

Guidance for Medicines Management of Adult Patients in the Last Few Days of Life

REVIEW OF CURRENT MEDICATION

As a patient approaches the last few days of their life they may experience difficulties taking oral medication or find the process of taking medicines burdensome. In such circumstances the following are considered:

- **Current medication is assessed** and any non-essential medication discontinued. The rationale behind any decision made is documented in the patient's medical record. Useful STHFT guidelines include: [Guidance for caring for dying patients](#); [Diabetes: during the last few months and days of life](#).
- **Consider alternative route/formulation for essential medications** e.g. syringe pump (CSCI) to administer regular analgesia and antiemetics, sublingual/oro-dispersible preparations (e.g. lorazepam, lansoprazole), transdermal preparations (e.g. nitrate patches, nicotine patches), single daily injections (e.g. haloperidol, clonazepam).

Seek guidance from specialist teams for alternative routes of administration of critical medicines e.g. anti-Parkinson's medicines and anticonvulsants.

As with all treatments, any changes to medications should be discussed with the patient (where able) and those important to them.

PRE-EMPTIVE PRESCRIBING

- **Prescribe subcutaneous 'as required' pre-emptive medication** for the five key symptoms, as listed below, which can occur in the last days/hours of life to ensure that there is no delay in effectively treating symptoms (**see algorithms**):

- Pain
- Respiratory Tract Secretions
- Breathlessness/Dyspnoea
- Agitation (including Terminal Restlessness)
- Nausea and Vomiting

If eGFR >30ml/min/1.73m²
See algorithms on pages 2-4

If eGFR <30ml/min/1.73m²
See algorithms on pages 5-7

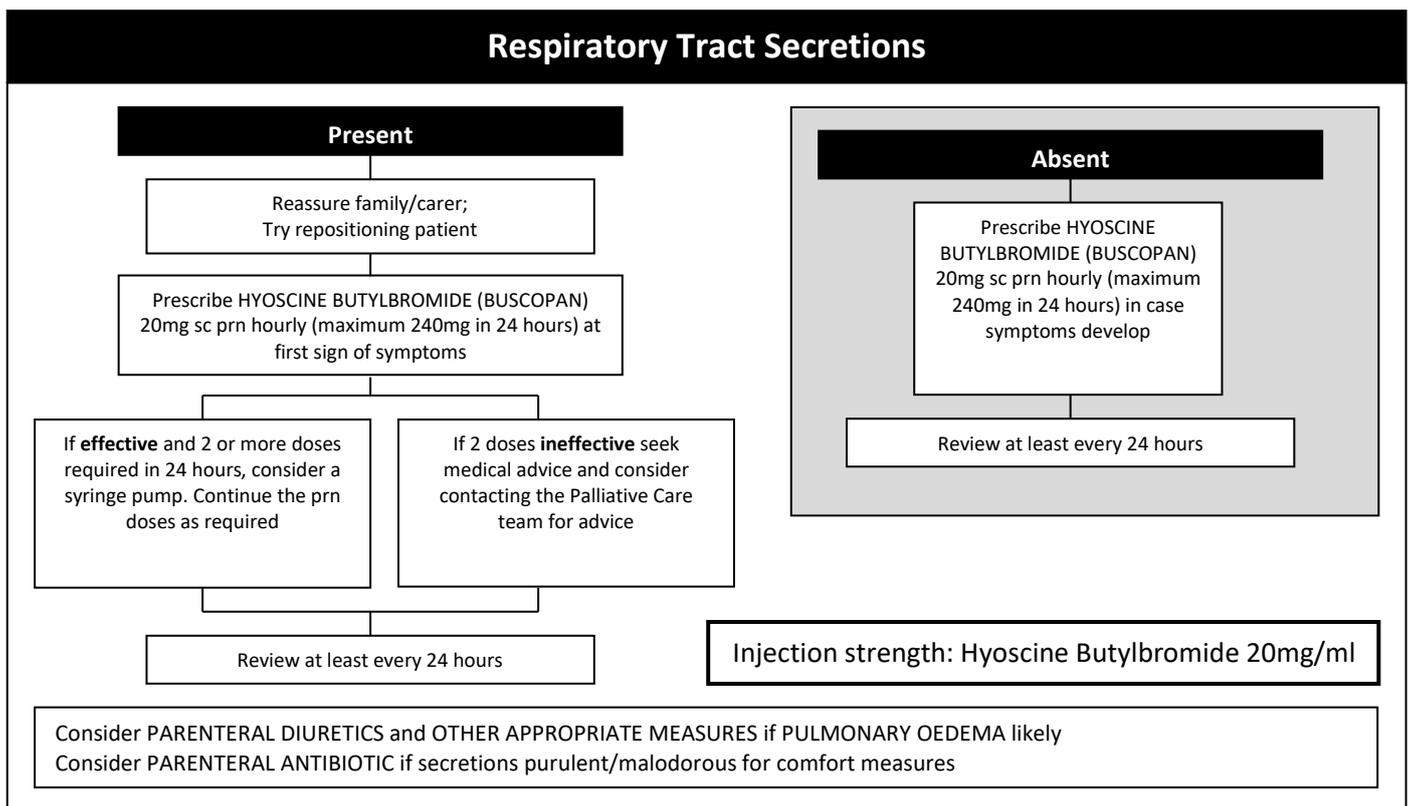
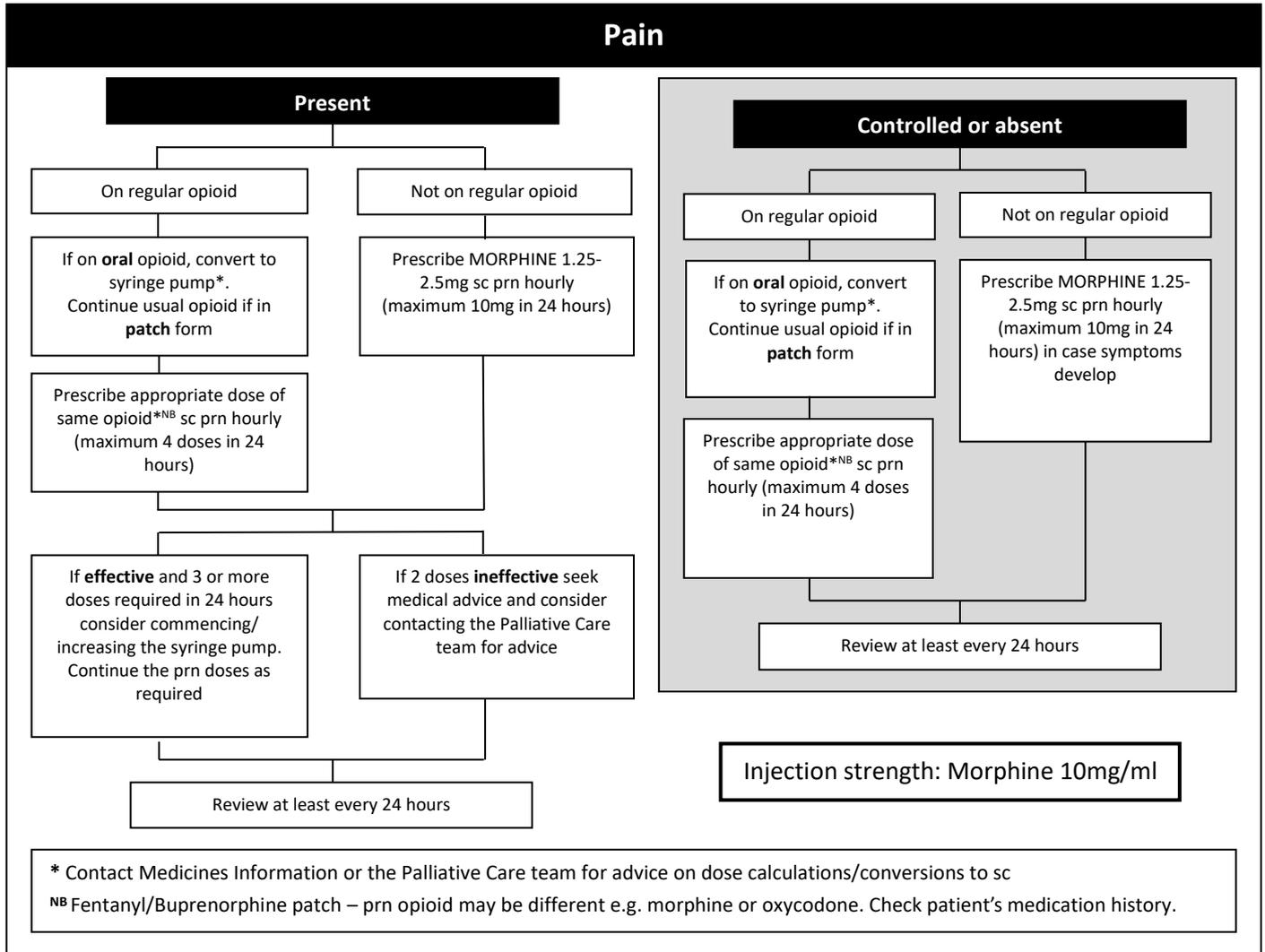
- **Prescribe mouthcare** (e.g. artificial saliva spray/Bioxtra® oral gel) to manage dry mouth.
- The use of each pre-emptive medication should be discussed with the patient (where able) and those important to them. Ensure possible side-effects, e.g. drowsiness are explained.
- For hospital patients, prescribe the medication in the 'as required' section of the inpatient medication chart, electronic or paper (EPMA 'Palliative pre-emptive' order set available).
- For community patients, prescribe the medication (either EPS or paper FP10) and either a prescriber or transcriber needs to complete the 'as required' section of the 'Community Administered Medication Record Pink Card'. See [Key Points Guide for Completing a Pink Card in Community](#).

It is important that pre-emptive medications are available on the ward/in the home should they be needed, so prescribing in a timely fashion is important to ensure medication can be ordered and collected from the hospital or community pharmacy. Note that not all community pharmacies hold these medications in stock and they may need to be ordered. A list of community pharmacies who stock these medications can be found [here](#).

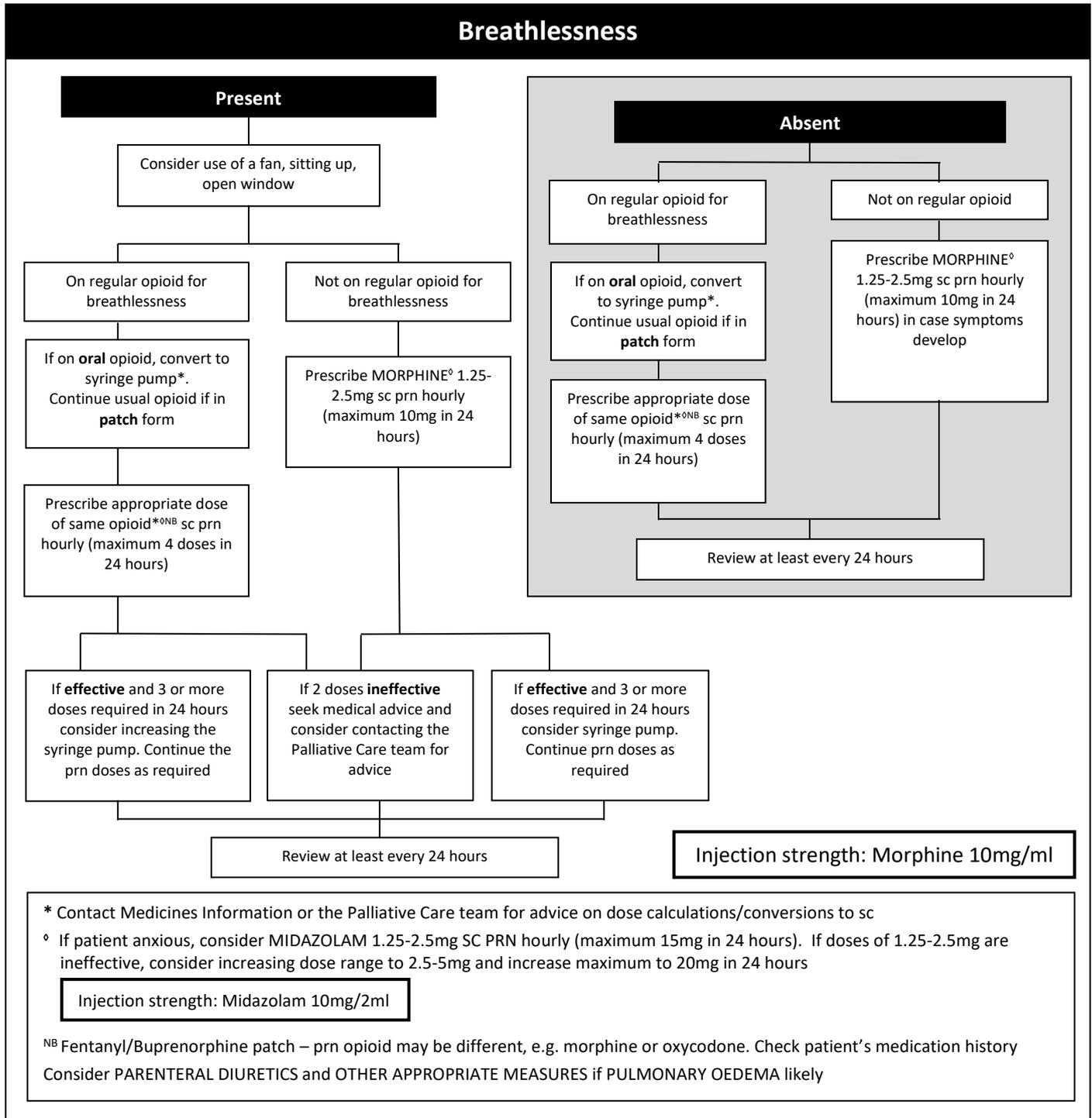
In the community setting, an initial quantity of 10 vials of each medication is suggested. Water for injection for flushing the medication should also be prescribed.

See [page 8](#) for guidance on prescribing medication on a TTO and for information on receiving a patient from STH or SLH (St Luke's Hospice) with pre-emptive medication +/- syringe pump on a TTO.

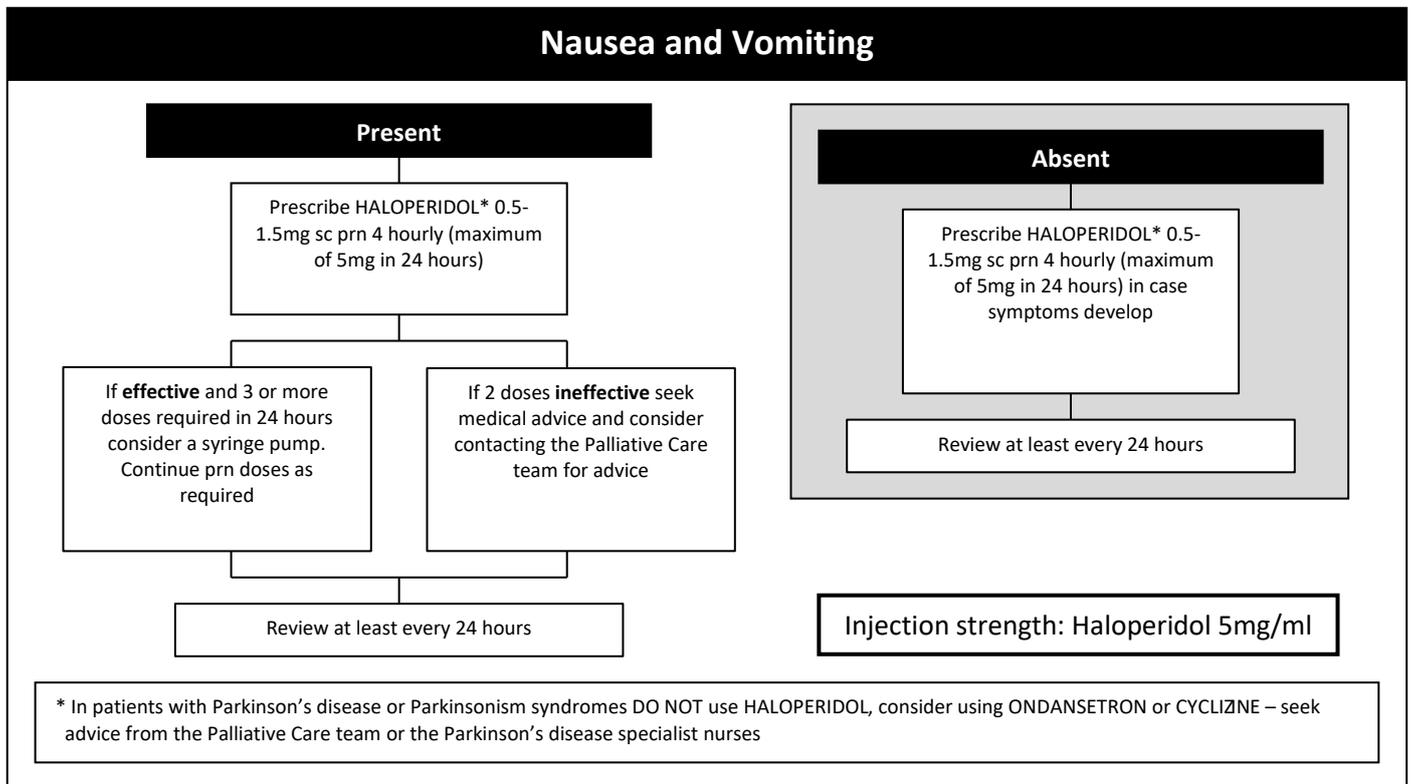
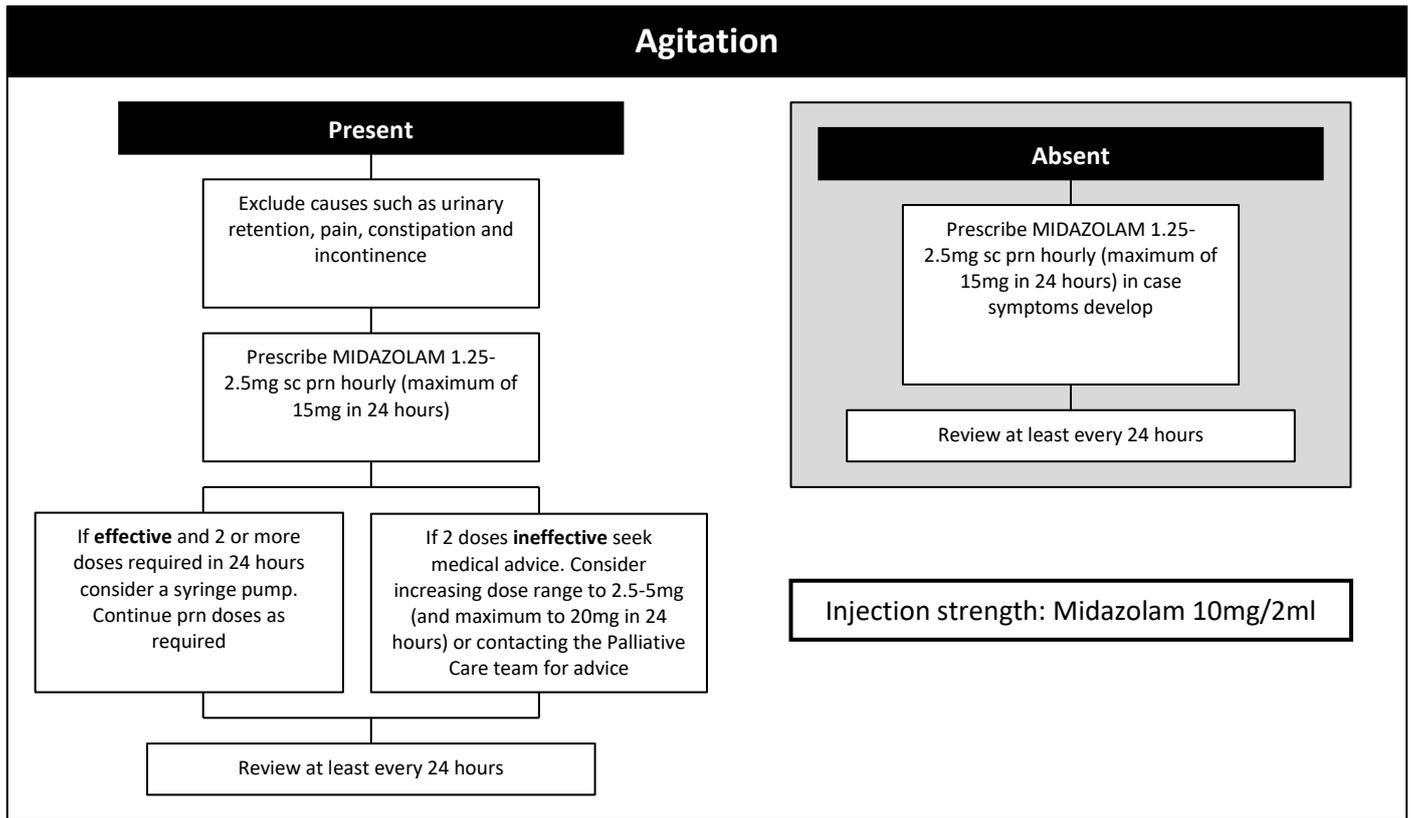
NORMAL RENAL FUNCTION ALGORITHMS (eGFR >30ml/min/1.73m²)



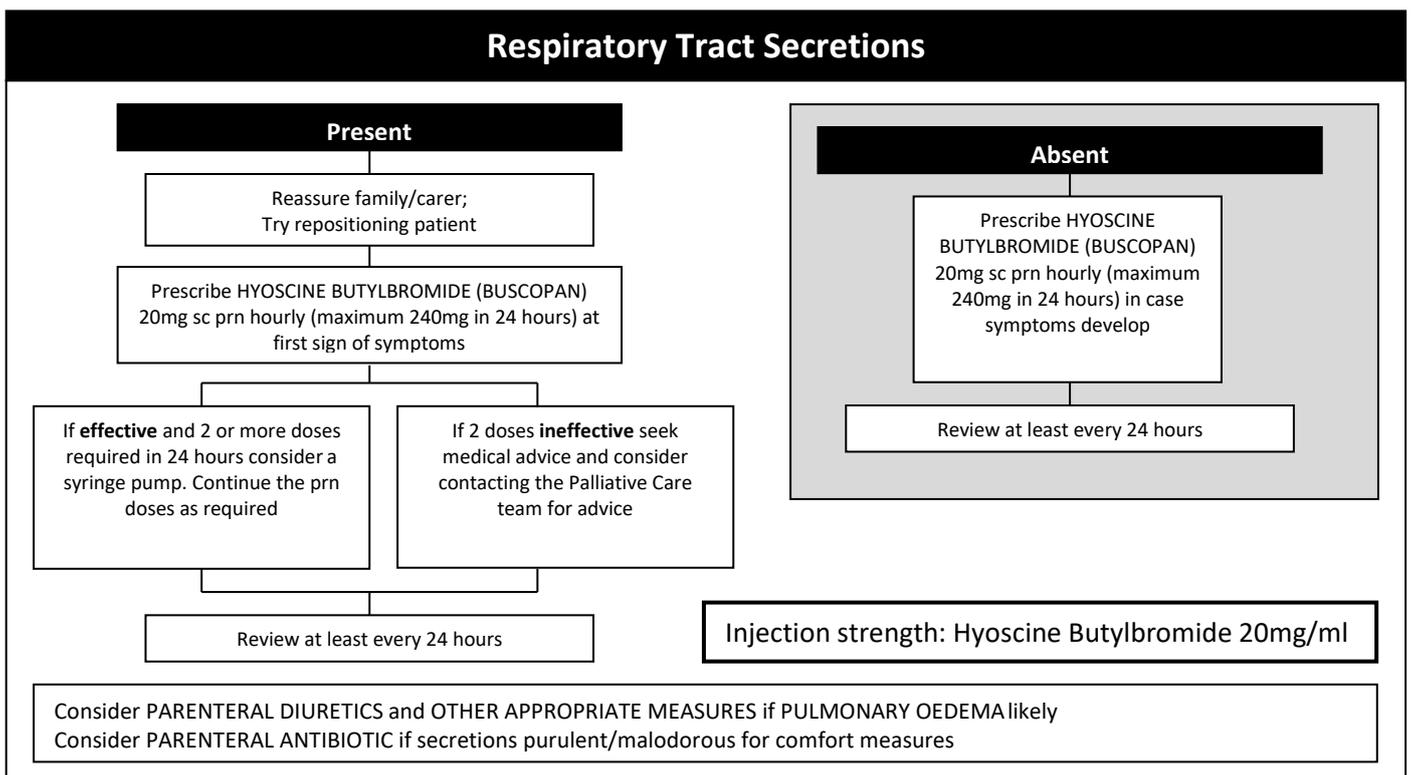
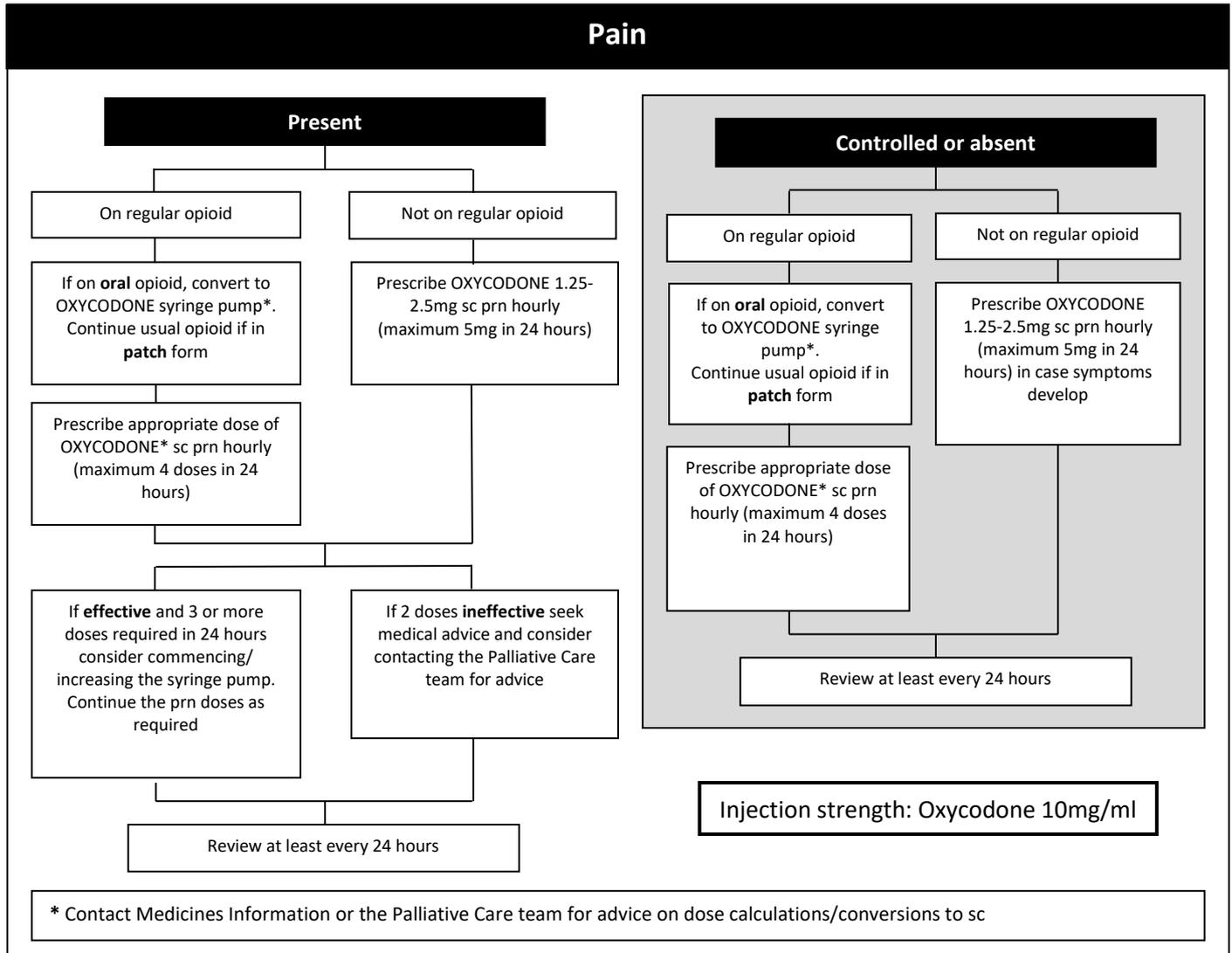
NORMAL RENAL FUNCTION ALGORITHMS (eGFR >30ml/min/1.73m²)



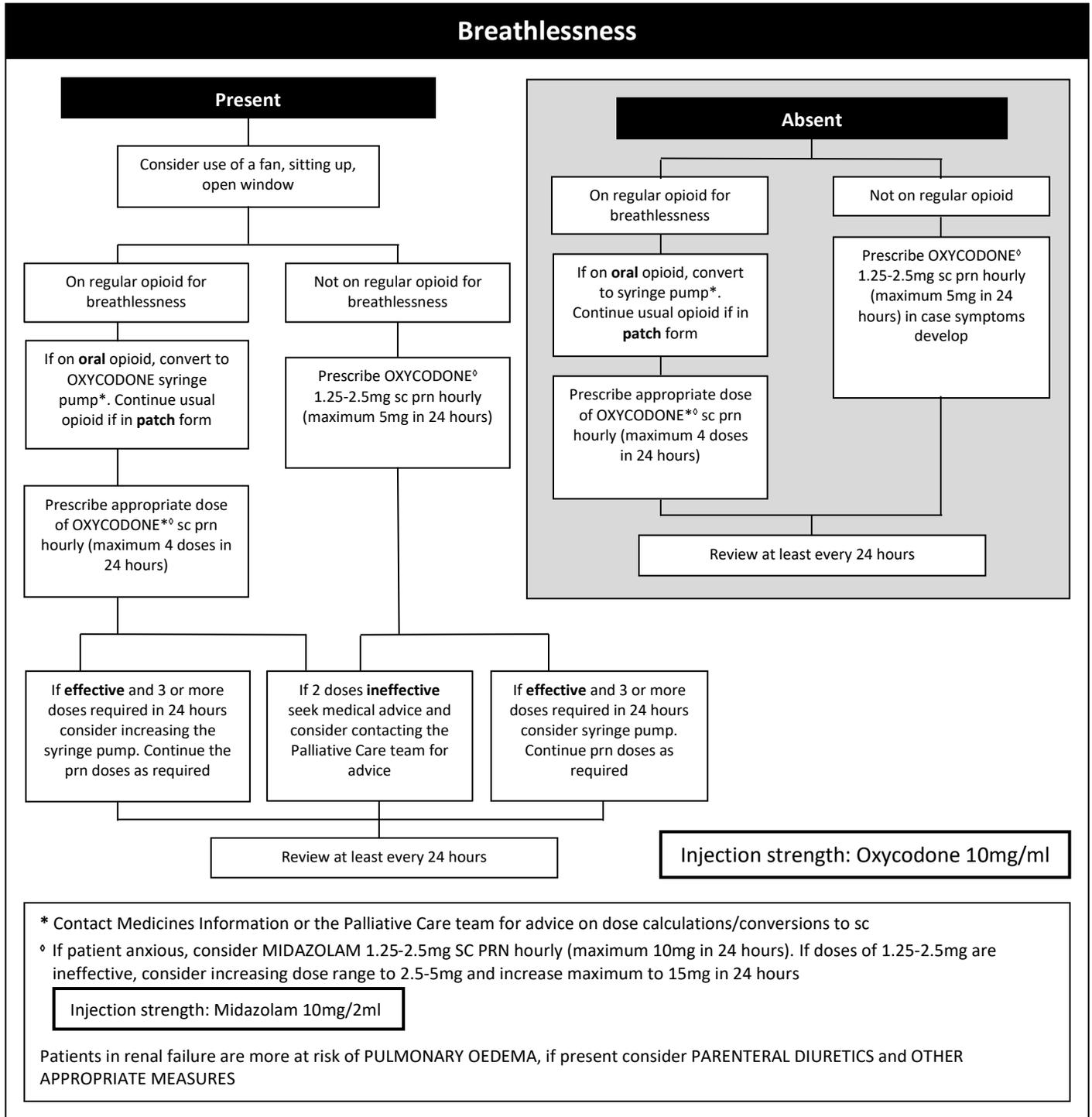
NORMAL RENAL FUNCTION ALGORITHMS (eGFR >30ml/min/1.73m²)



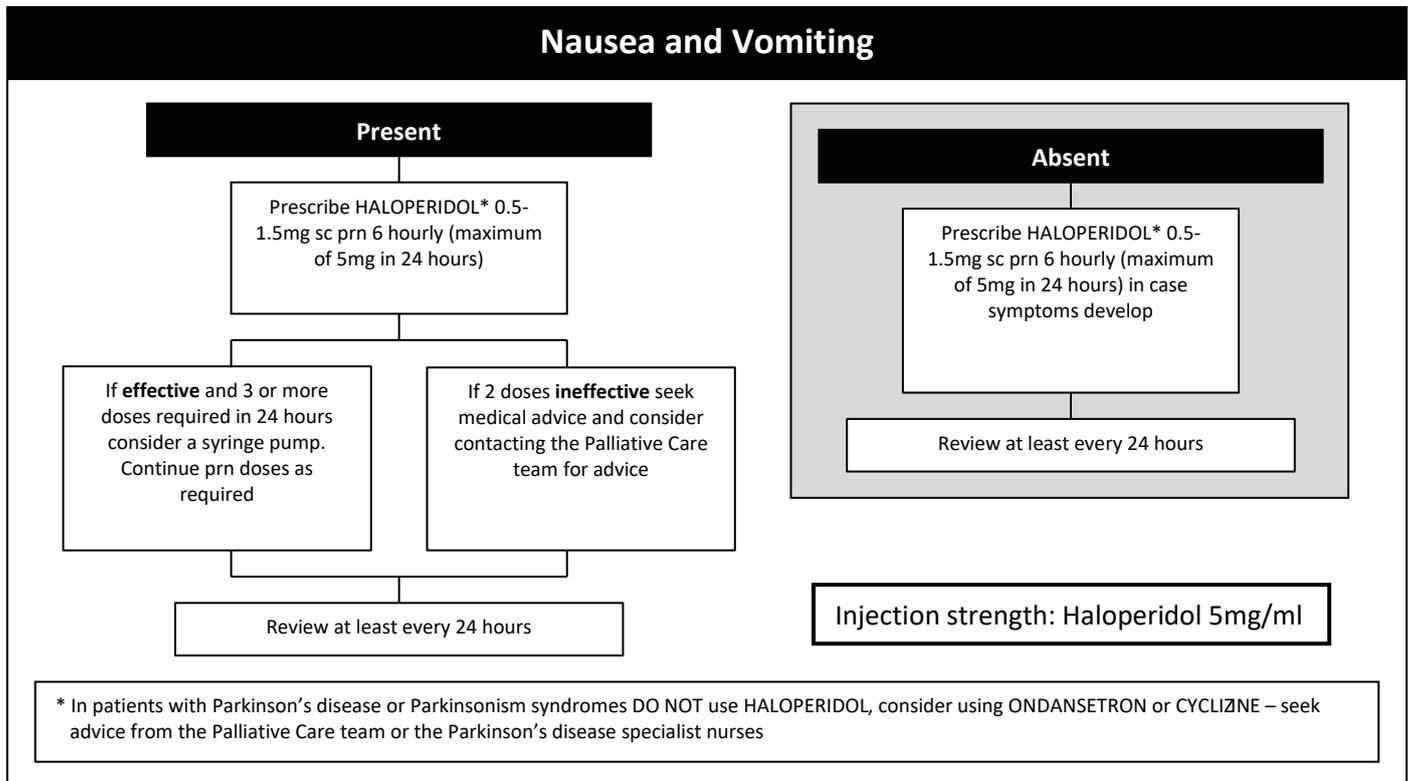
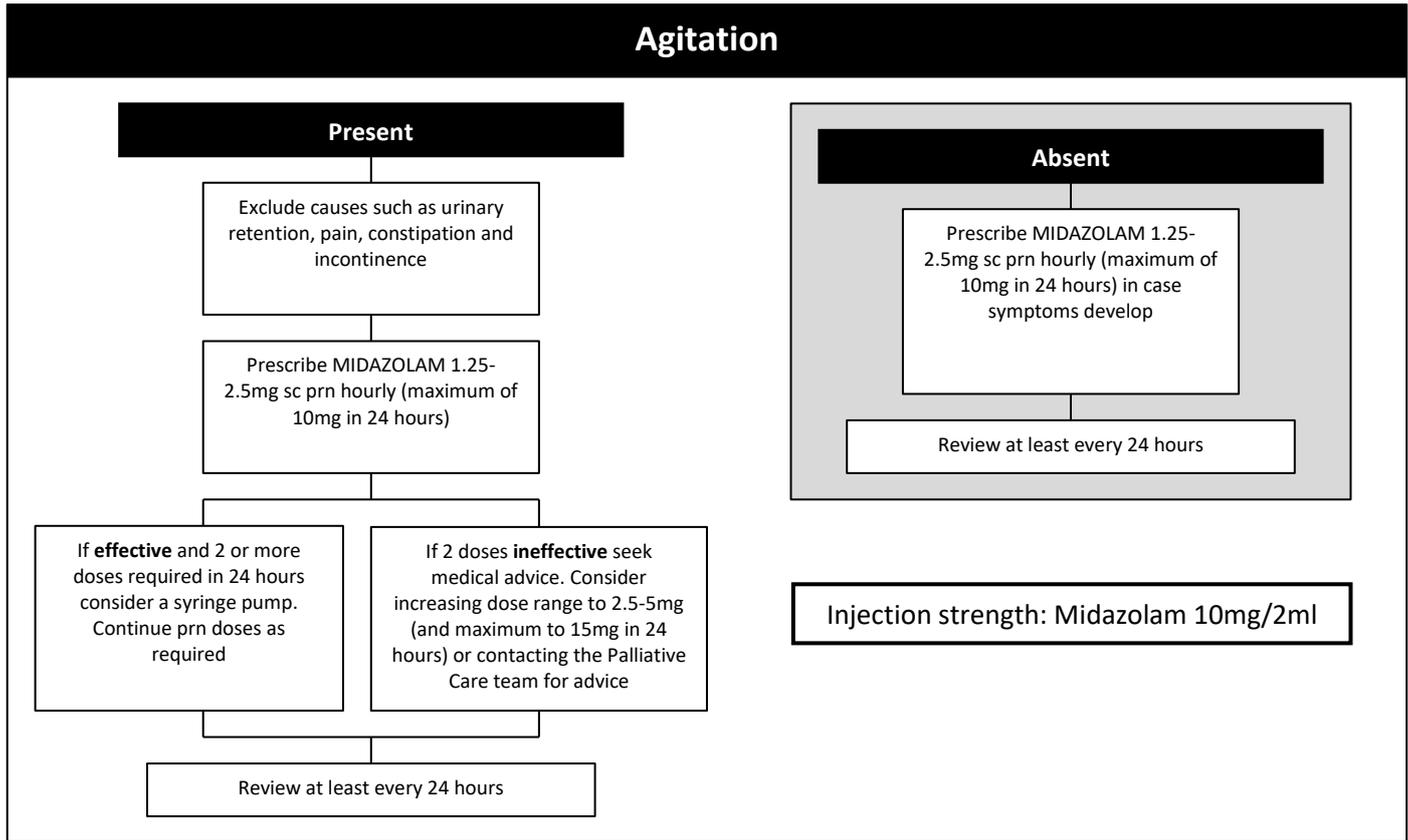
RENAL IMPAIRMENT ALGORITHMS (eGFR <30ml/min/1.73m²)



RENAL IMPAIRMENT ALGORITHMS (eGFR <30ml/min/1.73m²)



RENAL IMPAIRMENT ALGORITHMS (eGFR <30ml/min/1.73m²)



For Patients Who Are Being Discharged for The Last Few Days of Life

PRESCRIBING MEDICATION ON A TTO

1) Patient on a BD BodyGuard™ T syringe pump and prescribed subcutaneous 'as required' medications:

- **Prescribe** syringe pump medication(s) including diluent on TTO.
- **Prescribe** each subcutaneous 'as required' medication on the TTO – as a minimum there should be an injection for each of the symptoms mentioned on page 1 (also see algorithms).
- Suggested quantity is 2 weeks supply of syringe pump and subcutaneous 'as required' medications (for 'as required' medications in use supply at average number of doses used per day; for 'as required' medications not in use supply 10 vials).
- **STH:** Transcribe syringe pump and subcutaneous 'as required' medications onto a 'Community Administered Medication Record Pink Card' (provided by Pharmacy with completed TTO). See [Key Points Guide for Completing a Pink Card in Hospital](#).
- **SLH:** Transcribe syringe pump and subcutaneous 'as required' medications onto a 'Community Administered Medication Record Pink Card'. Communicate via TTO & district nursing referral letter that a 'Pink Card' is in place.

2) Patient not on a BD BodyGuard™ T syringe pump but using prescribed subcutaneous 'as required' medication(s):

- **Prescribe** each subcutaneous 'as required' medication on the TTO – as a minimum there should be an injection for each of the symptoms mentioned on page 1 (also see algorithms).
- Suggested quantity is 2 weeks supply at average number of doses used per day of subcutaneous 'as required' medications. For any 'as required' medications not in use supply 10 vials.
- **STH:** Transcribe subcutaneous 'as required' medications onto a 'Community Administered Medication Record Pink Card' (provided by Pharmacy with completed TTO). See [Key Points Guide for Completing a Pink Card in Hospital](#).
- **SLH:** Transcribe subcutaneous 'as required' medications onto a 'Community Administered Medication Record Pink Card'. Communicate via TTO & district nursing referral letter that a 'Pink Card' is in place.

3) Patient taking oral medication, but may deteriorate and require medication for symptom control:

- **Prescribe** the patient's current medication(s) (this may be a combination of oral and subcutaneous) on TTO.
- **Prescribe** pre-emptive subcutaneous 'as required' medication – as a minimum there should be an injection for each of the symptoms mentioned on page 1 (also see algorithms). Suggested quantity is 10 vials of each pre-emptive medication.
- **STH:** Transcribe the subcutaneous 'as required' medication onto a 'Community Administered Medication Record Pink Card' (provided by Pharmacy with completed TTO). See [Key Points Guide for Completing a Pink Card in Hospital](#).
- **SLH:** Transcribe the subcutaneous 'as required' medication on to a 'Community Administered Medication Record Pink Card'. Communicate via the TTO & district nursing referral letter that a 'Pink Card' is in place.

ENSURE THE COMPLETED PINK CARD & A COPY OF THE TTO ARE SENT HOME WITH THE PATIENT.

If patient is on a syringe pump also send a copy of the BD BodyGuard™ T Syringe Pump Prescription & Observation chart.
This is essential so that there is no delay in administration of medication.

Receiving a Patient Home with Subcutaneous Pre-emptive Medication +/- Syringe Pump

Patients discharged from STH and SLH:

- Patients will be discharged with a completed '**Community Administered Medication Record Pink Card**' if they are prescribed subcutaneous pre-emptive medications with or without a subcutaneous infusion via a syringe pump.
- **If a 'Pink Card' is not sent with the patient** during the initial transfer of care, the receiving team can administer medication according to a copy of the TTO, a copy of the BD BodyGuard™ T Syringe Pump Prescription & Observation chart, or the instructions on the dispensing label of the medication - provided dosage instruction is clear. **Ensure administration is recorded in the patient's Community SystemOne records.** Community Nursing Teams must arrange for the transcription of the medication onto a 'Pink Card' by a prescriber or trained transcriber as soon as possible to ensure smooth transition of care/continuity of care and symptom control. At least **2 sources of information** must be used in the transcribing process. Any ambiguity of information must be clarified with a prescriber before proceeding.
- **If a copy of the TTO and, if applicable, the BD BodyGuard™ T Syringe Pump Prescription & Observation Chart are not sent with the patient,** the receiving team should contact the ward from which the patient was discharged and request that the documents are emailed via a secure nhs.net email account.