

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

<b>GSF Code</b> (tick)	<b>Blue (A)</b> <input type="checkbox"/> Year plus prognosis	<b>Green (B)</b> <input type="checkbox"/> Months prognosis	<b>Amber (C)</b> <input type="checkbox"/> Weeks prognosis	<b>Red (D)</b> <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) or '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>			
Is there documented history or suspicion of drug misuse by the patient, family, carers or visitors to the home?			
Are there any documented concerns about the mental health/well-being of the patient, family, carers or visitors to the home (e.g. suicidal ideation)?			

**If YES to any question discuss with MDT if anticipatory medications are appropriate\***

**If NO to all questions confirm with patients GP anticipatory medications are appropriate, then 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 carers?			
Has a patient information leaflet been given to the patient/carers?			
Have precautions been discussed to ensure the JIC box will be stored securely and cannot be accessed by a child, animal or vulnerable member of the household?			
Discussion with patient/carers to confirm that the items in JIC box are for use by healthcare professionals only?			

**Completed by:**

Date	Name (print)	Signature	Role

PATIENT'S NAME .....

DOB .....

URN .....

Section 4: Just in Case (JIC) box details (tick)			
Organised by:	Jersey Hospice Care (JHC) <input type="checkbox"/> Family Nursing & Homecare (FNHC) <input type="checkbox"/>	Team location: Town <input type="checkbox"/> East <input type="checkbox"/> West <input type="checkbox"/>	
Location of JIC box in patient's home		JIC Box number: .....	
Section 5: Checklist for putting anticipatory medications in place		Initial	Comments
Anticipatory prescribing medication administration record completed in full by registered prescriber			
Medications prescribed on a appropriate prescription form (community or hospital) by registered prescriber			
Patient/carer given contact details of nearby Palliative Care Link Pharmacies where medications are available to be dispensed			
Medication record sheets completed (once medications are available)			
Medications placed in JIC box and sealed using security tag, and tag sheet completed			
Fax or e-mail assessment form to JHC MDT co-ordinator to update database for tracking anticipatory medications/JIC boxes			
Contact FNHC (tel. 446300) and Specialist Palliative Care Team (tel. 876555) to inform them anticipatory medications are in place			

Completed by:

Date	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](mailto:CommunityTeam@jerseyhospicecare.com))  
 to the Jersey Hospice Care MDT co-ordinator.**

Additional comments (e.g. outcome of any MDT discussion*)			
Date	Name (print)	Signature	Role