pharmacy with care home contract. In the event of short supply issues additional stock is available via the [Palliative Care Pharmacy Network](#)

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

- Asking the practices to write ‘Just In Case’ Prescriptions for all appropriate residents to be stored securely in care home
- Pre-signed authorisation added onto Kardex or MAR chart
- **Prescriptions should not be 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

Practical points for administration and stock control

Who can administer Level 1 and Level 2 medicines?

- Only a qualified nurse or senior carer, who will use their professional and clinical judgement, will be authorised to administer Level 1 Homely Remedies.
- The qualified nurse or senior carer will assess the service user and decide whether the use of a Homely Remedy is appropriate.
- Only a qualified nurse will be authorised to initiate Level 2 POMs after authorisation from a prescriber in the patient’s practice or other suitable prescriber such as care home ANP.
- The qualified nurse/senior carer will record the administration of level 1 and Level 2 medicines in the service users’ care plan and on the MAR chart.
- Level 1 and Level 2 medicines should only be given for up to 48 hours, thereafter contact a prescriber
- 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 version of this 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/>

Please ensure all staff who are deemed competent by the care home manager to use this policy please read this protocol and sign below:

NAME	SIGNATURE	DATE	NAME	SIGNATURE	DATE

Appendix 1 – HOMEY 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 3 – Stock Record

EXAMPLE STOCK RECORD

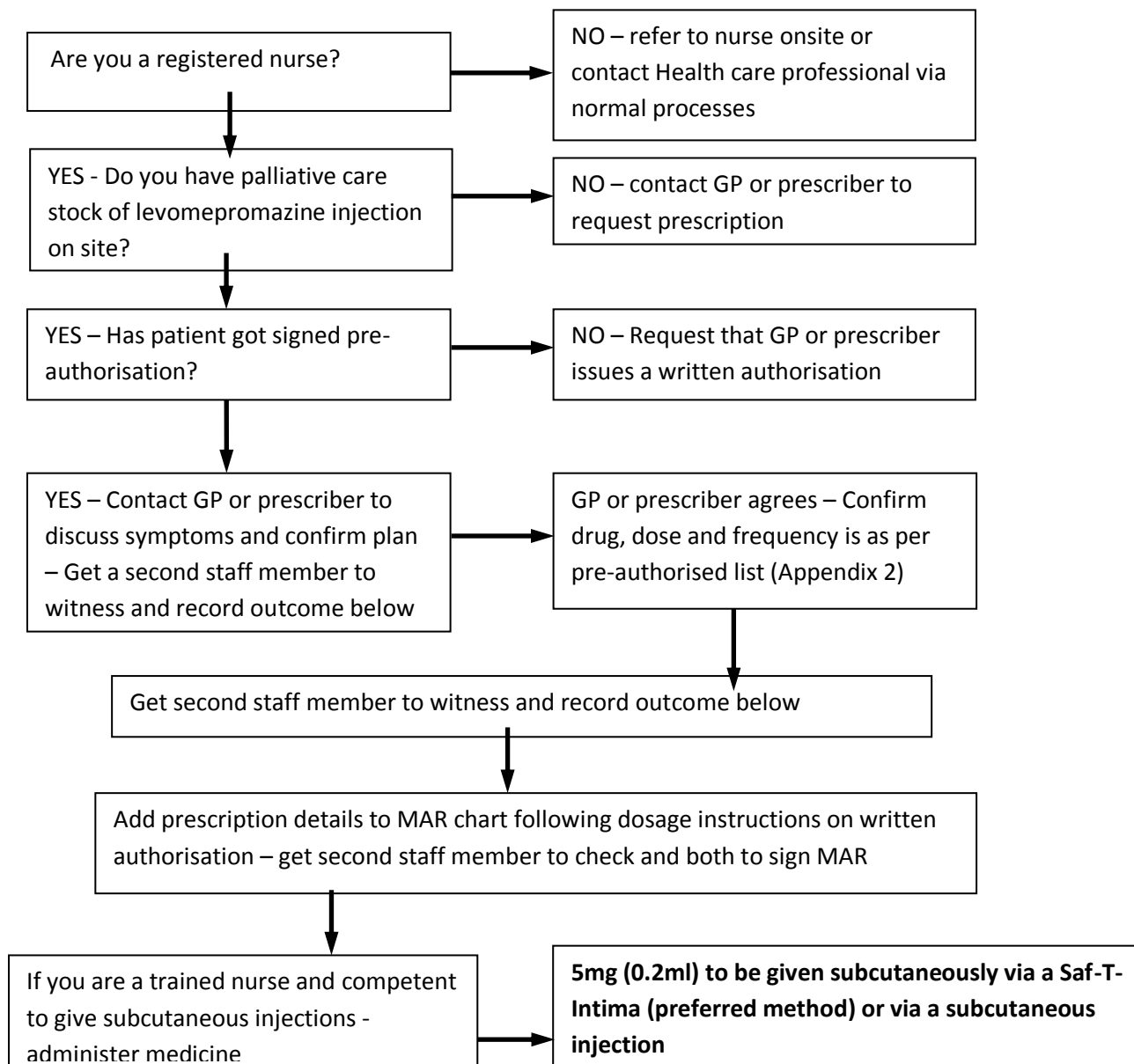
MEDICINE DETAILS – NAME, STRENGTH AND FORM: PARACETAMOL 500mg TABLETS	DATE RECEIVED: 21/03/2020
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Date	Time	Name	Reason given	Quantity given	Nurse/carer sign.	Balance
01/05/11	9.30am	NEW SUPPLY – box of 100	n/a	n/a	J Smith	100
12/05/11	11am	Jack Cadbury	Headache	2	J Smith	98
24/05/11	8.30pm	Ken Tetley	Toothache	2	J Smith	96
01/06/11	8am	WEEKLY STOCK CHECK	n/a	n/a	J Smith	96

Appendix 4 - Protocol for AGITATION / DELIRIUM (1st Line Option) for

First 48 Hours Only *

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



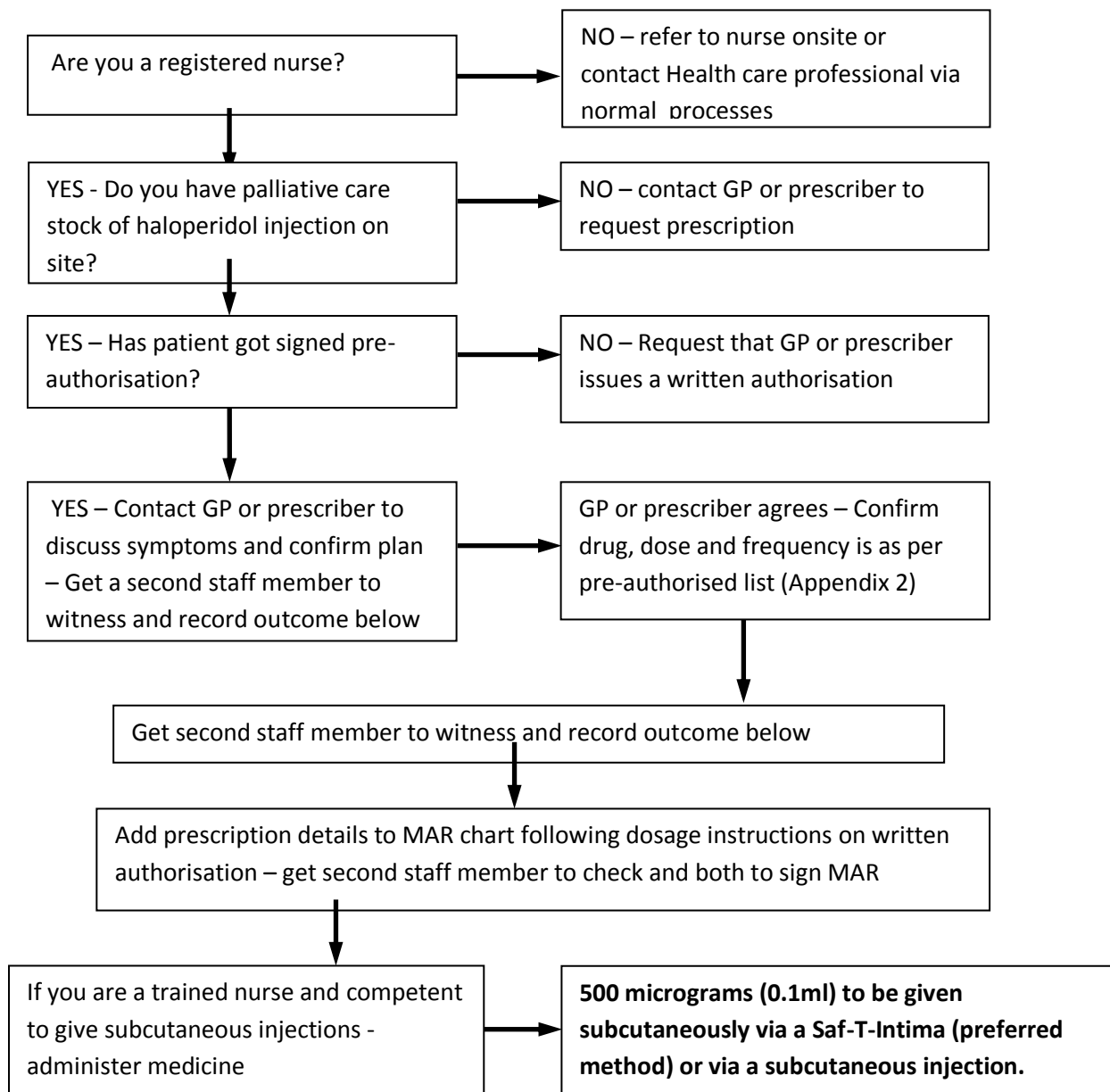
NAME OF GP/PRESCRIBER CONTACTED:	AUTHORISED ADMINISTRATION: YES / NO	DOSE AS PER WRITTEN PROTOCOL: YES / NO
NAME OF NURSE:	NAME OF STAFF 2 ND CHECK:	DATE:

* Exclude patients with LEVOMEPRMAZINE already prescribed through a normal prescription

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

Appendix 5 - Protocol for AGITATION / DELIRIUM (2nd Line Option) for First 48 Hours Only *

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



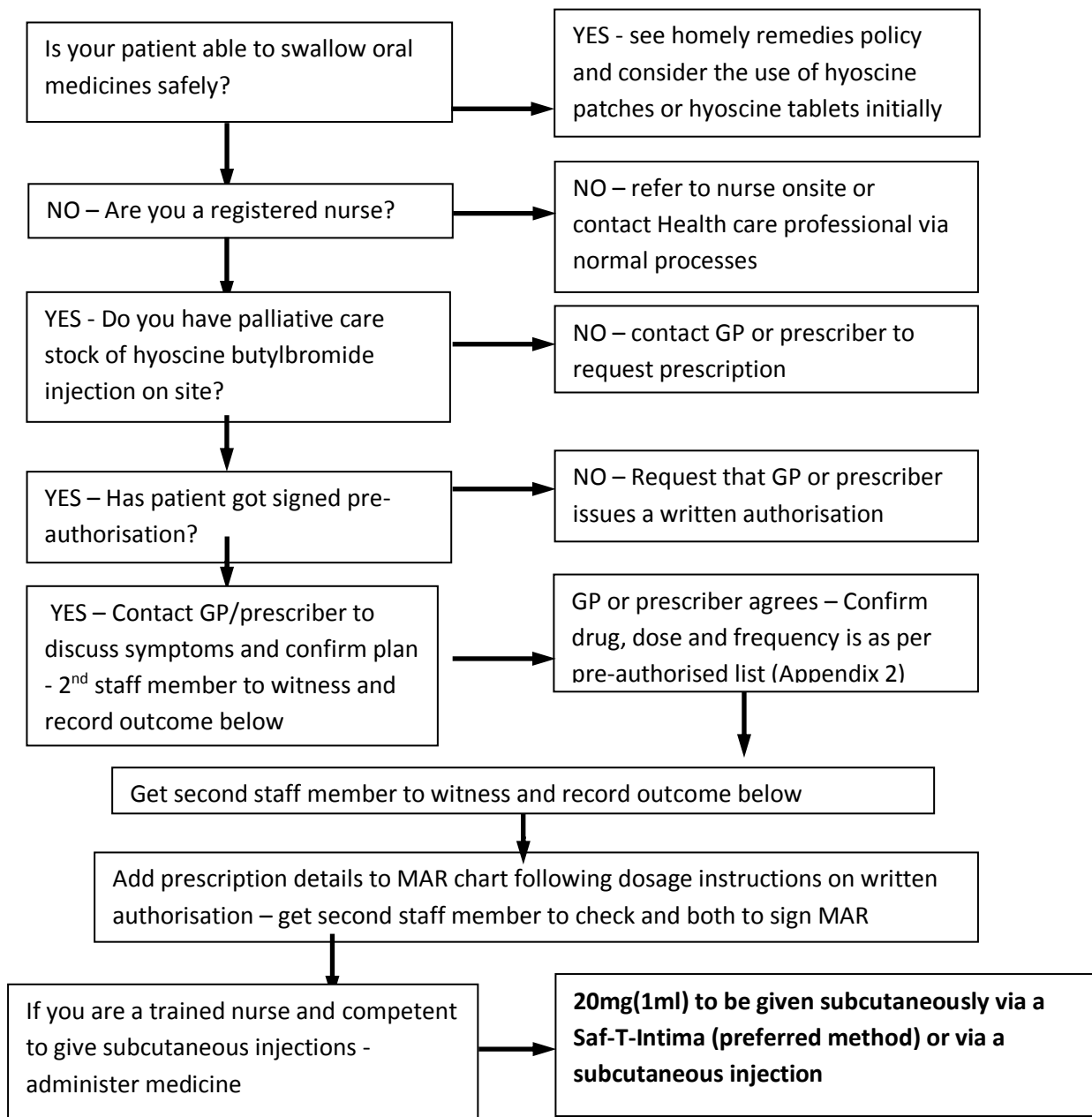
NAME OF GP/PRESCRIBER CONTACTED:	AUTHORISED ADMINISTRATION: YES / NO	DOSE AS PER WRITTEN PROTOCOL: YES / NO
NAME OF NURSE:	NAME OF STAFF 2 ND CHECK:	DATE:

*exclude patients with HALOPERIDOL already prescribed through a normal prescription

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

Appendix 6 - Protocol for RESPIRATORY SECRETIONS for First 48 Hours Only*#

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



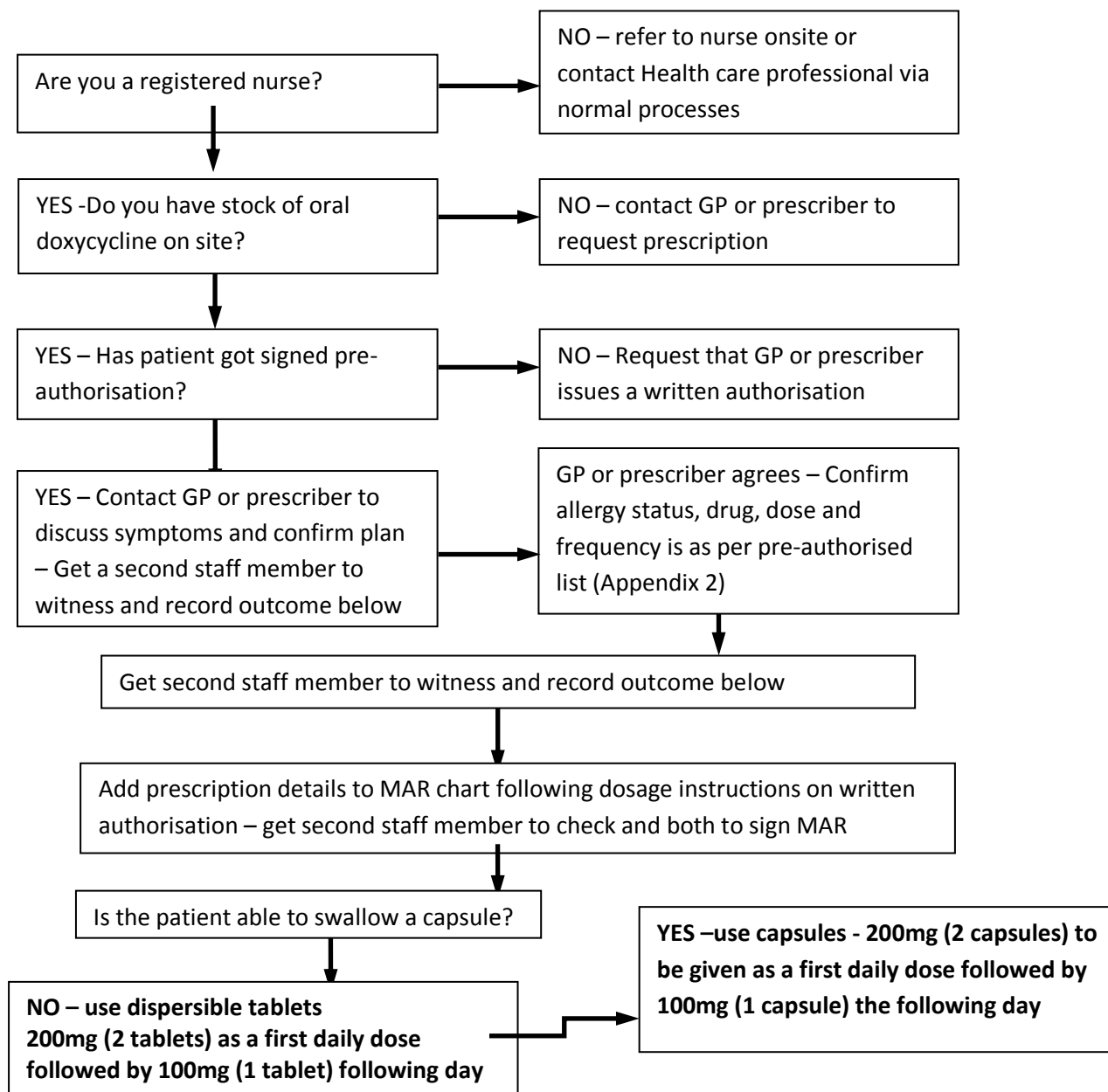
NAME OF GP/PREScriBER CONTACTED:	AUTHORISED ADMINISTRATION: YES / NO	DOSE AS PER WRITTEN PROTOCOL: YES / NO
NAME OF NURSE:	NAME OF STAFF 2 ND CHECK:	DATE:

* 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 7 - 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

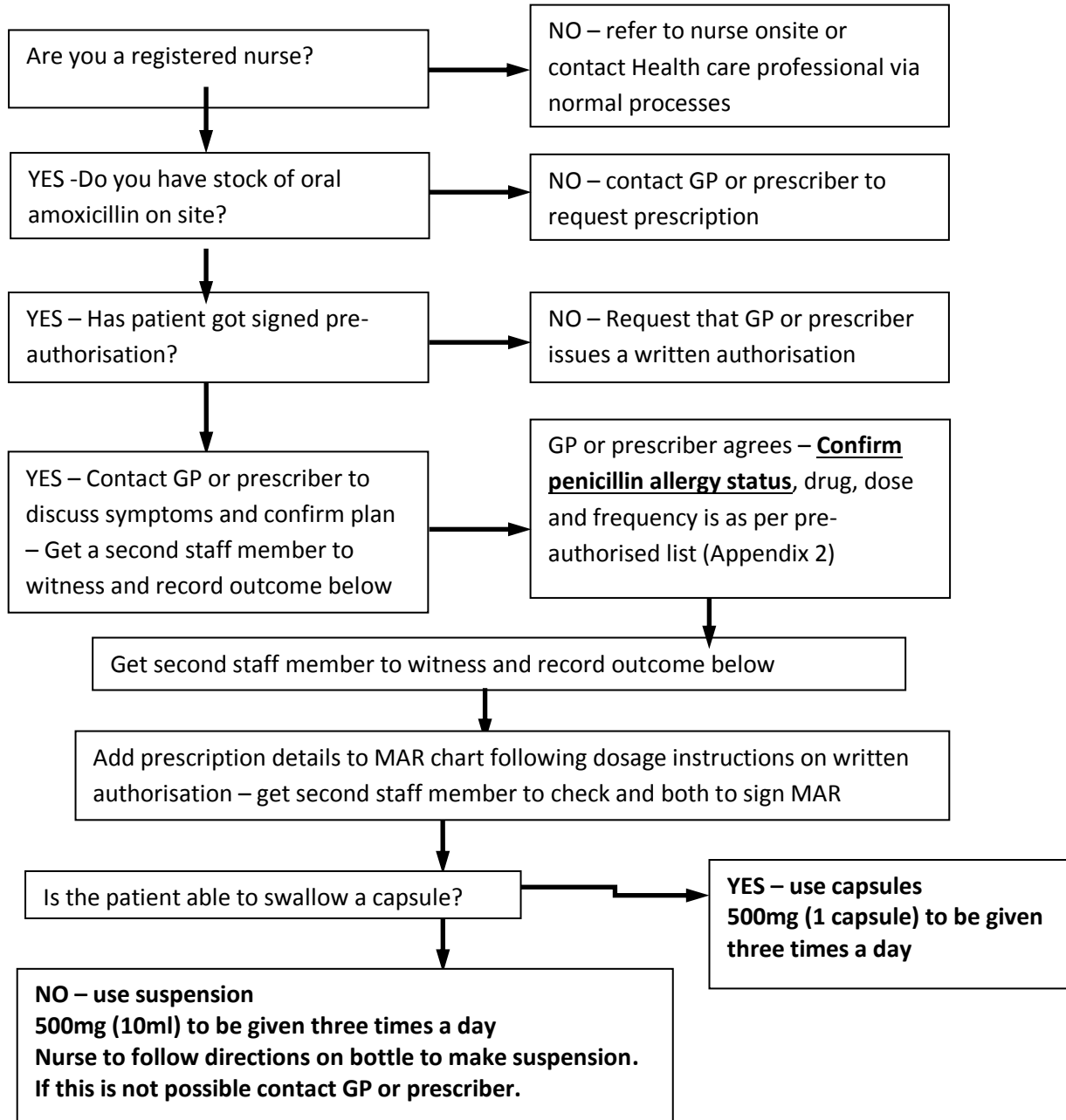


NAME OF GP/PRESCRIBER CONTACTED:	AUTHORISED ADMINISTRATION: YES/NO	DOSE AS PER WRITTEN PROTOCOL: YES / NO
NAME OF NURSE:	NAME OF STAFF 2 ND CHECK:	DATE:

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

Appendix 8 - 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: