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| SURNAME: _____ FORENAMES: _____ ADDRESS: _____ _____ URN: _____ DOB: _____ | GP NAME _____ | |
| | GP SURGERY _____ Tel no. _____ | |
| | PALLIATIVE CARE KEY WORKER _____ Tel no. _____ | |
| | WEIGHT (Kg) _____ | |

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| DRUG ALLERGIES & SENSITIVITIES | PLEASE CIRCLE AS APPROPRIATE NONE KNOWN YES | DRUG / ALLERGEN (describe reaction) |
| | SIGNED: NAME: DATE: ROLE: | |
| THIS SECTION SHOULD BE COMPLETED PRIOR TO ADMINISTRATION OF ANY MEDICINE | | |

PRESCRIPTIONS FOR ONCE ONLY MEDICATIONS

| DATE | MEDICINE (Approved Name) | DOSE | ROUTE | TIME TO GIVE | PRESCRIBER SIGNATURE | DATE | TIME GIVEN | GIVEN BY | CHECK BY |
|------|-----------------------------|------|-------|-----------------|-------------------------|------|---------------|-------------|-------------|
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| JUST IN CASE BOX INFORMATION (please tick) | DETAILS OF SUPPLEMENTARY CHARTS (please tick) | CHART RE-AUTHORISED (every 3 months) | | | | | | | | |
|--|--|--|----------------------|------|--|--|--|--|--|--|
| JUST IN CASE BOX IN PLACE: YES <input type="checkbox"/> NO <input type="checkbox"/> BOX NO. | <input type="checkbox"/> SYRINGE PUMP <input type="checkbox"/> SUPPLEMENTARY INFUSION CHART <input type="checkbox"/> OTHER (specify) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 70%;">PRESCRIBER SIGNATURE</th> <th style="width: 30%;">DATE</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | PRESCRIBER SIGNATURE | DATE | | | | | | |
| PRESCRIBER SIGNATURE | DATE | | | | | | | | | |
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AS REQUIRED MEDICINES

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|--|-----------------------------|-----------|-------------------------|-------|---|---|---|---|---|---|
| DATE | MEDICINE (Approved Name) | DATE | | | | | | | | |
| | WATER FOR INJECTIONS | TIME | | | | | | | | |
| PRESCRIBER SIGNATURE INDICATION DILUENT / FLUSH | | DOSE | | | | | | | | |
| | | GIVEN BY | / | / | / | / | / | / | / | / |
| DATE | MEDICINE (Approved Name) | DATE | | | | | | | | |
| | | TIME | | | | | | | | |
| DOSE | ROUTE | FREQUENCY | MAX DOSE IN 24 HOURS | DOSE | | | | | | |
| | | | | ROUTE | | | | | | |
| PRESCRIBER SIGNATURE INDICATION | | GIVEN BY | | | | | | | | |
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Anticipatory prescribing avoids delays in treating the most common symptoms at the end of life, improves symptom control and may prevent unwanted admissions to Hospital or Hospice. Plan ahead and consider it early on.

'Just in Case' (JIC) boxes are a small part of anticipatory prescribing, and is a system to improve the security and audit trail of medications prescribed. **JIC boxes are only to be used in patients own homes, and not other care settings.**

The below medications are suggested for anticipatory prescribing assuming that there are no known allergies or contra-indications (e.g. renal failure, hepatic failure). **Refer to the medication algorithms for symptom control in the last days of life, or the Ambulatory Syringe Pump Policy for additional prescribing recommendations.**

| SYMPTOM | MEDICATION | ADVISED STARTING DOSE | SUGGESTED QUANTITY* |
|--|---|--|--|
| PAIN | DIAMORPHINE | Opioid naive patients: 2.5mg to 5mg s/c 1 hourly prn If the patient is already taking opioids refer to the conversion table overleaf and consult the syringe pump policy | 5 (FIVE) AMPOULES OF 5mg |
| NAUSEA & VOMITING | LEVOMEPRMAZINE | 6.25mg s/c 6 hourly prn (max 25mg/24 hours) Higher doses are used for agitation Alternative anti-emetics may be more appropriate depending on the cause of symptoms & patient medical history | 5 AMPOULES OF 25mg/ml |
| AGITATION & ANXIETY | MIDAZOLAM (if patient is ANXIOUS, FRIGHTENED, <u>BUT</u> LUCID) | 2.5mg to 5mg s/c 1 hourly prn | 5 (FIVE) AMPOULES OF 10mg/2ml |
| | HALOPERIDOL (if patient is CONFUSED, AGITATED and/or HALLUCINATING) | 1mg to 2.5mg s/c 4 hourly prn (max 10mg/24 hours) Lower doses are used for nausea | 5 AMPOULES OF 5mg/ml |
| RESPIRATORY SECRETIONS | GLYCOPYRRONIUM BROMIDE | 200 micrograms s/c 4 hourly prn | 10 AMPOULES OF 200 micrograms/ml |
| BREATHLESSNESS | DIAMORPHINE | Opioid naive patients: 1.25mg to 2.5mg s/c 1 hourly prn If the patient is already taking opioids refer to the conversion table overleaf and consult the syringe pump policy | USE SUPPLY PRESCRIBED FOR PAIN |
| Remember to prescribe WATER FOR INJECTIONS (diluent for Diamorphine ampoules and flush) | | | 10 AMPOULES OF 10ml |
| CRISIS DOSE (i.e. for seizure/haemorrhage) | MIDAZOLAM Only prescribe if patient at risk of seizure and/or bleed | 10mg s/c stat AND / OR 10mg by buccal route stat | USE SUPPLY PRESCRIBED FOR ANXIETY |
| | | | 2 (TWO) PRE-FILLED ORAMUCOSAL SYRINGES OF 10mg/2ml |

*Suggested quantities are a guide, if expected usage is likely to be higher adjust the quantity prescribed accordingly

The prescriber must complete the Anticipatory prescribing medication administration record AND Health Insurance prescription form (community patients) OR HSSD discharge prescription (hospital in-patients)

The below tables only give approximate dosages for opioid conversion, due to the risk of toxicity it may be necessary to use lower doses especially in patients who are:

- Elderly and frail
- Opioid naïve
- In renal impairment
- In hepatic impairment
- Already on high doses of opioids (there may be incomplete cross tolerance, it is normal practice to reduce the dose by 30-50%)

Review patients' regularly after opioid switching, check for signs of toxicity and their level of pain control.

OPIOID DOSE CONVERSION GUIDE

Note that dose conversions are approximate only

| | | | | | | | |
|------------------------|------------------------------|-------------|----------|----------|-----------|------------|-----------|
| PO Morphine | 24hr total dose (mg) | 30 | 60 | 120 | 180 | 240 | 360 |
| | breakthrough dose (mg) | 5 | 10 | 20 | 30 | 40 | 60 |
| S/C Diamorphine | 24hr total dose (mg) | 10 | 20 | 40 | 60 | 80 | 120 |
| | breakthrough dose (mg) | 2.5 | 2.5 to 5 | 7.5 | 10 | 12.5 to 15 | 20 |
| PO Oxycodone | 24hr total dose (mg) | 15 | 30 | 60 | 90 | 120 | 180 |
| | breakthrough dose (mg) | 2.5 | 5 | 10 | 15 | 20 | 30 |
| S/C Oxycodone | 24hr total dose (mg) | 7.5 to 10 | 15 to 20 | 30 to 40 | 45 to 60 | 60 to 80 | 90 to 120 |
| | breakthrough dose (mg) | 1.25 to 2.5 | 2.5 to 5 | 5 to 7.5 | 7.5 to 10 | 10 to 15 | 15 to 20 |
| Fentanyl Patch | 72 hour patch (microgram/hr) | 12 | 25 | 50 | 75 | 100 | 150 |

Buprenorphine patches:

| Buprenorphine patch strength (micrograms/hr) | PO Morphine | | PO Oxycodone | |
|--|-------------------------|------------------------|-------------------------|------------------------|
| | 24 hour total dose (mg) | breakthrough dose (mg) | 24 hour total Dose (mg) | breakthrough dose (mg) |
| 5 | 12 | 2 | 6 | 1 |
| 10 | 24 | 4 | 12 | 2 |
| 15 | 36 | 6 | 18 | 3 |
| 20 | 48 | 8 | 24 | 4 |

Fentanyl or Buprenorphine patches should not be started as a form of pain control at the end of life.

If a patient is already on an opioid patch **DO NOT REMOVE IT** (unless there are concerns related to efficacy or toxicity), if you need to increase the level of pain control add a syringe pump (see Ambulatory Syringe Pump Policy for information).

References:

Twycross R., Wilcock A., & Howard P. (2017) *PCF6: Palliative Care Formulary (6th Ed.)*. Oxford: Radcliffe Medical Press.
 Palliative Adult Network Guidelines. Accessed via <http://book.pallcare.info/index.php>



Just in Case (JIC) Box Security Tag Sheet



The tag should be broken and replaced:

- Once a month when the JIC box contents are routinely checked
- When medications are received into or given from the JIC box

| DATE | TIME | SECURITY TAG IN PLACE AND INTACT? (Yes/No)* | IF BOX IS OPENED, STOCK OF ALL MEDICATIONS CORRECT? (Yes/No/Not applicable)* | TAG NUMBER | SIGNATURE(S) |
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* If it is suspected the tag has been tampered with or there is a stock discrepancy, contact your team leader immediately and investigate accordingly.

PATIENT'S NAME DOB URN



Just in Case (JIC) Box Medication Record Sheet



| MEDICATION NAME | | | | STRENGTH | | DOSAGE FORMULATION | |
|-----------------|--|--|--|----------|--|--------------------|--|
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| DATE | TIME | NO. OF DOSE UNITS RECEIVED | NO. OF DOSE UNITS USED | BATCH NUMBER | EXPIRY DATE | STOCK BALANCE | SIGNATURE(s) |
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Hospice IPU Admission: Make an entry below to record the stock balance in JIC box on admission

| DATE | TIME | NO. OF DOSE UNITS | SIGNATURE | SIGNATURE |
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Disposal: Record below when the medication is removed from JIC box to be sent to a pharmacy for destruction




| DATE | TIME | NO. OF DOSE UNITS TO BE DESTROYED | BATCH NUMBER | EXPIRY DATE | SIGNATURE | SIGNATURE |
|------|------|-----------------------------------|--------------|-------------|-----------|-----------|
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PATIENT'S NAME DOB URN

Just in Case (JIC) Box

Medication Record Sheet

| MEDICATION NAME | | | | STRENGTH | | DOSAGE FORMULATION | |
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| DATE | TIME | NO. OF DOSE UNITS | SIGNATURE | SIGNATURE |
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Disposal: Record below when the medication is removed from JIC box to be sent to a pharmacy for destruction

| DATE | TIME | NO. OF DOSE UNITS TO BE DESTROYED | BATCH NUMBER | EXPIRY DATE | SIGNATURE | SIGNATURE |
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PATIENT'S NAME DOB URN



Just in Case (JIC) Box Medication Record Sheet



| MEDICATION NAME | | | | STRENGTH | | DOSAGE FORMULATION | |
|-----------------|------|----------------------------|------------------------|--------------|-------------|--------------------|--------------|
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Hospice IPU Admission: Make an entry below to record the stock balance in JIC box on admission

| DATE | TIME | NO. OF DOSE UNITS | SIGNATURE | SIGNATURE |
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Disposal: Record below when the medication is removed from JIC box to be sent to a pharmacy for destruction

| DATE | TIME | NO. OF DOSE UNITS TO BE DESTROYED | BATCH NUMBER | EXPIRY DATE | SIGNATURE | SIGNATURE |
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PATIENT'S NAME DOB URN



Just in Case (JIC) Box Medication Record Sheet



JERSEY CARE
FEDERATION



| MEDICATION NAME | | | | STRENGTH | | DOSAGE FORMULATION | |
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| DATE | TIME | NO. OF DOSE UNITS RECEIVED | NO. OF DOSE UNITS USED | BATCH NUMBER | EXPIRY DATE | STOCK BALANCE | SIGNATURE(s) |
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Hospice IPU Admission: Make an entry below to record the stock balance in JIC box on admission

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Disposal: Record below when the medication is removed from JIC box to be sent to a pharmacy for destruction

| DATE | TIME | NO. OF DOSE UNITS TO BE DESTROYED | BATCH NUMBER | EXPIRY DATE | SIGNATURE | SIGNATURE |
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Just in Case (JIC) Box Medication Record Sheet



| MEDICATION NAME | | | | STRENGTH | | DOSAGE FORMULATION | |
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Hospice IPU Admission: Make an entry below to record the stock balance in JIC box on admission

| DATE | TIME | NO. OF DOSE UNITS | SIGNATURE | SIGNATURE |
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Disposal: Record below when the medication is removed from JIC box to be sent to a pharmacy for destruction

| DATE | TIME | NO. OF DOSE UNITS TO BE DESTROYED | BATCH NUMBER | EXPIRY DATE | SIGNATURE | SIGNATURE |
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PATIENT'S NAME DOB URN



Just in Case (JIC) Box Medication Record Sheet



| MEDICATION NAME | | | | STRENGTH | | DOSAGE FORMULATION | |
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Disposal: Record below when the medication is removed from JIC box to be sent to a pharmacy for destruction

| DATE | TIME | NO. OF DOSE UNITS TO BE DESTROYED | BATCH NUMBER | EXPIRY DATE | SIGNATURE | SIGNATURE |
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PATIENT'S NAME DOB URN



Just in Case (JIC) Box Medication Record Sheet



| MEDICATION NAME | | | | STRENGTH | | DOSAGE FORMULATION | |
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Disposal: Record below when the medication is removed from JIC box to be sent to a pharmacy for destruction

| DATE | TIME | NO. OF DOSE UNITS TO BE DESTROYED | BATCH NUMBER | EXPIRY DATE | SIGNATURE | SIGNATURE |
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