

 Palliative Care  
Network

**Analysis  
of  
“Just in Case” Anticipatory Prescribing Pilot**

**Final Report**

**June 2008**

**J Carney, Palliative Care Network**

Participants: Alison MacRobbie  
Palliative Care Network  
NHS Highland  
Highland Hospice  
Macmillan Clinical Nurse Specialists:  
Lis Phillips (Isle of Skye) &  
Wilma Halley (Inverness-shire)

## JUST IN CASE ANTICIPATORY PRESCRIBING PILOT – AUDIT RESULTS

Report based on 20 returned forms

Forms Returned = 20 (*% based on this unless otherwise stated*)

### Background

Patients with a terminal illness often experience new or worsening symptoms. To avoid the distress caused by delayed access to medicines, especially out of hours, a “*just in case*” anticipatory prescribing pilot was undertaken by the Palliative Care Network and NHS Highland, so medication can be provided in advance where a need for medication is anticipated, in the patient’s home.

The pilot was conducted in three areas throughout Highland, Isle of Skye, Beaulieu and Inverness, and was based on twenty patients.

The Pilot was led by the Palliative Care Network and rolled out in the local areas by the Macmillan Clinical Nurse Specialists, who co-ordinated the pilot and training in their respective areas. All completed audit forms were returned to the Palliative Care Network office for analysis and final report.

The “*just in case*” anticipatory prescribing was used by all professionals in line with the “*Best Practice Guideline for Anticipatory Prescribing for Patients with a Terminal Illness*” contained in the Palliative Care Information Pack, and with a *just in case* documentation pack, which included core contents list, administration documentation, patient information leaflet & audit form.

Drugs in the “*just in case*” box are intended to deal with sudden deterioration. Their use was followed by reassessment of the patient’s medication requirements and appropriate replenishment of the box contents.

The purpose of the Guideline and “*just in case*” anticipatory prescribing is to ensure that:

- 1 Common symptoms in the terminal phase (e.g. pain, secretions and agitation) are anticipated.  
  
Adequate quantities of appropriate medicines are prescribed for the patient and stored in a special container, the “*just in case*” box at the patient’s house.  
  
Carers and patients are re-assured that the prescribed medicines have been prescribed “*just in case*”, and may not be needed.
- 2 To provide a safe framework for the use of palliative care medicines in the home.
- 3 To provide data relating to usage, costs and wastage, by using an audit trail to follow the administration of medicines from the “*just in case*” box.

The core contents for the “box” included:

Syringes & Needles: 5 x 1ml, 5 x 2ml, 5 x 10ml  
10 x 19 gauge green needles – for drawing up  
10 x 25 gauge orange needles – subcut  
3 x 25g Butterfly needles with short tubing  
Water for Injection – 5 x 10ml  
Mediswabs  
Clear film adhesive dressing x 3  
Sharps Box

+

Core drugs advised for anticipatory prescribing: Diamorphine, Midazolam, Hyoscine and Levomepromazine.

### **Aims of the Pilot**

The aim of the audit was to gain feedback from staff on how useful the just in case anticipatory prescribing and box was and how this impacted on their day to day practice and patient care.

Specifically to establish:

- The situation(s) saved through the use of the medication in the “box”
- The estimated time taken to relieve symptoms
- Which drugs were used
- If the presence of the “box” made a difference to the care
- General feedback / comments

### **Methodology**

An appropriate audit evaluation tool was designed.

The methodology was the same for all areas.

The audit evaluation tools were sent in the documentation pack and distributed via the local Macmillan Clinical Nurse Specialists’ in their areas, as part of the training sessions.

The audit evaluation tool was used by community staff who had a palliative care patient who met the anticipatory prescribing criteria and was issued a just in case box in their own home.

The Palliative Care Network (J Carney) developed an analysis tool and entered the returned data onto this.

The Palliative Care Network (J Carney) analysed the data.

The Palliative Care Network (J Carney) compiled a report with the findings from the audit.

The Palliative Care Network need to discuss the recommendations for approval and endorsement.

The Palliative Care Network will make recommendations based on the findings, for future action.

## SUMMARY OF AUDIT RESULTS:

- During the audit period the just in case box was used in 14 out of 20 cases (70%)
- Symptoms were relieved for 86% of patients in under 1 hour (= 12 patients)
- In 7 cases it saved an out of hours call for a doctor (50%)
- In 2 cases it saved a call to the ambulance service and an admission to hospital / or hospice
- In 95% of cases the presence of the just in case box made a difference to care, either through it's use or the peace of mind that it was there if required.
- Midazolam was the most used drug during the audit period, Diamorphine was the second most used drug.

## Quotes:

*"Because of availability of necessary drugs and signed consent from GP for administration, community nurse was able to give them and relieve distressing symptoms quickly"*

*"It gave peace of mind to main carer and to nursing staff out of hours including Marie Curie nurses. It gave more confidence at weekends especially"*

*"It made a huge difference in that it focussed our care to take a proactive view. We were able to predict possible scenarios and have a clear plan of care. We had a whole spectrum of health professionals involved in the 24 hr package and the JIC box allowed us to have consistent planned care. The Marie Curie Nurses were especially delighted to have such measures in place as it can be stressful taking over a case without a backup plan should things go wrong out of hours. We were able to discuss situations ahead with the family and this in-turn, increased confidence for all concerned. We did have the 4 core drugs in the JIC box but also added metoclopramide to the stock. This was the only drug required during the care episode."*

## RECOMMENDATIONS

- Highland Palliative Care Network recommend that the just in case anticipatory prescribing model is rolled out across NHS Highland
- The Network recommends that the Just in Case sub group meet to develop:
  - Action Plan for the rollout
  - Budget Implications for the rollout
  - Review the Just in Case documentation and amend as appropriate

The report was approved at the network meeting on 25<sup>th</sup> June 2008. Alison MacRobbie noted that a project manager has been appointed through NHS Highland to manage the roll out to the CHPs. The network will organise the printing of the amended documentation pack and the purchase of the boxes, and progress on the roll out will be communicated back to the network by Alison MacRobbie. It was noted at this meeting that the project manager should liaise closely with Gill MacVicar from OOHs services at NHS Highland prior to the roll out.

## AUDIT RESULTS:

### 1 Situation(s) saved through the use of the medication in the Just in Case Box:

Action	No	%
Out of Hours call for a doctor	7 <sup>^</sup>	50%
Admission to Hospital	2 <sup>*</sup>	14%
Admission to Hospice	- <sup>*</sup>	-
Distress of unrelieved symptoms	3	22%
Call to Ambulance Service	- <sup>*</sup>	-
All of the Above	2	14%

n=14 uses (JIC Box was not used in 6 cases)

\* Saved call to ambulance service and admission to hospital / hospice (2)

<sup>^</sup> Saved out of hours call for a doctor and distress of unrelieved symptoms (7)

### 2 Estimate of time taken to relieve symptoms (based on 14 uses)

Time	No	%
<b>Based on 14 uses</b>		
0 – 30 mins	7	50%
30 mins – 1 hr	5	36%
1 hr – 2 hrs	0	-
Over 2 hrs	1	7%
Not Known	1	7%

n=14 uses (JIC Box was not used in 6 cases)

Symptoms were relieved in under an hour for 86% of patients who required drugs from the box (12 patients)

### 3 Drugs used? (please tick)

Drug	No	%
Diamorphine	9	24%
Levomepromazine	4	11%
Midazolam	11	30%
Hyoscine Butylbromide	6	16%
No drugs required	6	16%
Metoclopramide	1	3%

No = 37

### Usage Breakdown (based on 20 returned forms):

- Usage 1 Diamorphine / Midazolam used
- Usage 2 No drugs used
- Usage 3 Diamorphine / Midazolam used
- Usage 4 No drugs used
- Usage 5 Diamorphine / Levomepromazine / Midazolam used
- Usage 6 No drugs used
- Usage 7 Metoclopramide used
- Usage 8 Diamorphine / Midazolam used
- Usage 9 Diamorphine / Midazolam used
- Usage 10 Diamorphine / Midazolam / Hyoscine Butylbromide patch used (very effective)
- Usage 11 Midazolam / Hyoscine Butylbromide
- Usage 12 No drugs used
- Usage 13 Midazolam / Hyoscine Butylbromide

**Usage Breakdown (continued):**

Usage 14 Diamorphine / Levomepromazine / Midazolam used  
 Usage 15 Diamorphine / Levomepromazine / Midazolam / Hyoscine Butylbromide used  
 Usage 16 Hyoscine Butylbromide used  
 Usage 17 No drugs used  
 Usage 18 No drugs used  
 Usage 19 Diamorphine / Levomepromazine / Midazolam used  
 Usage 20 Midazolam used

**4 Did the availability of the Just in Case Box make a difference to the care?**

	Number	%
YES	19	95%
NO	0	-
N/A	1	5%

**If “YES”, Free Text Comments?**

“Prescription / drugs were available when required and symptoms controlled quickly”

“It reduced the worry of getting / requiring drugs out of hours” (*box not used*)

“I was able to administer prescribed drugs as advised by GP on call, avoiding admission and reducing patient / family distress”

“Complex situation: advice taken from Dr Pilling at Highland Hospice, drugs used as above”

“It made a huge difference in that it focussed our care to take a proactive view. We were able to predict possible scenarios and have a clear plan of care. We had a whole spectrum of health professionals involved in the 24 hr package and the JIC box allowed us to have consistent planned care. The Marie Curie Nurses were especially delighted to have such measures in place as it can be stressful taking over a case without a backup plan should things go wrong out of hours. We were able to discuss situations ahead with the family and this in-turn, increased confidence for all concerned. We did have the 4 core drugs in the JIC box but also added metoclopramide to the stock. This was the only drug required during the care episode.” (usage 7)

“Distressing symptoms of agitation and restlessness were quickly relieved” (usage 8)

“Drugs available when required” (usage 9)

“Because of availability of necessary drugs and signed consent from GP for administration, district nurse was able to give them and relieve distressing symptoms quickly” (usage 10)

“The patient deteriorated most of the weekend. The presence of the box gave everyone peace of mind and meant our patient got immediate relief” (usage 11)

“Eliminated need for contacting doctor out of hours should need arise” (usage 12)

“The patient deteriorated most of the weekend. Box gave peace of mind and patient got immediate relief from symptoms” (usage 13)

“Knowing the medication was on hand to relieve any symptoms” (usage 14)

“Able to get syringe driver up when required, able to give stat doses” (usage 15)

“GPs did not wish to prescribe medication when first asked by DN, the by Macmillan Nurse. After syringe driver set up DN requested hyoscine butylbromide as a start dose & this was given on 2 occasions with good results within ½ hr. (usage 16)

“It gave peace of mind to main carer and to nursing staff OOHs including Marie Curies nurses. It gave more confidence at weekends especially” (usage 18)

“Good symptom management and settled uncomfortable patient. Content family spending good quality time with loved one.” (usage 19)

“Midazolam given to relieve breathing difficulties and anxious state.” (usage 20)

## 5 Carer / Relative Feedback

Q	YES	NO	N/A
Was information leaflet helpful?	15 (75%)	-	5 (25%)
Was the information given at the right time?	16 (80%)	1 (5%)	3 (15%)
	<b>RELIEVE</b>	<b>INCREASE</b>	
Did the presence of JIC box relieve or increase anxiety?	17 (85%)	-	3 (15%)

*\* In two cases verbal info given instead of leaflet, and verbal info was helpful*

## 6 Further Comments (free text)

Usage 4 “Patient admitted to Raigmore with Dysphagia and died 10 days later. Anticipatory drugs not used”

“Any practitioner using Just in Case box / prescribing, must have a good working knowledge of drug action / seek appropriate advice / guidance and ensure giving as prescribed – e.g. ? midazolam v ? levomepromazine as best symptom control for that individual patient – imperative correct symptom management drug given when choice is available – \*Education\* MUST support the Just in Case Box / Prescribing.”

“Prescribed but not used, kept in office for use by DN’s but not required”

“Syringe driver used”

“Carer very anxious and had concerns re “just in case” box at first, but with explanation accepted reasoning and saw the benefit when breakthrough medication was required. Syringe driver used also”

“Syringe driver used”

“We had to call OOHs as there was no hysoscine in the just in case box” (usage 15)

“Well managed with drugs..... Administered at appropriate time” (usage 19)

## CONCLUSION

During the audit period the just in case box was used in 14 out of 20 cases (70%) and relieved symptoms in under 1 hour for 86% of patients it was used for (12 patients). In 95% of cases the presence of the just in case box made a difference to care, either through it's use or the peace of mind that it was there if required.

Another benefit of the Just in Case Anticipatory Prescribing is that it allows the optimising of the skills of professional staff on the ground, i.e. Marie Curie and community nurses who can respond immediately to patient symptoms instead of waiting for OOH doctor to arrive or needing to go and get a prescription which can take valuable time, especially in remote and rural areas. It gives staff quick and easy access to the drugs the patient needs without having to wait for an appointment with the GP or for a pharmacy to be open.

The provision of a Just in Case box in the home has prevented patients being admitted to hospital unnecessarily and allows patients to remain at home in their last days of life to spend more of their precious time with their loved ones.

## RECOMMENDATIONS

- Highland Palliative Care Network recommend that the just in case anticipatory prescribing model is rolled out across NHS Highland
- The Network recommends that the Just in Case sub group meet to develop:
  - Action Plan for the rollout
  - Budget Implications for the rollout
  - Review the Just in Case documentation and amend as appropriate

This will be presented / discussed at the next meeting on 25<sup>th</sup> June 2008 for consideration and approval of the roll out action plan.



Appendix 1  
“Just in Case” Anticipatory Prescribing Audit Form

**JUST IN CASE BOX – AUDIT / EVALUATION**

**TO BE COMPLETED BY COMMUNITY NURSING STAFF**

**1 Please tick below the situation(s) saved through the use of the medication in the Just in Case Box:**

Out of Hours call for a doctor	
Admission to Hospital	
Admission to Hospice	
Distress of unrelieved symptoms	
Call to Ambulance Service	

**2 Estimate of time taken to relieve symptoms** .....

**3 What drugs were used? (please tick)**

Diamorphine	
Levomepromazine	
Midazolam	
Hyoscine Butylbromide	

**4 Did the availability of the Just in Case Box make a difference to the care?**

**YES NO**

**If "YES", how?**

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**5 Carer / Relative Feedback**

Was the information leaflet helpful? **YES NO**

Was the information given at the right time? **YES NO**

Did the presence of the Just in Case Box relieve or increase anxiety? **RELIEVE INCREASE**

**6 Any Further Comments**

Completed by: .....

Designation : ..... Date : .....

***(please return form to your local Macmillan Nurse)***