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CLINICAL PROTOCOL FOR THE PALLIATIVE CARE MEDICATION MINI KIT

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INTRODUCTION

One of the primary goals of the WRHA Palliative Care Program is to enable patients to comfortably remain at home, if desired, until the end of life. The Palliative Care Medication Mini Kits (PCMMK) were designed to directly support this goal. These kits provide a patient with medications which may be helpful in alleviating common symptom issues at end of life. A sudden change or escalation of symptoms may require changes in medication requirements, routes of administration and immediate access to a pharmacy to obtain medications.^{1,2} In the past, this has been difficult to achieve in the home setting. These factors, along with poor symptom control, have resulted in unplanned crisis admissions to hospital. Recent research has shown that having access to PCMMK in the home can avert unnecessary hospitalizations.³ Symptoms can be more aggressively managed with the immediate availability and administration of appropriate medications when the oral route is compromised.

The Palliative Care Medication Mini Kit is a secured locked box containing enough medications for approximately 12-24 hours. The PCMMK is designed to provide an easy and “low-tech” method to administer medication when the oral route is compromised for palliative care patients. This provides enough medication until a prescription can be filled by a pharmacy or the patient’s symptoms can be stabilized prior to transport to a palliative care unit. The fifteen PCMMK available for use in the home are accessible only by the WRHA palliative care program staff. The kit is intended for patients registered with the WRHA Palliative Care program who are nearing end of life and who are anticipating a death at home.

PURPOSE

The purpose of this protocol is to provide information about:

- Medications included in the kit
- Obtaining the kit
- Using the kit
- Returning the kit
- Documentation required

KEY POINTS

1. The PCMMK must be locked at all times.
2. Medications included in the PCMMK were selected on the basis of their versatility in addressing more than one symptom, and ability to simplify administration of medications for family or other health care professionals unfamiliar with the subcutaneous route.³
3. The following medications and rationale for their selection are included in the kit:
 - Note that the **injectable formulations** can be administered orally, sublingually, buccally or subcutaneously.
 - There are 5 oral 1 mL syringes included in the PCMMK. Please note blunt fill needles are not included in the mini kit.

- Should medications require subcutaneous administration, the community nurse must bring subcutaneous equipment with him/her to initiate this in the home. These supplies are not included in the PCMMK.

Medication	Amount	Rationale
Morphine 50 mg/mL Injectable	3 x 1 mL ampules	<ul style="list-style-type: none"> • Primary opioid used in management of pain or dyspnea^{4,5}
Hydromorphone (Dilaudid®) 10mg/mL Injectable	3 x 1 mL ampules	<ul style="list-style-type: none"> • Hydromorphone is a morphine derivative approximately five times more potent than morphine⁵ • Its higher concentration allows lower volumes to be administered orally, sublingually or buccally⁵
Methotrimeprazine (Nozinan®) 25mg/mL Injectable	3 x 1 mL ampules	<ul style="list-style-type: none"> • Low-potency neuroleptic⁵ • It is used as a sedative and anti-nauseant⁴ • It has also been helpful for dyspnea and has analgesic properties
Lorazepam (Ativan®) 1mg sublingual tablets	6 tabs	<ul style="list-style-type: none"> • Used for anxiety and sedation • Also anticonvulsant⁵
Scopolamine (Hyoscine Hydrobromide) Transdermal gel 0.25/0.1 mL	3 x 1mL	<ul style="list-style-type: none"> • This Transdermal gel is used to manage oral and/or respiratory secretions⁴ • Can also be helpful for nausea /vomiting where vestibular pathway is affected • Gel preparation allows for rapid onset of action

PROTOCOL

Obtaining the Kit

The placement of the PCMMK can be initiated by the following WRHA Palliative Care Program staff:

- Palliative Care Program Physicians, and Palliative Care Fellows
- Palliative Care Community Nurses, in consultation with the Palliative Care Coordinator
- Palliative Care Coordinators
- Palliative Care Clinical Nurse Specialists



1. **Each client situation must be assessed for safety prior to ordering a PCMMK. A PCMMK will not be placed in a patient's home if there is a SAFT (Safety Assessment Form Tool) plan in place indicating a history or risk of substance abuse or aversion or where it is unsafe to visit this address on evenings or nights.**
2. A member of the palliative care team will assess the patient and determine the need for the PCMK.
Indications:
 - Patient is nearing end of life
 - No opportunity to have medications prescribed to meet anticipated symptoms at end of life.
3. A PCMMK can be obtained Monday to Friday (8:30 – 16:30) by contacting the patient's Palliative Care Coordinator.
4. The Palliative Care Coordinator will determine if a PCMMK is available.
5. The Palliative Care Coordinator will complete the Palliative Care Medication Mini Kit Request Form (Appendix A) and fax it to Taché Pharmacy (Fax number: 231-1739). This form will be kept in the coordinator's client file.
6. Families should be encouraged to pick up the Palliative Care Medication Mini Kit from Taché Pharmacy. If this is not possible, the Palliative Care Coordinator will designate appropriate delivery time for courier service to deliver kit on the request form. Taché Pharmacy contacts the courier to deliver the kit to the patient's home.
7. The Palliative Care Community Nurse will document on the nursing care plan and medication list that there is a PCMMK in the home, the location of the PCMMK, and the individual responsible (including contact information) for returning the PCMMK to Taché Pharmacy when it is no longer required. Advise the Palliative Care Coordinator of this person's name and contact information.

Using the Kit

1. The combination to open the PCMMK will be provided to the WRHA Palliative Care Community Nurses upon orientation.
2. The Palliative Care Physician on-call must be contacted prior to opening the PCMMK to obtain orders to administer medications. Monday to Friday 0830 – 1630, the Palliative Care Community Nurse will obtain orders by speaking the patient's Palliative Care Coordinator and the Coordinator will contact the Palliative Care Physician. To obtain orders after hours, holidays and weekends, a Palliative Care Physician can be paged through St. Boniface paging at 237-2053.



3. The mini-kit is designed for short-term use. If it is anticipated that there will be a need for on-going medications, the nurse will need to request a prescription.
4. All orders obtained must be written on the client's record of medications and the Confirmation of Medications & Treatments order sheet where it will be faxed to the WRHA Palliative Care Program to be signed by the Palliative Care Physician at a later date (Fax Number: 237-9162).
5. All medications removed from the kit must be recorded on the Palliative Care Medication Mini Kit Utilization Form (Appendix B). This form is located inside the PCMMK and is to be stored inside the PCMMK at all times.
6. Medications administered by the nurse from the PCMMK must be documented on the Scheduled Medication Record located in the patient's medical record.
7. Prior to administering medications from the PCMMK, the nurse will teach the family regarding symptom management and medication(s) utilized, as required.
8. Based on the Palliative Care Community Nurse's assessment, medications may be administered by the family once the nurse has provided teaching. Medications pre-drawn by the nurse will be documented as such on the Scheduled Medication Record. The nurse will need to clearly label each syringe with the name of the medication, dose, date and nurse's signature and route.
9. Palliative Care Medication Mini Kit Data Collection Form must be completed (Appendix C) and left in the locked mini-kit.

Note: Each time the PCMMK is accessed to obtain medications, a Palliative Care Medication Mini Kit Data Collection Sheet is to be completed (Appendix C). Depending on the number of times the PCMMK is accessed for medications, more than one data collection sheet may be filled out by the nurses for one patient.

10. Unused medications and medications for which there is no physician's order must remain locked in the Palliative Care Medication Mini Kit.

Returning a Used Kit

1. Once the Palliative Care Medication Mini Kit has been opened, it can remain in the patient's home until it is no longer required.
2. The PCMMK will remain locked at all times when not in use.



3. When the PCMMK is no longer required, the family will be asked to return the PCMMK to Taché Pharmacy. If this is not possible, the Palliative Care Coordinator will arrange for the Palliative Care Program's contracted courier to pick the used PCMMK from the home.
4. Taché Pharmacy will complete the Palliative Care Medication Mini Kit request form by indicating the name of the individual that returned the kit.
5. Taché Pharmacy will retrieve the Palliative Care Medication Mini Kit Utilization Forms and the Palliative Care Medication Mini Kit Data Collection Sheets. These will be faxed to the WRHA Palliative Care Program. The Mini-kit Utilization forms will be used to reconcile the drugs remaining in the kit with those used. Discrepancies will be sent to the WRHA Palliative Care Team Manager for review.
6. The WRHA Palliative Care Program, in conjunction with Taché Pharmacy, will maintain an electronic record of the number of kits dispensed and available for use on a weekly basis.

Other Pertinent Information

1. The Palliative Care Coordinator will inform the Palliative Care Program Administrative Secretary when a PCMMK is being requested.
2. The Palliative Care Program Administrative Secretary will keep an electronic record of the patients in the community who have PCMMK (Appendix D). The Administrative Secretary will fax a copy to Taché Pharmacy. One of the pharmacists will review and confirm with the Administrative Secretary community patients' assigned a PCMMK.
3. The Palliative Care Program Administrative Secretary will forward via email the electronic record of patients with a PCMMK to the Palliative Care Program Team Manager and the Palliative Care Coordinators on a weekly basis.
4. If medications in the home PCMMK have expired, Taché Pharmacy will notify the patient's WRHA Palliative Care Coordinator. The WRHA Palliative Care Coordinator will notify the patient / family that the PCMMK will need to be exchanged at Taché Pharmacy.
5. Taché Pharmacy faxes a request for prescription to the WRHA Palliative Care Program Office for all opioids used from the PCMMK. The prescriptions are then written and returned to Taché Pharmacy by the WRHA Palliative Care Medical Director or delegate.
6. **In the even a PCMMK has gone missing, the WRHA Palliative Care Program Team Manager must be notified immediately.**

REFERENCES

1. Seidel R, Sanderson C, Mitchell G, Currow, D.C. Until the chemist opens – Palliation from the doctor's bag. *Australian Family Physician* 2006; 35:225-231.
2. Yennurajalingam S, Zhang T, Bruera E. The impact of the palliative care mobile team on symptom Assessment and medication profiles in patients admitted to a comprehensive cancer center. *Support Care Cancer* 2007; 15:471-475.
3. Wowchuk, S, Wilson A, Embleton L, Garcia M, Harlos M, Chochinov, H M. (2009). The palliative Medication kit: An effective way of extending care in the home for patients nearing death. *Journal of Palliative Medicine* 2009; 9:797-803.
4. Harlos M. Anticipating and preparing for predictable clinical challenges in the medical care of the terminally ill person wishing to die at home 2002; Accessed at http://www.palliative.info/resource_material/Home_Death.pdf
5. Hospital Pharmacists' Special Interest Group in Palliative Care. Care beyond cure: Management of Pain and other symptoms
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Appendix A

Palliative Care Program
Programme des soins palliatifs
A8018 – 409 Taché Ave
Winnipeg, Manitoba
R2H 2A6 Canada
Phone: (204) 237-2400
Fax: (204) 237-9162

Palliative Care Medication Mini Kit Request Form

For Palliative Care Coordinator Use Only:

PATIENT NAME _____

ADDRESS _____

PHONE# _____ DOB _____ PHIN# _____

PALLIATIVE CARE COORDINATOR _____

DATE _____

Kit Transportation Arrangements:

(Please check one):

1. Will Pick-up _____

2. Courier to Deliver _____

Time when family will be home to receive Kit from Courier: _____

Type of Courier Service to be requested:

_____ REG. (Three hour)

_____ SDY. (Same day)

_____ ND. (Next day)

Rationale:

Courier service must be approved by either the Palliative Care Program Director or Team Manager.

Signature

Date

For Taché Pharmacy Use Only:

Name of individual who picked up Palliative Care Medication Mini Kit

Appendix B

Palliative Care Medication Mini Kit Utilization Form

PATIENT NAME: _____ PHIN: _____ DATE: _____

ADDRESS: _____ PHONE #: _____ DOB: _____

PCMMK #: _____

- As medications are removed from the Palliative Care Medication Kit, they are to be recorded by the nurse on the table below. The family must sign for each medication as it is removed from the Palliative Care Medication Kit.
- This document is to remain inside the Palliative Care Medication Mini Kit at all times. It is to be returned with the Palliative Care Medication Mini Kit to Taché Pharmacy when the kit is no longer required.

Medication	Date Removed	Nurse's Name (Printed)	Nurse's Signature
Hydromorphone (Dilaudid®) 10mg /mL Ampule #1			
Hydromorphone (Dilaudid®) 10mg /mL Ampule #2			
Hydromorphone (Dilaudid®) 10mg /mL Ampule #3			
Morphine 50mg /mL Ampule #1			
Morphine 50 mg/mL Ampule #2			
Morphine 50 mg/mL Ampule #3			
Methotrimeprazine (Nozinan®) 25mg/mL Ampule #1			
Methotrimeprazine (Nozinan®) 25mg/mL Ampule #2			
Methotrimeprazine (Nozinan®) 25mg/mL Ampule #2			
Ativan 1mg sublingual tablets			
Scopolamine Topical Gel 1.25mg / 0.1 ml syringe #1			
Scopolamine Topical Gel 1.25mg / 0.1ml syringe #2			
Scopolamine Topical Gel 1.25mg / 0.1ml syringe #3			

Appendix C

PALLIATIVE CARE MEDICATION MINI KIT DATA COLLECTION SHEET

Please complete a form each time the Palliative Care Medication Mini Kit is accessed and medication removed and given to the family. Please use a new form each time, and keep all forms inside the Palliative Care Medication Mini Kit so that they will be returned to Taché Pharmacy with the kit when it is no longer required.

PATIENT NAME: _____

PHIN: _____ DOB: _____

Date: _____ Palliative Care Nurse: _____

PPS: _____

1. Which symptoms(s) precipitated the use of the kit? (Please check all relevant)

- | | |
|-------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Pain | <input type="checkbox"/> Terminal congestion |
| <input type="checkbox"/> Nausea | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Delirium / Confusion |
| <input type="checkbox"/> SOB | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Other (please specify) _____ | |

2. What medication(s) was / were used to try to treat the symptom?

3. What was the outcome of the intervention?

- Symptom (s) Alleviated; and
 Patient remained at home
 Patient transported to hospital

Comments:

4. Was the Kit essential in a successful outcome? Yes No

Comments: _____

Nurse's Signature



Appendix D
Assigned Palliative Care Medication Mini-Kits
Attn: Tache Pharmacists

Date:

Following is the list of clients with mini kits as per the information the palliative care coordinators have supplied me with as well as from your previous update. This information is used for statistics as well as for budget purposes. Please fax back to 237-9162 with your updates. Thank you for your cooperation!

Kit	Name	Returned? (please include date)	Mini Kit Used?	Data Collection Sheet completed?
Kit #1				
Kit #2				
Kit #3				
Kit #4				
Kit #5				
Kit #6				
Kit #7				
Kit #8				
Kit #9				
Kit #10				
Kit #11				
Kit #12				
Kit #13				
Kit #14				
Kit #15	Jocelyn House			

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