Facilitating Anticipatory Care for Adults at the End of Life

Policy for the use of

Just in Case Boxes

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With thanks to NHS Lanarkshire who gave permission to base this document on their own policy
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1. Purpose and Scope

The purpose of this policy and supporting guidelines is to improve anticipatory care to help more people with palliative care needs and at the end of their life to be cared for and die in the place of their choice. Improved anticipatory care will ensure patients receive timely symptom assessment and management. Facilitating improved anticipatory care has the potential to enhance patient care and aid the prevention of unnecessary crises and unscheduled hospital admissions.

The safe and effective provision of anticipatory care at the end of life may be enabled by the provision of a Just in Case box in the patient’s home/care home of residence.

This document applies to all practitioners caring for a patient at home who is either involved in setting up a box for use in the home or for the administration of medication from the box. It also applies to registered nurses in care homes.

This policy has been prepared in response to the East Kent CCG’s End of Life strategy documents.

2. Statement of Policy

The aims of this policy are to:

- Promote procedural uniformity and assist practitioners who are involved in setting up a Just in Case box.
- Promote procedural uniformity and assist practitioners who are administering medication from a Just in Case box.
- Support safe and accountable practice when providing symptom relief for those patients who require prescribed medication administered from a Just in Case box.
- Clarify roles and responsibilities.

3. Responsibilities and Organisational Arrangements

All practitioners using a Just in Case box must maintain clear, legible and accurate records for medicine administration (1,2).

4. Reporting Suspected Incidents or Defects

Any errors or incidents in relation to the use of a Just in Case box must be recorded and reported. This should be done via the practitioner’s Line Manager and the incident should be recorded on their incident reporting system. Any further documentation must be completed as per local policy.

5. Guidelines for setting up a ‘Just In Case’ box for a patient in the community

5.1 Background

The National End of Life Strategy (3) aims to ensure the delivery of high quality palliative care to everyone in the UK on the basis of clinical need not diagnosis, and according to established principles of equity and personal dignity. It sets out an agenda for improving the
quality and effectiveness of services. Many areas nationally have developed a system of “Just in Case Boxes” to support the proactive management of patients at the end of life to effectively manage symptoms and preventing potential crises that are distressing for both the patient and their families.

This policy supports anticipatory prescribing and access to palliative care medication for patients in the dying phase. Common symptoms in the terminal phase e.g. pain, anxiety, breathlessness, nausea and respiratory secretions may be anticipated. Adequate quantities of the appropriate medicines are prescribed for the patient and stored in an identifiable container, the Just in Case box, in the patient’s home. Carers and patients are reassured that the prescribed medicines have been prescribed ‘just in case,’ and may not be needed. Patients and carers have a range of contact numbers (including District Nursing and out-of-hours services) to ensure timely access to symptom assessment and management. These will be detailed in the patient care record which is left with the patient.

A national guidance document, *The Gold Standards Framework – Examples of Good Practice Resource Guide for Just in Case Boxes* (4), and the NHS Lanarkshire Policy for the use of Just in Case Boxes (5) were used to develop this guidance document. This work was overseen by the East Kent End of Life group.

5.2 Patient selection

The key message is to encourage the multidisciplinary team caring for the patient to:

- proactively consider anticipatory care and the provision of anticipatory medication
- anticipate the key symptom control issues the patient may experience at the end of life e.g. pain, nausea or vomiting, restlessness, moist respiratory secretions or breathlessness
- ensure there is a sufficient supply of the appropriate anticipatory medication available in the patient’s home/care home of residence to cover the out of hours period
- ensure the appropriate documentation is completed and in place in the patient’s home/care home of residence to ensure the appropriate anticipatory medication may be administered if required

5.2.1 Criteria for patient inclusion in the scheme

This scheme is for any patient with a terminal illness registered with a General Practitioner in any of The East Kent CCGs and, who are supported by Registered Nurses and who are assessed as suitable for inclusion *(see section below 5.2.2 Assessing a patient’s suitability for inclusion in the scheme)*. This will include almost all patients with a terminal diagnosis.

The scheme should be implemented at the earliest opportunity and in line with the development of an anticipatory care plan in order that the scheme has the greatest impact for the patient

5.2.2 Assessing a patient’s suitability for inclusion in the scheme

- The patient’s own GP, hospice doctor, registered nurse (including Community and Hospice) or hospital doctor, will identify potential patients ahead of need.
- The team caring for the patient will then discuss a patient’s suitability for inclusion in the scheme.
- Practitioners should aim to have a Just in Case box placed within a patient’s home/care home of residence at the earliest opportunity before anticipated death.

5.2.3 Informing patients and carers of the scheme
- Discuss the scheme with the patient and their carer(s)
- Provide the patient and their carer(s) with a copy of the Patient Information Sheet (Appendix 1), which describes the scheme and their responsibilities. The doctor or nurse must explain the purpose of the Just In Case box to the patient and their carer(s), and reinforce that all items contained within the box are for professional use only
- Reassure the patient and carer(s) that they may opt in or out of the scheme at any time
- Let the patient have further time to discuss the scheme with their carer(s) before initiating supply of the required medication

5.2.4 Action to be taken if a patient declines inclusion in the scheme
- Discuss with the patient where he or she wishes to be cared for at the end of life. They may prefer end of life care in a hospice or a hospital
- If a patient prefers to be cared for at home/in their care home of residence at the end of life, inform them that the usual procedures for symptom assessment and management will apply.

5.2.5 Criteria for patient exclusion from the scheme
- Risk assessment and management should be undertaken on a case-by-case basis
- Where a patient and or their carer(s) is unwilling to participate in the scheme, and/or there is a history or suspicion of drug misuse among carers or visitors to the home a risk assessment should be undertaken. If patient exclusion from the scheme is considered appropriate, alternative arrangements should be discussed, agreed and implemented

5.2.6 Reassessment of a patient’s suitability for inclusion in the scheme
A patient’s anticipatory care needs may change during the course of their illness. A registered nurse must be responsible for ensuring a patient’s suitability for inclusion in the scheme is reviewed every 28 days, and/or after any known change in circumstances.

5.3 Summary of treatment available under the scheme

For Patients in their own homes

5.3.1 A registered medical practitioner or non medical prescriber, who has access to the patient’s current medical record, will prescribe the anticipatory medication for the individual patient –5.3.2 see table 1

5.3.2 The Kent Community Health Foundation Trust (KCHFT) Community Prescription Chart is completed.

5.3.3 The medication will be dispensed by a Community Pharmacy / Hospital Pharmacy and supplied to the patient.

5.3.4 The prescribed medicines, the Community Prescription chart and the necessary sundries (needles, syringes, occlusive dressings and community sharps bin) are stored in the Just in Case box in the patient’s home. The sundries and box will be
supplied by KCHFT.

5.3.5 The out of hours medical and nursing service, South East Coast Ambulance Service and all 24 hour nursing services should be notified that a Just in Case box is in place in the home via an update of the patient’s “share my care” /IBIS record.

For patients in Residential Care Homes

Points 5.3.1 – 5.3.5 apply with the exception that all the medication will be stored in accordance with the normal storage recommendations within a residential home.

For patients in Nursing Care Homes

Only points 5.3.1, 5.3.3 and 5.3.5 will apply. The nurses in the care home will administer and record in accordance with the pharmacy produced medication administration record (MAR) chart. The home will provide the necessary sundries and store the medication in accordance with the normal storage recommendations within a nursing care home.

5.4 Recommended medication

The medication recommended (Table 1) has been aligned with local recommendations to ensure patients receive appropriate symptom management at the end of life.

NB: Medications should have a minimum of 6 months shelf life at the date of issue.

Table 1 – Recommended Medications for Just in Case Box prescription

<table>
<thead>
<tr>
<th>Indication</th>
<th>Medication</th>
<th>Route</th>
<th>Dose instructions</th>
<th>Recommended Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain relief</td>
<td>Morphine sulphate injection</td>
<td>SC</td>
<td>2.5 – 5mg hourly as required. -Patients already on opioids should have an individualised prescription.</td>
<td>10 ampoules of 10mg/ml</td>
</tr>
<tr>
<td>Anxiety/ sedation</td>
<td>Midazolam injection</td>
<td>SC</td>
<td>2.5mg – 5mg every 2 hours as required.</td>
<td>10 ampoules of 10mg/2ml</td>
</tr>
<tr>
<td>Respiratory secretions</td>
<td>Glycopyrronium injection</td>
<td>SC</td>
<td>400mcg - hourly as required. Max 1.2mg in 24 hrs</td>
<td>10 ampoules of 200mcg/1ml</td>
</tr>
<tr>
<td>Nausea/vomiting</td>
<td>Levomepromazine injection</td>
<td>SC</td>
<td>6.25mg - 4 hourly as required</td>
<td>10 ampoules of 25mg/1ml</td>
</tr>
<tr>
<td>Diluent</td>
<td>Water for injection</td>
<td>SC</td>
<td></td>
<td>10 ampoules of 10ml</td>
</tr>
</tbody>
</table>

Additional items: 1ml and 2ml syringes, subcutaneous safety needles, needles for drawing up, occlusive dressing, community sharps bin, KCHFT Community Prescription chart
5.5 Regular reassessment of the individualised treatment for a specific patient

A patient’s anticipatory care needs may change during the course of their illness. A registered nurse must be responsible for ensuring a patient's individualized treatment plan is reviewed at least every 28 days and/or after any known change in circumstances. This will assist in ensuring the medication available in the Just in Case box and the supporting documentation are appropriate for the needs of the patient. At this review the Community Prescription Chart must be reauthorized by a registered medical practitioner or non medical prescriber who has access to the patient's current medical record.

5.6 Characteristics of staff authorised to provide care under the scheme

- A registered medical practitioner or non medical prescriber, who has access to the patient’s current medical record will prescribe medication for the individual patient
- A registered medical practitioner , a first level registered nurse or a registered paramedic will administer the prescribed medication
- Staff providing care under this scheme require to be aware of the content of this policy and practice within the scope of their professional competency.

5.7 Safe and Secure Handling of Medicines

5.7.1 A KCHFT Community Prescription Chart will be used to document all medication administered under this scheme. The document will be kept in the patient care record.

5.7.2 Medication contained within a Just in Case box has been prescribed for an individual patient and should never be administered to any other patient.

5.7.3 The dispensed medication together with the required sundries will be packed in the Just in Case box by a Community Nurse in the patient’s home.

5.7.4 The KCHFT nurse will record the Controlled drugs (CD) on the KCHFT CD record and record a running balance.

5.7.5 The KCHFT nurse will complete the KCHFT “Check of Contents” form at least every 28 days. This will ensure the drugs have not expired and that the Community Prescription chart is reauthorized every 28 days.

5.7.6 For patients being discharged from the hospice or hospital with a Just in Case prescription, the medication will be dispensed by the hospice or hospital and a community nurse will supply the box and sundries to patients in their own home/care home of residence. The GP will be advised that the just in case box is in place so the appropriate records can be made.

5.7.7 The box will be stored out of reach and sight of children. A registered nurse should document in the patient’s notes that a Just in Case box is in place in the patient’s home/care home of residence and the location within the home where it is stored.

5.7.8 The Just in Case box will be sealed and labelled externally with, the patient’s name, the date the box was placed in the patient’s home and the earliest expiry date of the medicines contained within the box.

5.7.9 If any doses of any one of the medications prescribed as part of the scheme are administered within a 24-hour period, the medical practitioner responsible for the care of the patient at that time must be informed. A regular prescription or continuous
subcutaneous infusion via a syringe driver may now be more appropriate. If appropriate the anticipatory medication should be used as part of this treatment.

5.7.10 All remaining Just in Case anticipatory medicines no longer required for treatment following a change in regime or death, should be returned to a community pharmacist by the family or carer. The empty Just in Case plastic box and documentation should be returned to the Community Nursing base (The printed label affixed to the outside of the box will say who to return it to).

6. Audit

A Just in Case Box Audit Form (appendix2) will need to be completed for each patient receiving a Just in Case box. The KCHFT registered nurse will be responsible for completing these and returning them to The Head of Medicines Management SKC CCG.

7. References


5. NHS Lanarkshire (2013) Policy for the Use of Just in Case Boxes: NHS Lanarkshire
A guide for patients about
anticipatory care medication, called a just in case box

Why have I been given this advice sheet?
A healthcare professional looking after you may have left a just in case box in your home. This box contains some medicines which have been prescribed for you just in case you need them, especially during the night or at the weekend when your GP practice or local pharmacy is closed. These medicines are usually given by injection to help relieve pain, sickness, anxiety and other symptoms that may be experienced towards the end of life. Your healthcare professional or GP will talk to you and your family and/or carer about the box when they bring it to the house.

What's in the box?
The box contains some injections that a healthcare professional or doctor may give, if needed, to relieve symptoms you may experience. A prescription chart will be left with the box. The box also contains items such as needles and syringes which are required to give these injections.

What happens if someone uses the medicine in the box?
The healthcare professional or doctor will only give you what has been prescribed for you. They will keep a record of any medicines that are given to you. The box contains enough medication to last until more can be supplied if needed.

Where should I leave the box?
Remember to keep the box in a safe place. Your healthcare professional will advise you on the best place.

The just in case box should be stored out of sight and out of the reach of children.

What do I have to do now?
You don’t need to do anything. You and your family and/or carer can relax, knowing that you won't have to worry about trying to get hold of medicines if you need them outside of normal working hours.

If you start to have any symptoms you should continue to take your usual medicines, for example, painkillers usually taken by mouth to see if this helps. If they do not help, you, your family or carer can phone your GP, community nurse or the out-of-hours service for advice. The GP or community nurse will discuss your symptoms with you, your family and/or carer to decide the best treatment for you. If you're unable to swallow your medication or are being sick, then the GP or community nurse may give you an injection from your just in case box of medicines.

Useful contacts

Excellent care, healthy communities
Appendix 2  JUST IN CASE BOX AUDIT FORM

PRACTICE NAME: ____________________________

Date box was issued: DD / MM / YYYY

Patient DOB: DD / MM / YYYY NHS no: ________________

RIP date: DD / MM / YYYY

Length of time box available for use: ________________ days

Aims of the audit
   a) To determine the use of Just in Case boxes
   b) To determine the wastage of drugs in the Just in Case boxes
   c) To determine whether the Just in Case boxes improve patient care

Instructions
   a) An audit form is to be completed for each patient who has a Just in Case box
   b) YES/NO questions – please circle / tick the appropriate answer to each question

QUESTIONNAIRE

1. Which drugs were in the Just in Case box to start with?

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug strength (please tick)</th>
<th>Number of ampoules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine sulphate</td>
<td>10mg/1ml</td>
<td>□</td>
</tr>
<tr>
<td>Midazolam</td>
<td>10mg/2ml</td>
<td>□</td>
</tr>
<tr>
<td>Glycopyrronium</td>
<td>20mg/1ml</td>
<td>□</td>
</tr>
<tr>
<td>Levomepromazine</td>
<td>25mg/1ml</td>
<td>□</td>
</tr>
<tr>
<td>Any others?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Were any drugs in the Just in Case box used?  
   Yes □ No □

   If Yes, please record which drugs were used and how many ampoules were used.

<table>
<thead>
<tr>
<th>Drug</th>
<th>Number of ampoules</th>
<th>Given by (circle as appropriate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>GP / OOH / DN / OOH DN / MC / Hospice/SECAMB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GP / OOH / DN / OOH DN / MC / Hospice/SECAMB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GP / OOH / DN / OOH DN / MC / Hospice/SECAMB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GP / OOH / DN / OOH DN / MC / Hospice/SECAMB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GP / OOH / DN / OOH DN / MC / Hospice/SECAMB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GP / OOH / DN / OOH DN / MC / Hospice/SECAMB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GP / OOH / DN / OOH DN / MC / Hospice/SECAMB</td>
</tr>
</tbody>
</table>

GP: General Practitioner, OOH: Out of Hours Doctor, DN: Daytime District Nurse,  
OOH DN: Out of Hours District Nurse, MC: Marie Curie Staff Nurse
Were any drugs returned to the pharmacy for destruction?

Yes  No

If Yes, please state which drugs were returned to the pharmacy for destruction

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug strength (please tick)</th>
<th>Number of ampoules</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morphine sulphate</td>
<td>10mg/1ml</td>
<td>□</td>
</tr>
<tr>
<td>Midazolam</td>
<td>10mg/2ml</td>
<td>□</td>
</tr>
<tr>
<td>Glycopyronium</td>
<td>20mg/1ml</td>
<td>□</td>
</tr>
<tr>
<td>Levomepromazine</td>
<td>25mg/1ml</td>
<td>□</td>
</tr>
<tr>
<td>Any others?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Did the Just in Case box prevent any of the following?

<table>
<thead>
<tr>
<th>An out-of-hours call to a doctor?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission to a hospital or hospice?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the patient stay in their chosen place of care?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

5. Was there any resistance to the introduction of the Just in Case box?

<table>
<thead>
<tr>
<th>Was there resistance?</th>
<th>If yes, please say what</th>
</tr>
</thead>
<tbody>
<tr>
<td>By the patient?</td>
<td>Yes</td>
</tr>
<tr>
<td>By the patient’s relatives?</td>
<td>Yes</td>
</tr>
<tr>
<td>By anyone else?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

6. Any other comments about the Just in Case box?

Form completed by (name & signature) .................................................................

Organisation...........................................................................................................

Please return form to: southkentcoast.ccg@nhs.net  FAO Head of Medicines Management
Appendix 3
Process for the initiation of a Just in case box
(for more information see Policy for the Use of Just in Case boxes)

Identification of need

- Anticipatory care planning process identifies that patient would benefit from having anticipatory end of life medication available – (GP, competent clinicians from hospice, KCHFT, EKHFT)
- Discuss reason for just in case box with patient and carers. If in agreement proceed with implementation – provide guide for patients – Anticipatory Care Medication Just in Case box

Prescription of medication

- **GP, or competent clinicians from hospice or EKHFT** to prescribe anticipatory medication and complete the Palliative care Community Prescription chart. (The healthcare professional who identifies the need for anticipatory medication should prescribe it and complete the prescription chart, but the GP must be informed).
- **GP** to ensure that supply of just in case box is entered in patient notes.

### Recommended Anticipatory End of Life Medication:

- Morphine Sulphate injection 10mg/ml – 10 ampoules
- Midazolam 10mg/2ml injection – 10 ampoules
- Glycopyrronium 200mcg/ml injection – 10 ampoules
- Levomepromazine 25mg/ml injection – 10 ampoules
- Water for injection 10ml – 10 ampoules

Dispensing of Medication

- **Hospital or Community Pharmacy** to dispense anticipatory medication ensuring all items have at least a 6 month expiry.
- Pharmacy to deliver medication or carer / patient to collect.

Set up of Just in Case box in patient’s home

- **GP, hospice or EKHFT** to contact KCHFT team to arrange for supply of sundries and box for the medicines to be stored in.
- **GP** or hospice to inform out of hours, SECAMB and 24 hour nursing team via share my care /IBIS.
- **KCHFT** to supply sundries and box; confirm patient and carers have received the guide for patients and add patient to their caseload for review at least every 28 days.
- **KCHFT** to complete “check of contents” form, seal and label the box and document in the patient’s notes where the box is stored.
**Patient review**

KCHFT to review the patient at least every 28 days; complete the “check of contents” form and prompt GP to reauthorise the Palliative care Community Prescription Chart.

**Medication administration**

- The just in case anticipatory medication can be administered as needed by a registered medical practitioner, a registered nurse or paramedic.
- If a dose of any one of the just in case box medications is administered within a 24 hour period the GP should be informed. A regular prescription or syringe driver may be required.
- If appropriate utilise the just in case medication as part of this treatment.

**Disposal of medication and box**

- Following a change in treatment or death, the just in case anticipatory medicines should be returned to a Community Pharmacy by the family or carer.
- The plastic box and any remaining sundries should be returned with the documentation to the Community nursing base.

**Audit**

KCHFT to complete a Just in case audit form and return to southkentcoastccg@nhs.net FAO Head of Medicines Management.