

MEDICINES USE AND SAFETY WEBINAR

APRIL 2019

- Welcome to the MUS Webinar – End of Life Care presented by Sara Bernstein from Peace Hospice Care
- The webinar itself will start at 1pm. Shortly before 1pm the SPS webinar host will be doing sound checks so bear with us if you hear this more than once!
- **To join the audio call 0203 478 5289 Access code: 959 126 794**
- The webinar will be recorded and both recording and slide set will be available on the SPS website – under [Networks](#) (you need to be logged onto the SPS site to access the recording)
- If you want to make a comment or ask a question – please use the “chat” function (you need to choose to direct your question to “All Participants” from the drop down box)
- The presenters will answer questions at the end of the presentation

Upcoming MUS Events

WEBINARS:

THURSDAY 9 May

Frailty with Lelly Oboh and Jennifer Stevenson

Wednesday 12 Jun

**Transitions of Care in Mental Health with
Caroline Dada**

Wednesday 10 July

**PhiMED (Patient held information about
Medicines) with Bryony Dean-Franklin and
Sara Garfield**

FACE TO FACE EVENTS (London)

14 May

Community Health Pharmacists (CHS)

The way we contact you will be changing so please register on our website: www.sps.nhs.uk; update your profile with your network choices from the Medicines Use & Safety Networks list; tick the box to opt in to receive updates and save your profile.

Contact LNWH-tr.MUS-SpecialistPharmacyServices@nhs.net for any information about events or networks



**Peace
Hospice
Care**

End of life care- Medication related issues

Sara Bernstein
Palliative Care Pharmacist

Peace Hospice Care
April 2019

Objectives

- Define palliative care
- List how a patient is seen in a hospice
- Understand the role of a pharmacist in a hospice
- Describe the issues relating to medication for palliative care patients
- Apply tips for pharmacist looking after a palliative care patient
- Know how to find out further information relating to palliative care
- Know how to improve your knowledge on palliative care medication



What is palliative care?

'Palliative care is the active, total care of patients whose disease is not responsive to curative treatment. Palliative care takes a holistic approach, addressing physical, psychosocial and spiritual care, including the treatment of pain and other symptoms.'



‘Palliative care affirms life and regards dying as a normal process; it neither hastens nor postpones death and sets out to preserve the best possible quality of life until death’

20% of our funding is received from the NHS

80% or £5million needs to be raised from
donations or activities

Peace Hospice Care



- **Wellbeing and rehabilitation groups**
- **Hospice at Home**
- **Inpatient unit**

Hospice facts

80% of hospice patients have cancer

20% have a range of medical conditions e.g. neurological disorders, heart failure, renal failure, liver failure

50% of hospice patients are discharged into the community



Role of the Pharmacist

- Treatment plans
- Medicine information queries
- Clinical screening
- Medicine reconciliation
- Procedures for medication
- Monitoring expenditure
- Education
- Therapeutic meetings

Transition of care to a hospice

Patient's medication

Do not assume a hospice has a stock of medication- always check

Patient's Information

Ensure a discharge summary and a copy of the inpatient prescription chart is available for the hospice



Tips for looking after a palliative care patient

Communication

Deprescribing

Clinical updates on a patient's
condition

Transfer into the community

- Medication awareness and knowledge
- Supervision of self- medication to ensure safety
- Individualised medication summaries

Name: NHS No:

Discharge Date:



Medication on discharge

<u>Drug Name</u>	<u>Dose</u>	<u>AM</u>	<u>Lunch</u>	<u>5pm</u>	<u>Night</u>	<u>Taken for</u>	<u>Special Directions</u>
Omeprazole 20mg gastro-resistant capsules	Take ONE a day	✓				To protect stomach	In dosette box
Senna 7.5mg tablets	take 2 twice a day	✓			✓	For constipation	In dosette box
Paracetamol 500mg tablets	Take 2 Four Times Daily	✓	✓	✓	✓	For pain	In dosette box
Pregabalin 300mg capsules	ONE to be taken TWICE a day		✓		✓	For neuropathic pain	In dosette box
Mirtazapine 45 mg tabs	Take one at night				✓	For low mood	In dosette box
SYRINGE DRIVER							
Oxycodone inj	20 mg subcutaneously over 24 hours					For pain	Diluted in normal saline
Buscopan (hyoscine butylbromide)	120 mg subcutaneously over 24 hours					For pain	Diluted in normal saline

Advanced planning for palliative care patients

- Understand the patients condition and anticipate possible outcomes
- Will the drugs be readily available if an emergency should arise?



Alternative routes

- Buccal
- Rectal
- Patches
- Intravenous
- Subcutaneous- syringe driver

Just in case medication for the last days of life

- Noisy respiratory secretions- Glycopyrronium
- Pain- Opiates
- Agitation- Midazolam
- Anti-emetic- Haloperidol
- Diluent

All injectable

Calculating opiate PRN doses

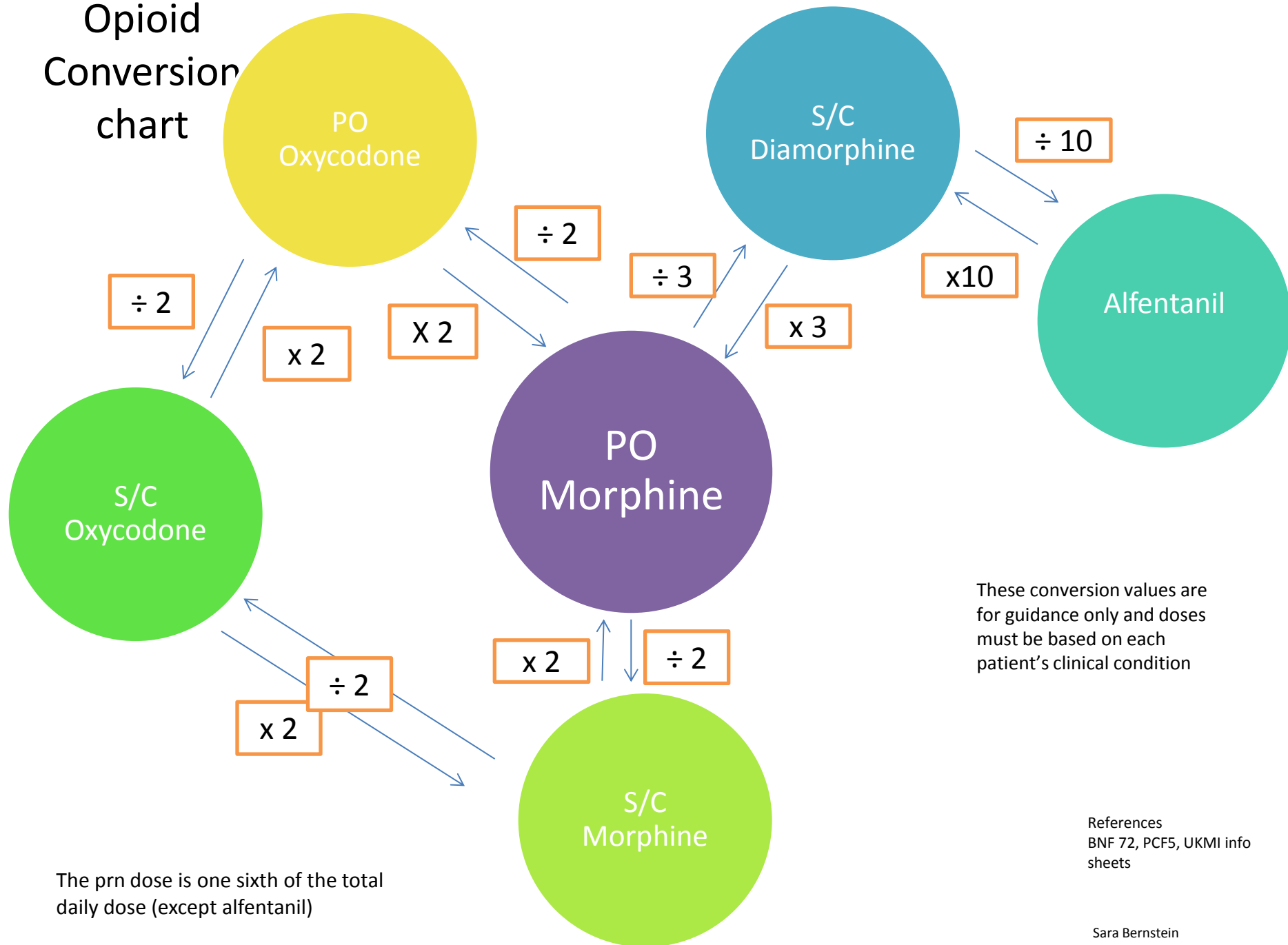
Mr M on MST 30mg bd

Total daily dose of oral morphine is $30 \times 2 = 60\text{mg}$

Rule: divide by 6 = 10mg morphine orally prn

depending on the pts clinical condition.

Opioid Conversion chart



These conversion values are for guidance only and doses must be based on each patient's clinical condition

References
BNF 72, PCF5, UKMI info sheets

Sara Bernstein
March 2017

The prn dose is one sixth of the total daily dose (except alfentanil)

Opiate calculation

Mrs NG has a syringe driver with oxycodone
60mg over 24 hours

What would be an appropriate po and sc prn
dose?

Total daily dose is 60mg oxycodone

Rule: Divide by 6 = 10mg oxycodone sc

Using a conversion chart, the oral prn dose
should be 20mg oxycodone

Patch approximate conversion equivalents

These conversion values are for guidance only and doses must be based on each patient's clinical condition

Buprenorphine patch

12mg oral morphine daily = butrans '5' patch for 7 days

24mg oral morphine daily = butrans '10' patch for 7 days

48mg oral morphine daily = butrans '20' patch for 7 days

Fentanyl patch

30mg oral morphine daily = fentanyl '12' patch for 72 hours

60mg oral morphine daily = fentanyl '25' patch for 72 hours

120mg oral morphine daily = fentanyl '50' patch for 72 hours



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Off-label uses and unlicensed medicines

Case Study

Matthew is a 61 year old man with a diagnosis of prostate cancer. He has continued to deteriorate despite chemotherapy and now has been told there are no more treatment options. He has now been transferred into the hospice for end of life care. His current medications are

MST 20mg bd

Co-codamol (30/500) 2 qds

Ramipril 10mg od

Atorvastatin 40mg od

What would you suggest?

On day 3 – he starts to deteriorate, is in pain and he has an eGFR of 20.

He has also had 3 prn doses of 10mg morphine po in last 24 hours What do you recommend now?

On day 4, he feels nauseous and more unwell.
What is your recommendation?

Sources of information

- BNF
- Palliative care formulary
- <https://www.palliativedrugs.com/> website
- The Syringe Driver by Andrew Dickman and Jennifer Schneider
- NICE and WHO guidelines
- Hospice pharmacists
- ASPCP forum



Increase knowledge about palliative care

- ASPCP
- E –eLCA
- CPPE
- Palliative care team



**Peace
Hospice
Care**

Thank you



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Service

Questions?



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