

Standard Operating Procedure

Management of Palliative Care Grab Bags within Community Nursing Teams

Introduction

There is a need to ensure prompt and ready access to End of Life Care (EOLC) medicines for community nursing teams that may be attending patients that are approaching the end of their life and who wish to remain in their own home, or in a homely setting, for EOLC.

Medication for Just in Case (JIC) boxes are prescribed predominantly by General Practitioners to allow patients to be treated at home for symptoms that are commonly experienced at end of life. Whilst this ensures that medications are available in the home a recent audit has shown that JIC boxes can remain in the home for extended periods of time and that certain JIC medicines are more commonly used than others. This can lead to wastage of critical medicines and increases the risk of medicines being unlawfully diverted. The Out of Hours Service can have requests for JIC medication. Due to the pressures and increased demand in the Out of Hours Service this can cause a delay in treatment for patients who require palliative care symptom control.

Background

As these medications are prescribed pre-emptively there is an inherent risk that the medication will not be used. Subsequently those medicines that are not required are wasted as once the medication has been dispensed for an individual patient it can only be administered to that patient.

Community nursing teams do not currently carry stock of JIC medicines and it is necessary to ensure stocks of medicines are accessible to the healthcare professionals attending and treating end of life patients.

Enabling District Nurses to carry stock supplies and administer a limited number of doses of medication at the point of need would provide symptom relief and reassurance to patients and their families. Patients would be assessed in a timely manner by healthcare professionals who would be able to administer injections for symptom relief promptly.

Aim

The aim is to ensure that patients who are imminently dying receive timely access to end of life care medicines for symptom control.

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Purpose

The purpose of this document is to describe the procedure for the safe and secure storage and handling of palliative care grab bags within community nursing teams across Lanarkshire.

Scope

This document applies to all community Registered Nursing staff across Lanarkshire authorised to administer the following medicines under the direction of a Patient Group Direction (PGD).

- Morphine Sulfate 10mg/ml injection
- Midazolam 10mg/2ml injection
- Levomepromazine 25mg/ml injection
- Hyoscine Butylbromide 20mg/ml injection
- Water for injection (flush)

These medicines will be contained within palliative care grab bags stored within a controlled drugs cupboard in a secure locked area within designated community bases.

All NHS Lanarkshire employees who are authorised to order, prescribe, store, supply, transport or administer medicines from a grab bag must adhere to the NHS Lanarkshire Code of Practice for Medicines Governance.

Related Documents

1. NHS Lanarkshire Code of Practice for Medicines Governance.
<http://www.medednhs.com/sites/prescribing/resources.asp?rui=GEKITIKE901655GOREHI30042018>

Specialist Palliative Care Advice

1. To access specialist palliative care support for patients living at home, healthcare professionals should use the dedicated referral/advice telephone line. (Monday to Friday 9am to 5pm): **01698-754501**
2. For general enquiries email palliativecare.lanarkshire@lanarkshire.scot.nhs.uk
3. For urgent medical advice in any setting call **St Andrew's hospice 01236 766951** or **Kilbryde hospice 01355 202020**

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Procedure

1. **Ordering of medicines** (JAC code required)
 - a. An order can be placed weekly with the designated hospital pharmacy for the following medicines.
 - i. Morphine Sulfate 10mg/ml injection (Controlled Drug)
 - ii. Midazolam 10mg/2ml injection (Controlled Drug)
 - iii. Levomepromazine 25mg/ml injection
 - iv. Hyoscine Butylbromide 20mg/ml injection
 - i. Water for injection (2ml)
 - b. An initial order of 10 ampoules of each medicine will be placed.
 - c. **Controlled Drugs (CD)** for stock use must be ordered by a designated Registered Nurse (usually Band 7) on a Controlled Drug Order book (HMSO Code No. 90-500 obtained from hospital pharmacy). Pharmacy will request specimen signatures of staff nominated to order CDs
 - i. Only order one CD per page of the CD order book
 - ii. State the strength, form and quantity of each CD required
 - iii. The Registered Nurse must sign the order and provide their PIN number to enable pharmacy to dispense the order
 - d. **Non controlled drugs** will be requested in the drug indent book.
 - e. The CD Order Book and the drug Indent book will be placed in a sealed envopak before 10am on a Monday morning and left at the designated area within the community base or as arranged with the local hospital pharmacy. The order will be uplifted by hospital transport for onward transport to the pharmacy department at UHH or UHM for processing. Staff can take the order books directly to the hospital pharmacy with prior arrangement with the department
 - f. The order will be ready for delivery or collection on the Thursday morning. (or agreed collection time)
 - i. If the order is to be delivered to the community base by hospital transport a Registered Nurse must be available to sign for the order. An exact delivery time cannot be given.
 - ii. If the order is being collected from the hospital pharmacy a Registered Nurse must collect.
 - g. If the order is urgent the Registered Nurse will contact the pharmacy department by telephone to inform that the request is urgent and arrange a suitable time for collection/ delivery.
 - h. The Registered Nurse receiving the controlled drugs must be a different nurse from the person who requisitioned them.

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2. Receipt of medicines, including Controlled Drugs

- a. The Registered Nurse will check the order and sign for receipt.
- b. Morphine sulfate and Midazolam injections will be placed into the controlled drugs cupboard promptly and entered into the primary care controlled drug register. This must be witnessed and signed by two Registered Nurses.
- c. Other injections will be stored securely in a locked cupboard designated for the storage of medicines.

3. Storage and Security of Medicines

- a. The safe keeping and storage of medicines is the responsibility of the Registered Nurse.
- b. Morphine sulfate is a Schedule 2 Controlled Drug and must be stored within the CD cupboard in the designated area.
- c. Midazolam injection is a Schedule 3 Controlled Drug exempted from Safe Custody Regulations. However, for the purposes of this initiative it will be handled in the same way as a Schedule 2 CD and stored in the CD cupboard and recorded in the primary care CD register.
- d. The key(s) for the CD cupboard will always be stored securely in a Key Safe within the community base to allow immediate access.
- e. Only approved registered staff will have access to the CD cupboard, CD key or CD Key Safe.
- f. A system must be in place to record access to the key(s), for example a sign in/sign out sheet. This will assist in identifying that appropriate personnel have accessed the key(s) and track if misplaced.
- g. Any duplicate key to the controlled drug cupboard must be kept secure at all times and access to this key restricted. Records of access to the duplicate key must be maintained.

4. Assembly of Palliative Care Grab Bag

- a. Each grab bag will have a designated number.
- b. The CD stock and CDs in the grab bag will be stored in the CD cupboard, and will be accounted for in one primary care CD register.
- c. A grab bag will contain 2 ampoules of each medicine which will be stored in separate universal containers.
 - i. Red Top-Morphine sulfate
 - ii. Blue Top-Midazolam
 - iii. White Top-Levomepromazine
 - iv. White Top- Hyoscine butylbromide
- d. Each grab bag must be signed in/out and the security tag details documented in the grab bag diary. The following information should be recorded.

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- i. Date
- ii. Name and designation of Registered Nurse
- iii. Grab bag number
- iv. Security tag number
- v. Time out
- vi. Time returned
- vii. Signature (a second signature is not required)
- viii. The grab bag will be transported in a wipeable plastic carry box containing sundries for injection and administration
- ix. The sealed grab bags will be stored in the CD cupboard when not in use.

5. Stock Reconciliation

- a. A daily stock and expiry date check must be carried out on all CD cupboard stock, by two Registered Nurses and recorded in the CD check diary.
- b. A daily check of grab bag security tags will be carried out by two Registered Nurses and documented in the grab bag check diary.
- c. On the first day of each month the sealed grab bag will be opened and the contents and expiry date checked by two Registered Nurses and documented in the grab bag check diary.

6. Transportation

- a. The medicines that are being transported to community bases or patients' homes must be under the personal control of the Registered Nurse at all times.
- b. The medicines should be transported in a non-identifiable manner.
- c. The medicines, equipment and documentation must be kept in the locked boot of the car when they are not under personal control.
- d. The key of the vehicle must be in the possession of the Registered Nurse.
- e. The medicines must be stored below 25°C. In warm weather care should be taken to reduce the temperature in the vehicle.

7. Administration to patients

- a. **Before using medicines within the grab bag the Registered Nurse must have signed the appropriate PGD and be familiar with this procedure detailing use of the grab bags.**
- b. The patient will be identified as requiring the community team to urgently visit at home to assess symptoms and action a plan of care. The normal referral process will apply following clinical assessment by a medical/advanced nurse practitioner.
- c. The grab bag will be signed out of the base-, document date, time taken and name /signature of Registered Nurse taking the bag. The bag number and the unique seal number will be recorded in the grab bag diary.

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- d. The sealed grab bag, a supply of water for injection and the plastic carry box containing the required sundries will be taken by the nurse.
- e. The grab bag will be transported in the locked boot of the vehicle.
- f. The medicines must be kept in the sealed grab bag until required.
- g. Any medicine administered to the patient must be documented in the appropriate record.
- h. The correct procedure for disposal of sharps will be adhered to.
- i. Anything returned to the grab bag and vehicle must be cleaned in accordance with NHS Lanarkshire Infection Control requirements. <http://firstport2/staff-support/infection-prevention-control/default.aspx>

8. Documentation

- a. Document a summary of the patient assessment, presenting symptoms and any medicines administered in the Lanarkshire Palliative Care Assessment Tool (LPCAT). Copies of these documents should be available/accompany the grab bag when taken to a patient's home.
- b. The LPCAT will remain in the patient's home.

9. On return from home visit

- a. Ensure care plan is discussed with the appropriate primary care discipline and update the electronic patient clinical record.
- b. Inform the GP of patient symptoms and treatment
- c. Enter any controlled drugs administered in the primary care Controlled Drug Register.
- d. Any unused drugs remain in the grab bag.
- e. Restock any used ampoules from the medication stock held at base. Each grab bag should contain 2 ampoules of each drug and be ready for the next home visit.
- f. Reseal the grab bag with a new security tag and record in the grab bag diary.
- g. Place the sealed grab bag and the associated register in the CD cupboard.
- h. Return the key to the Registered Nurse in charge or secure in the locked key safe.
- i. The grab bag must be returned immediately to the CD cupboard when the nurse returns to base.
- j. The grab bag must always be returned to base at the end of the shift.

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