

Consistent Cross-Setting Anticipatory Prescribing Guidance

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On behalf of Cornwall Collaborative End of Life Group





Statistical bulletin

National Survey of Bereaved People (VOICES): England, 2015

Quality of care delivered in the last 3 months of life for adults who died in England.

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Release date:
22 April 2016

Next release:
To be announced

Royal Cornwall Hospital Care of the Dying Audit

Anticipatory prescribing variable – opioid for SOB <40%

GP survey

High confidence not matched with drug knowledge

Junior doctors' survey

Lack of guidance to inform symptom control

Murray-Brown, Palliative Medicine 2015

- Disseminate unified (yet individualised) anticipatory medicines guidance across all care settings with tailored teaching
 - Single side of A4 – medications for dying phase care
 - Opioid conversion chart
 - 24/7 Hospice Advice Line number
- QI methodology to inform the evolution of the project

Guidance for anticipatory prescribing and symptom control

Symptom	Drug	Subcutaneous prn dose/Doses for anticipatory symptoms (subcutaneous)	Starting dose range over 24 hours in syringe driver (subcutaneous)	Maximum dose over 24 hours
1. Pain/Breathlessness NB If already on oral opioids, see below for conversion. If severe renal impairment, seek specialist advice	Morphine	2.5-5mg 1 hourly prn if opioid naïve or 1/6 th of 24 hr subcutaneous opioid dose	10-20mg (if not already taking opioids)	No upper limit
	Diamorphine	2.5mg 1 hourly if opioid naïve or 1/6 th of 24 hr subcutaneous opioid dose	7.5-15mg (if not already taking opioids)	No upper limit
2. Nausea/vomiting Opioid or centrally induced	Haloperidol and/or	1.5-3mg bd	2.5-5mg	10mg
	Cyclizine*	50mg tds (if not on regular cyclizine)	150mg	150mg
Prokinetic	Metoclopramide	10mg qds	30-60mg	80mg
Second Line	Levomepromazine	6.25mg tds	6.25-25mg	25mg
3. Agitation +anxiety (1 st line) +hallucinations or confusion	Midazolam	2.5-5mg initially 1 hourly prn	10-30mg	60mg
	Haloperidol	1.5-3mg bd	3-5mg	10mg
	Levomepromazine	12.5-25mg (max tds)	12.5-25mg	100mg
4. Noisy breathing due to respiratory tract secretions	Hyoscine Hydrobromide	400 microgram 4 hourly	1.2-2.4mg	2.4mg
	HyoscineButylbromide*	20mg 4 hourly	60-100mg	120mg
	Glycopyrronium Bromide	200 microgram 4 hourly	600 – 1200 microgram	1200 microgram

Advice is available 24 hours a day, 7 days a week to any healthcare professional from **the ADVICE LINE at Cornwall Hospice Care – 01736 757707**
The guidance above are well accepted drugs and doses used at the end-of-life. Call the advice line if advice is needed at any time.

Conversion of oral opioids to parenteral opioids is overleaf.* Cyclizine is not compatible with hyoscine butylbromide or oxycodone in a syringe driver.

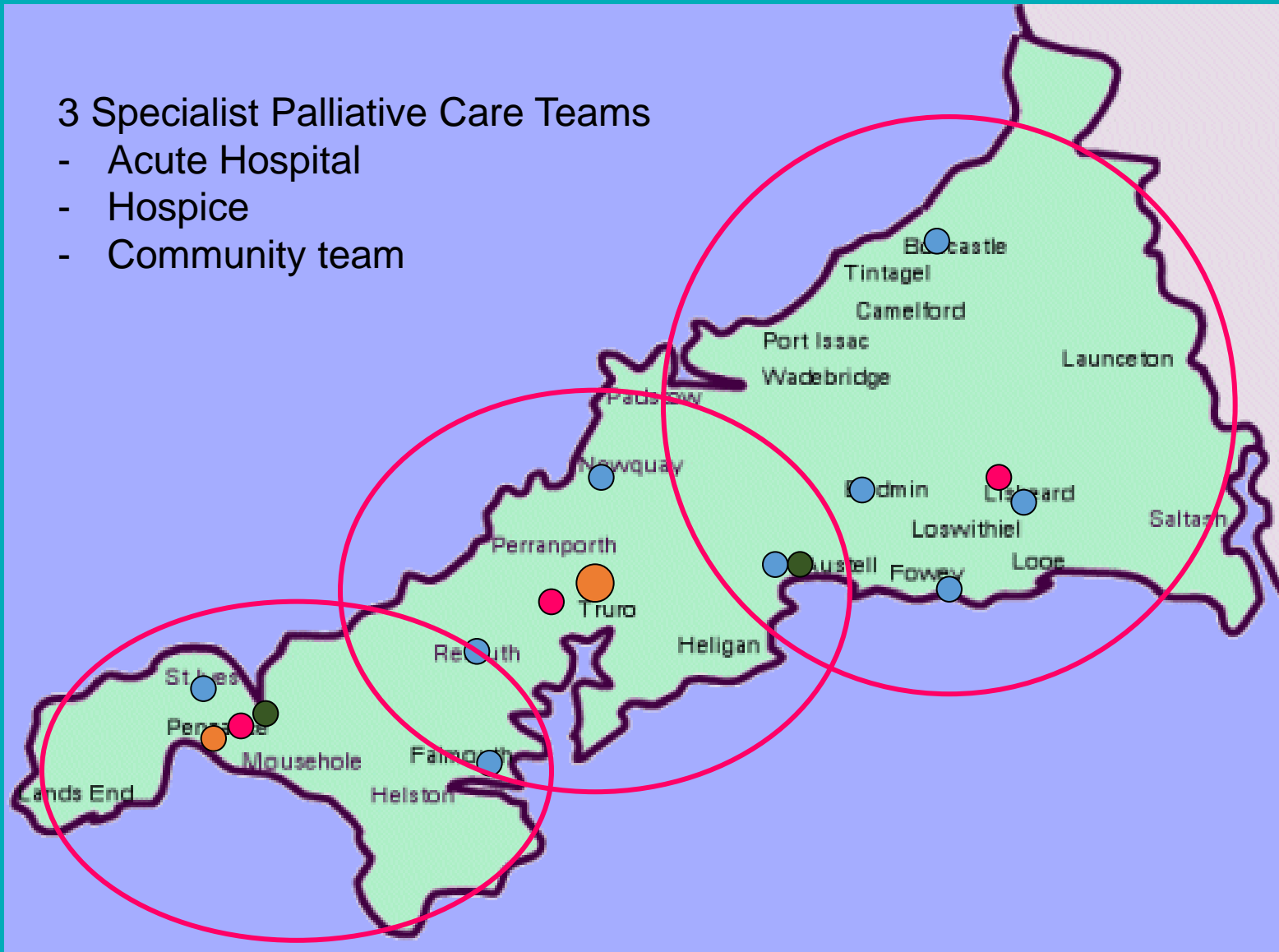
Aims – Less explicit

- What is important to patients?
- Re-individualising care
- Empowering care within their role
- Coordinating teams



3 Specialist Palliative Care Teams

- Acute Hospital
- Hospice
- Community team





Cornwall Hospice Care

Caring for our community

Mount Edgecombe Hospice

St Julia's Hospice

Registered Charity No. 1113140



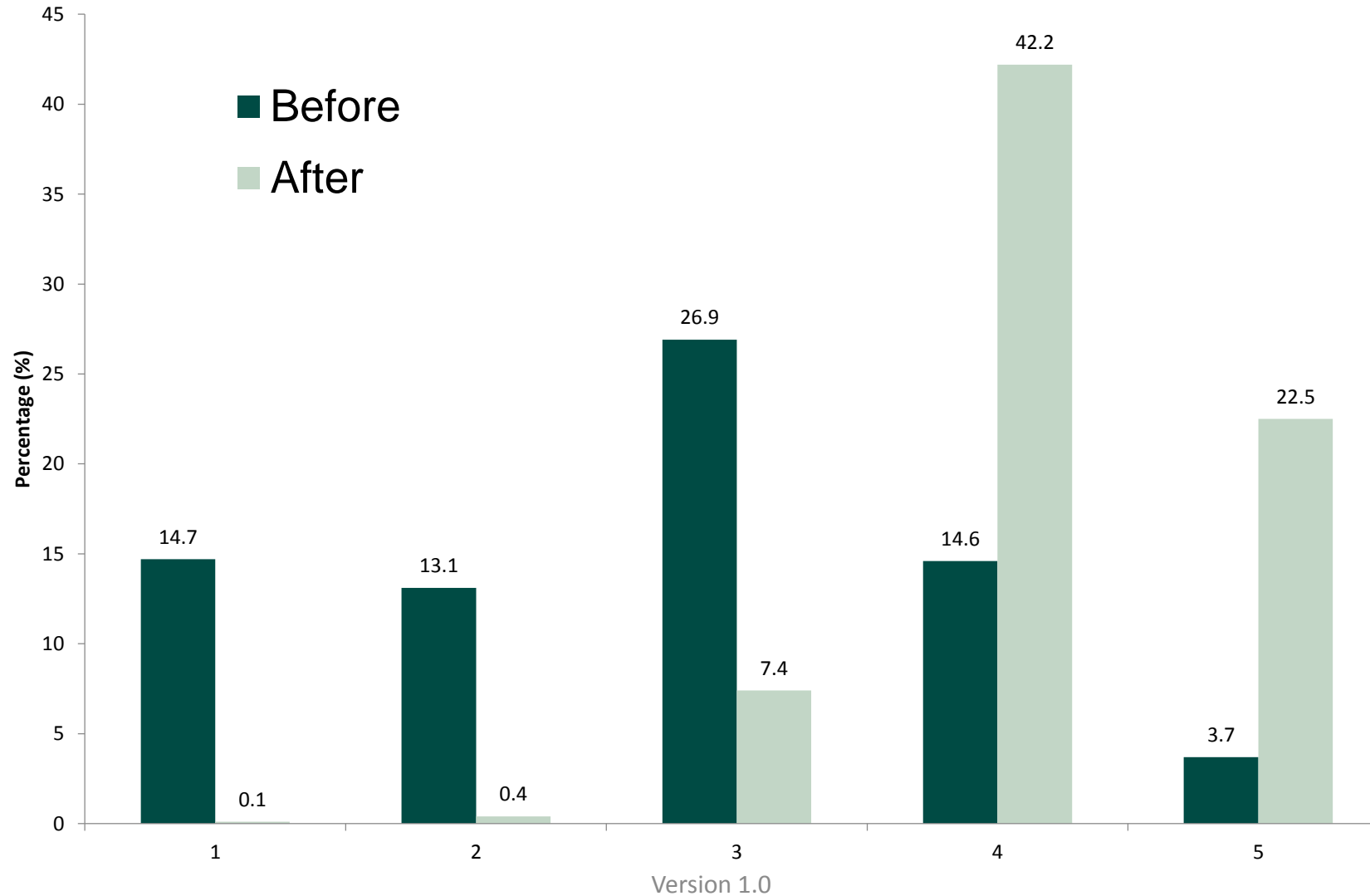
- CCEOLG formed
- Agreed guidance
- Governance in all settings (RCHT, PCH, hospices, SWAST)
- Pilots
- Tailored education to healthcare professionals
 - acute hospitals, community hospitals, hospices, nursing homes, GP & DN services, dementia units, ambulance service
 - Guess-estimate of numbers on each location
- Immediate and six to twelve week follow up

- What are anticipatory medicines?
- Role of healthcare professional in care of the dying
 - What is important to patients?
 - How do we achieve this?
 - Considering dying period and planning for the future
- 24/7 Hospice Advice Line number
- Open floor



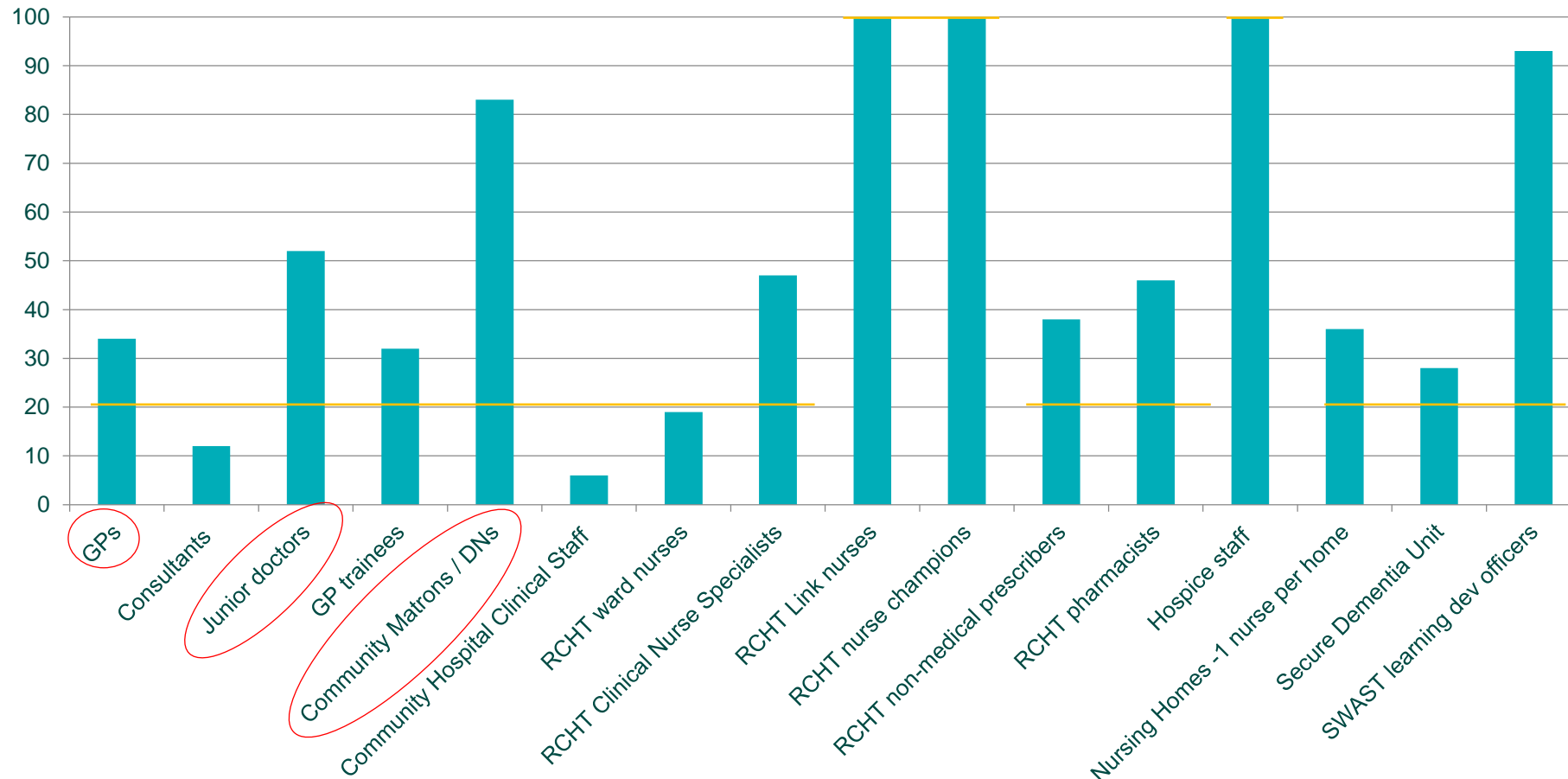
- 990 HCPs in total
 - Initial pilot = 142
 - After formal evaluation = 848
 - 656 formal evaluation completed (77%)
- Significant improvement in median knowledge scores
 - Median score 3 to 4 ($p < 0.001$)
 - Wilcoxon Matched Pairs

Knowledge Scores



Healthcare Professionals

% (percentage) of total in county



Qualitative Data - Initial

Common Guidance

Everyone being told consistent information across all care settings

Symptom Control

Be an advocate for my patient and ensure symptom control is at an optimum level

Advice 24/7; Feeling Safe

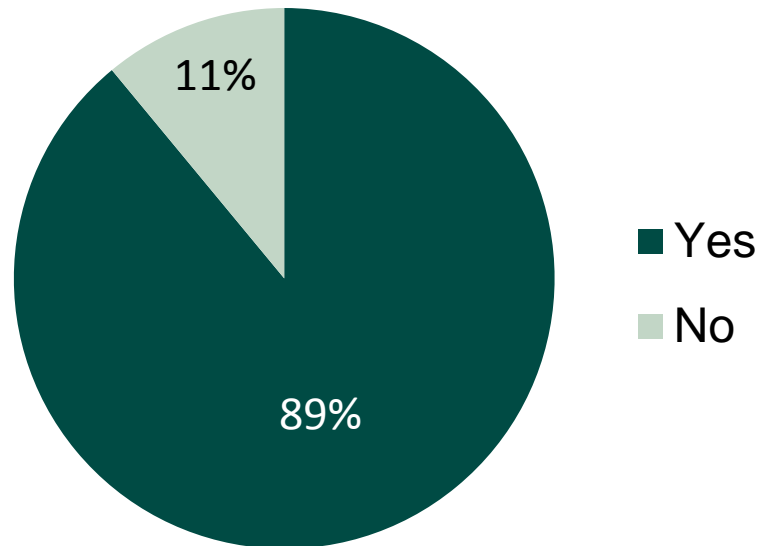
Where to obtain out of hours help & not to be afraid to do so

Recognising Dying

A greater understanding of end of life and what is a priority when care for a patient who is at end of life

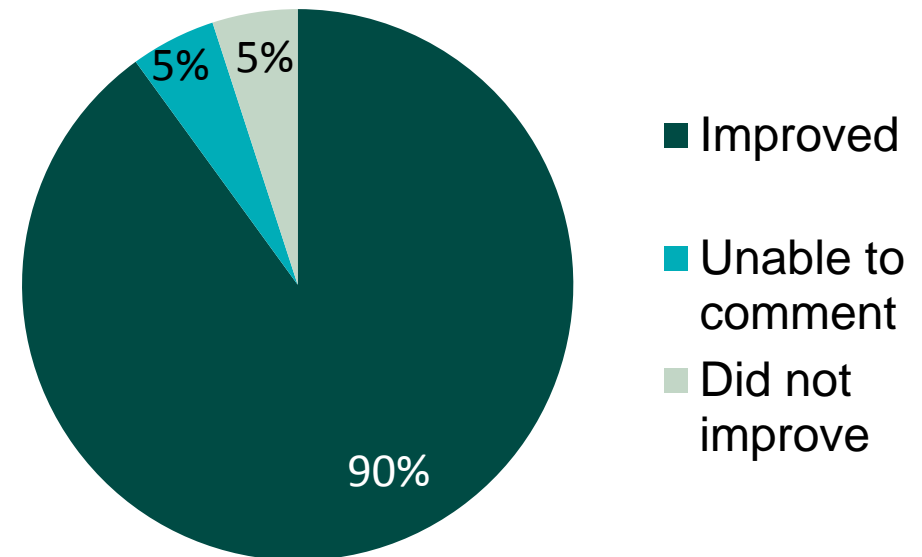
Perceived Effect on Patients' Symptom control

Used APG to support decisions regarding symptom control



n=46

Effect of the APG use on patients' symptom control



n=41

Qualitative Data – Follow up

Improved knowledge & delivery of symptom control

The guidelines enabled the prescribing doctor to easily prescribe the medications required for good symptom control

Recognising dying and considering what is important to patients

More thoughtful about discussion end of life plans

Knock on benefits

Plan

Actively seek ideas

Act

Attended Pharmacy meeting
APG added to SD chart
Inputted expertise and APG guidance
into stock list for pharmacies

Do

OOH drugs access
APG to Community Syringe Driver Chart

Study

Discussed at CCEOLG
Community pharmacist lead invited
Contacts given for SD chart & pharmacy stock leads

- £29k
 - £29.30 per healthcare professional taught

OR

- £734 per patient who died + HCP responded
 - of those who responded (n=72) + cared for a dying patient (n=46) + used the guidance (n=41) + made a difference to symptom control (n=37)

Sustainability 2 years on

- Meet 6 monthly
- Embedded in all healthcare setting with appropriate governance
- Improved prescribing - 40% to 88% community deaths
- Medical students
- Laminated mailshots to GPs, NHs, pharmacists
- BMA award shortlist
- Presented nationally eg Dublin
- Updating with ampule size
- Group appetite for further project work

Summary



- Unified guidance across care settings to nearly 1000 healthcare professionals
 - Improved knowledge
 - Perceived improvement in symptom control on the ground
 - Opening up discussions
 - Provider collaborative working enabling sustainability

- Changing the landscape in Cornwall
 - Driver for Palliative Care and End of Life strategy from Commissioning Group (with Executive & Clinical groups)

The Team

- Michael Thomas, End of Life Education Facilitator
- Carolyn Campbell, Palliative Care Consultant, Cornwall Hospice Care
- Angela Carey, Community Specialist Palliative Care Nurse lead, West team, PCH
- Sarah Gear, Education Lead, Cornwall Hospice Care
- Jane Gibbins, Palliative Care Consultant, Cornwall Hospice Care
- Angela Hart, Hospital Special Palliative Care Nurse lead, RCHT
- Melanie Huddart, Palliative Care Consultant, Cornwall Hospice Care
- Rachel Newman, Palliative Care Consultant, RCHT
- Joanne Palmer, Research Information and Data Officer, RCHT
- Saul Ridley, Community Specialist Palliative Care Nurse lead, Central team, PCH
- Kirsty Scott, Palliative Care Consultant, Cornwall Hospice Care
- Jo Smith, End of Life Programme Facilitator, PCH
- Deborah Stevens, Medical Director, Cornwall Hospice
- Liz Thomas, Hospital Special Palliative Care Nurse lead, RCHT

With thanks to

- Gina King, Quality Improvement Lead, South West Strategic Clinical Network
- Liz Rees, SW Education & Training Project Manager, HESW

