

GUIDANCE FOR PRIMARY CARE: LAST PHASE OF LIFE/END OF LIFE 'ANTICIPATORY MEDICINES'

(The guidance has been developed in partnership with North West London Hospices, Acute and Community Health Trusts, Local Pharmaceutical Committee, and GP OOH services)

Document History

| Version | V4 |
|----------------------------|---|
| Status | Final |
| Author(s) | Shamim Jivraj Lead Pharmacist for Adult Health, NWL CCGs Dr Lyndsey Williams, GP Clinical Lead Care Homes and EOLC, NWL CCG |
| Ratified By | NWL Medicines Optimisation Group |
| Date Approved | March 2022 |
| Date First Issued | September 2018 |
| Date of Next Formal Review | March 2023 |
| Target Audience | NWL GP's, Primary Care Pharmacists, Community Pharmacies, Care Homes, GP OOH Service |

Version Control

| Version | Status | Comments | Date | Author |
|---------|--------|------------------------------------|------------|---------------------|
| V1 - V3 | Final | Brent Guidance Retired and updated | March 2022 | Shamim Jivraj |
| | | for NWL | | Dr Lyndsey Williams |
| | | | | |

THIS DOCUMENT DOES NOT OVERRIDE THE INDIVIDUAL RESPONSIBILITY OF HEALTHCARE PROFESSIONALS TO MAKE DECISIONS APPROPRIATE TO THE CIRCUMSTANCES OF THE INDIVIDUAL PATIENT, IN CONSULTATION WITH THE PATIENT AND/OR GUARDIAN OR CARER.



CONTENTS

| 1. | INTRODUCTION | 4 |
|-----------|--|---------|
| 2. | GENERAL MANAGEMENT | 4 |
| 3. | ANTICIPATORY MEDICATION | 4 |
| 4. | PATIENT SUITABILITY FOR PROVISION OF ANTICIPATORY MEDICATION IN THE HOME | 5 |
| 5. | PROCEDURE FOR PROVISION OF ANTICIPATORY MEDICATION | 5 |
| 6. THE | PATHWAY FOR PRESCRIBING, AUTHORISING AND ACCESSING MEDICATION FOR PATIENTS A | АТ 8 |
| 7. | RECOMMENDED PRESCRIBING OF ANTICIPATORY MEDICATION ON FP10 | 9 |
| 8. (MA | AUTHORISATION AND ADMINISTRATION PAN LONDON SYMPTOM CONTROL MEDICATION | 10 |
| 9. | STORAGE AND DISPOSAL OF MEDICINES | 11 |
| 10. | SUBCUTANEOUS INJECTIONS FOR SYMPTOM CONTROL IN PALLIATIVE CARE | 13 |
| 11. | MANAGEMENT OF THE DYING PATIENT | 14 |
| 12. | ACCESS TO IN-HOURS ANTICIPATORY MEDICINES | 17 |
| 12.7 | In hours list of on Demand Anticipatory Medicines | 18 |
| 12.8 | COVID -19 list of Anticipatory Medicines (addendum to in-hours) | 19 |
| 12.9 | Brent Community Pharmacy Contact Details | 20 |
| 12.1 | 0 Ealing Community Pharmacy Contact Details | 21 |
| 12.1 | 1 Harrow Community Pharmacy Contact Details | 22 |
| 12.1 | 2 Hillingdon Community Pharmacy Contact Details | 23 |
| 12.1 | 3 Hounslow Community Pharmacy Contact Details | 24 |

| | North West London Integrated Care System |
|-------|--|
| 12.14 | Working together for better health and care Tri-Borough Community Pharmacy Contact Details |
| 12.15 | Tri-Borough Community Pharmacy Contact Details Contd26 |
| 13. | ACCESS TO OUT OF HOURS ANTICIPATORY MEDICINES27 |
| 13.6 | Community Pharmacy Out of Hours List of On Demand Anticipatory Medicines |
| 13.7 | GP OOH Service28 |
| 13.8 | Practice Plus UK Medicines Stock List28 |
| 13.9 | LCW Palliative Care Box29 |
| 14. : | SPECIALIST PALLIATIVE CARE CONTACT DETAILS 30 |
| 14.1 | For all Referrals use the 'For all age Pan London Specialist Palliative Care Referral Form 2021'30 |
| 14.2 | Brent |
| 14.4 | Ealing |
| 14.5 | Hammersmith and Fulham35 |
| 14.6 | Harrow35 |
| 14.7 | Hillingdon |
| 14.8 | Hounslow |
| 14.9 | Kensington & Chelsea (West London) & Westminster (Central London) |
| 15. | SEREAVEMENT SERVICES 39 |
| 16. | CONTRIBUTORS 40 |
| 17. | ACKNOWLEDGMENTS 40 |
| 18. | QUALITY IMPACT ASSESSMENT 40 |
| 19. | RESOURCES 40 |
| 20. | EEDBACK AND QUERIES 40 |



APPENDIX 1: PAN-LONDON SYMPTOM CONTROL MEDICATION AUTHORISATION AND ADMINISTRATION RECORD (MAAR) CHART (EMIS AND SYSTMONE AUTO-POPULATING TEMPLATE AVAILABLE IN NWL RESOURCE PUBLISHER)



1. INTRODUCTION

1.1 Patients coming towards the end of life may experience new or worsening symptoms for which they require urgent medication. It is essential that these patients and the healthcare professionals looking after them have immediate access to the medicines that can help them if their condition deteriorates or symptoms occur suddenly.

2. GENERAL MANAGEMENT

- 2.1 The patient's condition should be reviewed regularly as their needs change.
- 2.2 The patient should be supported to take food and drinks as long as they are able and want to, whilst considering the risks and benefits of assisted nutrition and hydration.
- 2.3 It is essential that up to date details of the patient's management plan are communicated to the patient and family and relevant healthcare professionals. All healthcare professionals are encouraged to utilise the London Urgent Care Plan (transitioning from Coordinate My Care during 2022). Contact your local borough for further information or NWL End of Life Care Programme <u>nhsnwlccg.endoflife@nhs.net</u>.
- 2.4 For further guidance on symptom management and medication refer to the <u>Palliative Adult Network Guidelines plus.</u>

3. ANTICIPATORY MEDICATION

- 3.1 It is important to ensure that suitable anticipatory medicines and routes are prescribed as early as possible.
- 3.2 When deciding which anticipatory medicines to prescribe, anticipate the likelihood of the symptoms occurring taking into account:
 - Pain
 - Nausea and Vomiting
 - Anxiety, Terminal Agitation
 - Respiratory Distress
 - Respiratory Secretions



3.3 Medicines for symptom control should only be given if needed for individual patient's symptoms.

4. PATIENT SUITABILITY FOR PROVISION OF ANTICIPATORY MEDICATION IN THE HOME

- 4.1 The patient will have been assessed by a qualified healthcare professional as actively deteriorating and in the last few weeks and this will have been communicated to the patient and family/carers wherever possible, as well as all healthcare professionals involved in their care.
- 4.2 The patient and family/carer must understand the purpose of the anticipatory medication and agree to the principle of anticipatory prescribing for end of life symptoms.
- 4.3 The patient may be dying of malignant or non-malignant disease
- 4.4 If there is uncertainty as to whether the patient is in the last few weeks, anticipatory prescribing should be considered only for those who have actively engaged in advance care planning discussions, favour a palliative approach to the management of their illness and have expressed the wish to avoid hospital admissions and remain at home.
- 4.5 Exercise **CAUTION** when managing patients;
 - where there is a history or suspicion of drug misuse, or a history/ suspicion among carers or visitors to the house, an individual risk assessment will be needed.
 - who are receiving active treatment or have an identifiable reversible cause that may require hospitalisation for investigation and treatment.

5. PROCEDURE FOR PROVISION OF ANTICIPATORY MEDICATION

- 5.1 The need for anticipatory medication should be part of the regular review of patients. The risks and benefits of prescribing/authorising in advance, particularly in a rapidly changing patient must be assessed and documented.
- 5.2 It is important to discuss the need for anticipatory medication with both patient and the family/carer. Discussions should include:



- current medical situation and the plan of care.
- concept of anticipatory medication
- consent for medications to be left in the home
- 5.3 Prescribe anticipatory medicines for a minimum of 3 days to cover out of hours, weekends and bank holidays, but no more than is needed to relieve the symptoms. For patients who are on Continuous Subcutaneous Infusions (CSCI) the quantities of medicines prescribed should reflect needs of the individual patient.
- 5.4 If a patient is still managing medications orally continue with this route. The subcutaneous route may be used where the oral route is unavailable or inappropriate. Not all patients who are dying will require Subcutaneous medication.
- 5.5 Consider prescribing Oral, Sublingual or Buccal route.
- 5.6 For further information on oral, non-oral and non-parenteral medicines used for COVID-19 refer to the <u>Guidance on symptom control using oral</u>, <u>non-oral and non-parenteral routes of medication administration during</u>.
- 5.7 Patients or carers may also be taught how to administer medicines using the subcutaneous route useful resource have been developed by St Luke's Hospice link; <u>https://www.stlukes-hospice.org/supporting-you/families-and-carers/resources/.</u>
- 5.8 Medication choices, doses and frequency may need to be modified for patients who are elderly and/or frail, patients with severe or advanced renal impairment (eGFR<30ml/min/1.73m²) and patients with dementia.
- 5.9 For patients who are already on an opioid patch (fentanyl or buprenorphine) for analgesia, this should be continued.
- 5.10 Prescriptions for any controlled drug are only valid for 28 days from the date on the prescription. The patient/carer should be advised to arrange for the medications to be dispensed and collected without delay.
- 5.11 Prescribers are strongly advised to restrict prescriptions for controlled drugs to 30 days' supply. In exceptional circumstances, where the

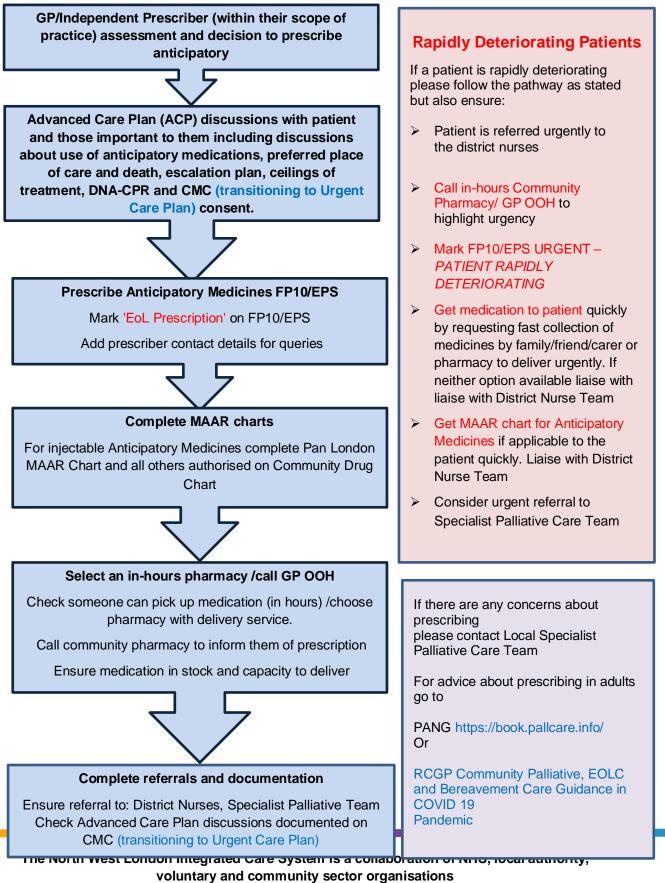


prescriber believes more than 30 days' supply is clinically indicated and would not pose a threat to patient safety, the prescriber should make a note of the reasons in the patient notes and be prepared to justify his/her decision if required.

5.12 Proof of identity will need to be provided where the patient, or person on their behalf including a healthcare professional, is collecting Schedule 2 CDs, since it is a legal requirement for the pharmacist to determine whether the individual is a patient, their representative or a healthcare representative collecting on the patient's behalf.



6. PATHWAY FOR PRESCRIBING, AUTHORISING AND ACCESSING MEDICATION FOR PATIENTS AT THE END OF LIFE





7. RECOMMENDED PRESCRIBING OF ANTICIPATORY MEDICATION ON FP10

| Drug | Prescription Instructions Include Maximum Dose (Prescribe medicines required to manage symptoms and adjust dose and frequency depending on patient need and advise from Palliative Care Team/District Nurses) | Quantity (Adjust quantity depending on patient need and advise from Palliative Care Team/District Nurses) |
|---|---|---|
| Morphine Sulfate Injection (CD Schedule 2) | 2.5mg to 5mg (0.25ml to 0.5ml) to be given by subcutaneous injection when required for pain or breathlessness up to 1-4 hourly. | Supply 10 (Ten) x 10mg/1ml ampoules |
| | Consider 1.25mg to 2.5mg (0.125ml to 0.25ml) for frail elderly or if breathlessness is key concern (maximum 6 doses in 24 hours) | |
| Oxycodone (CD Schedule 2) (eGFR<30ml/min/1.73m ²) | 1.25mg to 2.5mg(0.125ml to 0.25ml) to be given by subcutaneous injection when required for pain or breathlessness up to 2- 4hrly (maximum 6 doses in 24 hours) | Supply 10 (Ten) x 10mg/ml ampoules |
| Haloperidol Injection | 0.5mg to 1.5mg (0.1ml to 0.3ml) to be given subcutaneous injection when required for nausea 8 hourly | Supply 5 x 5mg/1ml ampoules |
| Cyclizine 1 st line in Hillingdon | 25mg (0.5ml) to be given subcutaneously when required for nausea 8 hourly | Supply 10 x 50mg/ml ampoules |
| Midazolam Injection (CD Schedule 3) | 2.5mg to 5mg (0.5ml to 1ml) to be given by subcutaneous injection when required for agitation/restlessness 2- 4 hourly | Supply 10 (Ten) x 10mg/2ml ampoules |
| Glycopyrronium Bromide Injection | 200 micrograms to 400 micrograms (1ml to 2ml) to be given subcutaneously when required for respiratory secretions 6 - 8 hourly | Supply 5 x 200mcg/1ml ampoules |
| Water for Injection | Use as diluent | Supply 10 x 10ml ampoules |
| Sodium Chloride 0.9% Tri-borough | Use as diluent | Supply 10 x 10ml ampoules |
| Levomepromazine 2 nd /3rd line | 6.25mg to 12.5mg (0.25ml to 0.5ml) to be given subcutaneously when required for nausea and vomiting every 8 hourly | Supply 5 x 25mg/ml ampoules |
| Lorazepam tablets (if patient conscious) Prescribe PO to be used sublingually - recognised unlicensed indication. | 0.5mg to 1mg to be given sublingually 2-4 hourly when required for breathlessness/ anxiety/ agitation (max 4mg/24 hours) | Supply 15 x 1mg tablets (Genus brand) |



- 7.1 If patient is already on an opiate based medicine then the dose must be individually calculated/ converted to ensure correct dose is available for parenteral (subcutaneous) PRN use.
- 7.2 For information on dose conversions refer to the <u>opioid dose calculator</u> <u>in the Palliative Adult Network Guidelines plus.</u>
- 7.3 Consult the Palliative Adult Network Guidelines (4thedition) PANG.
- 7.4 Theses medicines should also be written on a medicine administration chart; an example is included in <u>Appendix 1.</u>

8. AUTHORISATION AND ADMINISTRATION PAN LONDON SYMPTOM CONTROL MEDICATION (MAAR) CHART

- 8.1 Patients are often cared for by a range of different NHS organisations and it is essential that the healthcare professionals looking after them have access to a standardised MAAR chart in order to ensure safe, effective and timely care.
- 8.2 Please note that this is not a prescription and cannot be used to dispense medicines.
- 8.3 An editable version is hosted by <u>RMOC London: Palliative and End of Life MAAR chart</u>.
- 8.4 EMIS and SystmOne template for auto-populating is also available.

8.5 The MAAR chart has 3 sections

- 24 hours' continuous subcutaneous infusion with a syringe driver authorisation and administration chart
- anticipatory (PRN) subcutaneous injections authorisation and administration chart
- Crisis/emergency and regular injections authorisation and administration chart e.g. midazolam for catastrophic bleed.
- 8.6 When completing the MAAR chart;
 - all fields in the top box on charts 1, 2 and 3 including all patient details, prescriber name and GMC number need to be completed.



- medication names, doses, frequency and indication need to be completed in full e.g. Morphine sulfate 10mg to 20mg
- Drug strengths and units must be written in full
- avoid using decimal points where possible e.g. prescribe glycopyrronium 200 micrograms NOT 0.2mg. A sample chart is included in <u>Appendix 1.</u>
- 8.7 Medicines that are not anticipatory (e.g. insulin) and anticipatory medicines administered via non injectable routes (e.g. oromorph, butrans patches, suppositories) should be written up on a community drug chart available from the District Nurses.
- 8.8 For patients self-administering non injectable medicines there is no need for a community drug chart.
- 8.9 For MAAR charts that will be given to the patient/carer/district nurse (i.e. if taken directly to patient's home). The MAAR chart should be printed and signed and handed onto relevant person. It is good practice to scan and save copy into patient's notes on clinical system If chart to be sent electronically,
- 8.10 For electronic MAAR charts, 'electronically sign chart' enter name (type or scanned signature image), and include professional registration number on top of each of pages 1 to 3 of chart and type initials by each of the medications that is authorized. Completed MAAR chart should be emailed to District Nurses from validated secure account to another validated secure email address preferably nhs.net.

9. STORAGE AND DISPOSAL OF MEDICINES

- 9.1 The patient or carer is responsible for storing the medications in the house. Medicines need to be stored at the correct temperature, reference should be made to the patient information leaflet) and any medications requiring refrigeration should be stored accordingly.
- 9.2 Controlled drugs for all patients cared for within their own homes should ideally be stored in an easily identifiable clear plastic container for safe storage and ease of location within the patient's own home.



- 9.3 The healthcare professional should advise the patient/carer that the medication should be stored out of reach and sight of children if there are children present in the house, and should be accessible to the healthcare professionals caring for the patient.
- 9.4 The healthcare professional should indicate within the patients care plan where the medication is located. This will aid access to medicines by the multidisciplinary team.
- 9.5 A need for new stock / repeat prescription should be monitored by all healthcare professionals involved in the care of the individual patient. Stock levels should be noted at all visits.
- 9.6 The patient/carer should be advised that medicines which are no longer required should be returned to the community pharmacy for safe disposal.
- 9.7 Local Authorities provide a service for the safe collection and disposal of clinical waste from households which includes items like hypodermic needles, incontinence pads and dialysis waste. Sharps bins issued on prescription by the practice should be accepted from patients for disposal if necessary
- 9.8 The service can be requested by the patient when accompanied by a letter from the medical practitioner, such as the GP, District Nurse, Hospital or Clinic.

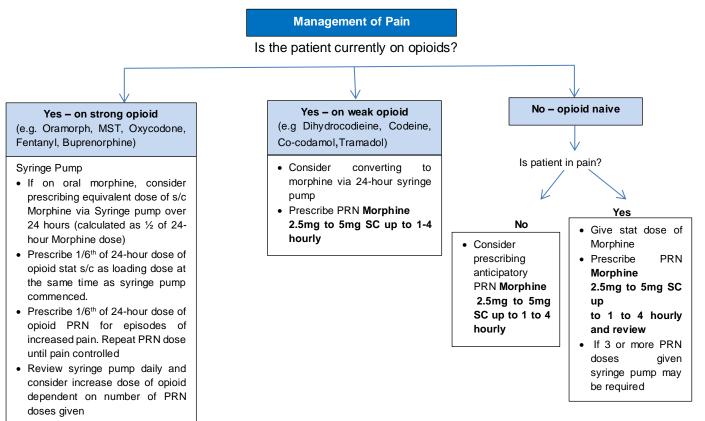
10. SUBCUTANEOUS INJECTIONS FOR SYMPTOM CONTROL IN PALLIATIVE CARE

| SYMPTOM | DRUG | PRN dose for breakthrough (subcutaneous, SC) | SYRINGE DRIVER DOSE (continuous subcutaneous | Usual total Maximum dose/ 24 | Think box | Ampoule sizes available |
|---|-------------------------------|---|--|--|--|--|
| | | Onset of action | infusion, CSCI) over 24 hours Check Comaptibility | hours | Consult Specialist Palliative Care Team for advice | |
| PAIN | Morphine | 2.5mg to 5mg if opiate naïve 1 to 4 hourly OR Divide 24h subcutaneous dose by 6, give 2 to 4 hourly. Increase PRN doses in line with syringe driver. within 10-30 minutes | For opiate naïve patients 5mg to 30mg For patients already taking oral morphine divide total 24h dose by 2 aand set new range for CSCI. | Dose increases are not usually more than 30 to 50%. Seek advice if doses greater than 60mg are required or if patient has abnormal renal/liver function | Contact specialist for use of alternative opioids. Increase syringe driver by total PRN needed in 24 hours If on an opioid patch, leave in place and continue to change as normal unless otherwise advised | 10mg,15mg,20mg, 30mg/ml in 1ml or 2ml amps |
| NAUSEA and VOMITING cause of nausea determines the anti- | Haloperidol | 0.5mg to 1.5mg every 8 hours within 10-15 minutes | 1mg to 5mg | 5mg | Metabolic causes Anxiolytic/sedative High doses for delirium and psychosis Avoid in Parkinson's disease. | 5mg/1ml |
| emetic choice | Metoclopramide | 10mg to 20mg every 8 hours within 15 minutes | 30mg to 60mg | 40mg | Do not use if bowel colic prokinetic in upper GI tract. Caution in Parkinson's disease. Watch for akathisia/restlessness | 10mg/2ml |
| | Cyclizine | 25mg every 8 hours within 2 hours | 75mg to100mg | 100mg | Useful in bowel obstruction and raised ICP. Avoid in heart failure | 50mg/1ml |
| | Levomepromazine | 6.25mg to 12.5mg every 8 hours 3.125mg as anti-emetic in very frail patients within 30 minutes | 6.25mg to 25mg | 25mg | 2nd or 3rd line Also anxiolytic Avoid if risk of fitting Caution in Parkinson's disease | 25mg/ml |
| ANXIETY, TERMINAL AGITATION | Midazolam | 2.5mg to 5mg every 2 - 4 hours within 5 – 10 minutes | 5mg to 30mg | 60mg (30mg in renal failure | Consider lorazepam 0.5 -1mg po as sublingual (recognised unlicensed indication) Think of cause e.g. pain/ constipation/urinary retention | 10mg/2ml |
| | Levomepromazine | 6.25mg to 12.5mg every 8 hours within 30 minutes | 12.5mg to 50mg | 100mg | 2nd line | 25mg/ml |
| RESPIRATORY SECRETIONS | Glycopyrronium | 200micrograms to 400micrograms every 6-8 hours Within 30-40 minutes | 600micrograms to 1200 micrograms | 1200 micrograms | Reposition patient Reassure relatives | 200mcg/1ml 600mcg/3mls |
| SEIZURES | Midazolam Buccal Midazolam | 5mg to 10mg stat SC or IM for seizure lasting more than 5 minutes 10mg Buccal stat | | 60mg (30mg in renal failure) | if on anticonvulsant and now unable to take orally 2 nd dose repeated after 10 minutes if no effect and the patient is breathing normally. | 10mg/2mls ampoules Buccolam [®] 10mg/2mls Epistatus [®] 10mg/ml |

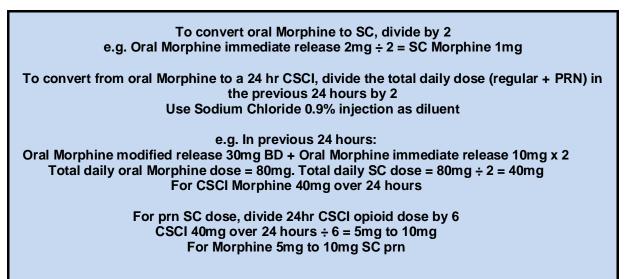


11. MANAGEMENT OF THE DYING PATIENT

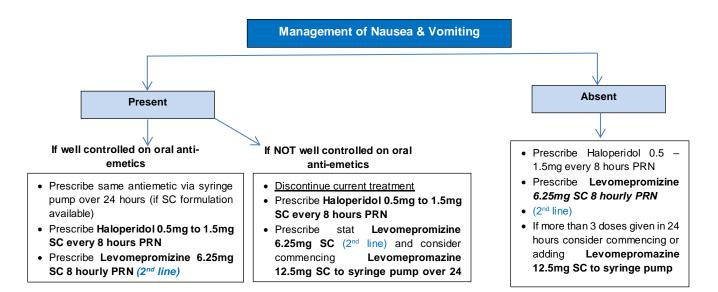
11.1 The flow charts are a guide, medicines for symptom management should only be given if needed for individual patient's symptoms, depending on which medicines have helped the patient to date, which 'just in case' medicines have been prescribed and advice from Specialist Palliative Care Team.



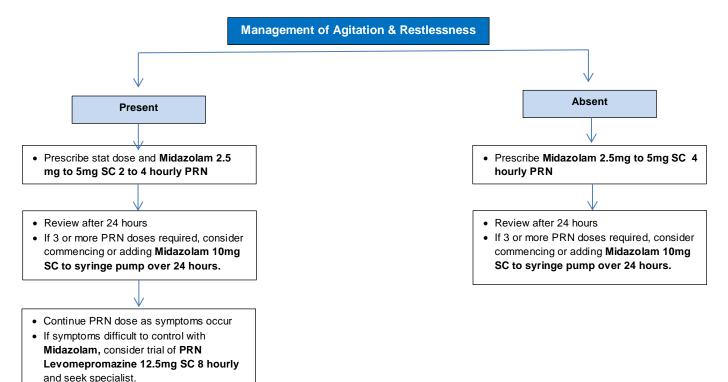
- If eGFR< 30ml/min/1.73m² consider changing opiate to Oxycodone PRN or seek specialist advice
- If unable to swallow, convert to subcutaneous route via syringe pump
- If patient is on alternative opioids or Fentanyl/Buprenorphine patch seek specialist advice



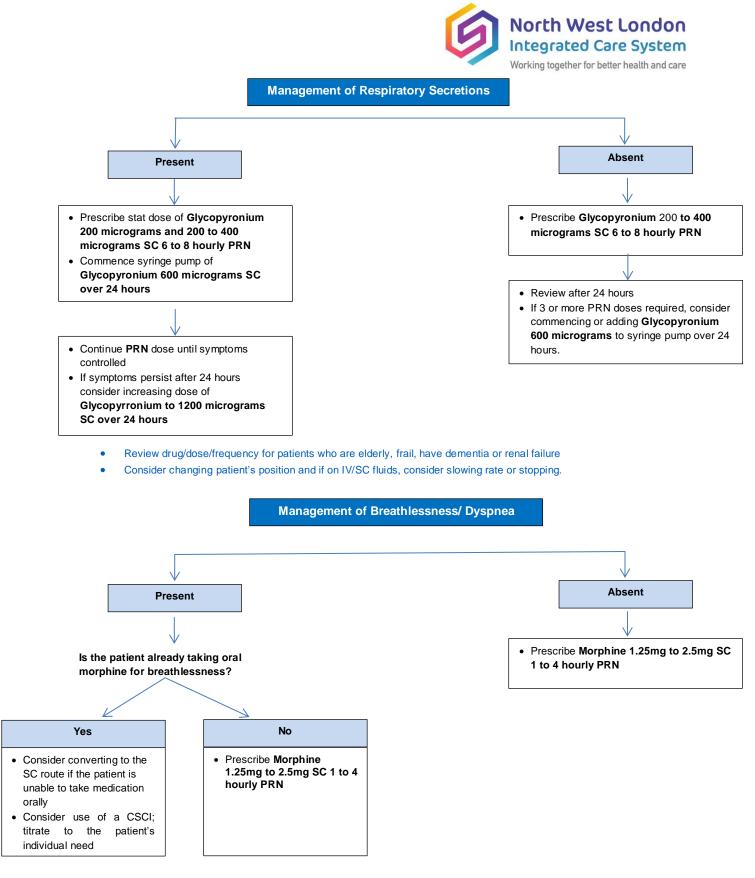
North West London Integrated Care System Working together for better health and care



• Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure.



- The preparation of Midazolam injection that MUST be prescribed and used is 10mg in 2ml
- The management of agitation & restlessness does not usually require the use of opioids unless pain is thought to be the cause
- Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure
- If symptoms persist, contact local Specialist Palliative Care team for advice.



- If the patient is breathless and anxious, consider Midazolam 2.5mg SC stat PRN
- Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure
- If symptoms persist, contact local Specialist Palliative Care team for advice.



12. ACCESS TO IN-HOURS ANTICIPATORY MEDICINES

- 12.1 There are a number of pharmacies across North West London who stock these palliative care medicines during pharmacy opening hours. Please refer to the individual Borough Community Pharmacy Contact Details.
- 12.2 The aim of the service is to allow rapid access to medicines commonly prescribed in palliative (or 'End of Life') care, to enable a greater percentage of patients to die in their own home, if they wish to.
- 12.3 The participating pharmacies providing the in-hours service will hold the specified list of medicines and will dispense these in response to an NHS prescription.
- 12.4 If the participating pharmacy is not able to dispense the required medication within a reasonable timeframe, or at least on the same day, the pharmacy must make arrangements on behalf of the patient or carer for another pharmacy locally to dispense the required medication (e.g. telephone another local pharmacy on the list of pharmacies providing in hours palliative drugs service or wholesalers to check they have the required medications and help to get the prescription sourced).
- 12.5 On the very occasional incidences where medicines are not available in any pharmacy (e.g. manufacturing problems) the participating pharmacy will liaise directly with the prescriber to identify a suitable course of action.
- 12.6 For opening times of pharmacies not commissioned to provide the Access to anticipatory medicines service please refer to the My Health London <u>http://www.myhealth.london.nhs.uk/</u>.



Working together for better health and care

12.7 In hours list of on Demand Anticipatory Medicines

| Medicine | Strength | Pack size | Qty held by pharmacy |
|--|---|--------------------------------------|---|
| Cyclizine tablets | 50mg | 100 | 1 x 100 |
| Cyclizine injection | 50mg/ml | 5 | 2 x 5 |
| Dexamethasone injection | 3.3mg/ml | 10 | 1 x 10 |
| Dexamethasone tablets | 2mg | 50 | 30 tablets |
| Glycopyrronium bromide injection | 200micrograms/ml | 10 | 1 x 10 |
| Haloperidol tablets | 1.5mg | 28 | 28 tablets |
| Haloperidol injection | 5mg/ml | 10 | 5 amps |
| Hyoscine butylbromide injection | 20mg in 1ml | 10 | 1 x 10 |
| Levomepromazine tablets | 25mg | 84 | 28 tablets |
| Levomepromazine injection | 25mg in 1ml | 10 | 1 x 10 |
| Lorazepam tablets (Genus®) for use sublingually) | 1mg | 28 | 28 tablets |
| Metoclopramide injection | 10mg in 2ml | 10 | 1 x 10 |
| Metoclopramide tablets | 10mg | 28 | 28 tablets |
| Water for injection | 10ml | 10 | 1 x 10 |
| Sodium Chloride 0.9% injection | 10ml | 10 | 1 x 10 |
| CONTROLLED DRUGS | | | |
| Medicine | Strength | Pack size | Qty held by pharmacy |
| Midazolam injection | 10mg/2ml | 10 | 1 x 10 |
| Midazolam oromucosal solution pre-filled oral syringes sugar free (<i>Buccolam</i> [®]) | 10mg/2ml | 4 | 2 x 4 |
| Morphine Sulfate oral solution | 10mg/5ml | 100ml | 3 x 100 ml |
| | | | |
| Morphine Sulfate MR tablets | 5mg | 60 | 30 tablets |
| Morphine Sulfate MR tablets Morphine Sulfate MR tablets/capsules | 5mg 10mg | 60 60 | 30 |
| | - | | 30 tablets/capsules 30 |
| Morphine Sulfate MR tablets/capsules | 10mg | 60 | 30 tablets/capsules |
| Morphine Sulfate MR tablets/capsules Morphine Sulfate MR tablets /capsules | 10mg 30mg | 60 60 | 30 tablets/capsules 30 tablets/capsules |
| Morphine Sulfate MR tablets/capsules Morphine Sulfate MR tablets /capsules Morphine Sulfate injection | 10mg 30mg 10mg/ml | 60 60 10 | 30 tablets/capsules 30 tablets/capsules 1 x 10 |
| Morphine Sulfate MR tablets/capsules Morphine Sulfate MR tablets /capsules Morphine Sulfate injection Morphine Sulfate injection | 10mg 30mg 10mg/ml 30mg/ml | 60 60 10 10 | 30 tablets/capsules 30 tablets/capsules 1 x 10 1 x 10 |
| Morphine Sulfate MR tablets/capsules Morphine Sulfate MR tablets /capsules Morphine Sulfate injection Morphine Sulfate injection Oxycodone injection | 10mg 30mg 10mg/ml 30mg/ml 10mg/1 ml | 60 60 10 10 5 | 30 tablets/capsules 30 tablets/capsules 1 x 10 1 x 10 1 x 10 |
| Morphine Sulfate MR tablets/capsules Morphine Sulfate MR tablets /capsules Morphine Sulfate injection Morphine Sulfate injection Oxycodone injection Oxycodone injection | 10mg 30mg 10mg/ml 30mg/ml 10mg/1 ml 50mg/1 ml | 60 60 10 10 5 5 | 30 tablets/capsules 30 tablets/capsules 1 x 10 1 x 10 1 x 10 1 x 5 |
| Morphine Sulfate MR tablets/capsules Morphine Sulfate MR tablets /capsules Morphine Sulfate injection Morphine Sulfate injection Oxycodone injection Oxycodone injection Oxycodone SR tablets (Longtec®) | 10mg 30mg 10mg/ml 30mg/ml 10mg/1 ml 50mg/1 ml 5mg | 60 60 10 10 5 5 28 | 30 tablets/capsules 30 tablets/capsules 1 x 10 1 x 10 1 x 10 1 x 5 28 tablets |



12.8 COVID -19 list of Anticipatory Medicines (addendum to in-hours)

| Medicine | Strength | Pack size | Qty held by pharmacy |
|---|----------------|-----------|-------------------------|
| Prochlorperazine buccal tablet | 3mg | 8 | 1 x 8 |
| Granisteron transdermal patch (sancuso) | 3.1mg patch | 1 | 1 |
| Ondansetron melts | 4mg | 10 | 1 x 10 |
| Scopoderm [®] (hyoscine) transdermal patch | 1mg/72hours | 2 | 1 x 2 |
| Kwells® (hyoscine hydrobromide) tablets | 300 micrograms | 12 | 1 x 12 |
| Paracetamol suppositories | 1g | 10 | 1 x 10 |

| Controlled Drugs | Strength | Pack size | Qty held by pharmacy |
|-------------------------------------|------------------|-----------|-------------------------|
| Buprenorphine patches | 15 micrograms/hr | 4 | 1 x 4 Patches |
| Buprenorphine patches | 20 micrograms/hr | 4 | 1 x 4 Patches |
| Fentanyl patches | 12 micrograms/hr | 5 | 1 x 5 Patches |
| Fentanyl patches | 25 micrograms/hr | 5 | 1 x 5 Patches |
| Fentanyl sublingual tablets | 100 micrograms | 10 | 1 x 10 |
| Concentrated oral solution morphine | 20mg/ml | 30 ml | 1 x 30ml |



12.9 Brent Community Pharmacy Contact Details

| 12.9 | Brent Community | Pharmac | | | W | Opening Hours | h - 11 h 11 |
|------------------------|---|---------------------|--|---|---|---------------|-------------|
| Pharmacy | Address | Pharmacy Lead | Telephone/Fax Number | Email Address | Monday-Friday | Saturday | Sunday |
| Carters Pharmacy | 524-526 High Road Wembley HA9 7BS | Hina Ansari | Tel: 020 8903 4222 | Carterspharmacy524@gmail.com | 9am-7pm | 9am-6pm | CLOSED |
| Churchills Pharmacy | 207 Kenton Road, Harrow HA3 0HD | Naresh Shah | Tel: 020 8907 3511 Fax: 020 8909 1529 | churchills.pharmacy@nhs.net | 9am-6pm | 9am-1pm | CLOSED |
| Gimmack Pharmacy | 177 Cricklewood Broadway London NW2 3HT | Kamlesh Rajani | Tel: 020 8452 2418 | info@mgpharmacy.co.uk | 9am-6pm | 9am-6pm | CLOSED |
| G.Lowe Pharmacy | 203 East Lane North Wembley HA0 3NG | Suresh Raja | Tel: 020 8904 4197 Fax: 020 2904 4343 | glowepharmacy@gmail.com | 9am-7pm | 9am-6pm | CLOSED |
| Greenfield Pharmacy | 61 Chamberlayne Road London NW10 3ND | Jitendra Kachela | Tel: 020 8969 4474 Fax: 020 8969 4474 | parkwaters@hotmail.co.uk | 9am-7pm | 9am-6pm | CLOSED |
| Health Pharmacy | 122 Winderemere Avenue Wembley HA9 8RB | Mr Kiran Parikh | Tel: 020 8904 2900 | KPARIKH2@hotmail.co.uk | 10am- 6pm | 10am- 1pm | CLOSED |
| Kings Pharmacy | 343 Kilburn High Road Kilburn NW6 7QB | Vimal Shah | Tel: 020 7625 8582 Fax: 020 7625 8582 | kingspharmacy343@ntlworld.com vimal.shah@nhs.net | 9am-7pm | 10am-2pm | CLOSED |
| Leigh Pharmacy | 278 Church Lane London NW9 8LU | Hema Patel | Tel: 020 8205 6729 Fax: 020 8205 6729 | Leigh.pharmacy@nhs.net | 9am-6pm | 9.30am-1pm | CLOSED |
| Peace Pharmacy | 14 The Broadway Preston Road Wembley HA9 8JU | Ragesh Vahadia | Tel: 020 8904 2071 Fax: 020 8385 1140 | vaghadia@btopenworld.com | 9am-10pm | 9am-10pm | 9.30am-10pm |
| Rushton Pharmacy | 275-277 Preston Road Harrow HA3 0PS | Manoj Bharania | Tel: 020 8904 6145 | Rushton.pharmacy@nhs.net | 9am -6.30pm Thursday 9am - 6pm | 9am-1pm | CLOSED |
| S&S Chemists | 40 Harrow Road Wembley HA9 6PG | Anilkumar M Patel | Tel: 020 8965 1328 Fax: 020 8963 1237 | anishpatelsns@gmail.com | 9am-7pm | 9am-6pm | CLOSED |
| S&S Chemists | 23 Hillside London NW10 8LY | Anilkumar M Patel | Tel: 020 8965 3562 Fax: 020 8963 1237 | anishpatelsns@gmail.com | 9am-7pm | 9am-1pm | CLOSED |
| Sudbury Chemist | 879 Harrow Road Wembley HA0 2RH | Chandrakant Shah | Tel: 020 8908 2451 Fax: 020 8908 2451 | info@sudburychemist.co.uk | 9am-6.30pm | 9am - 5pm | CLOSED |
| Tyrest Pharmacy | 427-429 Kenton Road Middlesex HA3 0XY | Snighda Shah | Tel: 020 8204 2412 Fax: 020 8204 2412 | tevrestpharmacy@gmail.com | 9am-7pm | 9am-2pm | CLOSED |
| Wembley Pharmacy | 183 Ealing Road Wembley HA0 4LW | Jigna Vora | Tel: 020 8795 3636 Fax: 020 8795 2323 | info@wembleypharm.co.uk | 7am-11pm | 7am-11pm | 12pm-5pm |



12.10 Ealing Community Pharmacy Contact Details

| | Pharmacy Details | | | | Opening Hours | | |
|---------------------------|---|---------------|----------------------|--|---|--------------------|-------------|
| Pharmacy | Address | Pharmacy Lead | Telephone/Fax Number | Email Address | Monday-Friday | Saturday | Sunday |
| Anmol Pharmacy | 97 North Road Southall, UB1 2JW | | 020 8606 9269 | sukhdev.kainth@nhs.net | 7am-11.30pm | 6am- 11.30pm | Closed |
| Jade Pharmacy | 3 Crosslands Parade, Crosslands Av, Southall, UB2 5RB | | 020 8574 2983 | nhspharmacy.southall.jadepharmacyf hj72@nhs.net | 9am-7pm | 9am-1pm | Closed |
| Gill Chemist | 31-33 King Street, Southall, UB2 4DG | | 020 8571 1555 | nhspharmacy.southall.gillchemistsfh5 98@nhs.net | 9am-8.30pm | 9am-8.30pn | 12pm-7.30pm |
| Zahra Pharmacy | 72 High Street, Acton, W3 6LE | | 020 8993 8499 | nhspharmacy.72highst.zahrapharfc09 <u>1@nhs.net</u> | 6.30am- 10.30pm | 8am-8pm | 9am-6pm |
| Asda In-Store Pharmacy | Park Royal Industrial Est, 2-20 Western Road, NW10 7LW | | 020 8951 9119 | | 8am-1pm 2pm-8pm | 8am-1pm 2pm-8pm | 11am-5pm |
| Harbs Pharmacy | 193 South Ealing Road, W5 4RH | | 020 8568 9068 | harbs.pharmacy@NHS.net | 8am-11pm (Mon) 7am- 11pm (Tues-Fri) | 7am-10pm | 11-5pm |
| Mattock Lane Pharmacy | 8 St Johns Parade, Ealing, W13 9LL | | 020 8567 9153 | mattocklanepharmacy@nhs.net | 8.45am-7pm | 9am-5pm | Closed |
| Remedy Pharmacy | 83 Greenford Avenue, Hanwell, W7 1LJ | | 020 8567 2032 | hspharmacy.ealing.remedypharmacy fk802@nhs.net | 9am – 6.30pm | 10am-1pm | Closed |
| Ariana Pharmacy | 472 Greenford Road, Greenford, UB6 8SQ | | 020 8575 6600 | info@arianapharmacy.co.uk | 9am-7pm | 9am-7pm | 10am-6pm |
| Alpha Chemist | 480 Church Road, Northolt, Middlesex, UB5 5AU | | 020 8845 5793 | alphachemist@nhs.net | 9am-6pm (Wed 9am- 5.30pm) | 9am-1pm | Closed |
| Watmans Pharmacy | 179 Bilton Road, Perivale, UB6 7HQ | | 020 8998 7727 | nhspharmacy.perivale.watmanspharm acvfkp75@nhs.net | 8.30am-6.30pm | 9am-1.30pm | Closed |
| Banks Chemist | 59 Old Oak Common Lane, East Acton London W3 7DD | | 020 8743 3887 | avnipatel@wellcarepharmacy.co.uk | 9am – 6.30pm | 9am – 4.30pm | Closed |



12.11 Harrow Community Pharmacy Contact Details

| | Pharmacy Details | | | | Opening Hours | | |
|-----------------------------|--|-------------------------|-------------------------|------------------------------|--|--|--|
| Pharmacy | Address | Pharmacy Lead | Telephone/Fax Number | Email Address | Monday-Friday | Saturday | Sunday |
| Care Chemists | 5 Buckingham Parade The Broadway Stanmore HA7 4EB | | 020 89540265 | | 9am-6.30 pm | 9am- 5.30pm | CLOSED |
| Carters Chemist | 24 Bridge Street 24 Bridge Street Pinner Middlesex HA5 3JF | Mr Alakh Patel | 0208 8660053 | info@carterschemist.co.uk | 9am-6pm | 9am- 5.30pm | CLOSED |
| Kings Pharmacy | 903 Honeypot Lane Stanmore Middlesex HA7 1AR | | 020 8952 1260 | kingspharmacy903@outlook.com | 9am – 6.30 pm | 9am-1pm | CLOSED |
| Lloyds Pharmacy | 5 Warwick Parade Belmont Circle Harrow HA3 8SA | | 0208 9072720 | lp0452@lloydspharmacy.co.uk | 10am-9 pm (closed for lunch 1-2pm) | 10am-9pm (closed for lunch1-2pm) | 10am-5pm (closed for lunch1-2pm) |
| Murrays Chemist | 172 Kenton Road Kenton Harrow Middlesex HA3 8BL | Mr Chandrakant Patel | 0208 9070413 | C.patel@murrayschemist.co.uk | 9am-7pm | 9am-2pm | Temporary opening during Covid -19 11am-2pm |
| Shaftesbury Pharmacy Ltd | 6 Shaftesbury Parade Shaftesbury Avenue South Harrow HA2 0AJ | Mr Deepak Thakerar | 0208 864 9436 | | 9am-7pm | 10am-1pm | CLOSED |
| The Harrow Pharmacy | 73 Station Road Harrow HA1 2TY | | 0208 427 9204 | harrowpharmacy@yahoo.co.uk | 7.45am- 10.45pm | 8am-9pm | 9am-9pm |
| Tanna Chemist | 320 Uxbridge Road Hatch End Pinner Middlesex HA5 4HR | | 0208 4284195 | tannapharmacy@gmail.com | 9am-6.30pm (BH 2pm-5pm) | 9am- 5.30pm | CLOSED |



12.12 Hillingdon Community Pharmacy Contact Details

| | | Pharmacy Detail | | | (| Opening Hours* | | | |
|----------------------|---|-----------------|----------------------|---------------------------------|--|-----------------|------------|--|--|
| Pharmacy | Address | Pharmacy Lead | Telephone/Fax Number | Email Address | Monday- Friday | Saturday | Sunday | | |
| Vantage Pharmacy | 252 Kingshill Avenue, Hayes, UB4 8BZ | | 020 8845 5967 | statue2ltd@gmail.com | 9am - 6pm | 9am – 2 pm | Closed | | |
| Daya Ltd | 750 Uxbridge Road, Hayes, UB4 0RU | | 020 8573 3084 | daya.pharmacy@nhs.net | 9am – 7.30pm | 9am – 6pm | Closed | | |
| Pickups Chemist | 20-21 Broadway Parade Coldharbour Lane Hayes UB3 3HF | | 02085731322 | pickuppharmacy@aah-n3.co.uk | 8.30am-9pm | 9am – 2pm | 10am – 4pm | | |
| Lawtons Pharmacy | 8 Crescent Parade, Uxbridge Road, Hillingdon, UB10 0LG | | 01895 232876 | enquiries@lawtonpharmacy.com | 9am – 9pm | 9am – 9pm | 9am – 9pm | | |
| Phillips Pharmacy | 84 High Street, Yiewsley, Middlesex UB7 7DS | | 01895 443695 | phillips.chemist@googlemail.com | 9am – 6.30pm | 9am – 6pm | 10am – 4pm | | |
| Dana Pharmacy | 100 Victoria Road, Ruislip Manor, Middlesex, HA4 0AL | | 01895 639022 | info@danapharmacy.co.uk | 9am – 6pm | 9am – 1pm | Closed | | |
| Carter Chemist | 112-114 High Street, Northwood, Middlesex, HA6 1BJ | | 01923 825753 | <u>carter.chemist@nhs.net</u> | 9am – 7pm | 9am – 1pm | Closed | | |
| Sharmans Pharmacy | 3 Clive Parade, Maxwell Road, Northwood, HA6 2QF | | 01923 825288 | info@sharmanspharmacy.com | 9am – 7pm on Mon, Weds, Thurs, Fri 9am – 6pm on Tues | 9am – 5.30pm | 10am – 2pm | | |
| Ross Pharmacy | 28 Joel Street, Northwood Hills, HA6 1PF | | 01923 821596 | info@rosspharmacy.com | 9am – 6.30pm | 9am – 6pm | Closed | | |



12.13 Hounslow Community Pharmacy Contact Details

| | | 0 | Opening Hours | | | | |
|-----------------------------------|---|---------------|----------------------|---------------------------------|---------------|------------|----------|
| Pharmacy | Address | Pharmacy Lead | Telephone/Fax Number | Email Address | Monday-Friday | Saturday | Sunday |
| Asda In-Store Pharmacy | Tilley Road Feltham TW13 4BH | | 020 8831 2410 | | 8am-8pm | 8am-8pm | 11am-5pm |
| Asda In-Store Pharmacy | Off Alexander Road Hounslow TW3 1NL | | 0208 607 1020 | | 8am-8pm | 8am-8pm | 11am-5pm |
| Campbells Chemist Email: | 300-302 Chiswick High Rd Chiswick London W4 1NP | | 020 8994 0656 | info@campbellschemist.co.uk | 9am-6.45pm | 9am-5.30pm | Closed |
| Herbert and Herbert Chemist | 106 Staines Road Hounslow Middlesex TW3 3LH | | 020 8577 2187 | info@hounslowpharmacy.com | 9am-7pm | 9am-7pm | 9am-7pm |
| Hounslow East Pharmacy | 84 Kingsley Road Hounslow Middlesex TW3 1QA | | 020 8814 6040 | info@hounsloweastpharmacy.co.uk | 7am-11pm | 7am-11pm | 12pm-6pm |
| Jade Pharmacy | 174-176 Heston Road Heston Hounslow Middlesex TW5 0QU | | 020 85704219 | hestonroad@jadepharmacy.co.uk | 9am-7pm | 9am-6pm | Closed |
| Jade Pharmacy | 570 London Road Isleworth Middlesex TW7 4EP | | 020 8560 1444 | isleworth@jadepharmacy.co.uk | 9am-7pm | 9am-1pm | Closed |
| Jade Pharmacy | 317-319 Vicarage Farm Road, Heston, Hounslow TW5 0DR | | 020 8570 3579 | vfr@jadepharmacy.co.uk | 9am-7pm | 9am-7pm | Closed |



12.14 **Tri-Borough Community Pharmacy Contact Details**

| | | | Pharmacy Details | | Ор | ening Hours | |
|-----------------------|--|------------------|----------------------|---|--|------------------|------------------|
| Pharmacy | Address | Pharmacy Lead | Telephone/Fax Number | Email Address | Monday- Friday | Saturday | Sunday |
| | | | Westmin | nster Pharmacies | | | |
| Pharmacentre | 149 Edgware Road W2 2HU | | 020 77232336 | nhspharmacy.london.pharmacentrefct73@nhs.net adrienn.esik@nhs.net surud.hiwaizi@nhs.net | 09:00 - 23:59 | 09:00 – 23:59 | 09:00 – 23:59 |
| Bayswater Pharmacy | 39-41 Porchester Road Bayswater W2 5DP | | 0207 727 5713 | pharmacy.ffn81@nhs.net | 09:00 - 19:00 | 09:00 – 18:00 | 11:00 – 17:00 |
| Clinichem | 29 Upper Tachbrook Street SW1V 1SN | | 020 78281222 | sukhvir.basra@nhs.net pharmacy.fyr46@nhs.net | Mon, Wed, Fri: 09:00 – 18:00 Tue, Thu: 09:00 – 20:00 | 09:00 – 13:00 | CLOSED |
| Portmans Pharmacy | 93-95 Tachbrook Street SW1V 2QA | | 020 78342816 | portmans.pharmacy1@nhs.net | 09:00 - 18:30 | 09:00 – 17:30 | CLOSED |
| Woods Chemist | 27-29 Church Street NW8 8ES | | 020 77237720 | woods.chemist1@nhs.net | 09:00 - 19:00 | 10:00 – 16:00 | CLOSED |
| Market Chemists | 91-93 Church Street NW8 8EU | | 020 7723 1944 | market.chemist@nhs.net | 9.30 - 19:00 | 9:30 - 17:00 | CLOSED |
| | | • | Kensin | gton & Chelsea | | • | |
| Medicine Chest | 413-415 Kings Road SW10 0LR | | 020 7351 1142 | _medicinechest@nhs.net | 09:00 - 18:30 | 09:00 – 18:30 | 10:00 - 14:00 |
| Boots the Chemist | 127A Kensington High Street, W8 5SF | | 020 7937 9533 | pharmacy.fm115@nhs.net | 08:00 - 21:00 | 12:00 - 18:00 | 12:00 – 18:00 |
| Boots the Chemist | 228-232 Fulham Road SW10 9NB | | 020 7823 3445 | nhspharmacy.fulham.bootsflr83@nhs.net | 09:00 - 19:30 | 09:00 - 18:00 | 10:00 - 18:00 |
| Baywood Chemist | 239 Westbourne Grove W11 2SE | | 020 7229 4553 | baywood.chemist@nhs.net | 09:30- 17:30 | 09:30- 17:30 | Closed |
| Spivack Chemist | 173 Ladbroke Grove, W10 6HJ | | 020 8969 1483 | spivack.chemistlg@nhs.net | 09:00 - 19:00 | 10:00 – 14:00 | Closed |

12.15 **Tri-Borough Community Pharmacy Contact Details Contd**



| | | Hamme | ersmith & Fulham | | | |
|------------------------|---|---------------|---|------------------------------|------------------|--------|
| Caregrange Pharmacy | 9 Goldhawk Road Shepherds Bush W12 8QQ | 0208 740 9443 | caregrange@gmail.com | 10:00 - 18:00 | 12:30 – 16:00 | CLOSED |
| Kanari Pharmacy | 682-684 Fulham Road SW6 5SA | 0207 736 1500 | kanari.pharmacy@gmail.com Pharmacy.fxq10@nhs.net | 09:30 - 18:00 | 10:00 - 17:00 | CLOSED |
| Globe Chemist | 8 Kings Parade Askew Road W12 9BA | 0208 740 9899 | nhspharmacy.london.globechemistfq417@nhs.net | 10:00 – 12:00 12:30:17:30 | 10:00 – 12:00 | CLOSED |
| Chana Chemist | 5 Regal Centre 402 North End Road SW6 1LU | 020 7381 0017 | chana.chemistfulham@nhs.net | 09:00 - 19:00 | 09:00 – 13:00 | CLOSED |



13. ACCESS TO OUT OF HOURS ANTICIPATORY MEDICINES

- 13.1 GPs, Hospices, Health Care Professionals, Care Homes, and Community Health Trusts can access the community pharmacies commissioned to provide anticipatory palliative care medicines out-of-hours (OOH) via a single point of access (SPA) NHS 111 or NHS111*6 if calling from a care home, NHS 111*7 for healthcare professional bypass through the GP OOH service, Practice Plus or LCW.
- 13.2 There are three rotas operating in NWL, Brent, Ealing & Hounslow and Harrow and Hillingdon and Tri-borough.
- 13.3 Callers are requested to check the opening hours of the in-hours community pharmacy within the borough prior to calling NHS 111, for Care Homes NHS 111*6.
- 13.4 Callers should request the 'Pharmacy On Demand Service for Anticipatory Medicines' when calling NHS 111/ NHS 111*6 and state which borough they are calling from.
- 13.5 The GP OOH service will be able to:
 - prescribe anticipatory medicines and complete MAAR chart
 - refer to District nurses
 - access OOH community pharmacy rota for supply and delivery of medicines out of hours



13.6 **Community Pharmacy Out of Hours List of On Demand Anticipatory Medicines**

| Medicine | Strength | Pack size | Qty Held by Pharmacy |
|----------------------------|-----------|-----------|-------------------------|
| Morphine Sulfate Solution | 10mg/5ml | 100ml | 3 x 100ml |
| Paracetamol Suppositories | 500mg | 10 | 10 |
| CONTROLLED DRUGS | | | |
| Medicine | Strength | Pack size | Qty Held by Pharmacy |
| Diamorphine injection | 10mg amps | 5 | 2 x 5 |
| Morphine sulfate injection | 10mg/ml | 10 | 10 |
| Oxycodone injection | 10mg/1 ml | 5 | 2 x 5 |

13.7 **GP OOH Service**

The GP OOH service Practice Plus and LCW carry a small stock of medicines for anticipatory prescribing as detailed in the tables below.

13.8 Practice Plus UK Medicines Stock List

| Medicine – Palliative Care | Strength | Pack size | Qty Held |
|--|------------------|-----------|---------------|
| | | | |
| Cyclizine injection | 50mg/ml | 5 | 1x 5 |
| Glycopyrronium bromide injection | 200micrograms/ml | 10 | 1x 10 |
| Levomepromazine injection | 25mg/1ml | 10 | 1x 10 |
| Procyclidine Injection | 10mg/2ml | 5 | 1 x 5 |
| Controlled Drugs | Strength | Pack size | Qty Held |
| Midazolam injection | 10mg/2ml | 10 | 1 x 10 |
| Medicine - Analgesia | Strength | Pack size | Qty Held |
| Diclofenac Sodium Injection | 75mg/3ml | 10 | 1x 10 |
| Controlled Drugs | Strength | Pack size | Min. Qty Held |
| Tramadol Hydrochloride injection | 100mg/2ml | 5 | 1 x 5 |
| Medicine - Gastrointestinal | Strength | Pack size | Qty Held |
| Hyoscine Butylbromide injection | 20mg /1ml | 10 | 1x 10 |
| Metoclopramide Hydrochloride injection | 10mg/2ml | 10 | 1 x 10 |
| Prochlorperazine Buccal Tablets | 3mg | 8 | 1 x 8 |
| Prochlorperazine Mesylate injection | 12.5 mg/1ml | 10 | 1 x 10 |
| Medicine – Psychiatric/CNS | Strength | Pack size | Qty Held |
| Diazepam Injection | 10mg /2ml | 10 | 1x 10 |
| Diazepam Rectal Solution Tubes | 5mg | 5 | 1 x 5 |
| Haloperidol Injection | 5mg/1ml | 10 | 1 x 10 |



13.9 LCW Palliative Care Box

| Medicine | Strength | Pack size | Qty held |
|---|------------------|-----------|--------------------------|
| Cyclizine tablets | 50mg | 100 | 1 x 100 |
| Cyclizine injection | 50mg/ml | 5 | 1 x 5 |
| Dexamethasone injection | 3.3mg/ml | 10 | 1 x 10 |
| Dexamethasone tablets | 2mg | 50 | 50 tablets (pre-pack) |
| Dexamethasone SF Solution | 2mg/5ml | 150ml | 1 x 150ml |
| Furosemide Tablets | 40mg | 28 | 28 tablets (pre-pack) |
| Furosemide Injection | 20mg/2ml | 10 | 1 x 10 |
| Glycopyrronium bromide injection | 200micrograms/ml | 10 | 1 x 10 |
| Haloperidol capsules | 500 micrograms | 30 | 30 capsules |
| Haloperidol injection | 5mg/ml | 10 | 1 x 10 amps |
| Hyoscine butylbromide injection | 20mg in 1ml | 10 | 1 x 10 |
| Levomepromazine injection | 25mg in 1ml | 10 | 1 x 10 |
| Lorazepam tablets (Genus/ for use sublingually) | 1mg | 28 | 28 tablets |
| Water for injection | 10ml | 10 | 2 x 10 |
| Sodium Chloride 0.9% injection | 10ml | 10 | 2 x 10 |
| CONTROLLED DRUGS ((held at Cockfosters) | | | |
| Medicine | Strength | Pack size | Qty Held |
| Diamorphine injection | 5mg | 5 | |
| Midazolam injection | 10mg/2ml | 10 | |
| Morphine sulfate oral solution | 10mg/5ml | 100ml | |
| Morphine sulfate injection | 10mg/ml | 10 | |
| Morphine sulfate injection | 30mg/ml | 10 | |
| Oxycodone injection | 10mg/1 ml | 5 | |
| Oxycodone 5mg/5ml oral solution sugar free | 5mg/5ml | 250 ml | |
| Tramadol Injection | 100mg/2ml | 5 | |

14. SPECIALIST PALLIATIVE CARE CONTACT DETAILS

14.1 For all Referrals use the 'For all age Pan London Specialist Palliative Care Referral Form 2021'

14.2 Brent

24/7 advice via all Inpatient Units (Marie-Curie Hampstead, St John's, St Luke's IPU telephone advice 9pm -7.30am)

Pembridge Hospice 24/7 advice line

St John's All Brent

<u>Inpatient unit 18 beds</u> Admissions/advice Referrals: Mon - Sun 09:00-17:00

Tel: 07725 258767 Tel: 020 7806 4040 Email: nhsnwlccg.stjohnsreferrals@nhs.net

> Hospice at Home All Brent 24/7 14 days intensive palliative care

Tel: 020 7806 4027 or via inpatient 2 hour response Referrals: -Terminal Care last 2 weeks of life -Admission Avoidance -Facilitated discharge -Respite Care -Escorting a patient Email: nhsnwlccq.stjohnsreferrals@nhs.net

Marie-Curie Hampstead Hospice – All Brent

Inpatient Unit 15 beds

Access Admissions & Discharge Co-coordinator 08:30 – 16:30 on the following contact details:

Telephone: 020 7853 3449 / 020 7853 3400 Mobile: 07515134789

Email: inpatientunit.hampsteadhospice@nhs.net

<u>District Nurses</u> Mon – Sun Twilight 17:00- 00:00 + Night shift 00:00– 08:30 Base: Harlesden Branch Matron

Tel: 0203 188 7229 Email: CLCHT.BrentSPA@nhs.net

St Luke's Hospice Brent

North West London Integrated Care System

Working together for better health and care

Inpatient unit 12 beds Admissions/advice Referrals: Mon-Fri 9.00 – 16.00 Sat/Sun pre-planned admissions of known patients 9:00-15:00 For urgent admissions contact the Hospice Services Navigator 07593 135 303

Tel: 0208 382 8046 (out of hours) Email: LNWH-tr.referralsstlukes@nhs.net

> Hospice at Home North Brent 14 days' intensive palliative care

Tel: 0208 382 8020/8050: Mon-Fri 9.00 to 5pm Email:haroccg.hospiceathomestlukes@nhs.net

Fast Track All Brent

FT Brokerage: Provides HCA packages of care for fast track patients. For Brent and Harrow for first 2 weeks. Patients then transferred back to CHC Referrals: Mon - Sat 09.00 - 16.00 Sun 8:30 - 20:30 On-call until 8.30 pm (advice for known patients) Referrals after 4pm dealt with next working day

Tel: 020 8382 8050 (until 11pm) or via inpatient Email: LNWH-tr.referralsstlukes@nhs.net

24/7 advice Pall24 Helpline for North Brent and Harrow

Telephone: 03000 200 224

Email: haroccg.palliativehelpline@nhs.net

Pembridge Hospice – All Brent

24 hour / 7days a week telephone advice Line

Tel 020 8102 5000

Clcht.spa.referral@nhs.net clcht.pembridgeunit@nhs.net

Marie-curie overnight Nurses (inc care homes)

Via St Luke's Hospice Community/Hospice @ home team

Tel: 0208 382 8013 Email: <u>LNWH-tr.referralsstlukes@nhs.net</u> **Overnight services**



District Nursing

The service operates between 08:30 - 17.00, Mon- Fri Referrals for same/next day appointments need to be received by 16.30pm, Monday to Friday All referrals should be sent to the Brent DN SPA (Single Point of Access)

> Tel: 0208 102 3456 option 2 E-mail: CLCHT.BrentSPA@nhs.net

All referrals via SPA email with telephone numbers below for GP queries

Address

Centre

| Area |
|---------------------|
| Brent North Wembley |
| Matron: Angel Nduku |
| 07884752740 |

Wembley House 116 Chaplin Road. Wembley, Middx, HA0 4UZ

Chalkhill Primary Care

113 Chalkhill Road

Wembley HA9 9FX

Brent North Chalkhill Matron: Angel Nduku 07884752740

Brent South Harlesden

Matron: Kindy Kaur 07584 641897

Matron: Kindy Kaur

07584641897

07584641897

Hillside PC,150 Hilltop Avenue, London NW10 8RY

Willesden Centre for Brent South Willesden Health, London, NW10 3R

Brent South Kilburn Matron: Kindy Kaur **NW10 8RY**

Hillside Primary Care150 Hilltop Avenue,

Community Specialist Palliative Care South Brent – Pembridge

Operates: 08:30- 17:00 Mon-Sun Weekends and BH 09.00-17.00

Tel: 020 8102 5000 All referrals via SPA Email: CLCHT.spa.referral@nhs.net

Areas covered: include Harlesden, Willesden, Kilburn, Neasden south of north circular Brent, except the St Raphael's Estate)

Out of hours telephone Advice line operated between Mon-Fri 17.00 – 08.30 Weekends and BH 17.00 -09.00 Tel: 020 8102 5000

For any other Email correspondence clcht.pembridgeunit@nhs.net

Community Specialist Palliative Care North Brent - St Luke's

Operates: Mon- Sun 08:30- 16:30

Tel: 0208 382 8013 Out of Hours Tel: 020 8382 8000 calls will be taken by a nurse on via inpatient unit

Email: Lnwh-tr.referralsstlukes@nhs.net

Areas: Queensbury, Fryent, Welsh Harp, Barnhill, Kenton, Northwick Park, Preston, Sudbury, Wembley Central, Alperton, Tokyngton



Pembridge Hospice All Brent

Mon-Fri 08:30 -17.00

Tel: 020 8102 5399

Email:CLCHT.spa.ref

- Medical outpatients, inc. weekly specialist pain clinic
- Individual holistic assessments & treatment
- Supportive therapies i.e. bisphosphonates
- Palliative rehabilitation & enablement (OT & physio): exercise groups, falls prevention breathlessness Support for carers' burden
- Complimentary therapy including relaxation classes, massage, aromatherapy,
- Advance care planning
- Celebration events
- Facilitated patient peer support group
- Social work & counselling / bereavement

<u>St John's Hospice</u> <u>All Brent</u>

Mon-Fri (exc Wed) 09:00-16:00 Patients can be seen for outpatient consultations on Wednesdays.

Tel: 020 7806 4038

Email: Clccg.stjohnsreferrals @nhs.net stjohns.daycentre@nh

- Assessment and management of symptoms
- Psychological support & Social Support
 Respite for
- families and carers • Support with
- medication and palliative rehabilitation
- Members of the day centre MDT including nursing, physiotherapy, occupational therapy, medicine, social work and spiritual care
- Exercise Programme & Well-being groups
- Art Activities
- Podiatry clinic
- Social Interaction and peer supportComplimentary
- Therapies including massage, reiki, reflexology and acupuncture

Lymphoedema Mon-Fri 09:00-17:00 Tel: 0207 078 3815 1-week response

<u>Marie-Curie</u> Hampstead Hospice <u>All Brent</u>

Mon-Fri 09:00-17:00

Tel: 020 7853 3420 / 0207 853 3449

Email:

lat.outpatientunit.ham psteadhospice@nhs. net

- Assessment, management and monitoring of symptoms, which may include pain, breathlessness and fatigue
- Physiotherapy & Occupational therapy, Gym
- Dietician
- Psychologist
- Social work and Counselling for adults and children
- Art and music therapy & spiritual and religious care
- Complementary therapy – acupuncture, aromatherapy, craniosacral therapy. Massage, reflexology, relaxation, reiki and sound bath
- Carers clinic
 Emotional &
 - Emotional & practical support

<u>St Luke's Hospice</u> <u>North Brent</u>

Mon-Fri 09.00–16.30

Tel: 0208 382 8127

Email nhswlccg.wellbeingcnt r-stlukes@nhs.net

- Medical
 outpatien
- Individual
- assessment & treatments Physiotherapy -
- Physiotherapy exercise groups, falls prevention
- Supportive therapies clinici.e. bisphosphonates blood transfusions, bloods etc.
- reflexology, acupuncture and sound therapy.
- Day activities Art and Craft, Gardening, Social and creative activities, Biography
 Social work –
 - Emotional and practical support

Services provided at the hospices



Pembridge Hospice

Bereavement & Social work – only for those known to palliative care service Tel: 020 8102 5000

Education / meeting facilities Tel: 020 8102 5000 Email clcht.pembridgeunit@ nhs.net

<u>St John's Hospice</u>

Bereavement, Social Work Mon – Fri 09:00-17:00 Tel: 020 7078 3816

<u>Marie Curie</u> <u>Hospice</u> Hampstead

Bereavement support Only for those known to hospice

Education / meeting facilities Tel: 0800 090 2309 Email https://www.mariecu rie.org.uk/help/supp ort

St Luke's Hospice

Patient/Family Support Only for those known to the hospice.

Internal or external referral. Social Work and Bereavement service.

Mon-Fri 09.00-1700 Tel: :020 8382 8024

Education Email: Education@stlukeshospice.org 0208 382 8015

> www.stlukeshospice.org

Bereavement & Education

14.4 Ealing



Specialist Palliative Care

Meadow House Hospice

Telephone: Mon-Fri 0830-1630: 0208 967 5179

Telephone: Sat-Sun (&BH) 0900-1700: 0208 242 5817

Hospice Ward – 24 hr telephone support: 0208 967 5597 (Have access to 24/7 SPC Consultant on call)

Email: referralsmeadowhouse@nhs.net

Marie-Curie Rapid Response Service

Marie Curie Rapid Response for EOLC patients – for Ealing & Hounslow

7-day service 6pm-7am based at Meadow House Hospice

Telephone: 0208 967 5126

Rapid response for crisis intervention for terminal care, symptom management and verification of death

Marie Curie Overnight Nursing Service

7-day service 10pm-7am RN/HCA available

Referrals made via Local Clinical Coordination Centre: 0203 370 2208

Email: Mclondon.referrrals@nhs.net

One to one overnight nursing support for patients in their last few weeks of life

District Nursing Service

District Nurses

Mon-Sun 8-8pm

Base: Featherstone Road, Sycamore Lodge (temporary) and Greenford Green

Contact via ECP Referral hub: 0300 12345 44 email: ealingcommunity.referrals@nhs.net

Rapid Response

Mon-Sun 8-12pm (N.B Covid19 reduced opening, provides response provided for emergency referrals)

Base: Clayponds Hospital

Contact via ECP Referral hub (please call to make a referral): 0300 12345 44

14.5 Hammersmith and Fulham



Specialist Palliative Care: Inpatient Hospice

Pembridge Hospice (In patient unit suspended)

24/ hour 7 days a week clinical advice line and OOH access to on-call consultant

Telephone: 020 8102 5000

Email:Clcht.spa.referral@nhs.net or clcht.pembridgeunit@nhs.net

Royal Trinity Hospice

24/7 Hours clinical advice line OOH access to on-call consultant

Telephone: 0207 787 1062

Community Specialist Palliative Care

CNS Advice and visiting service

Pembridge Palliative Care Services Community Nursing Team (North)

Telephone: Mon-Fri 0830-17:00 0208 102 5383

Telephone: OOH 0208 102 5000

Royal Trinity Hospice (South)

Telephone: Mon-Sun 09:00 - 17:00 020 7787 1062

District Nursing Service

CLCHT H&F Day Team

Mon-Sun 08:00- 20:00

Referrals via SPA Telephone :Mon-Fri 09:00 -17:00 0208 102 5555 option 4

Email: clcht.spa@nhs.net

Telephone: Sat-Sun 9.00 -17.00 SPA Tel: 0208 102 5555 option 4 (Covid-19 response)

Mon-Sun OOH Night Service

Referrals and updates before 20.00 Telephone:0208 102 5500 and leave a voicemail message

Email: clcht.nightdistrictnursingteam@nhs.net

Referrals after 20.00 for the same night Telephone: 0208 102 5500

Referrals between 20.00 & 20.30 Telephone: 111 Tel: 0208 969 7777 or 111 Do NOT leave message after 20.00 for same night referrals

| North West Long | don |
|--|---------|
| Specialist Palliative Care: Inpatient Hospice | tem |
| St Luke's Hospice (Inpatient unit 12 beds) | iù care |
| Admissions/advice | |
| Referrals: Mon-Fri 9.00 – 16.00 Sat/Sun pre-planned admissions of known patients 9:00-15:00 | |
| For urgent admissions contact the Hospice Services Navigator Telephone: 07593 135 303 OOH Telephone: 0208 382 8046 Email: <u>LNWH-tr.referralsstlukes@nhs.net</u> | |
| Hospice at Home (14 days' intensive palliative care) | |
| Telephone Mon-Fri 9.00 to 5pm: 0208 382 8020/8050 Email:haroccg.hospiceathomestlukes@nhs.net | |
| 24/7 advice Pall24 Helpline for North Brent and Harrow | |
| Telephone: 03000 200 224 | |
| Email: haroccg.palliativehelpline@nhs.net | |
| | |
| Community Specialist Palliative Care | |
| CNS, Therapists and Consultants Advice and visiting service | |
| | |

Harrow Community Palliative Care Team (LNWHT)

Telephone: Mon-Fri 08:30-16:30 0208 382 8084

District Nursing Service

Harrow District Nursing Service (CLCH)

Routine monitoring tasks & syringe drivers

Telephone: Mon-Fri 08:00-20:00, Sat & BH 08:00-16:00 0300 555 8889 (option 3)

Rapid Response Team: (7/7) For prn sc medication

Telephone: Mon-Fri 08:00-20:00 0300 555 8889 (option 2)

Night Nursing Service (7/7)

Telephone: Mon-Fri 20.00-08.00 07785 632 821



and care

Specialist Palliative Care: Inpatient Hospice

Michael Sobell House (MSH) including Harlington Hospice

Medical advice via inpatient team (24/7):

IN HOURS

Advice from Hospice medical team Telephone: 020 8106 9208

Visiting available via Hillingdon Community SPC Nursing Team and YLL 24/7 – see below

OOH

Advisory only - inpatient nurses and on-call consultant

Palliative overnight visiting service via Your Life Line (YLL) 24/7

Telephone: Mon – Sun 24/7 hours 0203 824 1268

Email: nhsnwlccg.mshreferrals@nhs.net

Community Specialist Palliative Care

Hillingdon Palliative Care Nursing Team (CNWL)

Each GP practice has their own named CNS. Triage CNS manages calls and referrals each day They have the option to escalate to consultants if needed.

Telephone: Mon-Fri (exc. bank holidays) 08:00-16:30 0189 548 5235

Your Life Line (YLL) 24/7 (CNWL)

Single point of contact phone line manned by specialist palliative care nurse (CNS) for end of life advice to professionals, <u>known</u> patients, and family and care givers.

Both 111 and 999 LAS have a direct pathway into the service if they find patients in need.

OOH Phone advice and visiting service overnight to <u>known</u> patient's home (including care homes)

YLL nurses have access to on-call support from palliative medical consultant (same rota as MSH Advice line).

Telephone: Mon-Sun & BH 0800 328 5697

District Nursing Service

Hillingdon District Nursing Service (CNWL)

Telephone: Mon-Fri 08:00-0030 0189 548 6127

14.8 Hounslow



Specialist Palliative Care In Patient

Meadow House Hospice

Telephone: Mon-Fri 0830-1630: 0208 967 5179

Telephone: Sat-Sun (&BH) 0900-1700: 0208 242 5817

Hospice Ward – 24 hr telephone support: 0208 967 5597 (Have access to 24/7 SPC Consultant on call)

Email: referralsmeadowhouse@nhs.net

Marie-Curie Rapid Response Service

Marie Curie Rapid Response for EOLC patients – for Ealing & Hounslow

7-day service 6pm-7am based at Meadow House Hospice

Telephone: 0208 967 5126

Rapid response for crisis intervention for terminal care, symptom management and verification of death

Marie Curie Overnight Nursing Service

7-day service 10pm-7am RN/HCA available

Referrals made via Local Clinical Coordination Centre **Telephone: 0203 370 2208**

Email: Mclondon.referrrals@nhs.net

One to one overnight nursing support for patients in their last few weeks of life

District Nursing Service

Community/ District Nursing 24/7(HRCHT)

Telephone: Mon-Sun 07:00-19:00: 0208 744 9414

Night Service/ Careline Telephone: Mon-Sun 19:00-07:00 : 0845 600 7413

14.9 Kensington & Chelsea (West London) & Westminster (Central London)

Specialist Palliative Care: Inpatient Hospice

Pembridge Hospice (In patient unit suspended) 24/ hour 7 days a week clinical advice line and OOH access to on-call consultant

Tolophono: 020 8102 5000



Community Specialist Palliative Care

CNS Advice and visiting service

Pembridge Palliative Care Services Community Nursing Team (North)

Telephone: Mon-Fri 0830-17:00 0208 102 5383

Telephone: OOH 0208 102 5000

Royal Trinity Hospice (South)

Telephone: Mon-Sun 09:00 – 17:00 020 7787 1062

St John's Hospice

Telephone: Mon-Sun 08:30 -16:30: 020 7806 4040, Weekends/ BHs on-call rota

District Nursing Service

K&C or Westminster Day Service Mon-Sun 08:00- 20:00

Referrals via SPA Telephone :Mon-Fri 09:00 -17:00 0208 102 5555 option 4

Email: clcht.spa@nhs.net

Telephone: Sat-Sun 9.00 -17.00 SPA Tel: 0208 102 5555 option 4 (Covid-19 response)

Mon-Sun OOH Night Service

Referrals and updates before 20.00 Telephone:0208 102 5500 and leave a voicemail message

Email: clcht.nightdistrictnursingteam@nhs.net

Referrals after 20.00 for the same night Telephone: 0208 102 5500

Referrals between 20.00 & 20.30 Telephone: 111 Tel: 0208 969 7777 or 111

Do **NOT** leave message after 20.00 for same night referrals

INTO LUNUUN CIINICAI INELWOIKS DELEAVEINENL SELVICES LEANEL

For Local Bereavement Services refer to the Hospice website

15.

16. CONTRIBUTORS



St Luke's Hospice, Harrow Pembridge Palliative Care Centre, CLCH NHS Trust St Johns Hospice, London Meadow House Hospice, London Michael Sobell House Hospice Royal Trinity Hospice, London Marie Curie LNWHT Palliative and End of Life Care team Imperial Healthcare NHS Trust Specialist Palliative Care Team Royal Free NHS Trust Specialist Palliative Care Team CNWL, Hillingdon Specialist Palliative Care Team Brent & Harrow LPC KCW LPC GP OOH LCW and Practice Plus

17. ACKNOWLEDGMENTS

NHS Camden CCG

18. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment and Quality Impact Assessment have been completed, there was no negative impact identified for the protected groups.

19. RESOURCES

- 1. <u>BMA Focus on anticipatory prescribing for end of life care</u> (accessed 17.03.2020)
- 2. <u>Scottish Palliative Care Guidelines</u> (accessed 17.03.2020)
- 3. Twycross R, Wilcock A (2017) Palliative Care Formulary 6th Edition www.palliativedrugs.com
- 4. <u>RM Partners West London Cancer Alliance</u> (accessed 17.03.2020)
- 5. NICE Guideline (NG31) Care of the Dying Adult in the last days of life (2015)
- 6. <u>RMOC London: Palliative Care and End of Life Care MAAR chart</u>

20. FEEDBACK AND QUERIES

For further information about this pack please contact <u>nhsnwlccg.endoflife@nhs.net</u>.

APPENDIX 1: PAN-LONDON SYMPTOM CONTROL MEDICATION AUTHORISATION

(MAAR) CHART (EMIS and SystmOne Auto-populating Template available in NWL resource publisher)

1. 'AS REQUIRED' (PRN) SUBCUTANEOUS INJECTIONS AUTHORISATION AND ADMINISTRATION CHART V4

Working together for better health and car

IHS

Please indicate here if there is more than one 'As required' authorisation and administration chart in use This document should remain with the patient. These charts are only for injectable medicines. Tick this box if another Community Drug Chart is in use e.g. for Patches, Enemas etc. 🗌 Authorising clinician name and GMC/NMC/GPhC number: Palliative Care Team Contact Details: AHOSPICE A Clinician GMC No 8910 **Allergies and Adverse Reactions Patient Information** Patient Name: A Patient No Known Allergies: Known Allergies I If required, seek source of allergy List Medicine/Substance and Reaction: NHS No: 1234 Penicillin - Rash D.O.B 28.03.1946 Weight (for children): Print, Sign & Date: A Clinician A.Clinician 19.02.2022

Check if there is an analgesic transdermal patch: $Y \square N \square$ Drug name:

Dose:

NB: Max 24hour dose below = *PRN medications only* (i.e. does not include medication administered via syringe pump)

| Pain +/or Breathlessness | | Date: | | | | | | | |
|---|---|-------|---------------|------------|--|--|--|--|--|
| Medication: : Morph Injection 10mg/1ml | ine Sulfate | Time: | | | | | | | |
| Date: 19.02.2022 Dose Range: 2.5mg to 5mg | Max 24hour dose: 60mg Authoriser sign & | Dose: | | | | | | | |
| (0.25ml to 0.5ml) Frequency: 1 to 4 hourly | print: A Clínícían A.Clinician | Sign: | | | | | | | |
| Nausea / Vomiting | g | Date: | | | | | | | |
| Medication: Haloper 5mg/1ml | idol Injection | Time: | | | | | | | |
| Date: 19.02.2022 Dose Range: 0.5mg to 1.5mg (0.1ml to 0.3ml) | Max 24hour dose: 5mg Authoriser sign & print: <i>A Clínicían</i> | Dose: | | | | | | | |
| Frequency: 8 hourly | A.Clinician | Sign: | | | | | | | |
| Agitation / Distres | SS | Date: | | | | | | | |
| Medication: Midazol 10mg/2ml | am injection | Time: | | \bigcirc | | | | | |
| Date: 19.02.2022 Dose Range: 2.5mg to 5mg | Max 24hour dose: 60mg | Dose: | \mathcal{O} | | | | | | |
| (0.5ml to 1ml) Frequency: 2 to 4 hourly | Authoriser sign & print: <i>A Clínícian</i> A.Clinician | Sign: | | | | | | | |
| Respiratory secre | tions | Date: | | | | | | | |
| Medication: Glycopy Injection 200 microgr | vrronium Bromide rams /1ml | Time: | | | | | | | |
| Date: 19.02.2022 Dose Range: 200 micrograms to | Max 24hour dose:1200 micrograms Authoriser sign & | Dose: | | | | | | | |
| 400 micrograms (1ml to 2ml) Frequency: 6 to 8 hourly | print: A Clínician A.Clinician | Sign: | | | | | | | |
| Other indication: | | Date: | | | | | | | |
| Medication: | | Time: | | | | | | | |
| Date: Dose Range: | Max 24hour dose: | Dose: | | | | | | | |
| Frequency: | Authoriser sign & print: | Sign: | | | | | | | |

2. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION (SYRINGE PUMP)



AUTHORISATION CHART V4

NB: If more than one syringe pump is being used at the same time, please use a separate Authorisation Chart for each pump, and indicate here:

| | | Pump (insert no) of (insert no) | | | | | | | |
|---------------------|---|--|---|--|--|--|--|--|--|
| | hould remain with the patient. These c nother Community Drug Chart is in use | harts are only for injectable medicines. e e.g. for Patches, Enemas etc. 🔲 | | | | | | | |
| | eam Contact Details: | Authorising clinician name and GMC/NMC/GPhC number: A Clinician GMC No 8910 | | | | | | | |
| | Patient Information | Allergies and Adverse Reactions | | | | | | | |
| Patient Name: A.P | Patient | No Known Allergies: 🗌 Known Allergies 🗹 | | | | | | | |
| NHS No: 1234 | | If required, seek source of allergy List Medicine/Substance and Reaction: | | | | | | | |
| D.O.B 23.03.1946 | | Penicillin - Rash | | | | | | | |
| Weight (for childre | n): | Print, Sign & Date: A Clinician A.Clinician 19 | 9.02.2022 | | | | | | |
| Check if there | is an analgesic transdermal pa | ntch: Y 🗆 N 🗆 Drug name: | Dose: | | | | | | |
| Pain and / or Br | eathlessness | | | | | | | | |
| Date: 19.02.2022 | Medication: Morphine Injection 10mg/ml | Dose range: 5mg to 30mg (over 24 hours) | Authoriser sign & print: A.Clínician A Clinician | | | | | | |
| Nausea / Vomiti | ng | | | | | | | | |
| Date: 19.02.2022 | Medication: Haloperidol 5mg/1ml | Dose range: 1mg to 5mg (over 24 hours) | Authoriser sign & print: A.clínician A Clinician | | | | | | |
| Agitation / Distr | ess | | | | | | | | |
| Date: 19.02.2022 | Medication: Midazolam Injection 10mg/2ml | Dose range: 10mg to 30mg (over 24 hours) | Authoriser sign & print: A.clínician A Clinician | | | | | | |
| Respiratory trac | t secretions | | | | | | | | |
| Date: | Medication: | Dose range (over 24 hours): | Authoriser sign & print: | | | | | | |
| Other medicatio | on – specify indication here: | | | | | | | | |
| Date: | Medication: | Dose range: (over 24 hours) | Authoriser sign & print: | | | | | | |
| Other medicatio | n – specify indication here: | | | | | | | | |
| Date: | Medication: | Dose range: (over 24 hours) | Authoriser sign & print: | | | | | | |
| Diluent | 1 | 1 | I | | | | | | |
| Date: 19.02.2022 | Diluent: Water for injection | | Authoriser sign & print: A.Clínician A Clinician | | | | | | |

3. CRISIS/EMERGENCY AND REGULAR INJECTIONS AUTHORISATION AND ADMINISTRATION CHART



V4

This document should remain with the patient.

| These charts are only for inject If more than one syringe pump | | | | - | - | | - | Patches, | Enemas | etc. 🗆 | | |
|---|------------------|----------------------------|---|-----------------|----------|------------------------|-----------------|----------|------------------------|-----------------|----|--|
| Palliative Care Team Contact D | etails: | Au | Authorising clinician name and GMC/NMC/GPhC number: | | | | | | | | | |
| | | | | | | | | | | | | |
| Patient Infor Patient Name: | mation | No | Known A | lergies: 🛛 | Allergi | es and Ad | Known Al | | | | | |
| lf | | lf r | equired, s | eek source o | | | KIIUWII AI | | | | | |
| NHS No: | | Lis | t Medicine | /Substance | and Reac | tion: | | | | | | |
| D.O.B | | | | | | | | | | | | |
| Weight (for children): | | Pri | Print, Sign & Date: | | | | | | | | | |
| | | | | | | | | | | | | |
| | RISIS / EMERGENC | r SUBCI | | | | 1 | | | | | | |
| Indication: | | | Admir record | istration I: | | Admir record | histratio I: | n | Admin record | histratio I: | on | |
| Medication: | | | Date: | | | Date: | | | Date: | | | |
| | | | Time: | | | Time: | | | Time: | | | |
| Dose: | Route: | | Dose: | | | Dose: | | | Dose: | | | |
| Max 24hour dose: | Frequency: | | _ | | | | | | | | | |
| Authoriser sign, print & date: | | | Sign: | | | Sign: | | | Sign: | | | |
| Indication: | | | Administration record: | | | Administration record: | | on | Administration record: | | 'n | |
| Medication: | | | Date: | | | Date: | | | Date: | | | |
| | | $\boldsymbol{\lambda}$ | Time: | | | Time: | | | Time: | | | |
| Dose: | Route: | | Dose: | | | Dose: | | | Dose: | | | |
| Max 24hour dose: | Frequency | | _ | | | | | | | | | |
| Authoriser sign, print & date: | | | Sign: | | | Sign: | | | Sign: | | | |
| | RI | EGULAR | DOSE S | UBCUTA | NEOUS I | NJECTIC | NS | | | | | |
| Indication: | | Date: | | | | | | | | | | |
| Medication: | | mes | | | | | | | | | | |
| Dose: | | on tir | | | | | | | | | | |
| Authoriser sign, print & date: | | Enter administration times | | | | | | | | | | |
| | | minis | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | Ente | | | | | | | | | | |
| Indication: Date: | | | | | | | | | | | | |
| Medication: | | mes | | | | | | | | | | |
| Dose: | Dose: | | | | | | | | | | | |
| Authoriser sign, print & date: | | administration times | | | | | | | | | | |
| | | minis | | | | | | | | | | |
| | | er ad | 1 | | | | | | | | | |
| | | Enter | | | | | | | | | | |

4. CONTROLLED DRUG STOCK BALANCE CHART V4

| Patient Name: | Controlled Drug name: | |
|---------------|-----------------------|-----------|
| DOB: | Form: | Strength: |
| NHS Number: | Page no: | |

| | | Opening | | Stock received | | | Medication ad | ministered | | Closing | |
|------|-------------------------|--|---|----------------------------|----------------|--|---|--------------|----------------|--|--------------|
| Date | Time (24hr clock) | stock balance (no. of ampoules) | Stock received (no. of ampoules) | Batch number | Expiry Date | Dose given (milligram / microgram) | Amount wasted (milligram / microgram | Batch number | Expiry date | stock balance (no. of ampoules) | Sign & print |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | X | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | Closing sto | ck balance transfe | erred to new balan | ce page no | | | | | Sign & print: | | |
| | | ck balance dispos | ed of – enter deta | ils of disposal in patient | notes. | | | | Sign & print: | | |



5. NON- CONTROLLED DRUG STOCK BALANCE CHART V4

NHS

| Patient N | lame: | | | | | | Non-Cont | rolled Drug n | ame: | | | | | | |
|-----------|-------------------------|--|---|---------------------------|--------|-----|-----------------------------------|---|--------------|----------------|--|--------------|--|--|--|
| DOB: | | | | | | | Form: | | | Strength | : | | | | |
| NHS Nur | nber: | | | | | | Page no: | | | | | | | | |
| | | Opening | | Stock received | | | | Medication ad | ministered | | Closing | | | | |
| Date | Time (24hr clock) | stock balance (no. of ampoules) | Stock received (no. of ampoules) | Batch number Expiry (| | (mi | se given lligram / crogram) | Amount wasted (milligram / microgram | Batch number | Expiry date | stock balance (no. of ampoules) | Sign & print | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | 0 | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | X | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | 0 | | 0 | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | k balance transfe | rred to new balan | ce page no | | | | | | Sign & print: | | | | | |
| | OR | | | | | | | | | Sign & print: | | | | | |
| | Closing stoc | k balance dispos | ed of – enter detai | Is of disposal in patient | notes. | | | | | oigir a print. | | | | | |

If you discover an error or discrepancy, please ensure you report in line with local policies and procedures



6. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP ADMINISTRATION RECORD AND CHECKLIST V4

This desument should remain with the notiont

| | | | 11113 0 | locume | | | | c patier | π. | | | | | | | | |
|--|---------------------|---------------------|---------|--------|-------------------------------------|--------------|----------|----------|----------------------------|--------------|--|---|-------------------------------------|----------------------------|--|--|--|
| Patient name: | | | | | | DOB: | | | | | | | | | | | |
| NHS number: | | | | | | SERI | AL NO. (| on pum | o: | | | | | | | | |
| 1.Set up pump | | | | | | 1 | | | | | | | | | | | |
| Start Date | | | | | | | | | | | | | | | | | |
| Start Time | | | | | | | | | | | | | | | | | |
| Battery life remaining % | | | | | | | | | | | | | | | | | |
| Volume to be infused (mL) | | | | | | | | | | | | | | | | | |
| Rate set mL/hr | | | | | | | | | | | | | | | | | |
| Infusion site | | | | | | | | | | | | | | | | | |
| Syringe size and Brand Time infusion to finish | | | | | | | | | | | | | | | | | |
| (hrs/mins) | | | | | | | | | _ | | | | | | | | |
| Tick box to confirm additive label attached to syringe | | | | | | | | | | | | | | | | | |
| 2. Contents of syringe | | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | | |
| Medication | | | | | | | | | | | | | | | | | |
| | Dose: | | | | Dose | : | | | Dose: | | | | Dose: | | | | |
| | Batch n | | | | Batch | | | | Batch no.: Expiry Date: | | | | Batch no.: Expiry Date: Dose: | | | | |
| | Expiry [Dose: | Date: | | | Expir | y Date: | | | | | | | | | | | |
| | Batch n | 0.: | | | Batch | - | | | Dose: Batch | | | | Batch no.: Expiry Date: | | | | |
| | Expiry [| | | | | y Date: | | | | Date: | | | | | | | |
| | Dose: | | | | Dose | Dose: | | | | | | | Dose: Batch no.: | | | | |
| | Batch n | | | | Batch no.: Expiry Date: Dose: | | | | Batch | | | | | | | | |
| | Expiry [| Jate: | | | | | | | Expiry Date: Dose: | | | | Expiry Date: Dose: | | | | |
| | | Dose: Batch no.: | | | | Batch no.: | | | | Batch no.: | | | | no.: | | | |
| | Expiry [| Date: | | | Expiry Date: | | | | Expiry Date: | | | | Expiry Date: | | | | |
| | Dose: | Dose: | | | | Dose: | | | | Dose: | | | | Dose: | | | |
| | Batch n Expiry [| | | | | Batch no.: | | | | Batch no.: | | | | Batch no.: Expiry Date: | | | |
| Sign and print: | Слрпу Г | Jaie. | | | Lvbi | Expiry Date: | | | | Expiry Date: | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| 3. Check pump while in use | | | | | 1 | | | | | | | | | | | | |
| 3. Check pump while in use Time | | | | | | | | | | | | | | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) | | | | | | | | | | | | | R | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) Battery life remaining % | | | | | | | | | | | | | K | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) | | | | | | | | | | | | | | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) Battery life remaining % Spare battery available? | | | | | | | | | | | | | | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) Battery life remaining % Spare battery available? (yes/no) | | | | | | | | | | | | | | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) Battery life remaining % Spare battery available? (yes/no) Rate on display pad (mL/hr) | | | | | | | | | | | | | | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) Battery life remaining % Spare battery available? (yes/no) Rate on display pad (mL/hr) Volume to be infused (mL) Visual volume checked | | | | | | | | | 2 | | | | | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) Battery life remaining % Spare battery available? (yes/no) Rate on display pad (mL/hr) Volume to be infused (mL) Visual volume checked (yes/no) | | | | | | | | | 2 | | | R | | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) Battery life remaining % Spare battery available? (yes/no) Rate on display pad (mL/hr) Volume to be infused (mL) Visual volume checked (yes/no) Volume infused | | | | | | | | | 2 | | | | | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) Battery life remaining % Spare battery available? (yes/no) Rate on display pad (mL/hr) Volume to be infused (mL) Visual volume checked (yes/no) Volume infused Time remaining (hrs/mins) Syringe line & contents clear? | | | | | | | | | 2 | | | | | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) Battery life remaining % Spare battery available? (yes/no) Rate on display pad (mL/hr) Volume to be infused (mL) Visual volume checked (yes/no) Volume infused Time remaining (hrs/mins) Syringe line & contents clear? (yes/no) Is the infusion site condition | | | | | | | | | | | | | | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) Battery life remaining % Spare battery available? (yes/no) Rate on display pad (mL/hr) Volume to be infused (mL) Visual volume checked (yes/no) Volume infused Time remaining (hrs/mins) Syringe line & contents clear? (yes/no) Is the infusion site condition okay? (yes/no) | | | | | | | | | 2 | | | | | | | | |
| 3. Check pump while in use Time Battery light flashing Green? (yes/no) Battery life remaining % Spare battery available? (yes/no) Rate on display pad (mL/hr) Volume to be infused (mL) Visual volume checked (yes/no) Volume infused Time remaining (hrs/mins) Syringe line & contents clear? (yes/no) Is the infusion site condition okay? (yes/no) Keypad locked (✓) | | | | | | | | | | | | | | | | | |

An editable version is hosted by <u>RMOC London: Palliative and End of Life MAAR chart</u>. EMIS template for auto-populating is also available via resource publisher