Policy for Anticipatory Prescribing and ‘Just in Case’ Bags

This policy was developed by Milton Keynes End of Life Care Medicine Group and has been adopted by all partner organisations (MK Clinical Commissioning Group, MK Hospital Foundation Trust, Central North West London NHS Foundation Trust and Willen Hospice).
<table>
<thead>
<tr>
<th>Title of document</th>
<th>Policy for Anticipatory Prescribing and ‘Just in Case’ Bags</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of document</td>
<td>Policy</td>
</tr>
<tr>
<td>Description</td>
<td>The purpose of this procedure is to ensure timely access to medications to control symptoms, by anticipating need, and providing ‘just in case’ medication in the patient's home in order to avoid the distress any delay may cause.</td>
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<tr>
<td>Target audience</td>
<td>All staff providing end of life care</td>
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<tr>
<td>Author</td>
<td>Lisa Barnes and End of Life Care Medicines Group</td>
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<tr>
<td>Directorate</td>
<td>Commissioning</td>
</tr>
<tr>
<td>Approved by</td>
<td>CCG Prescribing Group</td>
</tr>
<tr>
<td>Date of approval</td>
<td>June 2013</td>
</tr>
<tr>
<td>Version Number</td>
<td>3</td>
</tr>
<tr>
<td>Next review date</td>
<td>March 2018</td>
</tr>
<tr>
<td>Related documents</td>
<td>Symptom Management Guidelines for End of Life Care</td>
</tr>
<tr>
<td></td>
<td>Use of Syringe Drivers Policy and Procedure</td>
</tr>
<tr>
<td>Superseded documents</td>
<td>Version 2</td>
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<tr>
<td>Internal distribution</td>
<td>Milton Keynes Healthcare professionals including</td>
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<td>GPs</td>
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<td>Community Pharmacies</td>
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<td>District nurses</td>
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<td></td>
<td>Care Homes</td>
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<td></td>
<td>Willen Hospice</td>
</tr>
<tr>
<td>External distribution</td>
<td>Web site</td>
</tr>
<tr>
<td>Contact details (of main contact for this document)</td>
<td>End of Life Care Commissioner</td>
</tr>
<tr>
<td></td>
<td>Sherwood Place, Sherwood Drive, Bletchley, Milton Keynes, MK3 6RT</td>
</tr>
<tr>
<td></td>
<td>Tel: 01908 278806</td>
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<td>Page number</td>
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For review March 2018
Introduction

Effective management of pain and other symptoms is an essential element of Palliative Care. The majority of patients at the end of life express a wish to die at home, but this becomes difficult if their palliative care needs cannot be achieved in a timely fashion. Rapid access to appropriate medication to control distressing symptoms is a key factor in enabling many patients to die at home.

Purpose and Scope

The purpose of this policy and the supporting guidelines are to improve the care for people with palliative care needs, at the end of their life, enabling them to be cared for and die in the place of their choice. Improved anticipatory intervention will ensure patients receive timely symptom management. This has the potential to enhance patient care and aid the prevention of unnecessary crises and unscheduled hospital admissions.

The safe and effective provision of anticipatory care at the end of life in the community setting may be enabled by the provision of a Just in Case bag in the patient’s home.

This document applies to all practitioners within Milton Keynes delivering end of life care including:

- GPs
- Registered Nurses
- Palliative Care Community Specialist Nurses
- Community Pharmacists
- Care Homes

Principles

‘Just in case’ medications are intended to deal with a sudden deterioration. They are intended to ensure that:

- Common symptoms in the dying phase are anticipated;
- Appropriate medications are prescribed for the patient and stored in the patients home;
- Data relating to usage, costs and wastage will be collected and audited
- Just in case medicines will be prescribed for a named patient only taking into account any other medication currently prescribed.
- The patient’s GP will always be informed of any decision to prescribe ‘just in case medication’ to ensure that this is appropriate.

Statement of Policy

The aims of this policy are to:
Promote procedural uniformity and assist practitioners who are involved in setting up a ‘Just in Case’ bag within Milton Keynes.

Promote procedural uniformity and assist practitioners who are administering medication from a ‘Just in Case’ bag within Milton Keynes

Support safe and accountable practice when providing symptom relief for those patients who require prescribed medication administered from a Just in Case bag.

Clarity roles and responsibilities

Responsibilities and Organisational Arrangements

All practitioners using a Just in Case bag must maintain clear, legible and accurate records for medicine administration.

It is the responsibility of all healthcare professionals involved with the patient’s care to follow this procedure for prescribing, distributing and administering ‘just in case’ medications.

Care should be taken to avoid the medicines going out of date.

The community nursing team is responsible for checking the expiry date of the medicines held within the ‘just in case’ bag weekly to ensure they are not out of date, and recording the results of this check within the patient’s notes.

If any medicine is out of date the nurse should:

- Request a review of the need for ‘just in case’ medications by the GP
- Ensure any new medications required are prescribed on an FP 10 and collected.
- Ask the family or carers to return any out of date medication to the pharmacy for destruction.

Reporting Suspected Incidents

Any errors or incidents in relation to the use of a Just in Case bag must be recorded and reported as per local policy.

Guidelines for setting up a ‘Just in Case’ bag for a patient in the community

These guidelines were developed by the Milton Keynes End of Life Care Medicines Group, based on the Gold Standards Framework and review of similar schemes elsewhere in the country.
<table>
<thead>
<tr>
<th>Step</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care professional identifies patient as approaching the end of life, and anticipates the need for a “Just in Case” (JiC) Bag.</td>
<td></td>
</tr>
<tr>
<td>Health care professional discusses need for JiC bag with patient and carer. If all parties are in agreement, GP completes instruction for PRN doses, and an FP10.</td>
<td></td>
</tr>
<tr>
<td>Patient’s carer takes FP10 to pharmacy – JiC bag dispensed with information leaflet – Patients carers takes drugs to patients home.</td>
<td></td>
</tr>
<tr>
<td>Community nurse visits patient's home with Symptom Control Guidelines, Stock record forms, syringes, needles and sharps box.</td>
<td></td>
</tr>
<tr>
<td>Special Patient Note emailed to Urgent Care Service informing them a JiC bag is in the patient’s home. Nurse ensures patient and carer know how to store drugs and answers any queries.</td>
<td></td>
</tr>
<tr>
<td>Nurse completes Stock Record form. The drugs should be counted and have expiry dates checked on a weekly basis – this should be recorded in the patient notes.</td>
<td></td>
</tr>
<tr>
<td>When medicines are used: Nurse completes Care Plan for PRN medications, Stock record sheet and calculates and records new stock balance.</td>
<td></td>
</tr>
<tr>
<td>Nurses keeps GP informed of any changes so that symptoms are well controlled.</td>
<td></td>
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<tr>
<td>When episode of care finishes: Carer returns any unused drugs to pharmacy to be destroyed.</td>
<td></td>
</tr>
<tr>
<td>Audit form emailed to EoLC Commissioner, <a href="mailto:Tracey.doherty2@nhs.net">Tracey.doherty2@nhs.net</a></td>
<td></td>
</tr>
</tbody>
</table>
Patient selection

The Health care professional identifies potential patients ahead of need.
Any patient with a life limiting illness should be considered for having ‘just in case’ medication in the home. Possible exceptions are:

- Patients where there is a history or suspicion of drug misuse among carers or visitors to the house
- Patients and carers who do not want to participate in the process

If patient exclusion from the scheme is considered appropriate, alternative arrangements should be discussed, agreed and implemented.

Practitioners should aim to have a Just in Case bag placed within a patient’s home a few days/weeks prior to anticipate death.

Informing patients and carers of the scheme

1. Provide the patient and their carer(s) with a copy of the Patient Information Sheet which describes the scheme and their responsibilities.
2. The Health care professional explains the purpose of the Just In Case bag to the patient and their carer(s), and reinforce that all items contained within the bag re for professional use only.
3. The GP or registered nurse should inform the patient and carer(s) that they may opt in or out of the scheme at any time, and ensure they are aware of the risks associated with opting out of the scheme.
4. Let the patient have further time to discuss the scheme with their carer(s) before initiating the supply of the required medication

Action to be taken if a patient declines inclusion in the scheme

If a patient chooses not to take part in the scheme they should be made aware of the risks associated with opting out. Alternative arrangements should be discussed, agreed and implemented with the multi-disciplinary team, the patient and their carers. This may include discussions about alternative places of death such as hospice or hospital rather than home.

Reassessment of a patient's suitability for inclusion in the scheme

A patient’s anticipatory care needs may change during the course of their illness. An identified GP or District Nurse must be responsible for ensuring a patient’s suitability for inclusion in the scheme is reviewed at least weekly and/or after any known change in circumstances.

Prescriptions

Health care professionals should identify relevant patients ahead of need.
If ‘just in case’ medication is recommended then it should be discussed with the patient and recorded in the patients’ community nursing notes.
Patient's GP or non-medical prescriber will prospectively prescribe appropriate ‘as required’ (PRN) medications to meet the needs of the individual patients based on the symptom control guidelines on an FP10 with appropriate instructions for use, taking into account all other medications currently taken by the patient.

**Suggested medication**

- Morphine 10mg x 5 ampoules
- Haloperidol 5mg x 5 ampoules
- Midazolam 10mg x 10 ampoules
- Glycopyrronium bromide 200mcg x 10 ampoules
- Water for injection 10ml x 10 ampoules

This list is not exhaustive and patients may have different medication needs depending on their condition and current medication regime. Further advice can be gained from the Specialist Palliative Care Team regarding patients with an existing diagnosis of dementia, Parkinson’s disease and renal disease for example.

The GP or non-medical prescriber delegate’s authority to the community nursing team to administer PRN (as required) doses of these drugs if the symptoms arise. The drugs to be administered are listed on the medication chart.

The prescription (FP10) for these drugs will be given to the patient, family, carer (or if necessary, the coordinating nurse) who will then take it to the pharmacy and collect the dispensed medications.

**Establishing the just in case medication in the home.**

The community nurse visits to discuss the use of the ‘just in case’ medication and takes:

1. Copies of the local symptom control guidelines
2. Completed copy of the medication chart
3. Stock record of controlled drugs chart to be completed in the home.
4. Syringes, needles, dressings and sharps box.

The community nurse should

- Complete the stock record of controlled drugs and place it in the patient’s notes.
- Place the completed copy of the medication chart in the patient’s notes.
- Ensure the patient and carers are aware of the safe storage requirements for the medications.
- Give instructions to the patient’s carer on returning any drugs no longer needed to the pharmacy.

**Informing others**

The community nurse is responsible for:

- Informing others that the ‘just in case’ medication is in the home
- Recording in the community nursing notes (patient held notes) to inform other visiting nurses and doctors that the ‘just in case’ medication is in the home

*Policy for Anticipatory Prescribing and ‘Just in Case’ Bags. Developed by the End of Life Care Medicine Group May 2013. For review March 2018*
• Informing the Out of Hours service via a Special Patient Note (Email only) that the ‘just in case’ medication is in the home

**When medications are used**

The decision by the nurse to initiate use of the ‘just in case’ drugs should be made with reference to the symptom control guidelines and / or communication with the GP or Out of Hours service.

The nurse /GP must record when items are used on the medication chart in the patient’s notes. If controlled drugs are used then the remaining balance must be documented in the medication record.

The GP should be informed by the nurse of the use of the palliative care medicines. The patient’s condition should be re-assessed as soon as feasible to see if a change in dosage or drug is required or regular medication via a syringe driver is needed.

Any new medication required should be prescribed on FP10 and recorded on the stock record of controlled drugs.

**Regular reassessment of the individualised treatment for a specific patient**

A patient’s anticipatory care needs may change during the course of their illness. An identified GP or District Nurse must be responsible for ensuring a patient’s individualised treatment plan is reviewed **at least weekly** and/or after any known change in circumstances. This will assist in ensuring the medication available in the Just in Case bag and the supporting documentation are appropriate for the needs of the patient.

**Checking the quantity of medications supplied**

• The Community Nursing Team should check the ‘just in case’ medication at each visit (or at least once a week) to ensure that nothing has been removed without a record being made in the patient’s notes.
• If any drugs cannot be accounted for, after appropriate enquiries, the nurse must inform their line manager, who must inform the Trust’s Accountable Officer
• A full incident report must be completed which must include details of the drug and any staff who have worked with the patient since the last verified check.
• If the discrepancy is still not resolved or if the discrepancy is such that there is an immediate cause for concern, the police should be contacted.

**Process following the patient’s death**

The Community nurse or GP should record the death in the patient’s notes.
The patient’s family must return any unused medications to the pharmacy for destruction.
The audit form must be returned to the EoLC Lead at MKCCG

**Monitoring framework**

The effectiveness of this scheme will be measured across a number of domains, including:
A reduction in the number of complaints / adverse incidents relating to difficulties in accessing palliative care drugs
An increase in the number of patients dying in their usual residence
The reduction in emergency or out of hours reviews by GPs
The reduction of admissions to hospital for symptom control
The reduction of ambulance call outs

Audit

A Just in Case Bag Audit Form should be completed for each patient receiving care under the scheme. Completed forms should be returned to the EoLC Lead at MKCCG

References

Palliative Care Formulary 4. 2012
Department of Health. End of Life Strategy 2008
NMC: Standards for medicines management. 2008
**END OF LIFE CARE MEDICINE/“JUST IN CASE” BAG AUDIT FORM**

Please ensure that this form is fully completed by the Hospice at Home team or community nursing team and faxed to the EoLC Commissioner at MKCCG 01908 278806

| Patients |
|------------------|---------|
| name | D.O.B. |
| Prescribing GPs name and surgery |  |

Primary diagnosis | Date of death |

Date JiC bag dispatched to patients home |

Was the Just in Case bag used? Yes/No |

Please record which drugs were used below:

<table>
<thead>
<tr>
<th>Drug (Haloperidol, Morphine, Midazolam, Glycopyrronium)</th>
<th>Frequency of use</th>
<th>Symptom drug used for</th>
<th>Was symptom controlled?</th>
<th>Other comments</th>
</tr>
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</table>

Was the patient commenced on a syringe driver? Yes/No

PATIENTS PREFERRED PLACE OF DEATH (PPoD)

PATIENTS ACTUAL PLACE OF DEATH

Did having the JiC bag in place help provide timely symptom control?

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Policy for Anticipatory Prescribing and ‘Just in Case’ Bags. Developed by the End of Life Care Medicine Group May 2013. For review March 2018
# END OF LIFE CARE MEDICINE/“JUST IN CASE” BAG AUDIT FORM cont.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Area</th>
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<tbody>
<tr>
<td>Did having the JiC bag in place help to reassure the relatives/carers?</td>
<td></td>
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<tr>
<td>Did having the JiC bag in place mean that there was less/no need for emergency admissions, MKUCS callouts?</td>
<td></td>
</tr>
<tr>
<td>Did having the JiC bag in place contribute to the patient dying in their place of choice?</td>
<td></td>
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<tr>
<td>Did you require further drugs to be prescribed other than the contents of the JiC bag?</td>
<td></td>
</tr>
<tr>
<td>Any other comments</td>
<td></td>
</tr>
</tbody>
</table>

Name and role of person completing form: __________________________________________________________

Date completed: ____________________________________________________________________________

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For review March 2018
‘Just in Case Medication’ - Information for Patients and Carers

What is a Just in Case Medication?

Just in Case Medication is a small supply of medication that is kept in your home just in case it is needed one day. The boxes of medication are kept together in a normal pharmacy bag, which we call the Just in Case Bag (or JiC Bag). This medication is only to be given by registered nurses and doctors.

Sometimes it can be difficult to get these medicines in a hurry, especially at night or at weekends, so it is very helpful to have them ready – just in case. This medication is provided to ensure that, should you need symptom relief but have difficulty swallowing at any time during the next few weeks, your nursing team/GP will be able to treat you quickly and effectively. Most patients find this reassuring.

Some people don’t ever need this medication. Your JiC bag will have been prescribed by your GP. The nursing team will also make sure that the medicines are accounted for and used appropriately. You may see them counting the medication, and recording details on special forms.

In your Just in Case bag, there are some small boxes containing ampoules (glass bottles) of several different medicines, and some information for the nurses and doctors. The medicines in the bag may vary from patient to patient; and you may not need any of them.

The medicines in your JiC bag can help with pain, sickness, restlessness and shortness of breath.

How do I look after my JiC Bag?

The medicines in your bag have been prescribed for you, and you should not give them to anyone else.

They don’t need to be kept in the fridge, but should be kept in a cool place which is safe, and out of the reach of children and pets, and also out of the reach of anyone who may be tempted to abuse these medicines.

Please ensure that your community nursing team and carers know where you have decided to store the bag.

When the medicines are no longer required, they must be returned to the pharmacy that provided your Just in Case bag wherever possible. If that pharmacy is not known, they can be returned to any pharmacy. If you have any problems with this, speak to your nursing team. The medicines must be returned to a pharmacy as soon as possible.

Any questions?

If you have any questions about the contents of this leaflet, a member of your nursing team, or your GP will be happy to answer your questions.

Policy for Anticipatory Prescribing and ‘Just in Case’ Bags. Developed by the End of Life Care Medicine Group May 2013. For review March 2018
Prescribing for symptom control in end of life care

**Just in Case Bags**

This is the list of anticipatory medicines that should be prescribed for symptom control at the end of life.

If the patient is already taking opiates, please omit the morphine as pre-printed and prescribe analgesia according to the Symptom Control Guidelines.

Please advise the patient’s representative which pharmacy should have all these medicines in stock so that they do not have difficulty getting the prescription dispensed.

For further advice about symptom control, or if a patient has renal disease, Parkinson’s Disease or dementia, please contact the Specialist Palliative Care Team

<table>
<thead>
<tr>
<th>DRUG</th>
<th>INSTRUCTIONS</th>
<th>QUANTITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Midazolam</strong> Injection 10mg in 2ml</td>
<td>2.5 – 5mg (0.5 – 1ml) to be given by subcutaneous injection when required for agitation/ restlessness up to one hourly</td>
<td>10 (TEN) x 10mg ampoules</td>
</tr>
<tr>
<td><strong>Haloperidol</strong> Injection 5mg in 1ml</td>
<td>1mg (0.2ml) to be given by subcutaneous injection when required for nausea up to 2 hourly</td>
<td>5 (FIVE) x 5mg ampoules</td>
</tr>
<tr>
<td><strong>Glycopyrronium Bromide</strong> Injection 200mcg in 1 ml</td>
<td>200mcg (1ml) to be given by subcutaneous injection when required for respiratory secretions up to 4 hourly</td>
<td>10 (TEN) x 200mcg (1ml) ampoules</td>
</tr>
<tr>
<td><strong>Morphine sulphate</strong> Injection 10mg in 1ml*</td>
<td>2.5 – 5mg (0.25 – 0.5ml) to be given by subcutaneous injection when required for pain or breathlessness up to 1 hourly</td>
<td>5 (FIVE) x 10mg ampoules</td>
</tr>
<tr>
<td><strong>Water for Injection</strong></td>
<td>Use as diluent</td>
<td>10 (TEN) x 10ml ampoules</td>
</tr>
</tbody>
</table>

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