Guidance for GPs for the issue of a “Just in Case” box

GPs should note that the Just in Case service relies on anticipatory prescribing of a standard list of palliative care medicines four to eight weeks before the expected end of life of the patient. A prescription for a Just in Case box should NEVER be urgent. A JIC box should not be issued for a patient in a NURSING HOME (prescribe necessary items as normal for patients in nursing homes); some care homes without nursing are also unsuitable for JIC box if their procedures require them to open the box on receipt to store the medication.

Decision to issue JIC made following discussion with community / palliative care / hospice nurse either at practice palliative care meeting or following a home visit. Assess risks of having controlled drugs in the patient’s home.

GP / nurse should have face-to-face consultation with patient / carer to explain the service and what each medicine is for. It should be emphasised that the JIC box must remain at home unopened, until needed. The healthcare professional will break the seal when needed. It is essential that patients and carers are fully aware of the JIC box rationale i.e. that it is for EOLC, to avoid problems when they receive the box.

GP prescribes the medicines from the JIC formulary (GP systems could be set up to automatically print relevant Rx directions if required). Deviation from the formulary drug list and quantities should only occur in exceptional circumstances. Pharmacies will be expected collect audit data on deviations from the list, for the CCG to monitor.

Remember to ensure dose range is included on all medicines to allow for opiate naive patients and those already established on opiates. Failure to include doses on FP10 is illegal and failure to provide a broad range of doses could delay start of treatment at time of need.

FP10 should be checked to ensure it complies with Controlled Drug legislation.

Remember that a JIC will not be considered as urgent by the pharmacy
Annotate the Rx with 'For JIC box'; otherwise the items will not be dispensed in a JIC box.
You may wish to give the patient the 'What is the JIC box?' leaflet (pharmacies will also provide)

GP or Practice Palliative Care Lead (PPCL) should update relevant palliative care documentation and services e.g. palliative care folder, OOH, Hospice@Home.

Patient details and JIC in use to be displayed on the surgery's Palliative Care whiteboard.

The GP should liaise with the relevant nursing team to provide the ‘Drug Instruction Chart’.
When the JIC box is no longer required, any remaining contents should be returned to the issuing pharmacy (or any other pharmacy if this is not practical) so remaining medicines can be disposed of safely. It is not the pharmacies responsibility to follow up on JIC box medication once dispensed.

All documents can be found on DXS, HARMLESS, and GRACE:
http://nww.hastingsandrothergpinfo.nhs.uk/SecondaryCare/Medicine/cancer/HR-Oncology/palliativecare.asp
http://nww.esdwgpinfo.nhs.uk/SecondaryCare/Medicine/cancer/HR-Oncology/palliativecare.asp

JIC box GP flowchart
April 2015
What is in it?
The standard contents are as follows:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diamorphine hydrochloride 10mg injection</td>
<td>10</td>
</tr>
<tr>
<td>Midazolam 10mg in 2ml injection</td>
<td>10</td>
</tr>
<tr>
<td>Haloperidol 5mg in 1ml injection</td>
<td>10</td>
</tr>
<tr>
<td>Cyclizine 50mg in 1ml injection</td>
<td>10</td>
</tr>
<tr>
<td>Water for injection 10ml</td>
<td>10</td>
</tr>
<tr>
<td>Hyoscine hydrobromide 600mcg in 1ml injection</td>
<td>10*</td>
</tr>
<tr>
<td>Glycopyrronium 200mcg/ml 3ml</td>
<td>10*</td>
</tr>
</tbody>
</table>

*Either hyoscine hydrobromide or glycopyrronium should be prescribed, depending on patient need, prescriber preference, and product availability

Deviation from JIC box formulary list
This is a set list of drugs to be used in a JIC box, and any deviation from this list is discouraged. If there is any deviation from this list, pharmacies are expected to collect this data in their audit returns to the CCG for monitoring. Occasionally pharmacies may wish to clarify the prescription with the prescriber before dispensing.