

**POLICY TEMPLATE**

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

**POLICY NUMBER**

*This should match the Policy number found in the bottom right of the page footer.*

<b>Date ratified:</b>	<i>Date of when the Policy has received ratification</i>
<b>First published:</b>	<i>The date the Policy was first issued</i>
<b>Version number:</b>	<i>1.0</i>
<b>Version issued:</b>	<i>The date this version of the Policy was issued</i>
<b>Date for review:</b>	<i>July 2025</i>
<b>For review by:</b>	<i>End of Life Lead Nurse</i>
<b>Director responsible:</b>	<i>The Executive Director with overall responsibility for the Policy</i>
<b>Approval group:</b>	<i>Trust wide clinical governance</i>
<b>Ratifying group:</b>	<i>The Policy will be ratified by either Quality Delivery Committee (QDC) or Hospital Leadership Team (HLT)</i>

<b>Policy Audience:</b>	<i>Healthcare Professionals in acute care at CRH</i>
<b>Policy Author/ Reviewer name:</b>	<i>JUCD/ Bethany Clarke</i>
<b>Who has been consulted during the drafting of this Policy?</b>	<i>JUCD task and finish group</i>
<b>Main Changes to this Policy:</b>	<i>New policy</i>

**What I need to know**

This SOP outlines the correct procedure when discharging patients with subcutaneous medications.

Outlined in the SOP;

- Anticipatory and Just in Case (JiC) medications
- Pharmacy responsibilities
- Syringe Drivers

<b>1.</b>	<b>INTRODUCTION</b>
1.1	This SOP is for palliative care patients who are actively deteriorating and are in the last weeks or days of their life. It is good practice to provide anticipatory or

	<p>'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, absorb them via the oral route or needs regular subcutaneous medication. This SOP outlines the correct practice for discharging this patient cohort to another care setting in Derbyshire.</p>
<p><b>2.</b></p> <p>2.1</p>	<p><b>POLICY STATEMENT</b></p> <p>The purpose of this SOP is to serve as a reference resource, primarily for acute hospital staff. This is to ensure that the provision of subcutaneous medication upon discharge is both safe and effective, by ensuring that there is a consistent approach to discharge from hospital with just in case medications and syringe drivers throughout Derbyshire.</p>
<p><b>3.</b></p> <p>3.1</p> <p>3.2</p>	<p><b>DEFINITIONS</b></p> <p>Anticipatory/Just in Case medications – Medications that are provided to the patient to keep at home, for the purpose of administration when and if symptoms occur.</p> <p>Syringe Driver – medical device used to deliver subcutaneous medications continuously.</p>
<p><b>4.</b></p> <p>4.1</p> <p>4.1.1</p> <p>4.1.2</p> <p>4.1.3</p>	<p><b>MAIN BODY</b></p> <p><b>Process: Anticipatory/Just in Case Medications</b></p> <p><b>Nursing/ward responsibilities</b></p> <ul style="list-style-type: none"> <li>• Check that the 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).</li> <li>• Ensure that 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.</li> <li>• Include with medication; 5 x 2ml syringes, 5 x needles, 1 x subcutaneous cannula &amp; 1 x cannula site dressing.</li> <li>• Include a JiC/Anticipatory medication patient information leaflet with the medication.</li> </ul> <p><b>If discharged home</b></p> <ul style="list-style-type: none"> <li>• Ensure the family/carers are aware of the need to store anticipatory /JiC medications in a safe place away from children.</li> <li>• Ensure family/carers are aware that if symptoms occur, that cannot be controlled by oral medication; the family/carer should call the patient's GP in hours and 111 out of hours. They should request a community nurse to visit the patient to give the required 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.</li> <li>• A community nurse referral must be made, if a subcutaneous cannula is in place, include information on when this was last changed.</li> </ul> <p><b>If discharged to a care home or other care setting</b></p> <ul style="list-style-type: none"> <li>• A telephone call should be made to the care setting before discharge to inform them that anticipatory medications/JiC are prescribed. It must be</li> </ul>

	<p>established 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.</p>
4.2	<p><b>Pharmacy responsibilities</b></p> <ul style="list-style-type: none"> <li>• 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 are required.</li> <li>• Include a discharge summary and where possible a medicine administration record (MAR) with the medication.</li> </ul>
4.3	<p><b>Process: Syringe Driver</b></p>
4.3.1	<p><b>Nursing/Ward responsibilities</b></p> <ul style="list-style-type: none"> <li>• Check that patients who are being discharged from hospital with a syringe driver in place have the medications in use prescribed on their TTO.</li> <li>• 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 and answer any questions they may have.</li> <li>• <b>Replace syringe to ensure it is full or almost full just prior to discharge</b>, to ensure that it will last until it is able to be changed at home/in the new care setting the next day during working hours (usually 9-5).</li> <li>• <b>Change the syringe driver battery prior to discharge to ensure a full battery charge.</b></li> <li>• Include with the medication; 7 x syringes (of the size that is currently in use) 7 x needles (for drawing up the medication), 2 x infusion lines, 1 x subcutaneous cannula and 1 x cannula dressing.</li> <li>• Include a syringe driver patient information leaflet with the medication.</li> <li>• Complete a 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.</li> </ul>
4.1.2	<p><b>If discharged home</b></p> <ul style="list-style-type: none"> <li>• A community nurse referral must be made before discharge, include on the referral details, when syringe driver was last changed and the date the subcutaneous cannula was inserted.</li> <li>• Ensure that the family/carers are aware to store the medications in a safe place away from children.</li> <li>• 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's GP in hours and 111 out of hours and request a district nurse visit.</li> <li>• Make family aware that when syringe driver is 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 patients GP surgery and ask them to return it to the hospital.</li> </ul>
4.1.3	<p><b>If discharged to a care home or other care setting</b></p> <ul style="list-style-type: none"> <li>• A telephone call should be made to the care setting before discharge to ask/inform them: <ol style="list-style-type: none"> <li>1. The time the syringe driver needs changing.</li> </ol> </li> </ul>

4.1.4	<ol style="list-style-type: none"> <li>2. Establish if the appropriate equipment is available (if needles, syringes etc. are available then they will not need to be sent with the patient).</li> <li>3. Check if the staff have any questions and that they have sufficient training and skills to be confident in the use of syringe drivers.</li> <li>4. Ensure they have a key to unlock the syringe driver lock box.</li> </ol> <ul style="list-style-type: none"> <li>• Where possible, the syringe driver should be replaced at the earliest opportunity by a syringe driver belonging to the new care setting. The hospital syringe driver should be returned. If the syringe driver is to be loaned to the care setting, ensure that they are aware of their responsibility to return the syringe driver to hospital as soon as it is no longer required.</li> </ul> <p><b>Pharmacy responsibilities</b></p> <ul style="list-style-type: none"> <li>• Dispense and supply 7 days' medication and diluents for the syringe driver.</li> <li>• Include a discharge summary and where possible a medicine administration record (MAR) with the medication.</li> </ul>
5	<p><b>ROLES AND RESPONSIBILITIES</b></p> <p>The overall responsibility for the effective management for this policy lies with the Chief Executive with delegated responsibility to the End of Life Lead Nurse</p> <p>Operational responsibility rests with the senior and line managers to ensure that staff are aware of the policy and their responsibilities. Senior line managers are responsible for investigating any reported deviations from this policy.</p> <p>The responsibilities of staff are set out in section 4. Staff have a responsibility to report deviations from this policy on the trust incident reporting system Datix.</p>
6	<p><b>TRAINING REQUIREMENTS</b></p> <p>All ward leaders and relevant out-patient department leads will ensure staff are made aware of the requirements of this policy.</p>
7	<p><b>MONITORING</b></p> <p>The compliance monitoring of this policy will be done by the ward leaders and DATIX reports/reviews.</p> <p>Non- compliance of this policy should be incident reported with the ward leader investigating the reasons for non-compliance.</p>

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# EQUALITY IMPACT ASSESSMENT

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PROTECTED CHARACTERISTICS	IMPACT LEVEL – insert X					IMPACT TYPE Actions to be completed for all NEGATIVE impacts on Protected Characteristics				DETAIL	MITIGATING ACTIONS	RESIDUAL RISK ONCE ACTIONS COMPLETED
	HIGH	MEDIUM	LOW	NONE	NOT KNOWN	POSITIVE	NEUTRAL	NEGATIVE	NOT KNOWN			
AGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
DISABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
GENDER REASSIGNMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MARRIAGE AND CIVIL PARTNERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
PREGNANCY AND MATERNITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
RACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
RELIGION OR BELIEF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
SEX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
OTHER SPECIFIC IMPACTS, FOR EXAMPLE, CARERS, PARENTS, IMPACT ON HEALTH AND WELLBEING. PLEASE SPECIFY	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carers will need to have relevant storage area for medications		

## **GUIDANCE ON WRITING POLICIES, GUIDELINES AND SOPs**

### **1.1 Style and Format**

All documents will be developed using the Policy, Guideline or SOP templates. To request the relevant template, contact [crhft.policiesandguidelines@nhs.net](mailto:crhft.policiesandguidelines@nhs.net)

Please note the template presents the usual order in which the document sections should appear; however, if the author feels and the Executive responsible agrees that adhering rigidly to this would be to the detriment of the safe and effective use of the document, then some flexibility will be permitted.

Where a section is not applicable, it should still be included within the body of the document and include the statement “not applicable”.

Requirements in respect of style and format are detailed on the template itself.

### **1.2 Key Features of a well-written document**

Each document must be compliant with all current legal and statutory requirements that are relevant to their development. There must also be compliance with NHS Policies and guidance.

### **1.3 When writing your document, consider the following:**

- Use of plain language-The document must be clear, concise, jargon/ acronym free and written in straightforward language
- Ensure factual accuracy- Avoid subjective concepts, ('good' or 'bad' etc) and adverbs ('hopefully', 'frankly' or 'happily etc' as they are laden with opinion.
- Length of the document- Avoid using excessive amounts of text and construct simple sentences
- Subheading and bullet points will help the reader to find what they need
- Can separate documents be referenced/ linked rather than added as appendices
- Views of stakeholders where appropriate
- Be sound / evidence based
- Have clear objectives
- Specify how it will be implemented, monitored and audited
- Describe a consequence of any breaches.