INTRODUCTION OF A COMMUNITY PALLIATIVE CARE DRUG CHART TO FACILITATE INDIVIDUALISED AND APPROPRIATE ANTICIPATORY PRESCRIBING

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Background NICE guidelines stress the importance of individualised anticipatory prescribing for people who are likely to need symptom control in the last days of life. A Community Palliative Care Drug Chart for the authorisation of individualised subcutaneous palliative care medication via injection or syringe pump was developed and introduced by a regional anticipatory prescribing working party. The chart does not use a proforma approach, which has been linked to over medication, but does incorporate guidance and is designed to cross settings.

Aim
• To evaluate whether the chart and guidance facilitates safe, appropriate and consistent anticipatory prescribing for patients 1 year after introduction.
• To identify any required chart adaptations and areas for education.

Methods The notes of 49 expected deaths from District Nurse caseloads were examined for the presence of a chart. 32 charts were reviewed to establish whether anticipatory prescribing complied with local guidelines and to record any themes from non-compliance. A survey of 20 local GPs was conducted.

Results 47 of the 49 expected deaths had a chart in place. For 20% of cases the chart was introduced due to symptoms identified at the time of the local audit. The chart was used in 51% of cases to identify the medication to be administered. The chart and guidance were found to be safe, appropriate and consistent for a majority of cases. The chart was found to be easy to use and requires little education. The chart also facilitates multidisciplinary working across different specialties.

Conclusion The chart and guidance facilitate safe, appropriate and consistent anticipatory prescribing for patients, resulting in improved compliance with standards. The chart is now being used by all the hospice’s multidisciplinary teams.

ANTICIPATORY PRESCRIBING IN PALLIATIVE CARE: EVALUATION OF CURRENT PRACTICE

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Background National guidelines endorse prescription of medications in anticipation of symptoms in the last days of life. Little is known about current practice in anticipatory prescribing (AP). A service evaluation was undertaken to evaluate AP across one county in the UK.

Method Electronic records were searched of patients known to the Bedfordshire PEPS (Partnership for Excellence in Palliative Support) Co-ordination Centre, who had died during a one-year period and had been prescribed injectable medications for symptom control.

Results Out of 392 eligible patients, the records of 132 were selected at random. 486 injectable medications were prescribed: 77% were in anticipation of symptoms and 23% in response to existing symptoms. Diamorphine and midazolam were most commonly prescribed in anticipation, with 43/88 (49%) and 41/93 (44%) prescriptions leading to drug administration respectively. The corresponding data for glycopyrronium, cyclizine, haloperidol and metoclopramide were 25/78 (32%), 15/67 (22%), 3/11 (27%) and 3/14 (21%). Overall, only 37% of all medications prescribed in anticipation were administered. Recognition of the need for AP came from palliative care nurses (50%), GPs (32%) and District Nurses (14%).

Most patients had malignant disease (87%). The median time between prescription and first drug administration was 9 days in patients with cancer (range 0–368), and 61 days in those with non-malignant disease (range 3–298).

Conclusion Most prescribing of injectable medications was in anticipation, rather than in response to, symptoms. About a third of anticipatory prescribing led to drug administration. Although diamorphine and midazolam were both commonly prescribed and administered, antiemetics were less so. Further work is needed to evaluate the cost-effectiveness of AP, particularly in relation to antiemetics, and to investigate the unexpectedly long interval between drug prescription and administration in patients with non-malignant disease.