NHS	Blackpool Teaching Hospitals NHS Foundation Trust	Cumbria Partnership NHS Foundation Trust	North Cumbria University Hospitals NHS Trust	University Hospitals of Morecambe Bay NHS Foundation Trust

PALLIATIVE CARE FORM 1
NB this is not a Syringe Driver Prescription / Authorisation sheet

JUST IN CASE (JiC) MEDICATION AUTHORISATION SHEET

(Approved by the AREA PRESCRIBING COMMITTEES for use by ALL NHS & INDEPENDENT SECTOR Palliative Care Services in CUMBRIA CCG & LANCASHIRE NORTH CCG areas).
PLEASE USE THIS SHEET TO AUTHORISE ONE DRUG FOR EACH OF THE CORE SYMPTOMS[1]

(See overleaf for guidance and refer to Deciding Right Just in Case process document for more information)

(Community nursing authorisation to administer the following drugs prescribed on FP10 – record administration on an **INJECTION ADMINISTRATION RECORD) (FORM 3)**

PATIENT DETAILS:	**NHS NUMBER:**	**DISTRICT NURSE:**	**GP:**
SURNAME:	**FORENAME:**		**SURGERY:**
ADDRESS:			

Prescribe FIVE AMPOULES of each of the four core "just in case" drugs to be left in the patient's home, together with this sheet, to ensure patients have "as required" medication for symptom control should the need arise. Don't forget to:

- Complete or update the Out of Hours Service special patient form for Bay Urgent Care or FCMS (Lancashire North CCG patient) or CHOC (Cumbria CCG patient)
- Review doses for Just in Case opioids regularly and always when regular oral doses are changed.
- If a syringe driver becomes necessary cancel this sheet and use the "***stat or prn*** " section of the Community Nursing Syringe Driver Authorisation sheet**. (FORM 4**)

DATE PRESCRIBED Review expiry dates regularly	**MEDICATION**	**DOSAGE** *please see overleaf to calculate correct doses	**FREQUENCY**	**ROUTE**	**PRESCRIBER SIGNATURE & REGISTRATION NO (GMC/NMC/GPhC)**	**DATE & INITIALS WHEN STOPPED**
	1. Morphine (or alternative opioid analgesic)	**See below* and REVIEW if the 24h dose changes**	STAT hourly PRN **for PAIN . (READ NOTES OVERLEAF) Low doses may also be used for BREATHLESSNESS**	sc		
	Antiemetic, either 2a. Cyclizine Not for patients with severe heart failure, or if 150mg in CSCI; Caution in hepatic or renal impairment	50mg	STAT 8 hourly PRN **for NAUSEA and VOMITING (READ NOTES OVERLEAF)**	sc		
	Or 2b. Levomepromazine	**See below*** 2.5mg – 5mg	STAT 6 hourly PRN **for NAUSEA and VOMITING (READ NOTES OVERLEAF)**	sc		
	3. Midazolam 10mg in 2ml	**See below*** 2.5mg - 5mg	STAT up to hourly PRN **for TERMINAL AGITATION (READ NOTES OVERLEAF) or BREATHLESSNESS**	sc		
	4. Glycopyrronium	200 micrograms	STAT 4 hourly PRN **for EXCESSIVE SECRETIONS**	sc		
	5.					
	Water for injections 10ml ampoules	Only to ensure initial stock in place in case of progression to CSCI	n/a	sc		

***NB: Prescribers may specify a safe, limited dose range if appropriate, but when a dose range is prescribed nurses should ALWAYS administer the lowest dose initially, and if uncertain about using higher doses should first seek specialist advice from the 2nd on call system.**

[1] If the "standard" drugs for core symptoms are not appropriate STRIKE OUT and authorise an alternate analgesic, anti-emetic or anti-secretory agent using the blank box. (see reverse for further information) This does not preclude clinical judgement.

1. OPIOID ANALGESIA **Morphine** is the first choice injectable strong opioid unless there is a contra-indication.

- In opioid naive and/or elderly patients, prescribe 2.5mg - 5mg morphine SC stat initially. Assessing the response is important and a further dose may be given, if required, 60 minutes later.
- Patients already taking oral (PO) Morphine (or high doses of step 2 opioids e.g. codeine, tramadol – refer to BNF or prescribing guidelines for equivalent morphine doses) will need a higher initial SC dose:-

To calculate this dose:- First confirm the **TOTAL** oral **Morphine** (or equivalent) dose taken over the previous 24 hours, **including immediate release (IR) breakthrough doses.** The conversion ratio is 2:1 therefore divide **by 2** to convert to the equivalent **24h SC Morphine** dose. Prescribe **ONE SIXTH of this** as the "Just in Case" (JIC) dose.

e.g. Current oral dose is **60mg** MR morphine **bd** + **3 x 20mg** IR breakthrough doses (i.e. Current total daily dose = **180mg**/24h PO). 180mg ÷ 2 = **90mg**/24h SC and 90 ÷ 6 = **15mg** i.e. "Just in Case" stat dose is 15mg. Note the injection volume for a SC stat bolus dose should not exceed 2mls; prescribe appropriate strength of Morphine Sulphate Injection.

If the calculated Morphine breakthrough dose ≥ 120mg PO or 60mg (2ml) SC contact the specialist palliative care team for advice

Oral Morphine			**SC Morphine** (*Lowest practical 24hour dose)		**Oral Oxycodone** (doses adjusted to nearest available product strengths)			**SC Oxycodone** (*Lowest practical 24hour dose)		**TD Fentanyl**	**SC Diamorphine** FOR INFORMATION; USE ONLY IN CASE OF MORPHINE SHORTAGES	
4hr IR breakthrough dose (e.g.Sevredol, Oramorph)	12 hour (bd) MR Dose (e.g.Zomorph caps or MST tabs)	24 hour total oral dose	4 hour SC stat/ JIC/ breakthrough dose	24 hour total s/c dose	4hr IR breakthrough dose(e.gShortec or OxyNorm Caps/Liquid)	12 hour (bd) MR Dose or (e.g.Longtec or OxyContin)	24 hour total oral dose	4 hour SC stat / JIC/ breakthrough dose	24 hour total s/c dose	Patch Strength mcg/hr for 72 hrs (Matrifen)	4 hour SC stat/ JiC/ breakthrough dose	24 hour total s/c dose
2.5mg	5mg	10mg	2.5	5mg*	1mg	n/a	5mg	1mg	5mg*	do not use	1mg	5mg
5mg	15mg	30mg	2.5mg	15mg	2.5mg	5mg	15mg	1mg	7.5mg	12mcg	2mg	10mg
10mg	30mg	60mg	5mg	30mg	5mg	15mg	30mg	2.5mg	15mg	25mcg	2.5mg	15mg
15mg	45mg	90mg	7.5mg	45mg	7.5mg	20mg	40mg	2.5mg	20mg	37mcg	5mg	30mg
20mg	60mg	120mg	10mg	60mg	10mg	30mg	60mg	5mg	30mg	50mcg	7.5mg	45mg
30mg	90mg	180mg	15mg	90mg	15mg	45mg	90mg	7.5mg	45mg	75mcg	10mg	60mg
40mg	120mg	240mg	20mg	120mg	20mg	60mg	120mg	10mg	60mg	100mcg	10mg	80mg
50mg	150mg	300mg	25mg	150mg	25mg	75mg	150mg	12.5mg	75mg	125mcg	15mg	100mg
60mg	180mg	360mg	30mg	180mg	30mg	90mg	180mg	15mg	90mg	150mcg	20mg	120mg
100mg	300mg	600mg	50mg	300mg	50mg	150mg	300mg	25mg	150mg	250mcg	35mg	200mg
120mg	360mg	720mg	60mg	360mg	60mg	180mg	360mg	30mg	180mg	300mcg	40mg	240mg

Fentanyl patches should be left on, **continuing to change the patch regularly every 72h (r**emember to include the dose from the patch when calculating breakthrough doses.) To convert other opioids to the SC route or if prescribing another opioid subcutaneously, refer to the resources below or seek help from a specialist centre.

2. CYCLIZINE (Contra-indicated in Severe Heart Failure, Caution in Hepatic and Renal Failure)

50mg stat, which can be repeated **8 hourly**. The maximum dose is 150mg SC in 24 hours stat or CSCI. **Levomepromazine** 2.5 mg - 5mg SC stat 6 hourly prn (2.5mg – 12.5mg/24h CSCI) is a broader spectrum anti-emetic drug now being used more widely; it is sedating, even at low doses. Another alternative is haloperidol 500 micrograms SC stat 8 hourly prn (1.5mg - 5mg/24h CSCI).

3.GLYCOPYRRONIUM 200micrograms stat every 4 hours followed by 600micrograms – 1.2mg over 24 hours via CSCI. Hyoscine hydrobromide 400micrograms stat every 4 hours (1.2mg - 2.4mg/24h CSCI) is sedating, (but can cause paradoxical agitation) so no longer routinely a first line choice. Hyoscine butylbromide (Buscopan®) (20mg SC stat hourly prn, followed by 60mg - 120mg/24h CSCI) is another non- sedating alternative.

4. MIDAZOLAM (as the concentrated preparation; i.e. **10mg in 2ml** ampoules)

2.5mg - 5mg is the usual starting dose, which may, on occasion, need repeating after an hour. Continue up to **hourly** as required, If 3 or more doses are needed consider a syringe driver, 10mg - 30mg/24h. If >30mg/24h required, consider adding haloperidol or levomepromazine. **NB before administration, common causes of agitation e.g. pain, urinary retention or faecal impaction should be managed or excluded, also check whether sedation is acceptable to the patient.**

USEFUL RESOURCES:

Lancashire & S Cumbria Palliative & End of Life Care Advisory Group Prescribing guidelines 2014 www.elmmb.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=41575
North of England Cancer Network Palliative & End of Life Care guidelines for cancer and non-cancer patients 3rd Edn 2012 http://www.nescn.nhs.uk/wp-content/uploads/2014/05/NECNPalliativeCareGuidelinesBooklet2012.pdf
Scottish Palliative Care Guidelines(End of Life Care) Dec 2014 http://www.palliativecareguidelines.scot.nhs.uk/guidelines/end-of-life-care.aspx
Twycross R, Wilcock A (2014) Palliative Care Formulary 5th Edition (subscription required) www.palliativedrugs.com

SYRINGE DRIVER INFORMATION:
For information about prescribing for a syringe driver please refer to:-
http://www.palliativecareguidelines.scot.nhs.uk/guidelines/end-of-life-care/syringe-pumps.aspx