**Just in Case Bag Service Flowchart**

**Healthcare Team**

* Healthcare professional will identify suitable patients for the JIC Bag - discuss with the GP, Community Nurse and relevant members of the Team.
* GP, pharmacist, SPCN or District Nurse should explain JIC scheme to patient/family, and confirm permission to supply.
* Patient will be most likely in the last 2-3 months of life and on the GP Palliative Care Register.

**GP**

* Prescriber issues Rx for JIC meds (short codes on EMIS) and sends to patient’s regular pharmacy.
* Patient’s GP Read Coded (8BMM-1) and eKIS updated, with appropriate consent.

**JIC medicines used**

* Record administration on NHS AA Medication Record and include information in patient’s notes.
* Community Nurse informs GP- discuss future management in view of symptomatic phase. Any new medicine or dose change added to NHS AA Medication Record.
* If patient started on syringe driver, transfer medication to syringe driver box.
* Any unused medication to be returned to Pharmacy for destruction.
* Community Pharmacist to be informed JIC bag used/no longer required.
* Good practice to share with Community Pharmacy, when patient is registered with them and on palliative care register, dies.

**Community Nurse**

* Advise patient/family on safe storage of JIC bag in house.
* Record its location in nursing documentation.
* Nurse can add needles and other sundries to Orange Bag when visiting patient.

 **Pharmacy**

* JIC Rx received at pharmacy. All medication to be dispensed within 72 hours and supplied in orange bag, which also contains: PIL for all meds, JIC PILs, symptom control guidelines, and a Network leaflet.
* Meds labelled with in accordance with the requirements of relevant legislation, and the phrase ‘PRESCRIBED IN ANTICIPATION OF NEED’
* Pharmacist completes information on front of bag, including label identifying the patient for whom the JIC bag has been dispensed, and earliest expiry date of medication (minimum of 12 months), and records this information on the PMR.