

Anticipatory Medications Assessment Form (Care Home)



SURNAME: _____ FORENAMES: _____ ADDRESS: _____ _____ URN: _____ DOB: _____	GP NAME _____	
	GP SURGERY _____ Tel no. _____	
	PALLIATIVE CARE KEY WORKER _____ Tel no. _____	

GSF Code (tick)	Blue (A) <input type="checkbox"/> Year plus prognosis	Green (B) <input type="checkbox"/> Months prognosis	Amber (C) <input type="checkbox"/> Weeks prognosis	Red (D) <input type="checkbox"/> Days prognosis
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Section 1: Inclusion Criteria (tick)	Yes	No	Comments
Patient has a poor prognosis, and their condition is unpredictable or is likely to deteriorate rapidly? <small>GSF Prognostic Indicator Guidance of 'Deteriorating' (Amber) / 'Terminal Care' (Red)</small>			
Based on your clinical judgement are anticipatory medications indicated for this patient?			

If YES to both questions proceed to section 2

If NO to any question discuss with multi-disciplinary team (MDT) if anticipatory medications are appropriate

Section 2: Potential risks (tick)	Yes	No	Comments
Patient/carers unwilling to participate, e.g. due to fears anticipatory medications are a provision for euthanasia? <small>(concerns can be allayed by good communication and reassurance)</small>			

If YES to above question discuss with MDT if anticipatory medications are appropriate

If NO to above question confirm with patient GP anticipatory medications are appropriate, proceed to section 3

Section 3: Patient/carer education (tick)	Yes	No	Comments
Has the purpose and benefits of anticipatory medications been discussed with the patient and/or family?			
Has a patient information leaflet been given to the patient/family?			

Section 4: Checklist for putting anticipatory medications in place	Initial	Comments
Anticipatory prescribing medication administration record completed in full by registered prescriber		
Medications prescribed on a health insurance prescription form by registered prescriber		
Prescription sent to a community pharmacy for medications to be dispensed		
Medication recorded and stock controlled per Care Home Medicines Policy		
Fax or e-mail assessment form to JHC MDT co-ordinator to update database for tracking anticipatory medications		
Contact FNHC (tel. 443600) and Specialist Palliative Care Team (tel. 876555) to inform them anticipatory medications are in place (residential home)		

Date Completed	Name (print)	Signature	Role

File the original assessment form in the patient care records. A copy should be faxed (fax. 720292) or e-mailed (CommunityTeam@jerseyhospicecare.com) to the Jersey Hospice Care MDT co-ordinator.