

Cambridgeshire Community Services is responsible for providing a range of NHS and social care services in the Cambridgeshire area, commissioned by and accountable to Cambridgeshire Primary Care Trust

POLICY AND PROCEDURE FOR ANTICIPATORY PRESCRIBING FOR PATIENTS WITH A TERMINAL ILLNESS “Just in Case”

Approval Process

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Developed by	Palliative Care Policy Task and Finish Group	
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Signatures for Ratification:

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Document Control Sheet

Development and Consultation:	<p>This policy was originally developed and implemented by Sarah Woodley and Gillian Ascough, Community Health Services Pharmacists and Dr Angela Steele GP Macmillan Facilitator in Cambridge City and South Cambs and East Cambs and Fenland areas of the PCT in March 2007.</p> <p>The Palliative Care Policy task and finish group was set up to harmonise the policy across the whole of Cambridgeshire Community Services : members included Sarah Woodley, Gillian Ascough, Dr Angela Steele, Dr Margaret Saunders, Dr Janet McCabe, Dawn Siggins; Louise Baker; Sue Heanes; Carly Love.</p> <p>The following have also been consulted: Sue Ashwell, Chief Pharmacist Cambridgeshire PCT Jill Challener, Accountable Officer, Cambridgeshire PCT PCT Medication Safety and Governance Group Huntingdon Prescribing Group Local Pharmaceutical Committee Local Medical Committee</p>
Dissemination	<p>This policy will be added to the Cambridgeshire Community Services and PCT website, policy index and policy folder and the Local Pharmaceutical Committee website.</p> <p>This policy will be sent to: District Nurses, GP practices, Out of hours services, Specialist Palliative Care Services/ Hospice at Home, Macmillan Nurses</p>
Implementation	<p>This policy will be implemented by GPs, Specialist Palliative care nurses, District Nursing Sisters and Assistant Locality Managers.</p>
Training	<p>No specific training required. Awareness of this policy will be raised by staging events for GPs and Nurses throughout the PCT.</p>
Audit	<p>See policy paragraph 4.6</p>
Review	<p>This policy will be reviewed by the Community Health Services Pharmacists and Macmillan GP Facilitator</p>
Links with other DtGP	<p>This policy replaces the Policy and Procedure for Anticipatory Prescribing in Patients with a Terminal Illness, agreed for Cambridge City, South Cambs and East Cambs and Fenland Review Date September 2007.</p> <p>The Policy should be read in conjunction with:</p> <ul style="list-style-type: none"> • Policy and Procedures for Management and Administration of Medicines in Clinics, Community and Home Settings. • Cambridge and Huntingdon Palliative Care Group Fact sheet 3 on Symptom Management http://www.arthurrankhouse.nhs.uk/default.asp?id=132 • Palliative Care 'out of hours' drug box information (Appendix 2)
Equality and Diversity	<p>The Medicines Safety and Governance Group has carried out a Rapid Equality & Diversity Impact Assessment and concluded the document is compliant with the PCT Equality and Diversity Policy.</p>

Standards for Better Health	
This document supports the PCT in its compliance with the DH [2004] Standards for Better Health in reference to:	
Domain	How?
Safety	Establish safe and consistent practice, to reduce risks, minimise errors and maintain the safety of patients and staff at all times.
Clinical and Cost Effectiveness	Ensures easy access to medicines to prevent unnecessary hospital admissions.
Governance	Ensures standardisation of care and outlines responsibilities of individuals. Promotes delivery of high quality evidence based health care.
Patient Focus	Every patient is treated as an individual and the patient's wishes are taken into account and consent obtained.
Accessible and Responsive Care	Allows healthcare professionals to respond to patients' needs in an appropriate and timely manner in the most appropriate setting.
Care Environment and Amenities	Ensures that the appropriate supplies and information is readily available.
Public Health	Ensures that the appropriate advice and information is given to patients regarding the treatment.

Revisions

Version	Page/Para No	Description of Change	Date Approved

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1. Introduction

Patients with a terminal illness often experience new or worsening symptoms for which they require urgent medication.

It is essential that these patients and the healthcare professionals looking after them have easy access to the medicines that can immediately help them if their condition were to deteriorate suddenly at any time of the day or night as is common in terminal illness.

Access to palliative care medication, proactive management of symptoms and anticipation of patient's future needs are key components of:

- Gold Standards Framework, "Control of Symptoms and Care in the Dying Phase"
- NICE guidance, "Improving Supportive and Palliative Care for Adults with Cancer"
- Department of Health Guidance, "Securing Proper Access to Medicines in the Out of Hours Period".

2. Purpose and Scope

2.1 Aims

- To support patient's choice if they wish to remain at home.
- To improve access to palliative care medicines in the community.
- To avoid the distress to patients, carers and healthcare staff caused by not having the correct medicine readily available.
- To help prevent unnecessary hospital admissions.
- To provide a safe framework for the use of palliative care medicines in the home thus formalising and encouraging the good practice that is already taking place in many areas.

2.2 Objectives

To ensure that:

- Prescribers are encouraged to anticipate the future needs of the patient.
- Common symptoms in the terminal phase are anticipated e.g. pain, secretions and agitation and small quantities of the appropriate medication is prescribed and kept in the patient's home.
- Prescribing complies with current legislation and takes place in a clear and safe manner that is understood by healthcare staff responsible for dispensing and administering the medication.
- There is an easily identifiable container, the Just In Case bag, available to store the medication in.
- Carers and patients are provided with verbal and written information about the medication in the *Just in Case* bag and understand the reason it has been prescribed.

2.3 Inclusion Criteria

- Patients with a terminal illness registered with a surgery within Cambridgeshire PCT and supported by District Nurses and/or Specialist Palliative Care Nurses.
- Just in case boxes/bags should be considered for patients with a poor prognosis, where the condition is unpredictable or is likely to deteriorate rapidly, those living in isolated situations or during extended holiday periods.

2.4 Exclusions

- Patients where there is a history or suspicion of drug misuse among family members, carers or visitors to the house. Although patients in these circumstances can not have a Just in Case bag in the home, they will still receive appropriate medication when needed.
- As with all drugs open to abuse, medication in patients' homes may be subject to misuse.
- Patients who are themselves unwilling to participate, or with carers who are unwilling to participate, for example; patients and/or carers may misinterpret anticipatory prescribing as provision for euthanasia or a Just in Case bag may cause increased anxiety that death is near. However good communication, reassurance and the explanatory leaflet should help to allay fears.

3. Duties and Responsibilities

3.1 Managers and Team leaders

- Ensure that relevant staff are aware of this policy
- Ensure that a supply of Just in Case bags, leaflets and community prescription charts are available in all areas where they may be used within the PCT and Cambridgeshire Community Services.
- Ensure that staff have the necessary training and competence
- Ensure that incidents and near misses relating to medicines used for anticipatory prescribing are reported using the Cambridgeshire PCT Incident Reporting system (DATIX) and/or the employers own reporting system.
- Ensure that the audit form of Just in Case bags is completed for each bag used and that the guidelines are audited at least annually.
- Ensure that all medicines are stored and handled in accordance with PCT and Cambridgeshire Community Services policies and procedures.

3.2 Prescriber

(The term Prescriber includes the doctor, nurse independent prescriber, or supplementary prescriber in accordance with individual patient clinical management plan)

- Identify relevant patients ahead of need.
- Prescribe appropriate medications on form FP10, ensuring that prescriptions comply with current requirements of the Misuse of Drugs Regulations.
- Complete the community prescription chart for the as required /anticipatory medication to be given by subcutaneous injection.
- Ensure the prescription and medicines supplied reflect the individual needs of the patient but include one drug for each indication.
- Ensure that anticipatory medication is reviewed regularly, at least once a month and after any known change in circumstances.
- Explain the purpose of the Just in Case bag to the patient and carers and how and when the medication will be used.
- Ensure clear instructions for the use of each medicine are provided.
- Ensure the patient and carer receive verbal and written information on the Just in case bag and how to use the Lorazepam tablets. (See Appendix 4 Leaflets)
- Ensure the patient and carer know who to contact out of hours should any symptoms or problems occur.

- Place a note on the patient's record to indicate that a Just in Case bag is held in the home.

3.3 Registered Nurses (District Nurses, Specialist Palliative care nurses, Macmillan Nurses)

- Identify relevant patients ahead of need.
- Liaise with the doctor regarding prescriptions and supply of the medication to go into the Just in Case bag.
- Ensure adequate supplies of equipment (e.g. needles, syringes, sharps bin etc) are available in the home to administer the medication.
- Ensure adequate stocks of Just in Case bags and leaflets are available. (Bags and leaflets are obtained from Arthur Rank House 01223 723110).
- Explain the purpose of the Just in Case bag to the patient and carers and how and when the medication will be used.
- Ensure the patient and carer receive verbal and written information on the Just in case bag and how to use the Lorazepam tablets (Appendix 3 & 4).
- Ensure the patient and carer know whom to contact out of hours should any symptoms or problems occur.
- Ensure that appropriate records of receipt and administration of Schedule 2 Controlled Drugs (e.g. diamorphine) are kept on the prescription chart or in the patient's notes.
- Inform the doctor when medication from the Just in Case bag has been used.
- Check the medicines in the Just in Case bag every week to ensure that nothing has been used, removed or expired without being recorded. Record this check in the patient's notes.
- Understand that in exceptional circumstances Registered Nurses may transport the medication directly between the pharmacy and the patient's home if necessary in accordance with PCT and Cambridgeshire Community Services policy.
- Ensure that the audit form of Just in Case bags is completed for each bag used.
- Ensure Just in Case bags are disposed of appropriately.
- Ensure that all medicines are stored and handled in accordance with PCT and Cambridgeshire Community Services policies and procedures.
- Ensure that they have received the necessary training and maintain and update their knowledge and skills in the relevant areas of practice. A record of CPD must be maintained as evidence.
- Ensure that, after an episode of care, the patient's notes are returned to base.

3.4 Pharmacist / Dispenser

- Ensure medication is dispensed in a timely manner as prescribed for the individual patient.
- Ensure that a patient or carer receives appropriate information and advice to support them in gaining best effect from any medicines supplied. This includes making clear any indefinite instructions such as "as required" or "as directed".
- For each medicine supplied include the expiry date and manufacturer's patient information leaflet.
- Label injections to inform the patient that they are for professional administration only.
- Ensure that returned Just in Case bags (including controlled drugs) are disposed of appropriately. The medicines in the Just in Case bag are prescribed for the named patient only and are never used for any other patient.

4 Process

See [Appendix 1 Flow chart of Process](#)

4.1 Setting up Anticipatory Prescribing

- Nurses and GPs identify relevant patients ahead of need ([see 2.3 Inclusion Criteria](#)).
- The prescriber prescribes the appropriate medications on form FP10, which are likely to include:
 - **Diamorphine** or alternative for pain plus **diluent** (either sodium chloride 0.9% injection or water for injections)
 - **Haloperidol** or **levomepromazine** for nausea and vomiting
 - **Midazolam** for agitation
 - **Glycopyrronium** or **hyoscine butylbromide** (Buscopan®) for respiratory secretions
 - Oral **lorazepam** tablets for sublingual use by the patient for anxiety

See [Appendix 2 Subcutaneous Injections for Symptom Control in Palliative Care](#)

- The medicines should reflect the individual needs of each patient but should include one drug for each indication.
It is recommended that at least 5 ampoules of each medicine be prescribed if needed.
- The prescriber writes the subcutaneous anticipatory medicines (except Lorazepam) on the community prescription chart with clear instructions for the use for each medicine. Each entry must be signed and dated.
- The GP or nurse explains the purpose of the Just In Case bag to patient and carer and that all items are for professional use only apart from lorazepam which can be given to the patient by the carer in accordance with the written leaflet supplied.

Notes:

The subcutaneous route is recommended for all injections. Many medicines administered via the subcutaneous route are not licensed for subcutaneous administration therefore their use is 'off label'. The effective use of medicines via the subcutaneous route is well documented and the prescriber should be conversant with such evidence. PCT policy on unlicensed medicines should be followed.

Prescriptions for parenteral diamorphine and midazolam are subject to the requirements of the Misuse of Drugs Regulations 2001 (see BNF). The instruction "as directed" or "as required" is not acceptable for a controlled drug prescription but "one (or the dose) to be taken as directed" is acceptable.

The NPSA Safer Practice Notice 12 (May 2006) advises caution when prescribing parenteral diamorphine and morphine for patients who had not previously received doses of opiates. However, it is also important that clinicians have appropriate access to medicines of sufficient strengths and a good understanding of which medicine can be used to best effect. <http://www.npsa.nhs.uk/patientsafety/alerts-and-directives/notices/morphine-diamorphine/>

For further information refer to: Cambridge and Huntingdon Palliative Care Group Fact sheets at <http://www.arthurrankhouse.nhs.uk/default.asp?id=132>

4.2 Supply of Prescribed Medicines

- The FP10 prescription is dispensed by the supplying pharmacy/surgery.
- In exceptional circumstances the medicines may be collected and transported by the Registered Nurse in accordance with PCT and Cambridgeshire Community Services policy.
- The dispensed medicines are put into a Just in Case bag by the nurse in the patient's home.

4.3 Managing the Just in Case bag in the home

- Each Just in Case bag contains
 - A leaflet for the carer explaining the purpose of the Just in Case (Appendix 3)
 - A leaflet explaining how and when the lorazepam tablets are used (Appendix 4)
 - An audit form (Appendix 5)
- The nurse makes a record of the receipt of the Just In Case medication in the patient's notes and ensures that the details on the outside of the bag are completed.
- The nurse records the strength and quantity of Schedule 2 Controlled Drugs received on the community prescription chart or in the notes. The quantity of the Controlled Drug is counted and recorded each time it is used. (It is not necessary to record the balance of other injections or tablets).
- The nurse ensures adequate supplies of equipment are available in the home for administration
- The nurse checks the contents of the Just in Case bag every week and records this in the notes. This is to ensure that nothing has been removed, used or expired without a record being made. If the nurse cannot account for all of the medicines, after enquiry with the family and health care team, the team leader/ manager must inform the police and complete an incident form.
- The prescriber must review the prescription together with the nurse at least once a month or after any changes to circumstances. This is to ensure that the medication in the Just in Case bag is appropriate both in terms of strength and type (NB - requirements may go up or down).
- Where circumstances change, a record should be made of the medications added or removed and the community prescription chart be updated.

4.4 Administration

- When subcutaneous medication is administered from the Just in Case bag:
 - The administering nurse/ doctor records the medicine and dose given on the community prescription chart.
 - It is not necessary to record the oral lorazepam on the chart, but a record should be made in the notes stating the reason for use.
 - The patient's GP must be informed.
- The GP or prescriber must:

- ❑ Review the patient's symptoms – may need a change in dosage or medicines prescribed
- ❑ Prescribe replacement medication if needed via FP10 prescription,
- ❑ Consider a regular prescription for symptom control
- ❑ Update the community prescription chart for any new medication or changes in dose / instructions.

4.5 Disposal

- When the episode of care finishes:
 - ❑ A family member should return all medicines to the supplying pharmacy for disposal as soon as possible. This includes any Scheduled 2 Controlled Drugs.
 - ❑ In exceptional circumstances, the registered nurse may return the drugs in accordance with PCT and Cambridgeshire Community Services policy.
 - ❑ The medicines in the Just in Case bag are prescribed for the named patient only and must never be used for any other patient.

4.6 Audit

The use of the Just in Case bags will be audited at least annually in order to collect data relating to usage, cost and wastage of the medication in the Just in Case bag and to identify whether there are any benefits to patients, healthcare professionals and the PCT.

Healthcare professionals and /or carers may be asked to complete a questionnaire to determine the problems and benefits of the scheme.

Any incidents or near misses concerning Anticipatory Prescribing, and remedial action taken should be reported through the PCT incident reporting system and any areas of concern will be incorporated into the annual audit programme.

5 Documentation

5.1 Statutory and other Relevant Guidance

- Misuse of Drugs Regulations 2001
- NICE guidance “Improving Supportive and Palliative Care for Adults with Cancer”
- Department of Health Guidance “Securing Proper Access to Medicines in the Out of Hours Period”
- Gold Standards Framework; Examples of Good Practice Resource Guide “Just in Case Boxes” August 2006 <http://www.goldstandardsframework.nhs.uk/>
http://www.goldstandardsframework.nhs.uk/content/guides_and_presentations/ExofGoodPracticeResourceGuide_JustinCaseBoxes.pdf

5.2 References

- Cambridge and Huntingdon Palliative Care Group Fact Sheets
<http://www.arthurrankhouse.nhs.uk/default.asp?id=132>
- British National Formulary 53 March 2007, BMJ & RPS Publishing Group
- Management and Administration of Medicines in Clinics, Community and Home Settings Policy

Acknowledgement is given to Mary Allen, Palliative Care Pharmacist, Hospice of St Francis, Berkhamsted and Clare Amass, Palliative Care Pharmacist, Garden House Hospice, Letchworth for their original pilot documents.

Appendix 1 Flow chart of Process

District Nurses / Specialist Palliative Care Nurse/ GPs should identify relevant patients ahead of need



Prescriber prescribes appropriate medications on form FP10



Prescriber writes the anticipatory medicines (except Lorazepam) on a Community Prescription chart for as Required / Anticipatory Medication and Stat Doses by Subcutaneous Injection



The GP, District Nurse or Specialist Palliative Care Nurse explains the purpose of the *Just In Case* bag to patient and carer and that all items are for professional use only (except lorazepam which can be used in accordance with the written leaflet supplied).



The FP10 prescription is dispensed by the supplying pharmacy/ dispensary
The nurse ensure adequate supplies of equipment are available in the home for administration



The dispensed medicines are put into the Just in Case bag by the nurse in the patient's home. In exceptional circumstances the medicines may be transported by the Registered Nurse (see guidelines)



The nurse makes a record of the receipt of the Just In Case medication in the patient's nursing notes. The strength and quantity of Schedule 2 Controlled Drugs received is recorded on the Prescription chart or in the notes.



The nurse checks the contents of the Just in Case bag at weekly intervals and records this in the patient's nursing notes.



The prescription/medication must be reviewed by Prescriber at least once a month or after any changes to circumstances



When items are used:

The administering Nurse/ doctor records the medicine and dose given on the Prescription chart and informs the patients GP.

The prescriber must:

Review the patient's symptoms, prescribe replacement medication if needed via FP10 prescription, consider a regular prescription for symptom control and update the prescription chart for any new medication or changes in dose / instructions.



When episode of care finishes:

The GP or nurse should inform the supplying pharmacy of the death of the patient.

A family member should return all medicines to the supplying pharmacy for disposal as soon as possible. This includes any Scheduled 2 Controlled Drugs. In exceptional circumstances, the registered nurse may return the drugs in accordance with local policy.

Returned medication must never be reused for any other patient.

Appendix 2 Subcutaneous Injections for Symptom Control in Palliative Care

- The drugs and doses included here are intended to be a guide for anticipatory prescribing. Other drugs or doses may be used according to individual need, local guidance and drug availability. Additional advice should be obtained from your local hospice or specialist palliative care team if needed.
- See also Cambridge and Huntingdon Palliative Care Fact sheets www.arthurrankhouse.nhs.uk.
- Further information is available from: www.palliativedrugs.com for general drug information and www.pallcare.info for information on drug compatibilities.

Medicine	Purpose	Dose range for bolus subcutaneous injection	Maximum dose in 24 hours	Comments
Diamorphine (Schedule 2 CD)	Analgesic	Starting dose 2.5mg to 5mg every 2 hours See fact sheets or BNF for conversion from other opioid analgesics	No maximum but unusual to need more than 200mg	In patients needing rapid escalation of doses or doses above 200mg consult a specialist. A diluent (water for injection or sodium chloride 0.9% injection) must be prescribed for diamorphine
Glycopyrronium	Anti-secretory agent	200micrograms to 400micrograms every 6 hours	1.6mg	Up to 2.4mg can be given by continuous subcutaneous infusion
Haloperidol	Antiemetic	1mg to 2.5mg once or twice a day	5mg	
	Anxiety/agitation	2.5mg to 5mg repeat every 30 minutes if required	20mg	Consider lorazepam 0.5mg to 1mg sublingually for the patient to take whilst waiting for professional support
Hyoscine Butylbromide	Anti-spasmodic / intestinal colic	20mg every 4 hours	120mg	
	Bronchial secretions	20mg every 4 hours	120mg	
Levomepromazine	Antiemetic	5mg once or twice a day	10mg	Long half life, can be given as a single dose at night if sedation a problem
	Terminal agitation	25mg every 4 hours Start with 12.5mg in elderly patients	150mg	
Midazolam (Schedule 3 CD Jan 08)	Anxiety	2.5mg to 5mg every 2 hours	60mg	
	Terminal agitation / confusion	2.5mg to 5mg every 2 hours	60mg	Higher doses may be given by continuous subcutaneous infusion
	Anticonvulsant	5mg to 10mg repeated if required	60mg	The buccal route may be used for patients who are fitting

Do you need help from an interpreter?

If you would like an interpreter to accompany you, please contact your District Nurse and we will do our best to arrange this. The services of an interpreter are provided free of charge to local families.

How you can help us

If you have any concerns about the service provided, contact our Patient Advice & Liaison Service (PALS) on free phone 0800 279 2535. The purpose of PALS is to respond to your concerns and ensure that any lessons learnt, or indeed examples of good practice, are shared throughout the Primary Care Trust. If PALS are unable to resolve your concerns, and you wish to make a formal complaint, they will be able to signpost you to the formal complaints process.

Other sources of health advice

[NHS Direct](#) is a 24-hour confidential telephone helpline providing nurse advice and health information.

NHS Direct can be contacted on 08 45 46 47.

This leaflet can be made available in large text or braille on request. Contact Cambridgeshire Community Services Communications Team on 01480 308219.

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Author: Sarah Woodley, Community Health Services Pharmacist

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A Guide to Your Just in Case Bag

What is a Just in Case bag?

A Just in Case bag is just what it says – it contains a small supply of medication that may be useful for treating one or more symptoms that can sometimes happen such as pain, anxiety or sickness.

The medicines may not be needed, but are kept in your home just in case you need them one day.

Sometimes it can be difficult to get these medicines in a hurry, so it is very helpful to have them ready – just in case.

What is in a Just in Case bag?

In your Just in Case bag there are some injections that can only be given by a nurse or doctor if needed to treat your symptoms.

The injections will vary from patient to patient; you may not need any of them, but just in case, the common ones are:

- Diamorphine for pain and shortness of breath
- Haloperidol for sickness
- Levomepromazine for sickness
- Glycopyrronium for secretions in the throat
- Midazolam for restlessness

One of the medicines in the bag is a tablet called lorazepam. It can be used to reduce anxiety, fear and breathlessness.

Your nurse or doctor will tell you and your carer when you can use these tablets. They may be useful while you are waiting for help to arrive.

Please read the leaflet '[How to Use Your Lorazepam Tablets](#)'

How do I look after my Just in Case bag?

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

They don't need to be kept in the fridge, but should be kept in a cool, dry place, away from direct heat or light. Always keep them out of the sight and reach of children.

If the medicines are no longer needed, take the bag with its contents to the pharmacy who will ensure they are disposed of safely.

Any questions?

If you have any questions about your Just in Case bag, do feel free to ask your District Nurse or GP.

Do you need help from an interpreter?

If you would like an interpreter to accompany you, please contact your District Nurse and we will do our best to arrange this. The services of an interpreter are provided free of charge to local families.

How you can help us

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Cambridgeshire Community Services

How to Use Your Lorazepam Tablets

What are lorazepam tablets used for?

Lorazepam tablets can be used to relieve anxiety (worry), fear, agitation and breathlessness.

When can the lorazepam tablets be used?

Your doctor or nurse will discuss with you and your carer the situations in which you can use the lorazepam tablets.

How are the lorazepam tablets used?

Place the prescribed dose of lorazepam under the patient's tongue and allow it to dissolve. Do not worry if the tablet is swallowed but it may take longer to work.

Do not take more than the prescribed dose.

After taking a tablet, please contact your GP or District Nurse for advice or further medical help as needed.

Can lorazepam cause unwanted effects?

Along with their useful effects all medicines can cause unwanted effects.

Lorazepam may cause you to feel drowsy, dizzy, light headed, unsteady or less alert. This is to be expected. Sit or lay down as needed.

How do I look after the lorazepam tablets?

The lorazepam tablets have been prescribed for you. Never give your medication to others even if their condition appears to be the same as yours.

Keep the lorazepam tablets in the Just in Case bag together with the other medication in a safe place, out of the sight and reach of children.

Any questions?

If you have any questions about your lorazepam tablets, do feel free to ask your District Nurse or GP.

Appendix 5 Audit Form

Audit of Just in Case Bags

Please can the District Nurse complete the following Questionnaire for every Just in Case bag issued:

Aims of audit:

- To ascertain the use of the Just in Case bags
- To ascertain wastage of the just in case bags
- To discover whether the Just in case bags improve patient care

1. Practice Name GP.....

2. Date Just in case bag issued.....

3. Which drugs were in the just in case bag?

Drug Name	Tick	Strength	Number of ampoules/ tablets etc
Diamorphine			
Midazolam			
Glycopyrronium			
Haloperidol			
Hyoscine butylbromide			
Levomepromazine			
Water for injections			
Sodium chloride injection			
Lorazepam tablets			
Other (specify)			

4. Was the Just in Case bag used? **YES / NO**

If you answered YES, please record which drugs were used, or enclose a copy of the prescription chart (blocking out patient details)

Date	Drug	Dose	Time	Given by *(see code)

GP- General Practitioner OOH – Out of hours doctor DN- District nurse Mac- Macmillan nurse HH- Hospice at home nurse
Pt- Patient Rel – Relative

5. Were there any medicines that were needed that were not included in the Just in Case bag? **YES / NO**

If YES, please state which medications should have been included and why?

.....
.....

6. Did the Just in Case bag help prevent:

An emergency call out to the doctor? **YES / NO**

An out of hours call to the doctor? **YES / NO**

An admission to hospital? **YES / NO**

An admission to a hospice? **YES / NO**

7. Did the Just in case bag prevent unacceptable difficulties, delays or time wasted by the District Nurse / Carer obtaining medication? **YES / NO**

If YES, please give details

.....

8. Was the introduction of the Just in Case bag readily accepted by all, e.g. health care professionals/ patient / carer / relatives? **YES / NO**

If NO, what were the issues?

.....

9. At which stage of illness was: a) the Just in Case bag obtained?

b) the Just in Case bag used?

10. Please share any comments or feedback received from patients, relatives, carers or other healthcare professionals about the Just in Case bag

11. Please comment on any problems encountered or any suggestions for improvement to the Just in Case bags scheme

Audit Form completed by (name):..... **Date:**.....

Role:.....

Please send/fax completed forms to:

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