

**Resource checklist for all discharges for dying patients or patients thought to be appropriate for
'Just in Case' medications**

In the case of any uncertainty or concerns, please contact Palliative Care Team at ANY TIME
From within Acute Trust CGH x3447, GRH x5179 OOH via Switchboard
From outside Trust via Gloucestershire Hospitals switchboard 03004222222

Please Provide Medications and Basic Equipment

Please prescribe these new 'Just in Case' medications **in addition** to the original 4 medications (see below)

New additions:

1. Oramorph (or alternative opioid if indicated) 2.5-5mg prn po hourly max, supply 100ml (2mg/ml) for pain and breathlessness.
2. Lorazepam 0.5-1mg prn hourly max, sublingual, max 4mg/24hrs, supply 28 tablets, for anxiety and breathlessness
3. Midazolam 2.5mg oromucosal route, prn hourly max, supply 4 prefilled syringes – for agitation and breathlessness in dying phase

These new JIC do not need to be written on the white drug chart

Original package

1. Midazolam 2.5-5mgs SC 30 mins PRN (Supply 10 (ten) ampoules)
2. Levomepromazine 6.25mgs SC 4hrly PRN (Supply 1 box)
3. Glycopyrronium 200mcg SC hourly PRN Max 2.4mg/24hrs (Supply 2 boxes)
4. Morphine 2.5-5mgs SC hourly PRN (Supply 10 (ten) ampoules 10mg strength)

These do need to be written on a white drug chart.

From ward supplies please also provide 5x 2ml syringes, 5 subcut needles (orange) and 5 draw up needles (red), 3 pairs of gloves

Please Provide These Documents

1. Just in case medication information sheet Just in Case Patient BUCCAL LORAZEPAM Practical-Care-For-D
Guide new oral meds MEDICATION ADMINI ying-Person-Toolkit.p
2. How to administer buccal lorazepam information sheet
3. Practical care for dying person toolkit sheet
4. Completed ReSPECT form
5. White drug chart completed as above

Additionally make sure

- I. Patient / Family/Carers – fully understand the situation and make sure they have contact numbers for Out of Hours district nurses. Please manage expectations that services may be limited, but emphasis to phone if concerned to District nurses, own doctors surgery or NHS111
- II. Refer to District Nursing service – via telephone. Numbers attached
- III. GP – usual discharge information **and** ensure they add ReSPECT details to Summary Care Record with Additional Information

Community Nursing
Contact Numbers.doc