

STANDARD OPERATING PROCEDURE

DISCHARGING PALLIATIVE/END OF LIFE PATIENTS FROM ACUTE HOSPITAL SETTINGS WITH SUBCUTANEOUS MEDICATIONS

Background

For palliative care patients who are actively deteriorating and are in the last weeks or days of life it is good practice to provide anticipatory or 'Just in Case' (JiC) medication on discharge from hospital for the management of symptoms which commonly occur in the last days of life. In some instances the patient may need to be discharged with a syringe driver in place this is usually when the patient is unable to take oral medications or absorb via the oral route, or needs regular subcutaneous medication.

Objective

To define the process for the provision of anticipatory or 'Just in Case' (JiC) subcutaneous medications and syringe drivers on discharge from acute hospital care to a destination within Derbyshire

Purpose

The purpose of this SOP is to serve as a reference resource for acute hospital staff to ensure the provision of subcutaneous medication upon discharge is both safe and effective by ensuring there is a consistent approach to discharge from hospital with just in case medications and syringe drivers throughout Derbyshire.

Process: Anticipatory/Just in Case Medications

Nursing/ward responsibilities

1. Check that patients who are in the last days and weeks of life who are being discharged from hospital have anticipatory/JiC medications prescribed on their Tablets to Take Out (TTO)
2. Ensure the patient (if able to communicate) and their family/carer are aware that anticipatory/JiC medications are being sent home, explain that they may never be needed as not everyone at the end of life has pain or other distressing symptoms
3. Include with medication 5 x 2ml syringes, 5 needles, 1 subcutaneous cannula & 1 cannula site dressing
4. Include with medication, a JiC/Anticipatory medication patient information leaflet

If discharged home

5. Ensure the family/carer are aware of the need to store anticipatory /JiC medications in a safe place away from children
6. Ensure family /carers are aware that if symptoms occur, that cannot be controlled by oral medication; the family/carer should call the patient GP in hours and 111 out of hours and request a community nurse to visit to give injectable medication. It will help ensure the right care is given if they tell the call handler that their loved one has anticipatory/JiC medication in the home and fast track funding in place
7. A community nurse referral must be made, if a subcutaneous cannula is in place, include information on when this was last changed

If discharged to a care home or other care setting

8. A telephone call should be made to the care setting before discharge to inform them that anticipatory medications/JiC have been prescribed and to establish if the appropriate equipment is available (if available, needles, syringes etc. will not need to be sent with the patient) and that staff have sufficient training and skills to be confident in their use

Pharmacy responsibilities

- 1 Dispense and supply 1 box of each anticipatory medication with diluents as required, this level of supply reflects the need for early/on-going review once anticipatory/JIC medications have been required
- 2 Include with medication a discharge summary and where possible a medicine administration record (MAR)

Process: Syringe Driver

Nursing/Ward responsibilities

1. Check that patients who are being discharged from hospital with a syringe driver in place have the medications in use prescribed on their TTO.
2. Make sure the patient (if able to communicate) and their family/carer are aware that they are being discharged with a syringe driver in place, check their understanding this is and answer any questions they may have.
3. **Replace syringe to ensure it is full or almost full just prior to discharge**, to ensure that it will last until able to be changed at home/in the new care setting the next day during working hours (usually 9-5)
4. **Change the syringe driver battery prior to discharge to ensure full battery charge.**
5. Include with medication 7 syringes (of size currently in use) 7 needles (for drawing up medication), 2 infusion lines, 1 subcutaneous cannula & 1 cannula dressing
6. Include with medication a syringe driver patient information leaflet
7. Complete syringe driver loan form making a note of the asset number and inform medical engineering/equipment library that the syringe driver is going out on loan

If discharged home

8. A community nurse referral must be made before discharge, include on referral details of when syringe driver last changed and date subcutaneous cannula inserted
9. Ensure the family/carers are aware of the need to store the medications in a safe place away from children
10. Ensure the family/carers are aware that a community nurse will be visiting to replace the syringe driver, the family/carers should be made aware that if problems occur they should call the patient GP in hours and 111 out of hours and request a district nurse to visit
11. Make family aware that when syringe driver no longer needed it should be returned to the hospital, usually this is done by the community nurse but if this is not the case the family can take it to the patient's GP surgery and ask them to return it to the hospital

If discharged to a care home or other care setting

12. A telephone call should be made to the care setting before discharge to ask/inform them:
 - The time the syringe driver needs changing
 - Establish if the appropriate equipment is available (if available needles, syringes etc. will not need to be sent with the patient)
 - Check if staff have any questions and have sufficient training and skills to be confident in the use of syringe drivers
 - Ensure they have a key to unlock the lock box.
13. Where possible the syringe driver should be replaced at the earliest opportunity by a syringe driver belonging to the new care setting, and the hospital syringe driver returned. If the syringe driver is to be loaned to the care setting ensure they are aware of their responsibility to return the syringe driver to hospital as soon as it is no longer required

Pharmacy responsibilities

14. Dispense and supply 7 days' medication and diluents for the syringe driver
15. Include with medication a discharge summary and where possible a medicine administration record (MAR)