Adult Palliative Care: Anticipatory Prescribing Policy

June 2022

DOCUMENT PROFILE

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Authors	Adam Leversuch (Specialist Palliative Care Team, Pharmacist) Dr James Grose (Palliative Care Consultant) Dr Nicola Bailhache (Palliative Care Associate Specialist) Kim Hancock (Specialist Palliative Care Team, Team Leader)
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Contact Details	a.leversuch@health.gov.je j.grose@health.gov.je n.bailhache@health.gov.je KimHancock@jerseyhospicecare.com

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1. INTRODUCTION

1.1 Rationale

Many patients approaching the end of their life express a desire to die at home. This has been recognised in the National End of Life Care (EOLC) Strategy published in July 2008 (UK Department of Health), and the National Institute for Health and Care Excellence (NICE) Clinical Guideline for Care of dying adults in the last days of life (2015).

Providing a good death at home is vital, but presents unique problems especially during the out-of-hours period when access to the patient's own general practice and regular primary care pharmacy may not be possible.

For the purposes of this policy 'home' refers to the patients usual place of residence. This may be their own home, a friend / family members home, or a residential / nursing home.

Anticipatory prescribing

Anticipatory prescribing follows the premise that although each patient has individual needs, some symptoms can be predicted and management measures can be put in place in advance.

Anticipatory prescribing is designed to provide access to essential medicines for symptom control at the end of life in the patient's home, this aims to:

- avoid delays in treating the most common symptoms at the end of life when they may be unable to swallow or absorb oral medication
- improve symptom control
- allow people to die in their preferred place
- prevent unwanted admissions to the hospital or hospice in-patient unit (IPU)
- enable patients care to be aligned with their wishes including treatment escalation plans

Although the benefits of anticipatory prescribing are well recognised, some healthcare professionals have concerns about prescribing and administering medications in this way.

This policy is designed to help reassure healthcare professionals of the processes in place to support patient safety and standardise practice across Jersey, it also helps enable the delivery of care outlined in NICE guidance (2015). This states treatment plans should be tailored to the individual patient and circumstances, taking into account the risks and benefits of prescribing in advance.

'**Just in Case' (JIC) boxes** are only a small part of anticipatory prescribing, and refers to a system used to improve the security and audit trail of the medications prescribed. JIC boxes are only to be used in patients own homes and not other care settings (e.g. residential / nursing homes, or the hospice IPU), where alternative systems are in place for medication storage and stock management.

1.2 Scope

This policy is intended to be used by healthcare professionals who manage adult palliative care patients within Jersey Health and Community Services (HCS), Family Nursing & Home Care (FNHC), Primary Care Body (PCB), residential / nursing homes and Jersey Hospice Care (JHC). This will include medical, nursing and pharmacy staff, as well as other allied health professionals.

It covers anticipatory prescribing for symptoms in the last days and weeks of life for patients cared for in primary and secondary care settings.

1.3 Principles

This policy was produced to assist healthcare professionals prescribing, dispensing and administering anticipatory medications for patients in their preferred place of care and/or death. It will help promote a procedural uniformity amongst those professionals working in the hospital, hospice or other primary care settings.

2. POLICY PURPOSE

The policy aims to promote consistent practice for adult palliative care patients across Jersey.

The intention is to:

- support patient choice if they wish to remain in their usual place of residence, and help to prevent unplanned hospital or hospice admissions
- improve access to palliative care medicines in primary care
- encourage prescribers to anticipate common symptoms in palliative care
- promote procedural uniformity and support safe and accountable practice across healthcare providers
- assist healthcare professionals who are involved in setting up and / or administering anticipatory medications from a JIC box
- ensure that patient's, family and carers understand the purpose of anticipatory medications and the JIC box

3. PROCEDURE

3.1 Training

All healthcare professionals in Jersey (medical, nursing and pharmacy) involved with anticipatory prescribing and JIC boxes in primary care should be trained, competent and personally accountable for such tasks.

Managers should ensure that relevant training takes place (e.g. at induction, and updates as per organisation policy), and maintain a record of those who have read this policy.

3.2 Assessing patient suitability for anticipatory prescribing

3.2.1 Patient selection

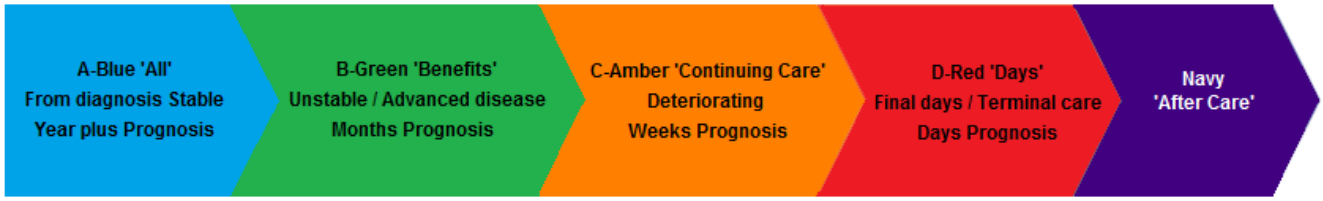
Anticipatory prescribing is open to all adult patients with a life limiting illness in Jersey.

An assessment form should be completed for all patients where anticipatory prescribing is being considered. This form is available within EMIS for FNHC and JHC staff, using the 'Anticipatory Prescribing Assessment' protocol.

3.2.2 Inclusion Criteria

Any adult patient with a terminal illness who has a poor prognosis, where the condition is unpredictable, or is likely to deteriorate rapidly should be considered for anticipatory prescribing. These patients should be identified using the Gold Standard Framework (GSF) Prognostic Indicator Guidance (GSF, 2016).

Patients classified as either Amber (Deteriorating, weeks prognosis) or Red (Terminal Care, days prognosis) should be considered as candidates for anticipatory prescribing.



Prognostication can be challenging, in such cases the patient should be discussed by the multi-disciplinary team (MDT) to determine suitability for anticipatory prescribing.

Healthcare professionals should aim to have anticipatory medications available within a patient's preferred place of care a few weeks prior to their anticipated death, or where appropriate for acute symptom control (e.g. for patients at risk of acute seizures / haemorrhage).

3.2.3 Potential Risks

There are situations where the use of anticipatory prescribing may not be appropriate:

1. **Patient, family or carers unwilling to participate**

   For example due to fears that anticipatory medications are a provision for euthanasia, or may cause anxiety to them that death is approaching.

   Good communication, reassurance and provision of a patient information leaflet should help allay fears.

2. **Concerns about the security of medicines**

   For example where there is a documented history or suspicion of drug misuse by the patient, family, carers or visitors to the home.

3. **If there are any concerns about the mental health/well-being of the patient, family members, carers or visitors to the home**

   For example they may suffer from suicidal ideation.

If any of these are applicable, but it is felt the patient would benefit from anticipatory medications being available in their preferred place of care an MDT discussion is required to agree a plan.

The MDT may consist of the following:

- General Practitioner (GP)
- FNHC nursing team
- Care home staff
- Specialist Palliative Care Team (SPCT) medical / nursing / pharmacy team
- Hospice IPU nursing team
- HCS medical / nursing / pharmacy team
- Social care staff
- Spiritual care staff

Any discussions within the MDT about the appropriateness of anticipatory medications should be documented in the patient record.

If it is not appropriate for a patient to have anticipatory medications or a JIC box in their preferred place of care, then alternative arrangements should be agreed (in conjunction with the patient, family and carers) and implemented by the MDT.

3.3 Patient and carer education

Good communication with patients, family and carers is an essential part of end of life care.

Provision of anticipatory medications should take place as part of an individualised care plan after discussion with the patient, family and carers. If possible, discuss with the patient their priorities of care (Leadership Alliance for Care of Dying People, 2014), including where their preferred place of care and death would be. Reassure them the same processes for symptom assessment and management will be followed regardless of care setting.

The healthcare professional assessing the patient should explain the purpose and benefits of the anticipatory medications and JIC box to the patient, family and carers. A copy of the patient information leaflet should be provided, and they should be reassured that the patient may opt in or out of the scheme at any time.

Reinforce that if the patient's clinical condition improves or stabilises the ongoing requirement for anticipatory medications may be reviewed, however they will not be removed without the patients consent. They should be reassured that their condition will be regularly reviewed and anticipatory medications can be reintroduced at a later stage if necessary.

Explain for patients at home all anticipatory medications contained within the JIC box are for use by healthcare professionals only.

Storage precautions for the JIC box should be discussed with the patient, family and carer to ensure that it will be secure and cannot be accessed by a child, animal or vulnerable member of the household.

Inform patients who reside in a residential / nursing home, anticipatory medications will be stored securely by the care home staff in a designated locked treatment room in line with their organisational policies.

3.4 Prescribing anticipatory medications

Prescribing of anticipatory medications should preferably be undertaken by the patient's usual GP, however due to staff resource and transition between care settings this may not always be possible. Nevertheless the patient's GP should be informed of the decision to prescribe anticipatory medications.

Prescription type required:

- **Primary care settings**: Health Insurance Prescription Form to be dispensed by a primary care pharmacy
- **HCS sites**: Hospital out-patient or discharge prescription to be dispensed by the HCS pharmacy

Refer to the Jersey palliative care guidelines for advice on medication choices, and which healthcare professionals can prescribe anticipatory medications and complete the medication administration record (MAR).

3.4.1 Anticipatory prescribing medication administration record (MAR)

An anticipatory prescribing MAR should be completed by a prescriber for all patients in primary care settings, to authorise the anticipatory medications to be administered by a registered nurse.

In care homes the standard MAR sheet (issued by the dispensing primary care pharmacy), should be annotated (next to the anticipatory medications) with:

'*Use anticipatory prescribing medication administration record*'

The anticipatory prescribing MAR should ideally be printed in colour, double sided on card. However single side, black and white photocopies may be used.

Medications authorised by a prescriber for administration on the anticipatory prescribing MAR are valid for **3 months**. After this period a prescriber should undertake a review to ensure the anticipatory medications are still needed and doses are appropriate. If so, they should reauthorise the MAR by signing and dating the relevant boxes.

3.4.2 Syringe Pumps

Where the clinical decision is taken by a prescriber that the patient requires a syringe pump, this should be prescribed in line with the Ambulatory subcutaneous syringe pump policy.

3.5 Dispensing of anticipatory medications

In Jersey there is a network of palliative care link pharmacies, which hold a core stock list of palliative care medications to improve accessibility to anticipatory medications. The patient, family or carer should be informed of this.

In the event of a supply problem with one or more of the prescribed medicines the situation should be clarified with the dispensing pharmacy (primary care or hospital pharmacy). Advice should then be sought from the patient's GP, or the SPCT for alternative treatment options if required.

Medication prescribed for an individual patient should never be given or administered to any other patient.

For access to anticipatory medications in primary care out of hours contact Jersey Doctors On-Call (JDOC, tel. 445445).

3.6 Transport of anticipatory medications

In **exceptional circumstances** (i.e. where nobody else can) the anticipatory medications may be collected and transported by the healthcare professional in accordance with their organisations Medicines Policy or Standard Operating Procedures (SOP).

Whoever collects the medications from the primary care or hospital pharmacy should take their own photographic identification (e.g. passport or driving license), and be able to confirm the patient's details, e.g.:

- name
- date of birth
- address
- social security number (primary care)

3.7 Administration of anticipatory medications

3.7.1 Administration

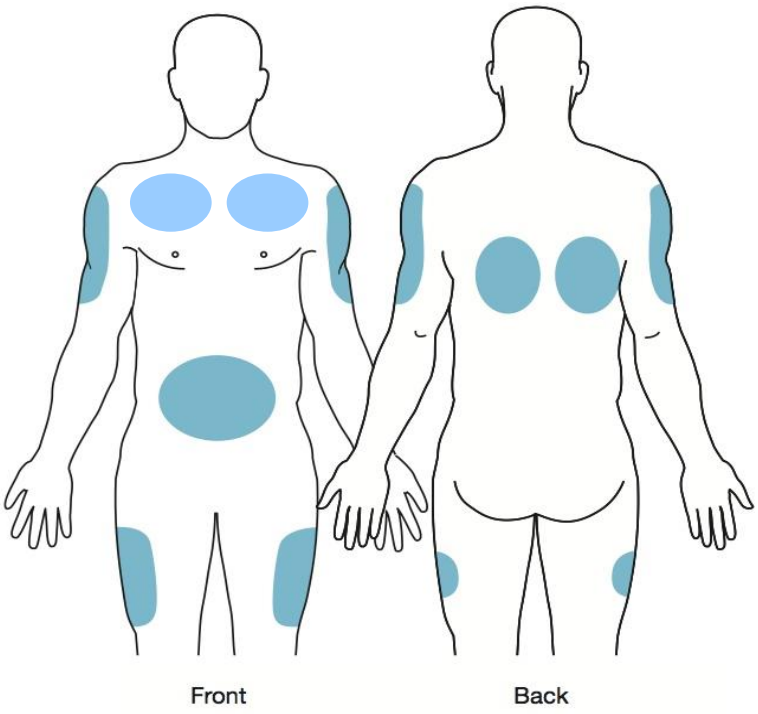
Healthcare professionals administering medications via the subcutaneous (SC) route should be aware:

- absorption may be slower than the intramuscular (IM) route
- absorption will be severely limited in patients who are hypovolaemic or oedematous
- for breakthrough dose bolus injections the recommended maximum volume is 2mL

Where possible, involve the patient in the choice of a suitable injection site. Both the outer arm and upper thigh are commonly used, but avoid the upper arm in bedbound patients who require frequent turning.

In other patients, the chest or abdomen may be more suitable. The scapula may be considered for confused or delirious patients who may pull on the line.

Acceptable subcutaneous cannula insertion sites are shown below:



The following sites should be **avoided**:

Site	Reason
Oedematous areas (including lymphoedema affected arms)	Poor drug absorption and increased risk of infection / exacerbation of oedema
Bony prominences Broken skin	Poor absorption and discomfort
Irradiated sites	May have poor perfusion and hence poor drug absorption
Skin folds Sites near a joint / waistband area	Movement may displace infusion device and cause discomfort
Chest wall (in cachectic patients)	Danger of causing pneumothorax

Wherever possible Controlled Drugs (CD) and injectable medications should be checked and administered by two healthcare professionals (e.g. GP, Registered Nurses). However it is acknowledged that in some primary care settings (e.g. patient homes) only one registered professional may be available.

Where a second healthcare worker is present (e.g. Healthcare Assistant) it is permissible for them to act as a witness for the medication administration.

When a patient's condition deteriorates and there is a requirement to administer anticipatory medications for symptom control in a primary care setting, the patient's GP and other nursing teams involved with their care (i.e. FNHC / JHC) should be informed.

3.7.2 Documenting administration

Healthcare professionals must record administration of medications to the patient on the anticipatory prescribing medication administration record.

Where a JIC box is being used in a patient's home, the JIC medication record sheet should also be completed.

3.7.3 Consumables for administration of anticipatory medications

Based on advice from the States of Jersey Police Crime Prevention Team consumables should not be left inside JIC boxes in patient's homes.

Therefore it is important that all healthcare professionals caring for patients who have anticipatory medications in place should have access to these consumables when they visit the patient's place of residence.

GPs and nursing staff (from FNHC and JHC) who are undertaking home visits should carry the required stock of consumables.

The consumables should be stored in an appropriate opaque container. When travelling these kits should be kept out of sight, and locked in their car boot.

Nursing homes should hold a stock of these consumables for use by their own staff, or visiting healthcare professionals.

3.8 Just in Case (JIC) boxes

To minimise the risks associated with placing injectable medications (including CDs) in a patient's home the system of JIC boxes is used.

The purpose of this is to ensure that only healthcare professionals can access the medications, and that an audit trail of the medications can be maintained.

Attempts to mitigate the risks related to injectable medications include:

- risk assessment for putting a JIC box into a patient's home
- patient, family and carer education
- storing the JIC box out of sight (ideally in a lockable drawer / cupboard)
- using hard case metal boxes with a number combination lock
- using uniquely numbered security tags
- a system for checking stock levels
- recording stock levels of the anticipatory medications in the JIC box

JIC boxes in different care settings

JIC boxes are only to be used in a patient's own home, they must **not** be used in other care settings such as HCS sites or care homes.

If a patient is admitted to an HCS site or care home, the JIC box should be left in their own home. If for any reason the JIC box is brought in with the patient, arrange for it to be taken home by a family member or carer.

If there are any concerns about the security of the JIC box or if the admission is likely to be prolonged (e.g. more than 4 weeks), the requirement for the JIC box and anticipatory medications to remain in place at the home should be discussed with the patient, family and carers as appropriate.

The **exception** to the above is if the patient is admitted to the Hospice IPU, where the JIC box should be sent in with the patient.

If the patient is to be transferred back to their own home at a later stage, the ongoing requirement for the anticipatory medications (and JIC box) should be reviewed. If still felt necessary, the clinical appropriateness of each medication and the doses prescribed should then be reviewed and represcribed as needed.

When not in use the empty JIC boxes will be stored at either a FNHC or JHC base.

The number combination lock on each of the JIC boxes is set centrally by JHC. GPs and nursing staff from FNHC and JHC will be informed of the number combination for the JIC boxes.

Under no circumstances should the JIC box number combination be documented in the patient's paper notes, or given to the patient, family or carers. However it can be recorded in the patient's EMIS record.

3.9 Storage of anticipatory medications

3.9.1 Patient's own home

Anticipatory medications must be stored in the JIC box within the patient's own home. The JIC box will be supplied by either FNHC or JHC.

The JIC box should be stored out of sight (ideally a lockable drawer or cupboard), and out of reach of children, animals or vulnerable members of the household. The location of the box should be documented in the patient's notes.

3.9.2 Residential and Nursing homes

Anticipatory medications are to be stored in the care homes usual secure medication storage locations (e.g. treatment room, CD cupboard).

3.10 Stock control of anticipatory medications

The stock control of anticipatory medications varies depending on care setting:

Care setting	Storage location	Stock control documentation	Healthcare professional responsible for stock control
Patient own home	JIC box	JIC box documentation	Nursing staff (JHC / FNHC) GPs
Residential home Nursing home	Care home treatment room or designated location	Per care home policies	Care home staff

If a patient is started on a syringe pump the anticipatory medications already available can be used to make up the syringe. Depending on the anticipated usage of medications, additional supplies may need to be requested.

Any discrepancies in stock should be immediately reported to your manager, as well as any other healthcare organisations involved in the patient's care.

An incident report should be completed per organisational policy, the police need to be contacted if the medications whereabouts cannot be accounted for and further investigation is required.

3.10.1 Patient's own home

The medications remain the patient's property, the JIC boxes and medication record sheets are a risk management system to ensure that these injectable medications can be safely left unattended in a patient's home where healthcare professionals will be visiting at intervals.

Ideally two healthcare professionals should be present when the anticipatory medications are placed inside the JIC box, however if staffing does not permit this it can be completed by one nurse alone or with a healthcare assistant as a witness.

The stock level of **all** medications in the JIC box (including Water for Injections) should be checked every time it is opened. However it is only necessary to complete the medication record sheet(s) for medications administered from, or received into the JIC box.

The JIC box should be closed and locked by:

- scrambling the numbers on the combination keypad
- sealing with a numbered security tag
- completing the JIC box security tag sheet

3.10.2 Residential and Nursing homes

Anticipatory medications (including CDs) are to be stock controlled by the care home staff as per their organisations Medicines Policy and SOPs.

Where CDs are administered by a GP or FNHC / JHC nurse, they should make an appropriate entry in the care home CD register. This must be countersigned by an authorised member of the care home staff.

Nursing staff from FHNC or JHC should liaise with the residential home staff (and each other where appropriate) to ensure anticipatory medications are requested when needed.

3.11 Documentation

Documentation and retention of records by healthcare professionals should follow their professional requirements and organisational policies.

Documentation to be kept with the JIC box

The following paperwork should be kept in the plastic sleeve attached to the JIC box in the patient's home (this may be in a booklet format).

All the below documents are available via the JHC external website (weblinks):

- Anticipatory prescribing medication administration record
- JIC box medication record sheet
- JIC box tag sheet

Give the patient information leaflet directly to the patient, family or carer.

3.12 Regular assessment of patients with anticipatory medicines

A patient's anticipatory care needs may change during the course of their illness, for example:

- breakthrough doses of medications for pain control require review if their background opioid analgesia is increased
- their condition stabilises and it is felt anticipatory medications are not required

It is important regular assessment of the patient's anticipatory medications is undertaken by healthcare professionals involved with their care. Advice can be sought from the GP or SPCT where needed.

A review should be completed at least **monthly**, or with any change in the patient's clinical condition. The outcome must be documented in the patient notes.

If any changes are felt to be required, the GP or another appropriate prescriber should be contacted and asked to review the patient.

If a patient's condition has stabilised or improved it may be appropriate to remove anticipatory medications from the patient's usual place of residence, as they are no longer needed. This should be discussed by the MDT, then explained to the patient and their agreement sought.

The medications can be put in again at a later stage if required, but it is not appropriate to leave injectable medications in patient's home (or in a care home) for long periods when they are not clinically indicated.

3.12.1 Just in Case box

For patient's at home the JIC box and its contents should be checked at least **monthly**. The JIC box itself and each box of medication should be opened and stock levels checked to ensure they match the medication record sheet.

Ideally this should be undertaken by two healthcare professionals, however if staffing does not permit this it can be completed by one nurse alone or with a healthcare assistant as a witness. This process should be recorded on EMIS, or as per organisational requirements.

3.13 Disposal of anticipatory medications (and removal of JIC box)

Anticipatory medications may need to be removed in the following circumstances:

- patient has died
- patient condition has stabilised or improved
- patient has been transferred to a different care setting, and anticipatory medications are no longer needed
- medications or doses have been altered
- any of the anticipatory medications have expired and need to be replaced

In the above situations the following process should be followed:

i. discuss with the patient, family and/or carer to gain consent.
ii. in patient own homes the medication should be returned to the dispensing pharmacy by the patient, family or carer for destruction.
iii. in **exceptional circumstances** (i.e. where nobody else can, or there are safety concerns about leaving the medication in the home) healthcare professionals or care agency staff may return the medications to the dispensing pharmacy. This must be completed in line with each organisations policies.
iv. the return of this medication for disposal should be documented on the JIC box medication record sheet.
v. the empty JIC box should be removed from the patient's home by FNHC / JHC nursing staff. The box should be decontaminated and any paperwork removed on return to the FNHC or JHC base as per organisation policy.
vi. in care homes the medication should be returned to the dispensing pharmacy for destruction and records kept as per organisations policy.

All medications remain the property of the resident when they enter a care home, however the responsibility passes to the care home or carer on the death of the resident. They should ensure the safe storage of the medication until destruction at a primary care pharmacy can be organised. Care homes are required to retain patients' own medication (including CDs) for 7 days following their death.

3.14 Tracking JIC boxes and anticipatory medications

To ensure a robust audit trail for JIC boxes in the patient's own home, FNHC and JHC staff should use clinical codes on EMIS to help track them:

- '*Issue of palliative care anticipatory medication box*' (when JIC box is put in place)
- '*Patient does not have anticipatory medication at home*' (when JIC box is removed)

3.15 Anticipatory prescribing in different care settings

A flow chart (Appendix 1) is available to summarise the process to follow when managing anticipatory medications and JIC boxes in primary care.

A summary sheet (Appendix 2) is also available outlining the practice requirements concerning anticipatory medications and JIC boxes in the patient home and care homes.

3.16 Discharging patients from HCS sites with anticipatory medications

The need for a patient to be discharged with anticipatory medications should be agreed by:

- ward team (medical, nursing and pharmacy) discharging the patient
- primary care team (GP, FNHC or care home nursing team) taking over their care
- SPCT should also be contacted for input if required

This should be done in conjunction with the patient, family and / or carer.

The Anticipatory prescribing assessment form should be used to support discussion and inform planning. Completion of the form may require input from the primary care teams.

Every attempt should be made to give verbal handover to the GP ahead of discharge, and the discharge summary outlining the reasons for prescribing of anticipatory medications should be written and sent with patient at time of discharge.

For patients being discharged to their own home, the FNHC nursing team should be sent a referral and verbal contact made to agree the date of the first visit. They will need to visit the patient as soon as possible after discharge to set up the JIC box and complete the relevant paperwork. Ensure adequate notice is given, at least 24 hours in most cases although this may be less if it is a rapid discharge for end of life care.

Anticipatory medications should be prescribed on the patients discharge summary, and dispensed by hospital pharmacy. Water for injections (or if indicated Sodium Chloride 0.9%) must be included as this will be required as a line flush or diluent for a syringe pump.

Wherever possible when the patient is to be transferred to their own home or a care home, the anticipatory prescribing MAR should be completed prior to discharge. Note this is not required for patient's transferred to the Hospice IPU.

The chart should ideally be filled out by a SPCT prescriber or ward doctor (Registrar level or above). In **exceptional circumstances** FY2 / Clinical Fellow can complete this task, however prescribing must be supported by the SPCT (see palliative care guidelines). The completed anticipatory prescribing MAR should accompany the patient home on discharge along with the prescribed anticipatory medications.

In certain situations (i.e. rapid discharges) if resources permit a member of the SPCT may help set up the JIC box and complete the paperwork prior to discharge, which can then be sent home with the patient.

3.17 Safety and risk management

3.17.1 Unlicensed use of medications in Palliative Care

The use of medicines without a manufacturer licence or 'off-label' (outside their product licence) is common practice in palliative care (e.g. administration of medications via the SC route, or mixing several medications in a single syringe). However this carries additional responsibilities for prescribers, pharmacists and nurses.

Refer to use of off-label and unlicensed medication in each organisations Medicine Policy, or guidance from the healthcare professionals regulatory body. Alternatively contact the SPCT for advice.

3.17.2 Incident Reporting

Incidents should be reported in line with organisational policies.

All relevant parties involved in an anticipatory prescribing incident should be informed, and where appropriate a joint investigation should take place.

Learning from such incidents should be used to inform future practice and guidelines, and shared with staff and relevant partner organisations to reduce the likelihood of the incident re-occurring.

4. DEVELOPMENT AND CONSULTATION PROCESS

4.1 Consultation Schedule

Name and Title of Individual	Date Consulted
Gail Caddell (Director of Clinical Strategy, JHC)	March 2022
Hilary Hopkins (Director Palliative Care Services, JHC)	March 2022
Debbie Heathfield (Palliative Care Staff Grade, JHC)	March 2022
Lorraine Dyer (SPCT Clinical Nurse Specialist, JHC)	March 2022
Tracey Fallon (SPCT Clinical Nurse Specialist, JHC)	March 2022
Carolyn Keys (SPCT Clinical Nurse Specialist, JHC)	March 2022
Julie Jones (SPCT Clinical Nurse Specialist, JHC)	March 2022
Gail Edwards (GSF Nurse Champion, JHC)	March 2022
Judy Le Marquand (Practice Development Nurse, JHC)	March 2022
Hospice In-patient unit nursing team	March 2022
Tia Hall (Operational Lead Adult Services, FNHC)	March 2022
Elspeth Snowie (Clinical Effectiveness Facilitator, FNHC)	March 2022
Clare Stewart (Operational/Clinical Lead Out of Hospital Services, FNHC)	March 2022
Claire White (Head of Quality, Governance and Care, FNHC)	March 2022
Meera Rajasekaran (Palliative Care Consultant, JHC)	March 2022
Jessie Marshall (Acting Associate Chief Nurse, HCS)	March 2022
Wendy Baugh (Lead Nurse, HCS)	March 2022
Tim Hill (Practice Development Sister, HCS)	March 2022
Sarah-Jane Stead (Clinical Pharmacy Manager, HCS)	March 2022
Sandra Labey (Lead Pharmacist Elderly Care and Mental Health, HCS)	March 2022
Sebastian McNeilly (Lead Pharmacist Medicines Governance & Safety, HCS)	March 2022
Jenna McNeilly (Clinical Pharmacist, HCS)	March 2022
Dr Daniel Albert (GP)	March 2022
Dr Steven Perchard (GP)	March 2022
Cheryl Kenealy (Chair of Jersey Care Federation)	March 2022
Paul McManus (Prescribing Advisor, Government of Jersey)	March 2022
Naomi Mews (Prescribing Support Pharmacist, Government of Jersey)	March 2022
Simon Wall (Chair Royal Pharmaceutical Society, Jersey)	March 2022
Kate Jones (Pharmacist, Le Quesne's Pharmacy)	March 2022

Name of Committee/Group	Date of Committee / Group meeting
HCS Medicines Governance Committee	June 2022
PCB Committee	May 2022
FNHC Policies & Procedures Group	May 2022
CF Committee	June 2022
JHC Clinical Governance Committee	April 2022

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7. GLOSSARY OF TERMS

Anticipatory Prescribing	Advance provision of medications in anticipation of symptoms occurring at the end of life
CD	Controlled Drug
CF	Care Federation
EMIS	Egton Medical Information Systems
EOLC	End of Life Care
FNHC	Family Nursing & Home Care
GP	General Practitioner
GSF	Gold Standard Framework
HCS	Health and Community Services
IM	Intramuscular
IPU	In-patient unit (Hospice)
JDOC	Jersey Doctors On Call
JHC	Jersey Hospice Care
JIC	Just in Case
MAR	Medication Administration Record
MDT	Multi-disciplinary team
NICE	National Institute for Health and Care Excellence
PCB	Primary Care Body
RGN	Registered General Nurse
SC	Subcutaneous
SOP	Standard Operating Procedure
SPCT	Specialist Palliative Care Team

8. IMPLEMENTATION PLAN

A summary of how this document will be implemented.

Action	Responsible Officer	Timeframe
E-mail to all clinical staff	Communications Officer (HCS) HCS Primary Care Governance Information Governance (FNHC) Specialist Palliative Care Team (JHC) CF Secretary / Care Home Managers (CF)	1 week prior to launch
Policy to be uploaded on each organisations intranet / internet	Information Governance (HCS) Information Governance (FNHC) Governance Facilitator (JHC) CF Secretary (CF)	1 week prior to launch

9. APPENDICES

Appendix 1: Flow chart for anticipatory prescribing

Anticipatory prescribing flow chart

This flow chart provides an overview of the process for anticipatory prescribing and Just in Case (JIC) boxes.
Refer to the Anticipatory prescribing policy for more detailed information.
At all stages any actions taken by a healthcare professional should be documented in the patients notes.

Identification of patients for Anticipatory Medications:
Patient assessed as needing anticipatory medications using clinical judgement and the GSF Prognostic Indicator Guidance
Complete assessment form and discuss with multi-disciplinary team (MDT) to get agreement this is appropriate

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Patient, family and carer education:
Discuss process with patient, family and carer
Gain consent, undertake education and provide patient information leaflet

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Prescribing Anticipatory Medications:
Prescriber writes health insurance prescription form / hospital discharge prescription, **and**
completes anticipatory prescribing medication administration record

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Dispensing of Anticipatory Medications:
Primary care: Patient, family or carer takes health insurance prescription form to a (palliative care link) primary care pharmacy
Medication dispensed and collected (person collecting medication needs their own photographic ID)
Care home resident: A medication administration record (MAR) sheet will be generated by primary care pharmacy
Hospital: The discharge prescription will be dispensed by the hospital pharmacy and collected by ward staff

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Anticipatory Medication Stock Control:
Patient own home: Healthcare professionals place dispensed medications in a JIC box, tag box and store in a safe place
Care Home: Medications to be stored in designated treatment room in line with Medicines Policy

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Appropriate documentation should be completed:
Patient own home: Complete medication record and tag sheets
Care Home: Follow Medicines Policy

↓

Regular assessment of Anticipatory Medications:
To be completed at least **monthly**, or with any change in the patient's clinical condition
Anticipatory prescribing medication administration record needs to be reauthorised every **3 months** by a prescriber

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Administration of Anticipatory Medications:
Record doses given on anticipatory prescribing medication administration record
Patient own home: Complete medication record sheets for JIC boxes

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Disposal of Anticipatory Medications (when no longer needed):
Patient own home: (Patient), family or carer to return medication to dispensing pharmacy for destruction
JIC box to be removed and returned to FNHC/JHC base by healthcare professional for cleaning and storage
Care Home: Return medication to dispensing pharmacy for destruction (follow Medicines Policy)

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Documentation and Communication:
Contact other relevant healthcare professionals to inform them anticipatory medications / JIC box have been removed
File documents in patient notes

Appendix 2: Summary of anticipatory prescribing for primary care settings

Anticipatory prescribing avoids delays to treating the most common symptoms at the end of life, improves symptom control and may prevent unwanted admissions to Hospital or Hospice.

'Just in Case' (JIC) boxes are a small part of anticipatory prescribing, and is a system to improve the security and audit trail of medications prescribed.

JIC boxes are only to be used in patients own homes, and not other care settings.

Criteria	Care Setting		
	Patient own Home	Residential Home	Nursing Home
Medication storage			
Just in Case box required to store medications	Yes	No	No
Medications to be stored in treatment room at care home	-	Yes	Yes
Prescribing			
SC medications to be prescribed on the 'Anticipatory prescribing medication administration record'	Yes	Yes	Yes
'MAR sheet' generated by primary care pharmacy when dispensing SC medications for anticipatory prescribing	-	Yes*	Yes*
*For Care homes annotate the 'MAR sheet' to indicate that doses of SC medications administered should be recorded on 'Anticipatory prescribing medication administration record'			
Administration of SC medications			
FNHC/JHC nursing staff to administer	Yes	Yes	No*
RGNs on site to administer	-	-	Yes
*JHC nursing staff are available to support and advise RGNs at nursing homes, but it is the responsibility of the home to ensure their staff are competent and confident to administer SC medications			
Documentation			
Doses of SC medication given to be recorded on 'Anticipatory prescribing medication administration record'	Yes	Yes	Yes
Doses of SC medication administered to be recorded on 'MAR sheet' printed by primary care pharmacy	-	No	No
Controlled Drug (CD) transactions (i.e. receipt and administration) to be recorded in care home CD register	-	Yes	Yes
When 'Anticipatory prescribing medication administration record' is no longer needed (e.g. patient passes away) photocopy of chart to be left with care home staff	-	Yes	Keep original
JHC nursing staff to record details of patient visit in notes	Yes	Yes*	Yes*
FNHC staff to record details of patient visit in notes	Yes	Yes*	-
*For care homes this should be recorded in the visiting professionals section of the patient notes			

Glossary:

CD	Controlled Drug
FNHC	Family Nursing & Home Care
JHC	Jersey Hospice Care
MAR	Medication Administration Record
RGN	Registered General Nurse
SC	Subcutaneous

Appendix 3: Contact Details

In the first instance contact the prescriber and if you need any further information contact one of the following:

Role / Team	Contact Details
Specialist Palliative Care Team (SPCT)	Tel: 01534 876555 Fax: 01534 720292
On-call Palliative Care Consultant (University Hospital Southampton)	**HCS*** Tel: 01534 442000
	Primary care (via SPCT) Tel: 01534 876555
Jersey Doctors On-Call (JDOC)	Tel: 01534 445445
HCS Medicines Information	Tel: 01534 442628
HCS ward pharmacist	Via bleep

* Hospital Drs (Clinical Fellow or above) can contact an on-call Palliative Care Consultant off island, outside standard work hours (Monday to Friday, 9am to 5pm) via HCS switchboard.