

Consider using My Care
Plan to support those in
the last days of life

- Reverse the reversible – consider clinical presentation, preferences and wishes of the patient and if appropriate, those important to the patient.
- Ensure discussion – with patient (if able and willing), those important to the patient and the rest of the team, including out of hours services
- Develop a plan
- Refer to district nurses or liaise with the key worker
- Document

<p>Multi disciplinary team assessment (MDT)</p> <p>Include</p> <ul style="list-style-type: none"> • current condition • reasons for deterioration • nutrition and hydration • current symptoms <p>Please see guidance</p>	<p>If further support or advice is needed, please contact Specialist Palliative Care team</p>
<p>Medical management plan</p> <p>Include Management goals</p> <p>Consider</p> <ul style="list-style-type: none"> • Hydration & nutrition • Treatment escalation • Observations • Blood test • Blood glucose monitoring • Medication review • Oxygen • Management of ICD • Resuscitation status 	<p>Remember to review if the person's condition changes (deteriorates/improves) and reassess</p>
<p>Assessment of comfort needs</p> <p>Consider</p> <ul style="list-style-type: none"> • Personal care • Mouth care • Skin integrity and pressure area management • Bowel and bladder management • Environment preferences e.g. music, lighting, privacy. 	

<p>Pre-emptive medications prescribed</p>	<p>Pain Yes <input type="checkbox"/> No <input type="checkbox"/> Respiratory tract secretions Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Nausea/vomiting Yes <input type="checkbox"/> No <input type="checkbox"/> Breathlessness Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Agitation/fear Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Communication</p>	<p>MDT members involved in assessment and planning discussion</p> <p>Name: Designation: Contact no:</p> <p>Name: Designation: Contact no:</p> <p>Name: Designation: Contact no:</p> <p>Name: Designation: Contact no:</p> <p>This has been discussed with the person and those important to them.</p> <p>Discussed with the person Yes <input type="checkbox"/> No <input type="checkbox"/> If No, state why</p> <p>Professional leading discussion. Name:Date & time</p> <p>Discussed with those important to the person. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, state why</p> <p>If Yes, name relationship</p> <p>Professional leading discussion. name: date/time</p>
<p>Where would you like this care plan to be kept? (ask the person)</p>	<p>Please state (e.g. bedside, with other medical notes)</p> <p>.....</p>
<p>Does the person consent to sharing this plan with other professionals?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to consent <input type="checkbox"/></p> <p>If yes and in hospital or hospice inform GP of current condition</p>
<p>Community and care home teams please complete the Palliative Care Handover Form and fax to:</p> <p>Rapid Response Fax 01226 433315 Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Care UK Fax 01709 379844 Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>End of life care team Fax 01226 734903 Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>	
<p>Senior Doctor responsible for care</p> <p>Name: Designation:</p> <p>Signature: Date & time</p>	
<p>Registered Nurse responsible for assessment</p> <p>Name: Designation:</p> <p>Signature: Date time</p>	

Lets focus on the drugs

N.B. consider the timing of this!

DRUG ADMINISTRATION CHART

COMMUNITY PALLIATIVE CARE

DRUG ADMINISTRATION CHART
COMMUNITY PALLIATIVE CARE

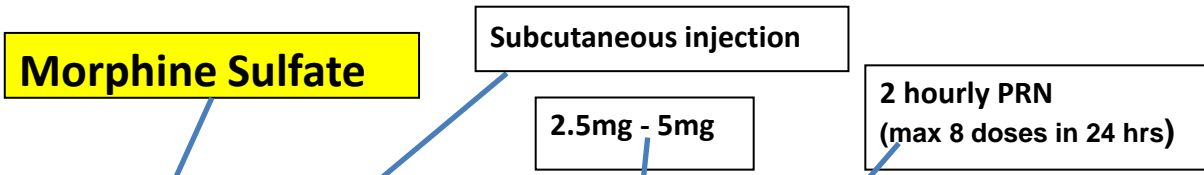
PRESCRIPTION Clenbutolol 200mcg 1 x 200mcg spray Clenbutolol DATE: 16th Nov 2021 DOB: 17-03-46	DETAILS OF ALLERGY STATUS Penicillin Date: 16/11/21 Signature: K. E. [unclear]
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GUIDELINES FOR USING THIS MEDICATION CHART

1. When using a syringe driver it is recommended that whenever possible PPM total doses of medication are prescribed for breakthrough symptoms. Further advice about doses in the palliative care formulary in the syringe driver box. If using syringe PPM, total dose is usually calculated on the basis of a dose rate i.e. 4 hourly breakthrough dose is 1/4th of the total 24 hour codeine dose.
2. If the syringe driver is prescribed as a PPM prescription, the prescribed dose may differ to that above.
3. Where a PPM is prescribed in syringe driver or PPM total dose is prescribed, reduction for administration should be clearly stated by the registered prescriber.
4. If PPM includes dosing or is prescribed for a syringe driver it must clearly state dose and frequency of increase and a maximum dose should be stated by the registered prescriber.
5. The need for increase of medication in the syringe driver will be indicated by the need for total doses. The number of total doses can then be used to make an increase in the syringe driver, as prescribed by the registered prescriber.
6. Advice about drug compatibility is provided on the compatibility check list in the syringe driver box.
7. If the patient is unable to take the usual starting dose and it is a total dose of 2.5mg, 5mg or 10mg please see equivalent.
8. If commencing a syringe driver when a fentanyl patch is in situ it is best practice to leave the fentanyl patch in situ and add additional pain relief in syringe driver.
9. If there is any doubt about the prescription a registered prescriber should be contacted.
10. If a drug is discontinued the prescription should be crossed out using a single line and dated in blue/black ink.
11. Please note, this is a chart for drugs to be administered by nursing staff and a full record of all patient medication. Please see separate existing medication records.

PRN/Regular medication prescription

Patient's Name <i>Blanche Mouse</i>	Details of Allergy Status <i>(It is mandatory for this section to be completed)</i>	Medication to be administered by the nurse - as required prescriptions (PRN) or regular medication
Unit No. <i>123 456 7890</i>	<i>Nil known</i>	
D.O.B. <i>14/07/36</i>		



DRUG (approved name) <i>Morphine Sulfate</i>		DOSE <i>2.5mg - 5mg</i>	DATE <i>29/06/16</i>													
ROUTE <i>Subcutaneous injection</i>	DATE <i>29/06/16</i>	FREQUENCY <i>2 hourly PRN (max 8 doses in 24 hrs)</i>	TIME													
GP SIGNATURE <i>K R Yockney</i>		DISCONT.DATE	DOSE													
INDICATION <i>pain</i>			SIGNATURE													

When stopping the medication, write date discontinued and cross medication out using a single line.

If the new dose differs from the original, this will need to be rewritten and the original discontinued.

DRUG (approved name) Morphine sulfate		DOSE 2.5mg - 5mg	DATE																
ROUTE Subcutaneous injection	DATE 29/06/16	FREQUENCY 2 hourly PRN (max 8 doses in 24 hours)	TIME																
GP SIGNATURE K R Hoekney		DISCONT DATE 30/06/16	DOSE																
INDICATION pain			SIGNATURE																

(Opioid naïve dose)

DRUG (approved name) Morphine sulfate		DOSE 2.5mg - 5mg	DATE														
ROUTE Subcutaneous injection	DATE 30/06/16	FREQUENCY 2 hourly PRN (max 8 doses in 24 hours)	TIME														
GP SIGNATURE <i>K R Yockney</i>		DISCONT.DATE	DOSE														
INDICATION pain			SIGNATURE														

And if a different opioid is needed

DRUG (approved name) Oxycodone		DOSE 1.25mg - 2.5mg	DATE														
ROUTE Subcutaneous injection	DATE 30/06/16	FREQUENCY 2 hourly PRN (max 8 doses in 24 hours)	TIME														
GP SIGNATURE <i>K R Yockney</i>		DISCONT.DATE	DOSE														
INDICATION pain			SIGNATURE														

DRUG (approved name) Midazolam		DOSE 2.5mg - 5mg	DATE														
ROUTE Subcutaneous injection	DATE 29/06/16	FREQUENCY 1 hourly PRN (max 8 doses in 24 hours)	TIME														
GP SIGNATURE <i>K R Hockney</i>		DISCONT.DATE	DOSE														
INDICATION 1 st line agitation/restlessness			SIGNATURE E														

DRUG (approved name) Hyoscine butylbromide		DOSE 20mg	DATE														
ROUTE Subcutaneous injection	DATE 29/06/16	FREQUENCY 2 hourly PRN	TIME														
GP SIGNATURE <i>K R Hockney</i>		DISCONT.DATE	DOSE														
INDICATION Respiratory tract secretions			SIGNATURE E														

Syringe driver (CME T34) prescription chart

Patient's Name <i>Blanche Mouse</i>	Details of Allergy Status <i>(It is mandatory for this section to be completed)</i>	Subcutaneous Syringe Driver Medication
Unit No. <i>123 456 7890</i>	<i>Nil known</i>	Syringe driver No.
		Infusion Fluid <i>water</i>
D.O.B. <i>14/07/36</i>		Duration <i>24 hours</i>

Syringe driver (CME T34) prescription chart

DRUG <i>Morphine sulfate</i>			DOSE <i>10mg</i>		DURATION <i>24 HOURS</i>	DATE	
GP SIGNATURE <i>6R400CK12E4</i>		DATE <i>26/06/16</i>	START DATE <i>26/06/16</i>	DISCONT. DATE	ROUTE <i>subcutaneous</i>	TIME	
<p><i>Can be increased by 5mg-10mg every 24 hours according to PRN use.</i></p> <p><i>Maximum dose 30mg/24 hours, then review</i></p>					INDICATION <i>Pain</i>	RATE SET	
						DOSE	
GP SIGNATURE <i>6R400CK12E4</i>		DATE <i>26/06/16</i>	START DATE <i>26/06/16</i>	DISCONT. DATE		SIGNATURE	

OR

DRUG <i>Oxycodone</i>			DOSE <i>5mg</i>		DURATION <i>24 HOURS</i>	DATE	
GP SIGNATURE <i>6R400CK12E4</i>		DATE <i>26/06/16</i>	START DATE <i>26/06/16</i>	DISCONT. DATE	ROUTE <i>subcutaneous</i>	TIME	
<p><i>Can be increased by 2.5mg-5mg every 24 hours according to PRN use.</i></p> <p><i>Maximum dose 15mg/24 hours, then review</i></p>					INDICATION <i>Pain</i>	RATE SET	
						DOSE	
GP SIGNATURE <i>6R400CK12E4</i>		DATE <i>26/06/16</i>	START DATE <i>26/06/16</i>	DISCONT. DATE		SIGNATURE	

DRUG Haloperidol			DOSE 2.5mg		DURATION 24 HOURS	DATE
GP SIGNATURE 6R400CR124	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE		ROUTE subcutaneous	TIME
					INDICATION Nausea and vomiting	RATE SET
						DOSE
GP SIGNATURE 6R400CR124	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE			SIGNATURE

OR

DRUG levomepromazine			DOSE 12.5mg		DURATION 24 HOURS	DATE
GP SIGNATURE 6R400CR124	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE		ROUTE subcutaneous	TIME
					INDICATION Nausea and vomiting	RATE SET
						DOSE
GP SIGNATURE 6R400CR124	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE			SIGNATURE

DRUG Midazolam			DOSE 10mg		DURATION 24 hours	DATE	
GP SIGNATURE 6R40 CRNEY	DATE 26/06/16	START DATE	DISCONT. DATE	ROUTE subcutaneous	TIME		
				INDICATION Agitation Restlessness	RATE SET		
					DOSE		
GP SIGNATURE 6R40 CRNEY	DATE 26/06/16	START DATE	DISCONT. DATE		SIGNATURE		

DRUG Hyoscine butylbromide			DOSE 60mg		DURATION 24 HOURS	DATE	
GP SIGNATURE 6R40 CRNEY	DATE 26/06/16	START DATE	DISCONT. DATE	ROUTE subcutaneous	TIME		
Can be increased by 20mg-60mg according to prn use. Maximum dose of 120mg/24hours then review				INDICATION Respiratory Tract Secretions	RATE SET		
					DOSE		
GP SIGNATURE 6R40 CRNEY	DATE 26/06/16	START DATE	DISCONT. DATE		SIGNATURE		

Cases

Work in pairs

Prescribing questions:

- Use 1 drug card for the first case
- Use second drug card for next case

Other questions:

- Discuss in pairs and feedback to group

Case 1 - Blanche

Blanche 79yr old woman with advanced dementia

- Lives in a nursing home
- Sits out of bed in chair
- Mobilises with assistance
- Weight loss over last year

2 x hospital admissions in the last year with infections

Subsequent best interest discussion

- not to be readmitted to hospital

Now unwell with a chest infection still managing oral meds including antibiotics

Risperidone 1mg nocte
Co-codamol 8/500 2 tablets qds
Betahistine 16mg tds
Ramipril 5mg nocte
Omeprazole 20mg od

Prescribe anticipatory medication

What else needs to be done?

Blanche 79yr old woman with advanced dementia

Visit two days later
Daughter is there visiting
Blanche now nursed in bed
Unable to take oral meds
Occasional sips of fluid
Agitated and distressed at times
Tachypnoeic
Ruttley secretions

In last 24hrs:
4 x hyoscine butylbromide 20mg – variable effect for secretions

2 x midazolam 2.5mg - ?effect

1 x haloperidol 1.5mg – appeared to settle agitation

4 x morphine 2.5mg – appeared to settle breathing

How do the medications need adjusting?
What else needs to be considered?

Syringe driver (CME T34) prescription chart

Patient's Name <i>Blanche Mouse</i>	Details of Allergy Status (It is mandatory for this section to be completed)	Subcutaneous Syringe Driver Medication
Unit No. <i>123 456 7890</i>	<i>Nil known</i>	Syringe driver No.
		Infusion Fluid <i>water</i>
D.O.B. <i>14/07/36</i>		Duration <i>24 hours</i>

Syringe driver (CME T34) prescription chart

DRUG Morphine sulfate			DOSE 10mg	DURATION 24 HOURS	DATE	
GP SIGNATURE <i>6R400 CK124</i>	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE	ROUTE subcutaneous	TIME	
<p>Can be increased by 5mg-10mg every 24 hours according to PRN use.</p> <p>Maximum dose 30mg/24 hours, then review</p>				INDICATION Pain	RATE SET	
					DOSE	
GP SIGNATURE <i>6R400 CK124</i>	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE		SIGNATURE	
DRUG Haloperidol			DOSE 2.5mg	DURATION 24 HOURS	DATE	
GP SIGNATURE <i>6R400 CK124</i>	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE	ROUTE subcutaneous	TIME	
				INDICATION Nausea and vomiting	RATE SET	
					DOSE	
GP SIGNATURE <i>6R400 CK124</i>	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE		SIGNATURE	

DRUG Hyoscine butylbromide			DOSE 60mg		DURATION 24 HOURS	DATE	
GP SIGNATURE 6R40CK124		DATE 26/06/16	START DATE	DISCONT. DATE	ROUTE subcutaneous	TIME	
Can be increased by 20mg-60mg according to prn use. Maximum dose of 120mg/24hours then review					INDICATION Respiratory Tract Secretions	RATE SET	
						DOSE	
GP SIGNATURE 6R40CK124		DATE 26/06/16	START DATE	DISCONT. DATE		SIGNATURE	

			DOSE		DURATION	DATE	
GP SIGNATURE		DATE	START DATE	DISCONT. DATE	ROUTE	TIME	
					INDICATION	RATE SET	
						DOSE	
GP SIGNATURE		DATE	START DATE	DISCONT. DATE		SIGNATURE	

Case 2 - Derek

Derek 68yr old man with type 1 DM,
CKD3, IHD, LVSD, PVD

Left AKA 3 yrs ago
Gangrenous R little toe
Discharged home following
admission MI and severe HF
Very unwell, advised may be
dying, wants to die at home
Wife and son at home to
support
Still eating small regular meals
Talking, but tires easily
Panicky breathless episode
overnight

Fentanyl patch 50mcg/hr
Oxycodone IR 2.5-5mg mg PRN 2 hrly
for pain or dyspnoea
Humulin M3 28u mane , 22u tea-
time
Furosemide 80mg bd
Ramipril 5mg nocte
Bisoprolol 5mg od
Aspirin 75mg od
Lansoprazole 30mg od

Prescribe anticipatory meds. What else should you do?

Derek 68yr old man with type 1 DM,
CKD3, IHD, LVSD, PVD

4 days later, visit with Mac nurse
Deteriorating condition
Episodic breathlessness
Fearful at times
Eating almost nothing, nausea
Omitted oral meds this morning
Yesterday tea-time BM was 10.8, this morning's was 4.6

Fentanyl patch 50mch/hr
Oxycodone IR 2.5mg-5mg PRN 2 hrly for pain or breathlessness – 3 yesterday
Humulin M3 28u mane , 22u tea-time
Rapid response called last night at 01:30: oxycodone 2.5mg sc, midazolam 2.5mg sc
Called again at 05:15: given oxycodone 2.5mg sc and midazolam 2.5mg sc for pain and dyspnoea

How will you adjust his medications.
What else needs to be considered?

Syringe driver (CME T34) prescription chart

DRUG Oxycodone			DOSE 10mg	DURATION 24 HOURS	DATE	
GP SIGNATURE 6R400CR12E4	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE	ROUTE subcutaneous	TIME	
Seek advice from Specialist palliative care in dose titration				INDICATION Pain, dyspnoea	RATE SET	
					DOSE	
GP SIGNATURE 6R400CR12E4	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE		SIGNATURE	
DRUG Haloperidol			DOSE 500 micrograms	DURATION 24 HOURS	DATE	
GP SIGNATURE 6R400CR12E4	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE	ROUTE subcutaneous	TIME	
				INDICATION Nausea and vomiting	RATE SET	
					DOSE	
GP SIGNATURE 6R400CR12E4	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE		SIGNATURE	

Midazolam			DOSE 10 mg	DURATION 24 hours	DATE	
GP SIGNATURE 6R400CR12E4	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE	ROUTE Subcutaneous	TIME	
				INDICATION INDICATION Pain, anxiety, breathlessness	RATE SET	
				DOSE		
GP SIGNATURE 6R400CR12E4	DATE START DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE	SIGNATURE		

			DOSE	DURATION	DATE	
GP SIGNATURE	DATE	START DATE	DISCONT. DATE	ROUTE	TIME	
				INDICATION	RATE SET	
				DOSE		
GP SIGNATURE	DATE	START DATE	DISCONT. DATE	SIGNATURE		

Case 3 - Neil

Neil 64yr old man with metastatic pancreatic cancer

Diagnosed 3 months ago
Previously fit and well
Rapid deterioration, weak, wt loss
Jaundiced, after biliary stents blocked, no further intervention
Abdominal pain through to back
Nausea and vomiting
Very constipated, BNO 8 days
Feels like he is dying, and has had enough, wants it all to end
Lives with partner of 3 years
Atmosphere strained and tense

Haloperidol 500mcg nocte po
Ondansetron 4mg PRN po
Morphine MR 90mg bd
Morphine IR (Oramorph) 10mg PRN 4 x day
Paracetamol 1g qds
Pregabalin 75mg bd
Amitriptyline 10mg nocte
Omeprazole 20mg

How would you adjust his medication.
What else can be done to support them?

Neil

64yr old man with metastatic
pancreatic cancer

2

Consider hospice admission –
discuss with patient and partner

D/w community Mac team -
?already involved with care

Emotional support for family –
community SPC and hospice
services

Consider checking U+Es to guide
prescribing

Stop paracetamol, ondansetron
Continue other oral meds as
tolerated

Commence syringe driver with
Morphine 90mg, Haloperidol
1.5mg/24hrs

PRN sc morphine 10-15mg,
haloperidol 500mcg-1.5mg
PRN oral metoclopramide,
haloperidol, oramorph

Rectal intervention and
commence oral laxative

Neil 64yr old man with metastatic pancreatic cancer

Syringe driver commenced in community and admitted to hospice following day

Discharged home 1 week later

Nausea and vomiting settled

On oral meds and eating small amounts

Weak, needs help to mobilise to bathroom

Fast-track in place - Care package 2 x day

MC supportive care at home respite visit 1 afternoon a week

D/N to f/up may need further rectal intervention

Medications on discharge:

Haloperidol 1.5mg nocte

Metoclopramide 10mg PRN

Fentanyl patch 50mcg/hr

Oramorph 30mg PRN

Pregabalin 150mg bd

Amitriptyline 25mg nocte

Codanthrusate 2 tabs bd

What anticipatory meds do you expect he has also been discharged with?

What else needs to be in place?

Any questions??