



Primary Care Palliative Care Kardex Awareness Sessions May 2016

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NHS Greater Glasgow and Clyde

PALLIATIVE CARE PRESCRIPTION FORM COMMUNITY

Date Commenced: 17/12/15

Write, imprint or attach label

| STAFF NAME (BLOCK CAPITALS) | DESIGNATION | EXAMPLE SIGNATURE | INITIALS |
|-----------------------------|-------------|--------------------|----------|
| FLAVIE HARRIS | DOCTOR | <i>[Signature]</i> | CH |
| GUSANLE RAM | NURSE | <i>[Signature]</i> | SF |

Surname: MOUSE CH No: 210451234
 For names: MICKY Gender: MALE DOB: 21/10/48
 Address: 1 HIGH STREET JOHNSTONE
 GP: Dr DOOLITTLE
 Surgery Address: 3 MAIN STREET, JOHNSTONE
 Phone No: 0185 123456

COMMUNITY PHARMACY INFORMATION

Name: HAPPY CHEMIST Tel No: 0185 654321
 Address: 5 MAIN STREET JOHNSTONE

* If documentation has been written up and not used, review it at least every 7 days (and before a weekend) to ensure it is still appropriate for the patient. Record review in boxes below.

| Review Date | GP/Pharm Signature Print & Sign | Outcome (please circle) | Review Date | GP/Pharm Signature Print & Sign | Outcome (please circle) |
|-------------|---------------------------------|-------------------------|-------------|---------------------------------|-------------------------|
| 24/12/15 | <i>[Signature]</i> | Still appropriate | | | Still appropriate |
| 31/12/15 | <i>[Signature]</i> | Still appropriate | | | Still appropriate |
| | | Still appropriate | | | Still appropriate |
| | | Still appropriate | | | Still appropriate |

* Ensure the patient and family know that if medicines need to be administered OOH, the OOH DN service should be contacted directly rather than NHS24.

Drug Allergies / Sensitivities None Known Yes (provide details below)

Background/History

- Designed by DNs in Renfrewshire
- Based (loosely) on hospice kardex
- Initial pilot in Renfrewshire at the same time as JiC implementation
- Positive response from DNs and GPs
- Further pilots in West Dunbartonshire and East Renfrewshire (also to go along with JiC implementation)

Background/history

- Survey Monkey questionnaire to 3 participating CH(C)Ps
- 98% of respondents said that the kardex improves prescribing in pall. care patients
- 52% felt that the use of the kardex had prevented a call to the GP OOH service
- 94% stated they would support the kardex's implementation to all of GGC primary care


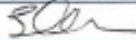
Background/history

Kardex taken to the following groups for approval/endorsement:

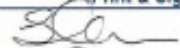

- Primary Care Prescribing Management Group
- PNA/Senior nurses
- Partnerships Clinical Governance Forum

- Further revisions made to the kardex taking into account more feedback from the piloting CH(C)Ps

Date Commenced 17/12/15

| | | | | |
|--|--------------------------------|---------------|---|-----------|
| Write, imprint or attach label Surname <u>MOUSE</u> CHI No. <u>2110431234</u> Forenames <u>MICKY</u> Gender <u>MALE</u> DOB <u>21/10/43</u> Address <u>1 HIGH STREET</u> <u>JOHNSTONE</u> | STAFF NAME (BLOCK CAPITALS) | DESIGNATION | EXAMPLE SIGNATURE | INITIALS |
| | <u>ELAYNE HAYLES</u> | <u>DOCTOR</u> |  | <u>EH</u> |
| | <u>SUSANNE GRAY</u> | <u>NURSE</u> |  | <u>SG</u> |
| GP - <u>Dr DOOLITTLE</u> Surgery Address - <u>3 MAIN STREET, JOHNSTONE</u> Phone No - <u>01505 123456</u> | | | | |
| COMMUNITY PHARMACY INFORMATION | | | | |
| Name <u>HAPPY CHEMIST</u> Tel No. <u>01505 654521</u> Address <u>5 MAIN STREET</u> <u>JOHNSTONE</u> | | | | |

• If documentation has been written up and not used, review it at least every 7 days (and before a weekend) to ensure it is still appropriate for the patient. Record review in boxes below.

| Review Date | Clinician Signature Print & Sign | Outcome (please circle) | | Review Date | Clinician Signature Print & Sign | Outcome (please circle) | |
|-----------------|---|--------------------------|----------------|-------------|-------------------------------------|-------------------------|----------------|
| <u>24/12/15</u> |  | <u>Still appropriate</u> | Kardex Updated | | | Still appropriate | Kardex Updated |
| <u>31/12/15</u> |  | <u>Still appropriate</u> | Kardex Updated | | | Still appropriate | Kardex Updated |
| | | Still appropriate | Kardex Updated | | | Still appropriate | Kardex Updated |
| | | Still appropriate | Kardex Updated | | | Still appropriate | Kardex Updated |

• Ensure the patient and family know that if medicines need to be administered OOH, the OOH DN service should be contacted directly rather than NHS24.

Drug Allergies / Sensitivities None Known Yes (provide details below)

Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg Gram = g
 Millilitre = ml Millimoles = mmol

Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. **The use of decimal points should be avoided**, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following –

| | |
|----------------------|---|
| O = oral | ID = intradermal |
| IM = intramuscular | SL = sublingual |
| SC = subcutaneous | PR = per rectum |
| NG = nasogastric | PEG = percutaneous endoscopic gastrostomy |
| PV = per vagina | RIG = radiologically inserted gastrostomy |
| NJ = nasojejunostomy | PEJ = percutaneous endoscopic jejunostomy |
| TOP = topical | ETT = endotracheal |
| NEB = nebulised | INHAL = inhaled |
| IV = intravenous | |

Please note - Intrathecal must be written in full.

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
 2. Insert initials in the relevant date column and time row each time a drug is administered.
 3. Check that all drugs prescribed at a certain time have been administered.
 4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.
- If documentation has been written up and not used, review it at least every 7 days (and before a weekend) to ensure it is still appropriate for the patient.
 Ensure the patient and family know that if medicines need to be administered OOH, the OOH DN service should be contacted directly rather than NMS24.

Codes for Non-Administration of Drugs

- | | | |
|------------------------|--|---|
| ③ Patient refused | ⑦ Patient asleep | ⑪ Unable to swallow |
| ④ Drug not available | ⑧ Time varied on prescriber's instructions | ⑫ No intravenous access |
| ⑤ Nil by mouth/fasting | ⑨ Dose withheld on doctor's instructions | ⑬ Patient Self-Administration of Medicine |
| ⑥ Patient unavailable | ⑩ Nausea/vomiting | ⑭ Other - Record in nursing notes |
| | | ⑮ Prescription clarification required |

If a patient requires 3 or more doses of any one of their "as required" medications in a 24 hour period, medical advice should be sought as a continuous subcutaneous infusion should be considered.

Pre-printed medicines & doses are suggestions
 • If using please complete and sign • If not please score through

| AS REQUIRED MEDICATIONS | | | | PRESCRIPTION AND RECORDING | | | | | | | | | | | | | | | | | |
|---|--|-------|--------------------------------|----------------------------|-------------|-------|----------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|
| A | DRUG DIAMORPHINE | | | STOPPED | DATE: | Date | 5/1/16 | | | | | | | | | | | | | | |
| | DOSE (RANGE) | ROUTE | INDICATION | | INITIALS: | Time | 11.00 | | | | | | | | | | | | | | |
| | 2mg to 5mg | SC | PAIN /DYSPNOEA | | | Dose | 2mg | | | | | | | | | | | | | | |
| | PRESCRIBER (PRINT & SIGN) E Harris (E. HARRIS) | | | | MAX.FREQ. | DATE: | Given By | SG | | | | | | | | | | | | | |
| | | | 1 HOURLY | 17/12/15 | Batch No. | 11654 | | | | | | | | | | | | | | | |
| | | | | | Expiry date | 08/17 | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS / COMMENTS / ALLOWABLE DOSE INCREASE MAXIMUM 6 DOSES IN 24 HOURS | | | | | | | | | | | | | | | | | | | | | |
| TWO TO FIVE mg (can increase in 1mg ONE mg increments) | | | | | | | | | | | | | | | | | | | | | |
| B | DRUG LEVOMEPRIZINE | | | STOPPED | DATE: | Date | | | | | | | | | | | | | | | |
| | DOSE (RANGE) | ROUTE | INDICATION | | INITIALS: | Time | | | | | | | | | | | | | | | |
| | 2.5 mg | SC | NAUSEA/VOMITING | | | Dose | | | | | | | | | | | | | | | |
| | PRESCRIBER (PRINT & SIGN) E Harris (E. HARRIS) | | | | MAX.FREQ. | DATE: | Given By | | | | | | | | | | | | | | |
| | | | 8 hourly | 17/12/15 | Batch No. | | | | | | | | | | | | | | | | |
| | | | | | Expiry date | | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS / COMMENTS / ALLOWABLE DOSE INCREASE TWO point FIVE mg | | | | | | | | | | | | | | | | | | | | | |
| C | DRUG MIDAZOLAM | | | STOPPED | DATE: | Date | 5/1/16 | | | | | | | | | | | | | | |
| | DOSE (RANGE) | ROUTE | INDICATION | | INITIALS: | Time | 11.00 | | | | | | | | | | | | | | |
| | 2mg to 5mg | SC | AGITATION/ ANXIETY/DYSPNOEA | | | Dose | 2mg | | | | | | | | | | | | | | |
| | PRESCRIBER (PRINT & SIGN) E Harris (E. HARRIS) | | | | MAX.FREQ. | DATE: | Given By | SG | | | | | | | | | | | | | |
| | | | 1 HOURLY | 17/12/15 | Batch No. | 14325 | | | | | | | | | | | | | | | |
| | | | | | Expiry date | 06/16 | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS / COMMENTS / ALLOWABLE DOSE INCREASE MAXIMUM 6 DOSES IN 24 HOURS | | | | | | | | | | | | | | | | | | | | | |
| TWO TO FIVE mg (can increase in 1mg ONE mg increments) | | | | | | | | | | | | | | | | | | | | | |
| D | DRUG HYOSCINE BUTYLBROMIDE | | | STOPPED | DATE: | Date | | | | | | | | | | | | | | | |
| | DOSE (RANGE) | ROUTE | INDICATION | | INITIALS: | Time | | | | | | | | | | | | | | | |
| | 20mg | SC | RESPIRATORY SECRETIONS | | | Dose | | | | | | | | | | | | | | | |
| | PRESCRIBER (PRINT & SIGN) E Harris (E. HARRIS) | | | | MAX.FREQ. | DATE: | Given By | | | | | | | | | | | | | | |
| | | | 1 HOURLY | 17/12/15 | Batch No. | | | | | | | | | | | | | | | | |
| | | | | | Expiry date | | | | | | | | | | | | | | | | |
| ADDITIONAL INSTRUCTIONS / COMMENTS / ALLOWABLE DOSE INCREASE MAXIMUM 6 DOSES IN 24 HOURS | | | | | | | | | | | | | | | | | | | | | |

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & record reason

Regular Medications

To ensure that the kardex is a complete record, all medicines including **SC infusions and fentanyl / buprenorphine patches** (even if self administered) must be recorded for information purposes in this section.

| | | | | | | | | | | | | | | | | | | | |
|---|------------------------------|----------------|--|--------------|------------------------------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| T | DRUG DEXAMETHASONE | | STOPPED DATE: INITIALS: | Date | 5/1/16 | | | | | | | | | | | | | | |
| | DOSE (RANGE) 4mg | | | ROUTE SC | Time | 10.30 | | | | | | | | | | | | | |
| FREQUENCY ONCE DAILY (IN THE MORNING) | | | | Dose | 4mg | | | | | | | | | | | | | | |
| PRESCRIBER (PRINT & SIGN) E Harris (E HARRIS) | | DATE 5/1/16 | ADDITIONAL INSTRUCTIONS / COMMENTS / ALLOWABLE DAILY DOSE INCREASE | Given By | SG | | | | | | | | | | | | | | |
| | | | | Batch No. | 32691 | | | | | | | | | | | | | | |
| | | | | Expiry date | 09/17 | | | | | | | | | | | | | | |
| | | | | Date | | | | | | | | | | | | | | | |
| | | | | Time | | | | | | | | | | | | | | | |
| | | | | Dose | | | | | | | | | | | | | | | |
| | | | | Given By | | | | | | | | | | | | | | | |
| | | | | Batch No. | | | | | | | | | | | | | | | |
| | | | | Expiry date | | | | | | | | | | | | | | | |
| V | DRUG DIAMORPHINE | | STOPPED DATE: INITIALS: | Date | | | | | | | | | | | | | | | |
| | DOSE (RANGE) as per chart | | | ROUTE S/C | Time | | | | | | | | | | | | | | |
| FREQUENCY OVER 24 HOURS VIA SYRINGE PUMP | | | | Dose | PLEASE SEE SC INFUSION CHART | | | | | | | | | | | | | | |
| PRESCRIBER (PRINT & SIGN) | | DATE 5/1/16 | ADDITIONAL INSTRUCTIONS / COMMENTS / ALLOWABLE DAILY DOSE INCREASE | Given By | | | | | | | | | | | | | | | |
| | | | | Batch No. | | | | | | | | | | | | | | | |
| | | | | Expiry date | | | | | | | | | | | | | | | |
| | | | | Date | | | | | | | | | | | | | | | |
| | | | | Time | | | | | | | | | | | | | | | |
| | | | | Dose | | | | | | | | | | | | | | | |
| | | | | Given By | | | | | | | | | | | | | | | |
| | | | | Batch No. | | | | | | | | | | | | | | | |
| | | | | Expiry date | | | | | | | | | | | | | | | |

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Regular Medications

To ensure that the kardex is a complete record, all medicines including **SC infusions and fentanyl / buprenorphine patches** (even if self administered) must be recorded for information purposes in this section.

| | | |
|--|------------------------------|----------------|
| Y | DRUG DEXAMETHASONE | |
| DOSE (RANGE) 4mg | ROUTE SC | STOPPED |
| FREQUENCY ONCE DAILY (in the MORNING) | | DATE: |
| PRESCRIBER (PRINT & SIGN) Ems (E. MARCUS) | DATE 5/1/16 | INITIALS: |
| ADDITIONAL INSTRUCTIONS / COMMENTS / ALLOWABLE DAILY DOSE INCREASE | | |

| | | | | | | | | | | | |
|------|--------|------|-------|------|-----|----------|----|-----------|-------|-------------|-------|
| Date | 5/1/16 | Time | 10.30 | Dose | 4mg | Given By | EM | Batch No. | 32619 | Expiry date | 09/17 |
| Date | | Time | | Dose | | Given By | | Batch No. | | Expiry date | |
| Date | | Time | | Dose | | Given By | | Batch No. | | Expiry date | |
| Date | | Time | | Dose | | Given By | | Batch No. | | Expiry date | |
| Date | | Time | | Dose | | Given By | | Batch No. | | Expiry date | |
| Date | | Time | | Dose | | Given By | | Batch No. | | Expiry date | |
| Date | | Time | | Dose | | Given By | | Batch No. | | Expiry date | |
| Date | | Time | | Dose | | Given By | | Batch No. | | Expiry date | |
| Date | | Time | | Dose | | Given By | | Batch No. | | Expiry date | |
| Date | | Time | | Dose | | Given By | | Batch No. | | Expiry date | |

| | | |
|--|----------------------------|----------------|
| AA | DRUG DIAMORPHINE | |
| DOSE (RANGE) 10mg to 20mg (TEN to TWENTY) | ROUTE SC | STOPPED |
| FREQUENCY over 24 hours via syringe pump | | DATE: |
| PRESCRIBER (PRINT & SIGN) Ems (E. MARCUS) | DATE 5/1/16 | INITIALS: |
| ADDITIONAL INSTRUCTIONS / COMMENTS / ALLOWABLE DAILY DOSE INCREASE can increase by 5mg/day. | | |

| | | | | | |
|------|------|------|----------|-----------|-------------|
| Date | Time | Dose | Given By | Batch No. | Expiry date |
| Date | | Dose | | Batch No. | |
| Date | | Dose | | Batch No. | |
| Date | | Dose | | Batch No. | |
| Date | | Dose | | Batch No. | |
| Date | | Dose | | Batch No. | |
| Date | | Dose | | Batch No. | |
| Date | | Dose | | Batch No. | |
| Date | | Dose | | Batch No. | |
| Date | | Dose | | Batch No. | |

The 'Regular' and 'as required' medicines sections should be checked at each administration round to ensure that inadvertent omission or double dosing is avoided.

Guidelines and Good Practice Points

It is good practice to insert a Saf-T Intima for administration of 'as required' medications. This cannula should be flushed with 0.2mls of water before and after administration of any medication. Bolus injections given via this route should not exceed 2ml in volume.

If a patient requires 3 or more doses of any one of their 'as required' medications in a 24 hour period, medical advice should be sought as a continuous subcutaneous infusion via a syring pump should be considered.

Please refer to the NHS Scotland Palliative Care Guidelines for further information. (www.palliativecareguidelines.scot.nhs.uk)

'JUST IN CASE' General Information

Purpose

'Just in Case' provision targets two situations for patients with palliative care needs.

- Patients often experience new/worsening symptoms that require urgent treatment. This can lead to significant problems if occurring 'out-of-hours' (e.g. medicine availability, treatment delay, patient/carer distress).
- As patients deteriorate they may be unable to take oral medication and therefore require parenteral treatment.

Medicines

The most likely symptoms are pain, nausea / vomiting, agitation / restlessness, breathlessness and respiratory secretions.

| | |
|---------------------------------|--|
| Pain | Tailor to individual need. Seek specialist advice if patient on a strong opioid other than oral morphine. If patient is receiving oral morphine or a Step 2 analgesic (including co-codamol 30/500 or equivalent) an appropriate dose of diamorphine / morphine SC should be available. If opioid naive, consider diamorphine/morphine 2mg SC hourly as required (maximum of 6 doses in 24 hours). Diamorphine is available in packs of 5 ampoules of e.g. 5mg; morphine is available in packs of 10 ampoules of 10mg/1ml. |
| Nausea & vomiting | Tailor to individual need. If patient is receiving an oral anti-emetic and this is effective, then the equivalent drug should be available for SC use. If the patient is not on an anti-emetic, consider levomepromazine 2.5mg (TWO point FIVE) SC 8 hourly as required (available in packs of 10 ampoules of 25mg/1ml). |
| Agitation / restlessness | Midazolam 2mg SC hourly as required (maximum of 6 doses in 24 hours) should be available. Also consider lorazepam 500micrograms SUBLINGUAL 4 hourly as required if the patient would be able to take it. Midazolam 10mg/2ml ampoules (packs of 10 ampoules) should be prescribed as other strengths are not used in palliative care. Lorazepam is supplied as 1mg tablets. These tablets need to be scored in order that they can be halved to provide a 500 microgram dose. To be effective lorazepam is taken sublingually as the onset of action is considerably quicker than if swallowed. Not all generic brands fulfil these requirements. The Genus, PVL and TEVA brands are all blue, oblong, scored tablets and are suitable to supply for sublingual use. Prescriptions should state " Lorazepam sublingual 1mg tablets ". |
| Dyspnoea | Tailor to individual need. Seek specialist advice if patient on a strong opioid other than oral morphine. If patient is receiving oral morphine or a Step 2 analgesic (including co-codamol 30/500 or equivalent) an appropriate dose of diamorphine / morphine SC should be available. If opioid naive, consider diamorphine / morphine 2mg SC hourly as required (maximum of 6 doses in 24 hours). If patient is breathless and anxious, consider the use of Lorazepam 500 micrograms SUBLINGUAL 4 hourly and/or SC midazolam 2mg hourly as required (maximum of 6 doses in 24 hours) |
| Respiratory secretions | Hyoscine butylbromide 20mg SC bolus hourly as required (maximum of 6 doses in 24 hours) should be available (available in packs of 10 ampoules of 20mg/1ml). |
| Water for injection | To flush cannula after a bolus dose (10ml ampoules/vials available in packs of 20). |

Ordering details

- Kardexes can now be ordered via Pecos (233121) ; price is ~£500 for 1000 kardexes therefore share between an HSCP
- Stock recording sheets also now on Pecos (233125) ; price is ~£45 for 500



Supporting documents

- Kardex guidance document and ordering details hosted on:

http://www.palliativecareggc.org.uk/?page_id=10

- along with dose range guidance and EMIS synonyms



Implementation

- GPs will be informed via email which will be endorsed by the Clinical Directors
- ***Start using the kardex week beginning 13th June***
- Aim will be to also use the kardex for discharges from acute/hospices