Anticipatory Prescribing/ ‘Just in Case’ medication in End of Life Care

It is 10.30am on a Monday morning and the surgery is very busy – the District Nurse calls in from a patient’s home. She has been called to see Muriel urgently, a lady on the Palliative Care register with advanced lung cancer with a live-in carer who is in severe pain and unable to swallow her tablets. The nurse feels unable to leave her and asks for an urgent home visit for medication to be given as soon as possible. Muriel would like to stay at home and is reluctant to go to hospital.

The more we anticipate the problems our patients may have when we are not available and plan ways to cope with these and communicate our plans, the better the care that can be delivered to them.

It was a busy night for the Out of Hours Service. A call came in from a paramedic. She was with a patient with terminal cancer. He had been getting increasingly distressed through the evening and the live-in carer called 999 concerned about what to do. The doctor could see from the Care Summary that the patient was on the Practice Palliative Care register and that an Anticipatory Prescribing (Just in Case) bag had been issued 2 weeks earlier.

The doctor discussed this with the paramedic and it was decided to administer 2.5mg midazolam s/c from the bag. The carer was asked to call again if the patient became restless again. The patient settled and the doctor reviewed the patient the following morning.
Proactive prescribing is one of the ways we can plan care for our patients at the end of their lives. Many patients experience new or deteriorating symptoms in the ‘out of hours’ periods. Rapid access to appropriate medication means that symptoms can be alleviated promptly.

Joan had recently been diagnosed with lung cancer. She had just completed radiotherapy. She had been vomiting for 24 hours. This had not settled with Buccastem. After assessment the Out of Hours doctor was able to administer metoclopramide from the Bag immediately. Although the symptoms settled they returned after 6 hours. The overnight nursing team were able to go out and give a further dose of metoclopramide with good effect. The following day the GP was asked to assess Joan with regard to appropriate on-going medication.

- Who should have a JIC bag?
  Don’t wait until a patient is in the terminal phase of their illness. By then you have often placed medication for syringe pumps etc. in the home. Consider issuing a ‘bag’ when a patient’s condition is starting to deteriorate – an ‘Amber’ GSF [Gold Standards Framework] patient whose condition is starting to ‘wobble’.
• How do I access a bag?
There should be a supply at every practice arriving very soon— we will have
sent 5 initially via the Practice Manager – More Bags will be available from
the CCG – replacement information will be enclosed with the first delivery.
For more please contact: apbag@oxfordshireccg.nhs.uk

• How do I know what to do with the bag?
All the instructions including the Standard Operating Procedure have been
sent with the initial supply and should be kept with the bags. Perhaps you
want to copy them and pin them up in your reception office and
community nursing office. Keep a template of the recommended drugs for
the bag in your prescription printing room. This template is only ‘suggested’
drugs and there may be occasions when you want to change them e.g. for a
patient in renal failure, if they are already on high doses of opiates or they
have known drug allergies.

• How does the bag get to the patient?
Once you have explained what the JIC bag is for, ask a family member or
friend to collect the prescription with the bag from the chemist. They will
need identification with them.

• What happens if the chemist has not got the drugs in stock?
All pharmacists have received information about the bags. Ideally proactive
prescribing is planned and not an ‘emergency’ prescription. Most drugs can
be accessed within 24 hours. There is a list of Nominated Pharmacists who
guarantee to hold stock for Palliative Care (list included in the Bag)

• Who should know I have issued a JIC bag?
Make sure the relevant section on the Care Summary about Anticipatory
Prescribing is completed. If you have amended any of the bag contents
make sure you add this as a free text note. Informing the District Nursing team for your practice is recommended so they are aware of the drugs being present and may be able to visit to review the patient and complete the Stock Record.

- **How often should medication be reviewed?**
  Medication should be reviewed as a patient’s condition changes or if medication has been used. Think about doing this at your Palliative Care meetings.

- **What should happen to unused bags?**
  If drugs have not been used please ask a family member or carer to return the bag to the issuing pharmacy for disposal as with any drug in the home.

For any queries about ‘Just in case’ bags or other End of Life issues including the End of Life register please email apbag@oxfordshireccg.nhs.uk

Thank you very much

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