

Standard Operating Procedure for the Supply and Use of Just In Case Boxes to Community Patients in Fife by General Practitioners, Nursing Staff and Community Pharmacies

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Procedure Manual/System	Pharmacy		
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Approved By:	NHS Fife Safe Use of Medicines Group		

General Note

NHS Fife supports the supply of Just in Case (JIC) boxes to patients in the community via the Network of Palliative Care Community Pharmacies. JIC relies on appropriate anticipatory prescribing and forms part of wider anticipatory care planning processes.

Anticipatory prescribing may be done at anytime and does not depend on the use of Just in Case Boxes.

Patients with a terminal illness often experience new or worsening symptoms. A JIC box should be provided in advance, where a need for subcutaneous medication is anticipated, but BEFORE the patient has reached the stage where they become symptomatic or require intensive input e.g. a syringe pump has already been set-up or will be required immediately. This process must be followed by all professionals in line with NHS Fife Safe and Secure Use of Medicines Policy and Procedures (SSUMPP).

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The only medicines that can be made available through a JIC box are:

Drug	Available strengths	Pack size	Dose and Frequency	Indication
Morphine Sulfate	10mg/ml 30mg/ml	10amps 10amps	Dose depends on current oral requirements. Given subcutaneously up to hourly as required.	Analgesia/ Breathlessness
Oxycodone	10mg/ml	5 amps		
Levomepromazine	25mg/ml	10 amps	2.5mg subcutaneously up to 12 hourly as required.	Nausea/ Vomiting
Cyclizine	50mg/ml	5 amps	50mg subcutaneously up to 8 hourly as required.	
Midazolam	5mg/ml	10 amps (2ml amps)	2mg subcutaneously up to hourly as required.	Terminal agitation/ Restlessness
Hyoscine Butylbromide	20mg/ml	10amps	20mg subcutaneously up to hourly as required	Respiratory Secretions
Water for Injection (WFI)	10ml	10ampoules or steripods	Use as directed	Flush for Saf-T-Intima™

All 4 medicines (one for each indication) and WFI must be prescribed unless there is a good reason to omit a particular drug. Prescribe full original packs or multiples thereof.

Additional Midazolam can be added as an optional separate item for those at risk of terminal haemorrhage.

Midazolam	5mg/ml	2 x 2ml amps	10mg intramuscularly as a single dose for a severe acute bleed	Terminal Haemorrhage
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1.0 FUNCTION

1.1 To ensure the safe, secure and appropriate supply of Just in Case Boxes and the medicines contained within them to community patients in Fife.

2.0 LOCATION

2.1 All NHS Fife locations, including patient's own homes, residential care homes and palliative care network pharmacies where Just in Case Boxes are ordered, supplied, stored or administered. **Please note** – JIC boxes are no longer considered suitable for nursing home patients; anticipatory prescribing should still be carried out for nursing homes as appropriate.

3.0 RESPONSIBILITY

3.1 All NHS Fife Community Pharmacy, General Practice, Hospital at Home and Community Nursing staff who prescribe supply or administer medicines for JIC must follow this procedure.

3.2 Community Nurse/Specialist Palliative Care Nurse/Heart Failure Nurse/ Hospital at Home/General Practitioner are responsible for identifying patients suitable for anticipatory prescribing, and discussing the principle of medication use with the

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patient and their family. A risk assessment must be carried out as part of the decision making process to ensure placing a JIC box in the patient's home does not introduce an unacceptable risk.

- 3.3 Prescribers must complete the appropriate prescriptions and anticipatory kardex and must ensure that a note has been added to eKIS / ePCS to indicate the patient has a JIC box at home.
- 3.4 Hospital at Home Teams **must** contact the patient's GP prior to discharge if placing a JIC box in the patient's home. The GP practice must ensure JIC is included in ePCS.

4.0 OPERATIONAL SYSTEM

4.1 GENERAL PRACTITIONER (GP) / HOSPITAL AT HOME (H@H) PRESCRIBER / APPROPRIATE COMMUNITY NON-MEDICAL PRESCRIBER

- 4.1.1 Once agreement has been reached with nursing staff, the patient and their carers, that the patient would benefit from a JIC box the prescriber must:
- Select the appropriate medicines from the table above.
 - Prescribe these for the patient on either a GP10 or Blue HBP10.
 - **EMIS practices can choose 'JIC' through synonyms to enable selection of medicines required.**
 - Ensure appropriate quantities are prescribed as full packs (except Midazolam for terminal haemorrhage).
 - Complete an 'As Required & Anticipatory Medication' Kardex (appendix 1). Guidance on the use of the Anticipatory Prescription Kardex is available at appendix 2. Guidance on prescribing is available at appendix 3
 - *GP practices and H@H teams have been given a supply of pre-printed Kardexes. A PDF version of the kardex is also available through all GP Practice Managers.*
 - Ensure a palliative care note is added to eKIS / ePCS to indicate the patient has a JIC box at home.
 - Consider whether or not this patient is likely to require oxygen – See SOP- P6-8 'Supply of Emergency Oxygen Concentrator by NHS Fife General Practitioners during the in-hours period to enable end of life care to continue at home' for Guidance.
 - If the patient is at risk of a massive terminal haemorrhage –please consider a separate prescription for two ampoules of Midazolam 10mg/2ml. Ten milligrams should be administered intramuscularly as a 'once only' dose. This item should be added to the Anticipatory kardex and will be supplied as an individual item in the JIC box. For further information on terminal haemorrhage see Scottish Palliative Care Guidelines
<http://www.palliativecareguidelines.scot.nhs.uk/guidelines/palliative-emergencies/Bleeding.aspx>
- 4.1.2 If the patient is prescribed a regular opioid analgesic and the dose is changed, the dosage of the subcutaneous analgesic included in the JIC box must also be reviewed. If a new prescription is required see section 4.3.9.
- 4.1.3 If any doses in the JIC box need to be changed the Anticipatory Kardex must be updated by a prescriber. The previous dose should be discontinued on the

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Anticipatory Kardex and the new dose prescribed in a blank section. An additional Anticipatory Kardex may be used if necessary.

4.1.4 **When a syringe pump is initiated the orange / red box is no longer required.**
ALL medication must be reviewed and removed from the JIC box and should be used as follows:

- **The running balance of any medicines required in the syringe pump should be transferred to the 'Syringe Pump - Monitoring and Stock Review Chart for Patients at Home'**
- **Complete the 'As Required & Anticipatory Medication' Kardex clearly annotating the balance of those drugs that have been transferred to the 'Syringe Pump Monitoring and Stock Review Chart for Patients at Home' marking the running balance as appropriate.**
- **All medicines not needed for the syringe pump, should be kept for PRN use. The JIC Anticipatory Kardex SHOULD continue to be used for this**
- Inform the GP practice to ensure eKIS/ePCS is updated showing that a syringe pump is now in place.
- **The JIC box minus the medicines should be returned to the supplying pharmacy.**
- **The electronic special note/patient alert form must be altered to show that a syringe pump is in now in place.**

4.2 COMMUNITY PHARMACY

4.2.1 On receipt of GP10/HBP10 and completed 'As Required & Anticipatory Medication' Kardex, an appropriate member of the pharmacy team must dispense and label the prescribed medication and add any required sundries (appendix 4) into a JIC box.

- If a prescription for a 'once only' intramuscular dose of midazolam has been included it should be dispensed, labelled and placed in the appropriate bag (see appendix 4).
- The smaller JIC box should be used when JIC is required for a patient in a residential care home to enable it to be locked into their CD cupboard; this should be agreed with the appropriate staff.
- If the box will not fit into the CD cupboard of the residential care home please supply the JIC box with the sundries and supply the medicines separately in a prescription bag.

NB. Patients residing in a nursing home should no longer have their anticipatory medicines supplied via the JIC system. For a current list of nursing homes please contact pharmacy services 01383 565351.

4.2.2 The following paperwork must be completed and placed in a **VERY CLEARLY MARKED** envelope for the attention of Community Nursing staff:

- As Required & Anticipatory Medication' Kardex (appendix 1), with all details completed including entry of each drug opening balance
- Guide for Staff Administering 'JIC' Medicines' (appendix 5)
- Flow Chart (appendix 6)
- A JIC sticker must be placed on the outside of the envelope to assist staff in Identifying the paperwork.

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- Supply a small (0.6L) sharps container with each JIC box
- 4.2.3 A final check must be carried out by the Pharmacist and the box must be secured with a green seal.
- The JIC box should be placed in an appropriate bag to maintain confidentiality, and be ready for delivery/uptift.
 - The envelope containing the nursing documents must be sent with, but not inside, the JIC box. Where possible it should be attached with an elastic band or a hole can be punched in the corner of the envelope and it can be attached to the green seal before it is attached to the box.
- 4.2.4 The JIC tracking form (appendix 7) must be completed. This form must include the expiry date of all medicines included the supplied JIC. A sticker showing the expiry date of the first item must be attached to the patient label tag on the JIC box handle. Ensure that no sundry items expire before the first medicine expires.
- 4.2.5 Confirm arrangements with the family/carer for uplift/delivery of the JIC box and the envelope containing the paperwork, to the patient. If this is not possible alternative arrangements should be made either by the Pharmacy or with the Community Nursing / Hospital at Home staff for uplift or delivery of the JIC box.
- 4.2.6 A Claim Form (appendix 8) must be completed and returned to Pharmacy Services, Pentland House, Lynebank Hospital whenever a JIC box is supplied to a patient. If the box is returned to the Community Pharmacy to be re-filled for the same patient a new claim form can be submitted to Pharmacy Services.
- 4.2.7 Where possible a Palliative Care Network Pharmacy should inform the relevant non-network pharmacy if they have issued a JIC box to one of their patients.
- 4.2.8 **For tracking purposes - it is recommended that on a minimum 3 monthly basis,** where JIC is in place, the Pharmacy contact the GP practice to confirm whether it is still required and to prompt, where appropriate, a review of the contents. In some cases it may be possible to do this via the Community Nurse or relative/carer. This should be logged on the Tracking Form.
A check must also be carried out to ensure that the box is not out-with the date of the first item to expire. If any item is due to expire the pharmacy should work with the prescriber to have the content of the JIC box reviewed and to obtain new prescriptions if required to replace expired medicines.
- 4.2.9 Where a JIC box is no longer required arrangements must be made with relatives/carer or nursing staff for return/uptift. Where possible nursing staff will secure the box with a red seal prior to return.
- 4.2.10 When JIC is no longer required and the box is not returned to the supplying Pharmacy, and after efforts made to retrieve it have failed, the Community Pharmacy must inform Pharmacy Services as soon as possible to allow an investigation to be undertaken.
- 4.2.11 Should the contents of the JIC box for a patient require to be altered and re-supplied to the same patient:

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- A new GP10/ HBP10 and an updated Kardex signed by the prescriber are required for the updated item.
- The complete JIC box including all medicines should be returned to the pharmacy for reissue.
- The pharmacy will update the running balance on the Kardex and replenish sundries. Dates on the JIC tracking form should be updated if required.
- Any item returned that is no longer required should be destroyed appropriately.
- The updated paperwork and JIC box must be issued to nursing staff / carer as soon as possible.
- A Claim form must be submitted to Pharmacy Services for payment to be made.

4.2.12 Preparing returned boxes for re-use:

- On return/uplift of a JIC box, an appropriate member of the pharmacy team will remove and check the contents of the box. Unused medicines will be destroyed in accordance with national guidance.
- For Infection Control purposes, JIC boxes require to be cleaned with a solution of Hypochlorite rinsed and dried. Staff carrying out this procedure must ensure they comply with COSHH requirements – hypochlorite tablets and COSHH guidance can be requested from Pharmacy Services.
- In preparation for next use, refill the box with any sundries required (supplied by Pharmacy Services). If the box has not been used and the packaging of the sundries is undamaged they may be re-used.

4.3 COMMUNITY NURSING/ H@H/ MEDICAL STAFF

4.3.1 Advise patient/carer on the rationale for using JIC and safe storage of the box. Give patient/carer a copy of 'Information for Patients and Carers' leaflet (Appendix 9).

4.3.2 Arrangements must be made for the delivery of the JIC box to the patient's home:

- The relatives/carer should collect the box/ paperwork from the pharmacy if possible or appropriate.
- The Community Nurse, H@H or Pharmacy may be required to deliver the box & paperwork to the patient's home if the relative/ carer cannot uplift it.

4.3.3 The 'As Required & Anticipatory Medication' Kardex (appendix 1), Guide for Staff Administering JIC Medicines (appendix 5) and Flow Chart (appendix 6) will be in an envelope and will be delivered/collected with the JIC box.

- The supply of the JIC box should be recorded on the '**Nursing Record**' for the patient. A JIC sticker can be placed on the outside of the 'Nursing Record' to alert all NHS Fife staff that JIC is in place; stickers can be requested from Pharmacy Service 01383 565351.
- In a residential care home you may find the medicines have been supplied in a separate prescription bag out with the JIC box and sundries. This is to allow storage of medicines in the CD cupboard when the JIC box does not fit. The box containing the sundries should be stored nearby.

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- 4.3.4 If the JIC box is required to be used:
- Break the seal
 - Administer the appropriate medication as prescribed on the Kardex, sign and update the running balance on the Kardex and record the use of the box in the **'Nursing Record'**.
 - Administration must be recorded in the care home controlled drug register if morphine or oxycodone is being administered in a residential care home
- 4.3.5 After each use, replace any unused medication and sundries back into the JIC box and reseal with a red seal.
- 4.3.6 After any use of the JIC box a review of the patient's current medication requirements should be considered however, prescribing for a patient must be reviewed where an individual JIC box has been accessed 3 times.
Until prescribing can be reviewed or where new prescriptions are awaited continue to use JIC to meet patient need.
- 4.3.7 If at any point the patient's regular oral analgesic dose is changed the dosage of the PRN subcutaneous analgesic included in the JIC box must also be reviewed.
- 4.3.8 **A winged infusion device (BD Saf-T-Intima™) is included in the JIC box to avoid repeated subcutaneous injections. For information on its use refer to NHS Fife wide clinical procedure on the management CME T34 syringe pump (FWP-PS-01 section 4.5).**
- 4.3.9 Should the contents of the JIC box for a patient require to be altered and re-supplied to the same patient:
- A new prescription for the item requiring re-supply / change must be issued and the 'As Required & Anticipatory Medication' Kardex must be updated by a prescriber.
 - The JIC box including all medication should be returned to the pharmacy for the change to be made. Sundries will be replenished, new prescription items added and running balances on the Kardex updated.
 - With the patient / carers permission items no longer required will be retained in the pharmacy for destruction.
 - Arrangements should be made for the box to be returned to the patient's home as soon as possible.
- 4.3.10 **INITIATING A SYRINGE PUMP**
When a syringe pump is initiated the orange / red box is no longer required.
ALL medication must be reviewed and removed from the JIC box and should be used as follows:
- **The running balance of any medicines required in the syringe pump should be transferred to the 'Syringe Pump - Monitoring and Stock Review Chart for Patients at Home'**
 - **Complete the 'As Required & Anticipatory Medication' Kardex clearly annotating the balance of those drugs that have been transferred to the 'Syringe Pump Monitoring and Stock Review Chart for Patients at Home' marking the running balance as appropriate.**

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- **All medicines not needed for the syringe pump, should be kept for PRN use. The JIC Anticipatory Kardex SHOULD continue to be used for this**
- Inform the GP practice to ensure eKIS/ePCS is updated showing that a syringe pump is now in place.
- **The JIC box minus the medicines should be returned to the supplying pharmacy.**
- **The electronic special note / patient alert form must be altered to show that a syringe pump is in now in place.**

4.3.11 **When a JIC box containing medicines is no longer required:**

- Complete the 'As Required & Anticipatory Medication' Kardex showing the balance returned to pharmacy.
- Secure the box with a red seal if available.
- Whenever possible inform the supplying network pharmacy that use of the box is complete.
- Arrange with the relative/carer to return the box to the network pharmacy. If this is not practical the box can be returned by any healthcare professional in accordance with NHS Fife SSUMPP section 27 - Controlled Drugs. If appropriate the network pharmacy can be contacted to uplift it.
- It is essential that the box is returned to a network pharmacy, if there is concern about the JIC box whereabouts contact the supplying pharmacy or Pharmacy Services, Pentland House, Lynebank Hospital, 01383 565351.

5.0 **RISK MANAGEMENT**

NHS Fife Pharmacy is responsible for the oversight of the use of this SOP. This is done through audit in Community Pharmacies and review of any incidents through DATIX.

6.0 **RELEVANT DOCUMENTS / APPENDICES**

- 6.1 Appendix 1 - As Required and Anticipatory Medication Kardex
- 6.2 Appendix 2 - Guide to completing the 'As Required and Anticipatory Medication Kardex'
- 6.3 Appendix 3 - Guide for Prescribing JIC Medicines
- 6.4 **Appendix 4 - Sundries / JIC box Contents List**
- 6.5 Appendix 5 - Guide for Administering JIC Medicines
- 6.6 Appendix 6 - Flow Chart Guide to JIC
- 6.7 Appendix 7 - JIC Box Tracking Form
- 6.8 Appendix 8 - NHS Fife Claim Form
- 6.9 Appendix 9 - Information for Patients and Carers Leaflet
- 6.10 Appendix 10 - Network of Palliative Care Community Pharmacies

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7.0 REFERENCES and RELATED DOCUMENTS

- 7.1 NHS Fife Safe and Secure Use of Medicines Policy and Procedures (SSUMPP)
- 7.2 Living and Dying Well
- 7.3 NHS Fife SOP 6-8 – General Practice Access to Oxygen Concentrators
- 7.4 Scottish Palliative Care Guidelines. 2015. (updated version will be available Spring 2019)
Available at: <https://www.palliativecareguidelines.scot.nhs.uk/>

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APPENDIX 1

As Required and Anticipatory Medication Kardex



<p style="color: red; font-size: small;">Allergies: Yes or No If Yes, please list</p>	<p>Affix addressograph label here</p> <p>CHI</p> <p>Patient Name</p> <p>Date of Birth</p>
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For opioid dosing use Scottish Palliative Care Guidelines at <http://www.palliativecareguidelines.scot.nhs.uk/>
For NHS Fife Palliative care advice contact 01592 648072 or, if it is internal, 28072.

	Date	Time	Sig	Bal.	Date	Time	Sig	Bal.	Date	Time	Sig	Bal.
Drug Levomepromazine inj.												
Dose 2.5mg												
Route Sub-cutaneous												
Start Date												
Indication Nausea and Vomiting												
Frequency/Max Dose 12 hourly												
Comments												
Print name & Sign												
Drug Midazolam inj.												
Dose 2mg												
Route Sub-cutaneous												
Start Date												
Indication Anxiety/Distress/ Myoclonus												
Frequency/Max Dose Hourly												
Comments Use the 10mg/2ml strength product for sub-cutaneous injections												
Print name & Sign												
Drug Hyoscine Butylbromide inj.												
Dose 20mg												
Route Sub-cutaneous												
Start Date												
Indication Respiratory Secretions												
Frequency/Max Dose Hourly. Max 6 doses in 24hours												
Comments												
Print name & Sign												
Drug												
Dose												
Route Sub-cutaneous												
Start Date												
Indication Pain/ Breathlessness												
Frequency/Max Dose Hourly												
Comments												
Print name & Sign												

Sub-cutaneous opioid
(please use guideline)

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As Required and Anticipatory Medication Kardex

Patient Name

CHI

As required Prescriptions			Date	Time	Sig.	Bal.	Date	Time	Sig.	Bal.	Date	Time	Sig.	Bal.
Drug Water for injection														
Dose 0.5ml	Route Sub-cutaneous	Start Date												
Indication Flushing Sub-cutaneous line		Frequency/Max Dose After each drug administration												
Comments														
Print name & Sign														
Drug														
Dose	Route	Start Date												
Indication		Frequency/Max Dose												
Comments														
Print name & Sign														
Drug														
Dose	Route	Start Date												
Indication		Frequency/Max Dose												
Comments														
Print name & Sign														
Drug														
Dose	Route	Start Date												
Indication		Frequency/Max Dose												
Comments														
Print name & Sign														
Drug														
Dose	Route	Start Date												
Indication		Frequency/Max Dose												
Comments														
Print name & Sign														

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Appendix 2

Guidance on the use of the 'As Required and Anticipatory' Kardex

This document allows consistent anticipatory prescribing of medicines that may be required by patients with palliative care needs. It complements the use of the 'Just in Case' boxes supplied to some patients and reflects the medicines included within these boxes. The medicines chosen are based on the Scottish Palliative Care Guidelines as adopted by NHS Fife. The prescription Kardex will sit in the patient's care plan and allow administration of the medicines prescribed should they be needed.

The prescriber should sign and date suitable medicines on the prescription Kardex. Only medicines that have been signed and dated by the prescriber can be administered by community nursing staff. If a medicine is to be stopped or the dose amended a line should be drawn across the prescription box without obliterating what has been written, and a vertical line drawn down the last administration time, then a double diagonal line, the date of discontinuation and the signature of a prescriber.

Because the choice and dose of PRN opioid is patient specific and depends on their current regular opioid prescription, the prescriber is asked to choose between morphine and oxycodone and select an appropriate dose. This should be added to the opioid prescription section as indicated on the Kardex. For those already taking regular oral opioids, the oral breakthrough dose should be calculated as a sixth to a tenth of the total 24 hour dose. Oral morphine or oxycodone doses should be converted to a subcutaneous equivalent by dividing by two. If a patient's regular dose of analgesia changes the breakthrough dose of analgesic should be reviewed and reflect this dose change. Example PRN schedules are detailed below as a guide and further information can be found in Scottish Palliative Care Guidelines – Choosing and Changing Opioids.

Quick Guide to Breakthrough Dosing of Analgesia based on a patient's regular analgesic intake:

Regular Oral Prescription	Corresponding Subcutaneous Breakthrough	Conversion factors from oral to subcutaneous
Morphine Sulphate MR 30mg bd PO	Morphine Sulphate Inj SC 5mg	Morphine sulphate 10mg PO = Morphine sulphate SC 5mg
Oxycodone MR 30mg bd PO	Oxycodone Inj SC 5mg	Oxycodone 10mg PO = Oxycodone SC 5mg

For further information on dose equivalence see Scottish Palliative Care Guidelines. 2015. Available at: www.palliativecareguidelines.scot.nhs.uk

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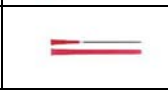





Appendix 3 GUIDE FOR PRESCRIBING 'JUST IN CASE' MEDICINES

The following is a guide to prescribing the medicines contained within the NHS Fife Just in Case Box. They should be prescribed as part of an overall anticipatory care plan for patients with advancing disease resident in their own home or within a residential care setting. They are intended for the management of the patient at times of distress and will allow attending staff to administer appropriate medicines. The medicines have been chosen to reflect current guidance.

The patient should be assessed and regular medicines reviewed at the earliest opportunity after the initial event. This may necessitate use of a syringe pump for drug delivery. If 2-3 'when required' doses have been administered consider review of regular medicines or use of a syringe pump if appropriate.

PAIN	<p>Morphine: 1st choice option; if opioid naïve prescribe a 2mg subcutaneous dose; for patients using regular oral morphine use an 'as required' dose of $\frac{1}{6}$th to $\frac{1}{10}$th of the current 24 hour dose, (to convert from oral morphine to subcutaneous morphine divide by 2). e.g. Oral Morphine modified release 60mg twice daily = 10mg Morphine Sulphate when required subcutaneously.</p>
	<p>Oxycodone: 2nd choice for patients intolerant of morphine e.g. vomiting, drowsiness, confusion, hallucinations. For patients using regular oral Oxycodone use an 'as required' dose of $\frac{1}{6}$th to $\frac{1}{10}$th of the current 24hour dose, (to convert from oral Oxycodone to subcutaneous oxycodone divide by 2) e.g. MR Oxycodone 30mg twice daily = 5mg Oxycodone injection when required subcutaneously.</p>
TERMINAL RESTLESSNESS & AGITATION	<p>Midazolam 2mg subcutaneously repeated hourly up to 3 times Sedative, anticonvulsant and muscle relaxant. If hallucinations and paranoia are a feature Haloperidol 0.5 - 2.5mgs subcutaneously may be more effective Useful if patient is anxious / frightened or when sedation is necessary.</p>
RESPIRATORY TRACT SECRETIONS	<p>Hyoscine Butylbromide subcutaneously 20mg when required repeated hourly up to 3 times. Used to dry respiratory secretions and relieve colic Hyoscine Butylbromide 60-120mg/24 hrs subcutaneous via syringe pump</p>
NAUSEA & VOMITING	<p>Choose Cyclizine 50mg subcutaneously for nausea associated with raised intracranial pressure, recent head / neck radiotherapy, brain / meningeal disease, vestibular / movement related, hepatic related. Could be repeated after 8 hours up to 150mg / day Consider syringe pump dose 150mg/24 hours if effective. Consider Levomepromazine if not effective.</p>
	<p>Choose Levomepromazine 2.5mg subcutaneously for nausea and vomiting associated with conditions other than highlighted above. Effective at low doses without causing undue sedation. Larger doses also used for terminal agitation. May be repeated after 12 hours. Consider a syringe pump if effective (5-25mg / day) If already taking oral levomepromazine the equivalent subcutaneous dose should be divided by 2.</p>
DYSPNOEA	<p>Use the same dose and choice of opioid as for pain.</p>

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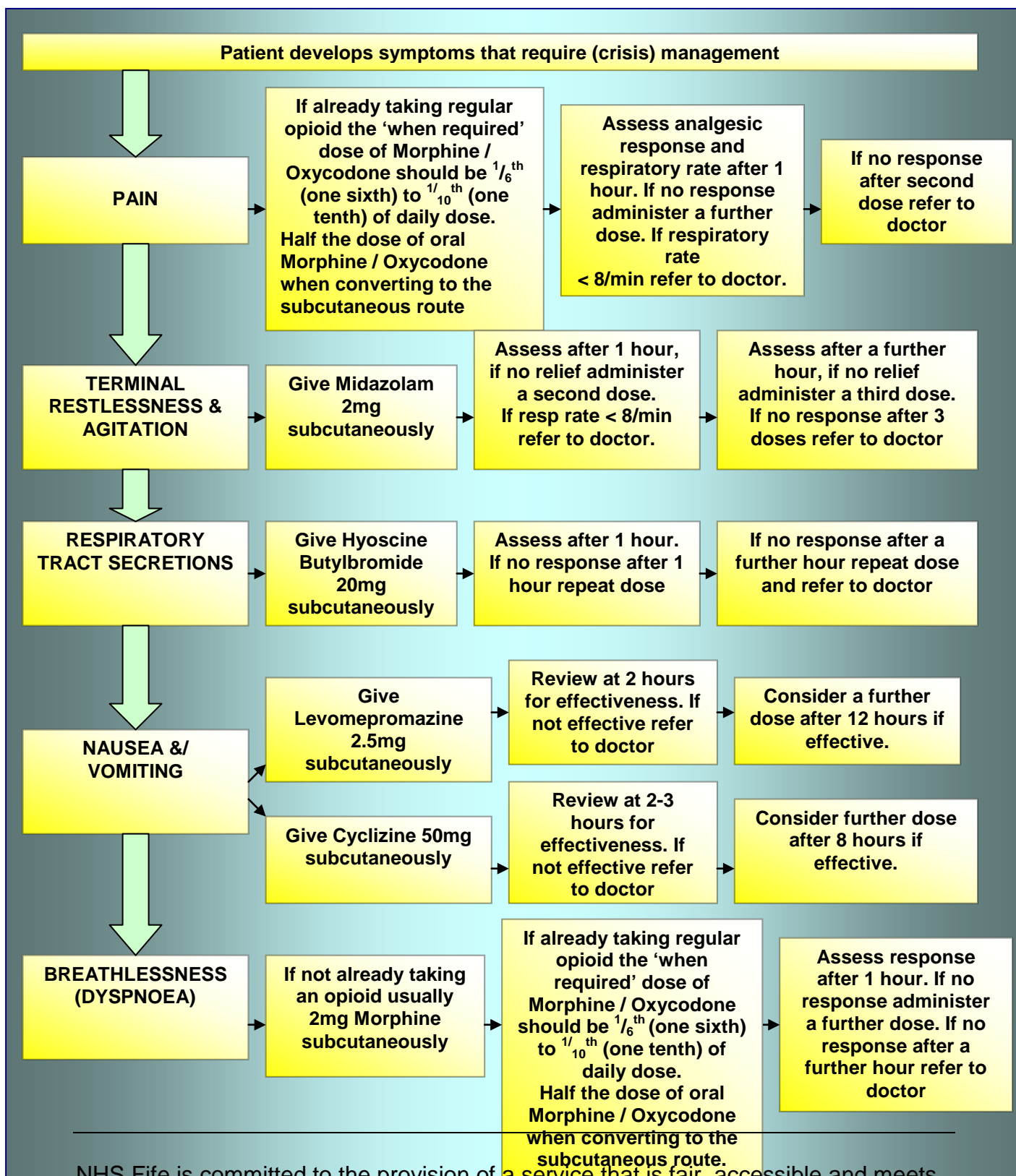
Appendix 4		
JIC BOX SUNDRIES LIST		
ITEM	QUANTITY PER BOX	
BD Saf – T - Intima™	1	
1ml Luer Lock Syringes	10	
3ml Luer Lock Syringes	5	
21 Gauge Safety Needle (Green)	5	
25 Gauge Safety Needles (Orange)	10	
Blunt Fill Filter Needles (Red)	10	
70% Isopropyl Alcohol Swabs	10	
Box Tags		The Patient Label Tag must be attached to the outside handle of the JIC.
Seals & Tags		
1 x GREEN seal to seal box before it leaves Pharmacy		
6 x RED seals Placed inside JIC box in tray insert.		
Black bag for Major Bleed dose if required		
1 x individual x 365 film dressings size 6x7cm		
1 x BIONECTOR		
Small Sharps Container (0.6l) with each JIC Box		
For further sundries supplies please contact Pharmacy Services Tel: 01383 565351		

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Appendix 5

Guide for Staff Administering 'Just in Case Medicines'

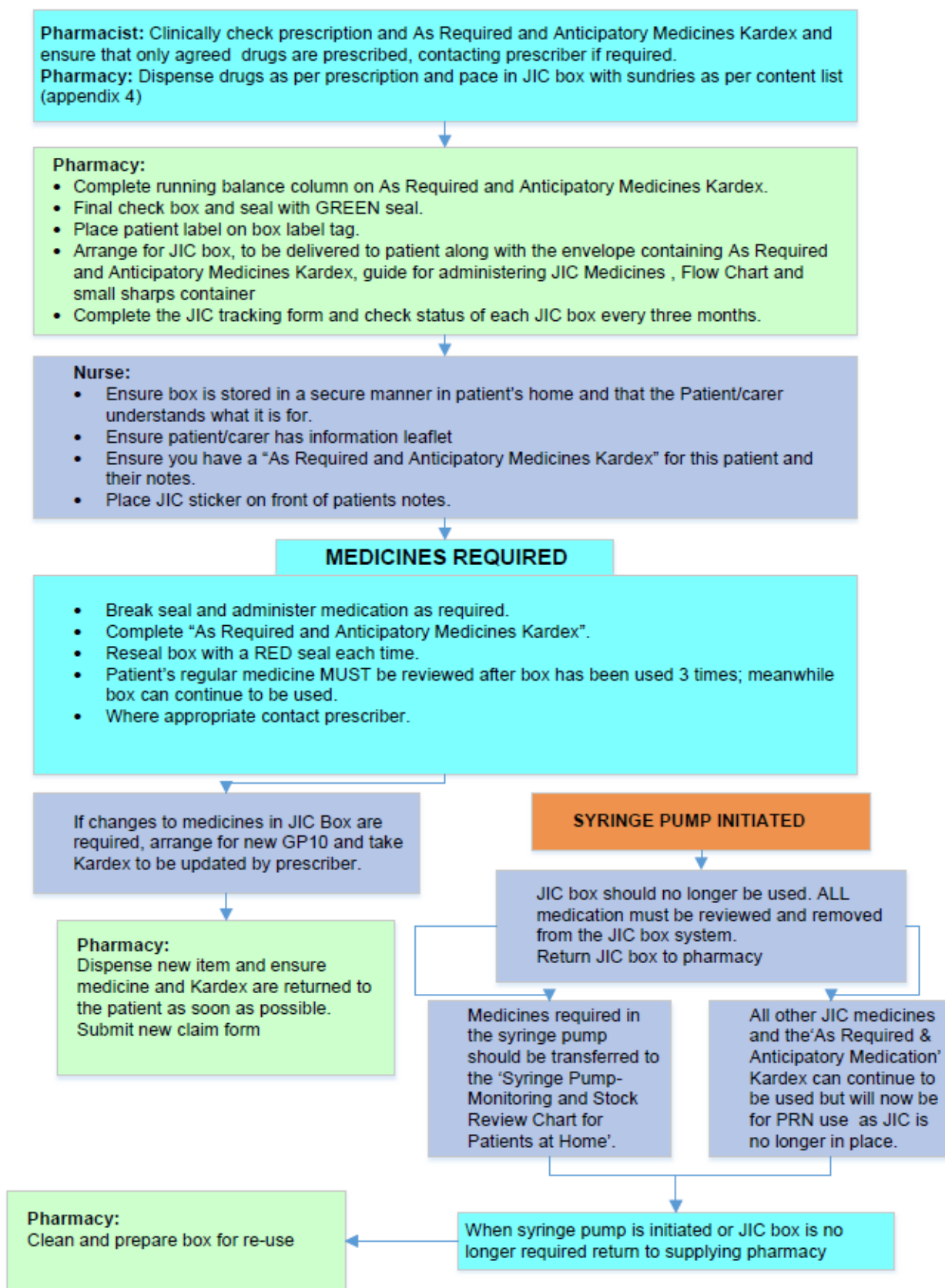
The following is a guide to the use of the medicines contained within the NHS Fife Just in Case Box. It is intended for the immediate (or rapid / crisis) management of the patient at times of distress and supports assessment of effectiveness of the intervention used. The regular (prescribed) medicines must be reviewed at the earliest opportunity after the initial event/crisis. If 2 - 3 'when required' (PRN) doses have been administered consider use of a syringe pump.



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Appendix 6

JUST IN CASE BOX -FLOW CHART



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Appendix 8



FIFE NETWORK OF SPECIALIST PALLIATIVE CARE COMMUNITY PHARMACIES
JUST IN CASE
CLAIM FORM

Pharmacy Stamp

JIC Box No.	Date Box Issued	Date Box Returned (if known)	Amount Claimed (£25 per JIC box issued)
Total			

Authorised Signatory for Participating Pharmacy Date.....

Pharmacy Contractor Code

Authorised Signatory for NHS Fife Pharmacy Services..... Date.....

Financial Code:.....

You may now submit your claim form for payment when the box is dispensed. This can be by fax 01383 741395, email – sheila.dall@nhs.net or post – Sheila Dall, Pharmacy Services, Lynebank Hospital, Halbeath Road, Dunfermline, KY11 8JH

NHS Fife is committed to the provision of a service that is fair, accessible and meets the needs of all individuals

Appendix 9

What is the Just-in-Case Medicine Box and What is in it?

Information for Patients and Carers

The Just-in-Case (JIC) box is a box that contains medicines. The medicines are helpful in treating pain and sickness. They are given into the skin via a needle if you have difficulty swallowing. The box with the medicines will be there so that if you need control of symptoms your healthcare team can treat you quickly. Most patients find this helpful. The JIC box is not to be used instead of your usual medicines but is kept as a back-up. It will be helpful should you need any of the medicines in the evenings or at weekends and need to contact NHS24. NHS24 will have a record that you have been supplied with a JIC box and that the medicines are available.

The JIC contains the following medicines:

1. **MORPHINE SULPHATE / OXYCODONE:** for pain.
2. **LEVOMEPRMAZINE / CYCLIZINE:** for sickness.
3. **MIDAZOLAM:** for relaxing muscle.
4. **HYOSCINE BUTYLBROMIDE:** to dry up chest / mouth secretions.

The JIC box will be provided by a specialist pharmacy (a list of these will be provided by your surgery). The JIC box will be sealed so that it is only opened by the healthcare staff looking after you. They will make sure that the medicines are used appropriately. Your healthcare team will discuss the use of the JIC box with you. The medicines prescribed for you will be provided by the pharmacy using a normal prescription. Your GP will give you an extra sheet called a 'Prescription Kardex'. This should be given to the pharmacy along with the prescription so they know that the medicines should be packed into the JIC box. If the box is no longer needed then it should be returned to the pharmacy that supplied it along with the paperwork.

FAQs

1. When will I be given the JIC box?

The JIC box will be prescribed for you when you and your healthcare team feel it may be useful to have these extra medicines at home.

2. Does the JIC box mean I am going to need these drugs immediately?

No. The JIC box is just back-up and may not be used for many weeks, if at all.

3. Do I take it into hospital with me?

No. Leave the JIC box at home but take your regular oral medicines. If you go to hospital, they will provide any treatment you require.

4. Who will know when to use the JIC box?

The JIC box will only be opened and used by a member of the healthcare team qualified to do so.

5. Where should I keep the JIC box?

The JIC box should be kept in a safe place and away from children. The seal should not be opened by anyone except a nurse or doctor.

6. What happens to the JIC box when it is not needed?

The JIC must be returned to the pharmacy that provided it.

7. Who do I talk to if I have any questions about the JIC box?

You can talk to any member of your healthcare team including the Pharmacist supplying the box.

Appendix 10

Fife Network of Palliative Care Community Pharmacists

PHARMACY	CONTACT PHARMACIST	RESERVE POINT OF CONTACT	OPENING HOURS	Lunch Hour
East Neuk, Rodger Street, Anstruther Tel: 01333 310354	Graham Gilmour	Aileen Tasker	M-F 09.00-18.00 Sat 09.00-13.00	
Rowlands, Auchtermuchty Tel: 01337 828345	Morven McGuigan	Betty Wood	M-F 09.00-17.30 Sat 09.00-12.30	
Lloyds, High Street, Burntisland Tel 01592 873725	Stuart Annan	Christine Robinson	M-F 08.30-17.30 Sat 09.00-17.30	
Morrisons, Raith Centre, Cowdenbeath Tel: 01383 610164	Olivia Moss	Alison Allan	M-F 09.00-17.30 Sat 09.00-17.00	
Rowlands, Bonnygate, Cupar Tel: 01334 654755	No permanent pharmacist	Norma Paterson or Jane Baird	M-F 09.00-17.30 Sat 09.00-13.00	
Well Pharmacy, Douglas Street, Dunfermline Tel: 01383 724772	Jennifer Black	Heather Robertson	M-F 09.00-17.30 Sat 09.00-13.00	
ASDA, Halbeath, Dunfermline Tel: 01383 843617	Colin Cossar	Claire Goodsir	M-F 09.00-21.00 Sat 08.30-19.00 Sun 10.00-18.00	
Boots the Chemist Lyon Square, Glenrothes Tel: 01592 758783	Vicki Mitchell	Audrey Doherty	M-F 08.45-17.30 Sat 08.30-17.30 Sun 11.30 –16.30	
Cadham Pharmacy, 8 Cadham Centre, Glenrothes 01592 743639	Bernadette Brown	Pharmacist on duty	M-F 09.00-18.00 Sat 09.00-17.00	13.00-14.00 13.00-14.00
Your Local Boots Pharmacy, Cos Lane, Glenrothes Tel: 01592 752554	Chris Gallagher	Adele Wilson	M-F 08.30-18.00 Sat 09.00-12.30	
ASDA, Carberry Road, Kirkcaldy Tel: 01592 657210	Pamela Suttie	Kim Egan	M-F 09.00-21.00 Sat 08.30-19.00 Sun 09.00-18.00	
Boots, Retail Park, Kirkcaldy Tel: 01592 644139	Kenny Bell	Laura Hall	M-F 09.00-20.00 Sat 09.00-18.00 Sun 10.00-17.30	
Lloyds, Viceroy Street, Kirkcaldy Tel: 01592 260925	Maria Almeida	Jane Dougan	M-F 09.00-17.30 Sat 09.00-13.00	1.00 – 2.00
Lloyds, Whytemans Brae, Kirkcaldy Tel: 01592 268784	Rachael Joy	Shona Allan	M-F 08.30-18.00	
T W Buchanan, Leven Tel: 01333 423133	Gena Buchanan Allan Shields	Janette Sachs	M-F 09.00-17.30 Sat 09.00-13.00	
Rosewell Pharmacy, Bank St, Lochgelly Tel: 01592 780598	Lauren Adams	Gillian Walsh	M-F 08.45-17.30 Sat 09.00-12.00	12.45 – 2.00
Omnicare, Methil Tel: 01333 423972	Joyce McGurn or	Kelly Fenton Pam Tarvet	M-F 09.00-17.30 Sat 09.00-12.30	
W Davidson, 40 High Street, Newburgh Tel: 01337 840234	Andrew Miller	Helen Cromarty	M-F 09.00-17.30 Sat 09.00-17.00	Sat only 1.00 – 2.00
Rowlands, Tayview Medical Practice, Victoria Street, Newport on Tay Tel: 01382 543179	David Smith	Wendy Clark	M-F 09.00-17.30 Sat 09.00-12.30	1.00 – 2.00
Oakley Pharmacy, Wardlaw Way, Oakley Tel: 01383 850349	Shona Tarvit	Linda Rolland	M-F 08.30-17.45	1.00 – 2.00
Rowlands, Queensferry Road, Rosyth 01383 413504	Helen Halstead	Catherine Harley	M-F 09.00-18.00 Sat 09.00-17.00	
Up to 31.03.19 Only Lloyds Pharmacy, St Andrews Community Hospital, St.Andrews Tel: 01334 475395	Graham Hynd	Fiona McQueen	M-Th 09.00-17.30 Fri 09.00-18.00 Sat 09.00-13.00	
From 01.04.19 Morrisons Pharmacy 45 Largo Road, St Andrews 01334 475564	Sam Hampton	Will Samson	M-F 08.30 –20.00 Sat 08.00 –20.00 Sun 10.00 –16.00	

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