

NHS Lanarkshire

Facilitating Anticipatory Care  
for Adults at the End of Life

Policy for the use of  
Just in Case Boxes in Primary Care

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*With thanks to NHS Tayside who gave permission  
to base this document on their own policy*

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## 1. Purpose and Scope

The purpose of this policy and supporting guidelines is to improve anticipatory care to help more people with palliative care needs and at the end of their life to be cared for and die in the place of their choice. Improved anticipatory care will ensure patients receive timely symptom assessment and management. Facilitating improved anticipatory care has the potential to enhance patient care and aid the prevention of unnecessary crises and unscheduled hospital admissions.

The safe and effective provision of anticipatory care at the end of life in the community setting may be enabled by the provision of a Just in Case box in the patient's home.

This document applies to all practitioners within NHS Lanarkshire caring for a patient at home who is either involved in setting up a box for use in the home or for the administration of medication from the box. It also applies to registered nurses in care homes.

This policy has been prepared in response to the national strategy document, *Living and Dying Well – a national action plan for palliative and end of life care in Scotland*<sup>(1)</sup> which states:

*'NHS Boards and CHPs should take steps, including the use of Patient Group Directions and Just in Case Boxes where appropriate, to facilitate the use of anticipatory prescribing to enhance patient care and aid the prevention of unnecessary crises and unscheduled hospital admissions.'*

## 2. Statement of Policy

The aims of this policy are to:

- Promote procedural uniformity and assist practitioners who are involved in setting up a Just in Case box within NHS Lanarkshire
- Promote procedural uniformity and assist practitioners who are administering medication from a Just in Case box within NHS Lanarkshire
- Support safe and accountable practice when providing symptom relief for those patients who require prescribed medication administered from a Just in Case box
- Clarify roles and responsibilities

## 3. Responsibilities and Organisational Arrangements

All practitioners using a Just in Case box must maintain clear, legible and accurate records for medicine administration <sup>(2, 3)</sup>.

## 4. Reporting Suspected Incidents Or Defects

Any errors or incidents in relation to the use of a Just in Case box must be recorded and reported. This should be done via the practitioner's Line Manager and the incident should be recorded on the DATIX system. Any further documentation must be completed as per local policy.

## 5. Key Contacts

Rosalie Dunn	Macmillan GP Facilitator And Palliative Care MCN Lead Clinician	c/o Ann McCafferty, Udston Hospital, Farm Road, Hamilton ML3 9LA. Tel. 01698-723247 <a href="mailto:Rosalie.Dunn@lanarkshire.scot.nhs.uk">Rosalie.Dunn@lanarkshire.scot.nhs.uk</a>
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Kate Wilson	Senior Nurse, South East Unit and Palliative Care Directorate	Udston Hospital, Farm Road, Hamilton ML3 9LA Tel. 01698-723214 <a href="mailto:Kate.Wilson@lanarkshire.scot.nhs.uk">Kate.Wilson@lanarkshire.scot.nhs.uk</a>
Jan Smith	Community Macmillan Nurse Co-ordinator	Udston Hospital, Farm Road, Hamilton ML3 9LA Tel. 01698-723282 <a href="mailto:Jan.Smith@lanarkshire.scot.nhs.uk">Jan.Smith@lanarkshire.scot.nhs.uk</a>

## 6. Guidelines for setting up a 'Just In Case' box for a patient in the community

### 6.1. Background

The Scottish Government document, *Living and Dying Well – A National Action Plan for Palliative and End of Life Care in Scotland* aims to ensure the delivery of high quality palliative care to everyone in Scotland on the basis of clinical need not diagnosis, and according to established principles of equity and personal dignity. It sets out an agenda for improving the quality and effectiveness of services by 2010. Action 6 within this plan suggests, '*NHS Boards and CHPs should take steps, including the use of Patient Group Directions and Just in Case Boxes where appropriate, to facilitate the use of anticipatory prescribing to enhance patient care and aid the prevention of unnecessary crises and unscheduled hospital admissions.*' Many areas nationally have developed a system of Just in Case boxes to support

anticipatory prescribing and access to palliative care medication for patients in the dying phase. Common symptoms in the terminal phase e.g. pain, anxiety, breathlessness, nausea and respiratory secretions may be anticipated. Adequate quantities of the appropriate medicines are prescribed for the patient and stored in an identifiable container, the Just in Case box in the patient's home. Carers and patients are reassured that the prescribed medicines have been prescribed 'just in case,' and may not be needed. Patients and carers have a range of contact numbers (including District Nursing and out-of-hours services) to ensure timely access to symptom assessment and management. These may be detailed in the Lanarkshire Palliative Care Assessment Tool (LPCAT), where this has been left with the patient.

A national guidance document, *The Gold Standards Framework – Examples of Good Practice Resource Guide for Just in Case Boxes* <sup>(4)</sup>, and the NHS Tayside Policy for the use of Just in Case Boxes in Primary Care <sup>(5)</sup> were used to develop this guidance document. This work was overseen by the Lanarkshire Palliative Care Managed Clinical Network's Just in Case working group (Appendix 1).

## **6.2. Patient selection**

The key message is to encourage the multidisciplinary team caring for the patient to:

- proactively consider anticipatory care and the provision of anticipatory medication
- anticipate the key symptom control issues the patient may experience at the end of life e.g. pain, nausea or vomiting, restlessness, moist respiratory secretions or breathlessness
- ensure there is a sufficient supply of the appropriate anticipatory medication available in the patient's home to cover the out of hours period
- ensure the appropriate documentation is completed and in place in the patient's home to ensure the appropriate anticipatory medication may be administered if required

### **6.2.1. Criteria for patient inclusion in the scheme**

This scheme is open to patients with a terminal illness registered with a General Practitioner in Lanarkshire, who are supported by District Nurses and/or Specialist Nurses and who are assessed as suitable for inclusion. This will include almost all patients with a terminal diagnosis.

### **6.2.2. Assessing a patient's suitability for inclusion in the scheme**

The patient's own GP, District Nurse, Macmillan Nurse or Clinical Nurse Specialist will identify potential patients ahead of need. The team caring for the patient will then discuss a patient's suitability for inclusion in the scheme. Practitioners should aim to have a Just in case box placed within a patient's home a few weeks prior to anticipated death.

### **6.2.3. Informing patients and carers of the scheme**

- Discuss the scheme with the patient and their carer(s)
- Provide the patient and their carer(s) with a copy of the *Patient Information Sheet* (Appendix 2), which describes the scheme and their responsibilities

- The GP or District Nurse must explain the purpose of the Just In Case box to the patient and their carer(s), and reinforce that all items contained within the box are for professional use only
- Reassure the patient and carer(s) that they may opt in or out of the scheme at any time
- Let the patient have further time to discuss the scheme with their carer(s) before initiating the supply of the required medication

#### **6.2.4. Action to be taken if a patient declines inclusion in the scheme**

- If possible, discuss with the patient where he or she wishes to be cared for at the end of life. He or she may prefer end of life care in a hospice or a hospital
- If a patient prefers to be cared for at home at the end of life, inform him or her that the usual procedures for symptom assessment and management will apply

#### **6.2.5. Criteria for patient exclusion from the scheme**

- Risk assessment and management should be undertaken on a case-by-case basis
- Where a patient and or their carer(s) is unwilling to participate in the scheme, and/or there is a history or suspicion of drug misuse among carers or visitors to the house a risk assessment should be undertaken. If patient exclusion from the scheme is considered appropriate, alternative arrangements should be discussed, agreed and implemented

#### **6.2.6. Reassessment of a patient's suitability for inclusion in the scheme**

A patient's anticipatory care needs may change during the course of their illness. An identified GP or District Nurse must be responsible for ensuring a patient's suitability for inclusion in the scheme is reviewed **at least weekly** and/or after any known change in circumstances.

### **6.3. Treatment available under the scheme**

#### **6.3.1. Summary**

- The multi-disciplinary team assesses the patient and symptoms common in the terminal phase are anticipated
- Small quantities of the appropriate medicines are prescribed for subcutaneous administration to the patient if required. Original packs are supplied
- The prescribed medicines and necessary sundries (needles, syringes, occlusive dressings and community sharps bin) are stored in the Just in Case box in the patient's home
- The *NHS Lanarkshire Just in Case Box Prescription and Administration Record* (Appendix 3) is completed as appropriate and placed with the LPCAT, which should be stored within the yellow Home Pack.

#### **6.3.2. Recommended medication**

The following guidance has been developed by the NHS Lanarkshire Just in Case Boxes working group, in consultation with various partner organisations. The medication recommended (Table 1) has been aligned with the local *Liverpool Care of*

the *Dying Pathway*<sup>(6)</sup> and local Patient Group Directions (PGDs) to ensure patients receive appropriate symptom management at the end of life.

**Table 1 – Recommended Medications for Just in Case Box prescription**

Indication	Medication	Route	Dose instructions	Recommended Supply
Pain relief	<b>Diamorphine</b> or <b>Morphine sulphate</b> injection or Current opioid	SC	Dose to be determined by prescriber	Sufficient supply to cover the immediate out of hours period
Restlessness and/or anxiety	<b>Midazolam</b> injection	SC	2.5mg – 5mg hourly as required	10 ampoules of 10mg/2ml
Chest secretions	<b>Hyoscine butylbromide</b> (Buscopan®) injection	SC	20mg hourly as required	10 ampoules of 20mg/1ml
Nausea /vomiting	<b>Levomepromazine</b> injection	SC	2.5mg – 5mg 8 - 12 hourly as required	10 ampoules of 25mg/1ml
Confusion/ delirium	<b>Haloperidol</b> injection	SC	2.5mg once or twice daily as required	5 ampoules of 5mg/1ml
Diluent	<b>Water for injection</b>	SC		10 ampoules of 10ml

*Additional items: 1ml and 2ml syringes, subcutaneous needles, needles for drawing up, occlusive dressing, community sharps bin, medication stock recording sheet*

Further guidance regarding the use of medicines at the end of life can be obtained from the *NHS Lanarkshire Palliative Care Guidelines* <sup>(7)</sup> or contacting the NHS Lanarkshire Specialist Palliative Care Service.

### **6.3.3. Regular reassessment of the individualised treatment for a specific patient**

A patient's anticipatory care needs may change during the course of their illness. An identified GP or District Nurse must be responsible for ensuring a patient's individualized treatment plan is reviewed **at least weekly** and/or after any known change in circumstances. This will assist in ensuring the medication available in the Just in Case box and the supporting documentation are appropriate for the needs of the patient.

### **6.4. Characteristics of staff authorised to provide care under the scheme**

- A registered medical practitioner who has access to the patient's current medical record will prescribe medication for the individual patient
- A registered medical practitioner or a first level registered nurse will administer the prescribed medication
- Staff providing care under this scheme require to be aware of the content of this policy and practise within the scope of their professional competence

## 6.5. Safe and Secure Handling of Medicines

**6.5.1.** An *NHS Lanarkshire Just in Case Box Prescription and Administration Record* will be used to document all aspects of a patient's care provided under this scheme. The document will be kept in the yellow Home Pack Folder or, if this is not in place, the patient's notes. The document should only be used to record the details of the care provided under this scheme.

**6.5.2.** A registered medical practitioner, preferably the patient's General Practitioner, who has access to the patient's current medical record will prescribe anticipatory medication for the individual patient using GP10 form(s) and complete the relevant section of the *NHS Lanarkshire Just in Case Box Prescription and Administration Record* (<http://firstport/sites/mcns/palliativecare/default.aspx>). Forms should have a NHS Lanarkshire patient label and GP practice stamp. The medication details should also be recorded in the patient's medical notes. The out of hours medical service and NHS 24 should be notified that a Just in Case box is in place in the home via an update of the patient's electronic palliative care record (ePCS).

**6.5.3.** Medication contained within a Just in Case box has been prescribed for an individual patient and should **never** be administered to any other patient.

**6.5.4.** The prescribed medication will be dispensed by the patient's preferred community pharmacy.

**6.5.5.** The dispensed medication together with the required sundries will be packed in the Just in Case box by an identified District Nurse in the patient's home. The box will be stored out of reach and sight of children. An identified District Nurse should document in the patient's notes that a Just in Case box is in place in the patient's home and the location within the home where it is stored. An identified District Nurse should inform the Out of Hours District Nursing Service that a 'Just in Case' box is in place in the patient's home. Just in case boxes will be stored at District Nurse bases.

**6.5.6.** The Just in Case box should be labelled externally with the patient's name, the date the box was placed in the patient's home and the earliest expiry date of the medicines contained within the box. (Labels for this purpose can be found in the Just in Case box). An identified District Nurse must be responsible for ensuring the medication contained within the Just in Case box has not reached its expiry date. This must be checked and documented in the patient's notes **at least weekly** and/or after any known change in circumstances.

**6.5.7.** If any of the medication prescribed as part of the scheme is administered, the practitioner administering the medication will document this via the LPCAT.

**6.5.8.** If three or more doses of any one of the medications prescribed as part of the scheme is administered within a 24-hour period, the medical practitioner responsible for the care of the patient at that time must be informed. A regular prescription or continuous subcutaneous infusion via a syringe driver may now be more appropriate. Medication for this purpose should be prescribed, dispensed, administered and the details recorded as per current local practice. The medication prescribed on the *NHS Lanarkshire Just in Case Box Prescription and Administration Record* should be reviewed and amended as appropriate.

**6.5.9.** Following a patient's death or admission to another care setting for end of life care, any remaining medication should be returned to a community pharmacy by the

carer for disposal.

**6.5.10.** The patient's carer/District Nurse should return the 'Just in Case' box to the patient's GP surgery/District Nursing base. The printed label affixed to the outside of the box will say who to return it to.

**6.5.11.** If a medication expires prior to use or is no longer required the guidance set out in Section 6.5.9 above should be followed.

**6.5.12.** In the event of a supply problem with one of the recommended medicines, the patient's primary health care team should liaise with one of the key contacts in Section 5 regarding a suitable alternative.

## **6.6. Audit**

A *Just in Case Box Audit Form* (Appendix 4) should be completed for each patient receiving care under the scheme. Completed forms should be returned to Jonathan Campbell, Clinical Effectiveness Department, Hairmyres Hospital.

## **7. References**

1. Scottish Government (2008) *Living and Dying Well – A National Action Plan for Palliative and End of Life Care in Scotland*. Edinburgh: Scottish Government.
2. Nursing & Midwifery Council (2008) *The Code: Standards for Conduct, Performance and Ethics*. London: Nursing and Midwifery Council.
3. Nursing & Midwifery Council (2008) *Standards for Medicines Management*. London: Nursing and Midwifery Council.
4. GSF (2006) *The Gold Standards Framework. Examples of Good Practice Resource Guide. Just in Case Boxes*. Place: Publisher.
5. NHS Tayside (2009) *Policy for the Use of Just in Case Boxes in Primary Care*. Dundee: NHS Tayside.
6. GSF (date) *Liverpool Care Pathway: Care of the Dying Pathway (Hospice)*. Place: Publisher.
7. NHS Lanarkshire (2009) *Palliative Care Guidelines*. Lanarkshire: NHS Lanarkshire.

**Membership of the Lanarkshire Palliative Care Managed Clinical Network  
Just in Case box working group**

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Facilitator

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Jean Donaldson, Lead Nurse, Out of Hours service

Linda Johnstone, Macmillan Area Lead Pharmacist – Palliative Care

Jan Smith, Community Macmillan Nurse Co-ordinator

Fiona Young, Palliative Care MCN Co-ordinator



A leaflet for patients and carers



**Anticipatory Care Medication  
Just in Case Box**

# Anticipatory Care

A leaflet for patients and carers

**This is a kit containing some medicines which may be helpful in treating one or more symptoms that can sometimes happen – such as pain, anxiety or sickness.**

**These symptoms can be distressing if they occur in the night or at weekends when your local GP practice or local pharmacy is closed. Waiting for a doctor to come and write a prescription together with spending time trying to find a pharmacy which is open, can lead to further distress.**

**The box contains some injections that a nurse or doctor may give if needed to relieve patient's symptoms.**

**If any of the medicines are needed, the box contains just enough to last until more can be supplied in the usual way, if the symptoms don't go away.**

**This means that you and your carer can relax, knowing that you won't have to worry about trying to get hold of medicines if you need them outside normal working hours.**

**Your nurse or GP will talk to you and your carer about the box when they bring it to the house.**

**If any of the medicines inside the box are needed at any stage, a nurse or doctor may use them to treat your symptoms.**

**REMEMBER TO KEEP THIS BOX IN A SAFE PLACE**

**ALL MEDICINES SHOULD BE STORED OUT OF SIGHT  
AND OUT OF THE REACH OF CHILDREN**

### Just in Case Box Prescription and Administration Record

**Patient Name**

  
  
  

**CHI**

**GP Practice**

- Tick when complete
1. Issue GP10 prescription for required medications
  2. Sign relevant sections on JIC prescription and administration record
  3. Notify OOH services that JIC medications have been requested.

**Prescription**

I authorise the community nurse to administer the following medications where the oral route is ineffective or no longer available.

Date	Code	Indication	Medication	Dose and Frequency	Route	Prescriber Signature	STOPPED	
							Date	Sig
	A	Pain relief	GP to prescribe	GP to prescribe	SC			
	B	Restlessness and/or anxiety	<b>Midazolam</b>	2.5mg - 5mg hourly as required	SC			
	C	Chest secretions	<b>Hyoscine Butylbromide</b> (Buscopan®)	20mg hourly as required	SC			
	D	Nausea / vomiting	<b>Levomepromazine</b>	2.5mg- 5mg, 8-12 hourly as required	SC			
	E	Confusion / delirium	<b>Haloperidol</b>	2.5mg, once or twice daily as required	SC			
	F							



## JUST IN CASE BOX AUDIT FORM

PRACTICE NAME: \_\_\_\_\_

Date box was issued: DD / MM / YYYY

Patient DOB: DD / MM / YYYY CHI no: \_\_\_\_\_

RIP date: DD / MM / YYYY

Length of time box available for use: \_\_\_\_\_ days

### Aims of the audit

- a) To determine the use of Just in Case boxes
- b) To determine the wastage of drugs in the Just in Case boxes
- c) To determine whether the Just in Case boxes improve patient care

### Instructions

- a) An audit form is to be completed for each patient who has a Just in Case box
- b) YES/NO questions – please circle / tick the appropriate answer to each question

### QUESTIONNAIRE

1. Which drugs were in the Just in Case box to start with?

Drug name	Drug strength (please tick)	Number of ampoules (please tick)
Diamorphine / morphine sulphate		
Midazolam	10mg/2ml <input type="checkbox"/>	10 ampoules <input type="checkbox"/> Other <input type="checkbox"/>
Hyoscine butylbromide	20mg/1ml <input type="checkbox"/>	10 ampoules <input type="checkbox"/> Other <input type="checkbox"/>
Levomepromazine	25mg/1ml <input type="checkbox"/>	10 ampoules <input type="checkbox"/> Other <input type="checkbox"/>
Haloperidol	5mg/1ml <input type="checkbox"/>	5 ampoules <input type="checkbox"/> Other <input type="checkbox"/>
Any others?		

2. Was the Just in Case box used? Yes  No

If Yes, please record which drugs were used

Drug	Day of the week	Time	Given by (circle as appropriate)
			GP / OOH / DN / OOH DN / MC / Mac
			GP / OOH / DN / OOH DN / MC / Mac
			GP / OOH / DN / OOH DN / MC / Mac
			GP / OOH / DN / OOH DN / MC / Mac
			GP / OOH / DN / OOH DN / MC / Mac
			GP / OOH / DN / OOH DN / MC / Mac
			GP / OOH / DN / OOH DN / MC / Mac

GP: General Practitioner, OOH: Out of Hours Doctor, DN: Daytime District Nurse, OOH DN: Out of Hours District Nurse, MC: Marie Curie Staff Nurse; Mac: Macmillan Nurse

3. Were the most appropriate drugs included in the box?

Yes  No

If No, please state which drugs should have been included

Drug name	Drug form (tablet / injection / suppository etc.)

4. Was any medication prescribed outside guidance for supportive and palliative care?

Yes  No

5. Did the Just in Case box prevent any of the following?

An out-of-hours call to a doctor? Yes  No

Admission to hospital / hospice? Yes  No

Did the patient stay in their chosen place of care? Yes  No

7. Was there any resistance to the introduction of the Just in Case box?

	Was there resistance?	If yes, please say what
By the patient?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
By the patient's relatives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
By anyone else?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

8. Any other comments about the Just in Case box?

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