

# Medicines

## Optimisation intervention brief

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| <b>TITLE?</b>   |
| Palliative care medicines during the COVID-19 pandemic  |
| <b>WHAT?</b>  |
| <ul style="list-style-type: none"> <li>Summary of information on end of life (EoL) care for easy reference.</li> </ul>  |
| <b>WHY?</b>   |
| <ul style="list-style-type: none"> <li>Patients with severe symptoms of COVID-19 may deteriorate rapidly. In the last hours and days of life, symptoms can change, and deterioration can occur in a few hours or less.</li> <li>It is important to have systems in place to ensure the safe management of controlled drugs (CDs) and other medicines that need to be available from practices or practice hubs for emergency response during the COVID-19 outbreak.</li> </ul>  |
| <b>WHO?</b>   |
| <ul style="list-style-type: none"> <li>Healthcare professionals (HCPs) dealing with EoL care during the pandemic</li> </ul>   |
| <b>HOW?</b>   |
| <ol style="list-style-type: none"> <li><b>Choice of medicine:</b> <a href="#">Wessex Palliative Care Medicines Guidance</a> <ol style="list-style-type: none"> <li>Sub-cut for HCP (or carer if trained): morphine, haloperidol and hyoscine butylbromide inj</li> <li>No HCP: morphine oral liq 10mg/5mL, levomepromazine tabs, hyoscine hydrobromide patch</li> <li>Miscellaneous: buprenorphine patches, fentanyl patches, (or morphine suppositories, if available), orodispersible olanzapine, and lorazepam tablets (Genus brand dissolves easily in mouth sublingually)</li> </ol> </li> <li><b>Supplies of medicines:</b> <ol style="list-style-type: none"> <li>The local community pharmacy(ies) should be approached to provide a small stock for the practice/ hot site and to be prepared to dispense prescriptions that are required urgently. NB: Only pharmacies that hold a wholesale dealers license will be able to do this.</li> <li>Where a local pharmacy cannot supply, pharmacies that hold a stock of palliative care medicines for use in an emergency can be approached. List <a href="#">here</a>.</li> <li>In an emergency, your local hospital pharmacy out-of-hours on-call service may be in a position to help.</li> </ol> </li> <li><b>Ordering:</b> via requisition (CDs from Schedule 2 and 3 = approved requisition form <a href="#">FP10CDF</a>)</li> <li><b>Requisitions:</b> email to pharmacy via nhs.net address.</li> <li><b>Transportation:</b> member of practice staff or an official courier may collect medications with a copy of the requisition, sign for collection at the pharmacy. Sign over to a senior member of practice staff/ GP upon return to practice.</li> <li><b>Storage:</b> record in medication log (ideally two members of staff) and place in locked storage cupboard immediately.</li> <li><b>Taking medications from cupboard:</b> check out of cupboard by clinician (e.g. to put in doctor's bag) or two members of practice staff. Record date, clinician taking the medication, drug, strength and volume, batch number and expiry date. Check stock level of the drug.</li> <li><b>CD register:</b> required for all schedule 2 drugs. If a pre-printed specific CD Register is not available, a robust notebook will suffice but: bound together, separate section for each class of CD and within this each formulation and strength on a separate page.</li> <li><b>Administration:</b> Drug name, formulation, strength, route or site of administration and dosage must be written on the palliative care administration chart and checked at the time of</li> </ol> |



administration to the patient. Document in medical records, and on paper administration chart in patient's home.

10. **Route of administration:** e.g. sub-cut, transdermal, rectal, buccal, oral
  - a. Sub-cut: via giving set (where available). Insert sub-cut stat line. See how to [video](#). Giving set can remain in situ for 14 days before a new one is required. Give stat doses via line e.g. levomepromazine 12.5 - 25mg OR haloperidol 5mg, hyoscine butylbromide 40mg (as stock availability allows). Teach carer to give stat doses OR instruct how to use alternatives.
  - b. Transdermal patches: site in a place accessible for changing but out of reach in confused patient; document site on body and when due to be changed.
11. **Further supplies:** an individual prescription (FP10) is required for ongoing medication after initial dose(s) have been administered and delivery/ collection arranged ensuring minimal COVID-19 exposure.
12. **Disposal of drugs no longer required:** in usual manner but make aware that they have come from a patient who had COVID-19, for infection control purposes.
13. **Records:** of the drugs held, CD requisitions and orders should be kept for two years.
14. **Doctors' bags:** should be kept locked at all times; not left in a car; doctor is lawfully responsible for possession of the bag; stored at the practice in a secure place e.g. locked cupboard; if a drug is administered document in patients' medical notes ASAP; make a note in doctor's bag notebook including- date, time, drug, strength, batch number and expiration date and any diluent used. Leave the administration chart with the drug prescribed and sign to say that the patient has had the drug administered.
15. **Care homes:** most care homes are not permitted to hold stocks of controlled drugs and prescription only medicines; ongoing supplies of medicines should be via an FP10.
16. **Antibiotics:** [NICE guidance](#) is available for treatment of pneumonia in the community. Care homes should not be provided with a stock of antibiotics on a 'just-in-case' basis.
17. **Nutrition:** [Guidance](#) is available on the West Hampshire CCG website.

#### TIPS

- [Carer practical guide to care.](#)

#### SO WHAT?

- Better prepared HCPs

#### FURTHER INFORMATION

1. Wessex Palliative Care Medicines Guidance [https://westhampshireccg.nhs.uk/wp-content/uploads/2020/04/A4-picture-COVID-EoL-Drugs-table-V1\\_5.pdf](https://westhampshireccg.nhs.uk/wp-content/uploads/2020/04/A4-picture-COVID-EoL-Drugs-table-V1_5.pdf)
2. COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community. NICE guideline [NG163] Published date: 03 April 2020 <https://www.nice.org.uk/guidance/ng163>
3. Care of dying adults in the last days of life. NICE guideline [NG31] Published date: 16 December 2015 <https://www.nice.org.uk/guidance/ng31>
4. COVID-19 rapid guideline: managing suspected or confirmed pneumonia in adults in the community. NICE guideline [NG165] Published date: 03 April 2020 <https://www.nice.org.uk/guidance/ng165>
5. EoL-Considerations-Nutrition & Hydration-HCP <https://westhampshireccg.nhs.uk/wp-content/uploads/2020/04/EoL-Considerations-NutritionHydration-HCP.pdf>
6. A guide to End of Life Care symptom control when a person is dying from COVID-19. Care for General Practice Teams, prepared by the Royal College of General Practitioners and the Association for Palliative Medicine. [https://elearning.rcgp.org.uk/pluginfile.php/149342/mod\\_resource/content/1/COVID%20Community%20symptom%20control%20and%20end%20of%20life%20care%20for%20General%20Practice%20FINAL.PDF](https://elearning.rcgp.org.uk/pluginfile.php/149342/mod_resource/content/1/COVID%20Community%20symptom%20control%20and%20end%20of%20life%20care%20for%20General%20Practice%20FINAL.PDF)
7. Supplementary information on wholesale dealer and controlled drugs licenses <http://www.palliativedrugs.com/download/20140711-DH-Wholesalers-Dealer-Licences-Guidance-FINAL.docx>

