

# SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Carers may need some guidance in managing medicines for their loved ones, as they approach the end of life.

## Medicines in the Home

Rina is back at home, following a short stay in the local hospice. There have been significant changes to Rina's medicines due to her being unable to keep oral medicines down. This includes new subcutaneous (subcut) ones and cessation of oral medicines (Sennokot, Metoclopramide, and Apixaban). Alek is tasked with managing her medicines; he has never done this before, let alone administration of subcut medicines. Rina has been independently overseeing her own medicines until the admission. Her health has now deteriorated to the point that she spends most of the day either in bed or in her favourite lounge chair.

The pharmacist from the community palliative care team visits the home a day after discharge from hospital and notes a few potential concerns:

- > Newly prescribed subcut medicines are mixed in with the boxes of medicines previously ceased
- > Some labelled syringes are drawn up already, for a subcut dose later today.

## Old versus New Medicines

When people have a number of medical conditions, polypharmacy is likely. Changes to their health goals, decreasing weight, fluctuations in symptoms and loss of oral route all can contribute to changes in medicines. People experiencing stress can forget instructions resulting in new medicines being confused with medicines that are stopped. Strategies to support Alek include:

- > Separate medicines into "current and regular", "as required" and "ceased" – encouraging the carer to return ceased medicines to the local pharmacy

- > A similar process can occur for repeat prescriptions – Some pharmacies (including those in public hospitals) can hold onto prescriptions and dispense them upon a telephone call.

## Anticipatory Subcutaneous Medicines

Carers need appropriate training to safely assist with subcut medicine administration. Where a person's carer is unable to prepare a subcut injection, a registered nurse may do this for them ahead of time, leaving the carer to administer medicines only when required. This medicine may need storing in a fridge in a child-resistant and appropriately labelled container for the carer to administer to the patient at a later time. Each syringe should be individually labelled with the following:

- > Medicine name and dose
- > Date
- > Signature of the registered nurse who prepared the medicine.

Consensus based practice is that prefilled syringes, drawn up under aseptic conditions and secured with a bung, can be stored for 24 hours. If trained, Alek can then administer these medicines through a subcutaneous bung.

## For more information

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This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.

