

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Family members with a history of alcohol and drug problems can make care in the home challenging, for someone with palliative care needs.

Family Dynamics

Irene is a 54 year old woman who was diagnosed 6 months ago with metastatic non-small cell lung cancer. She has been coming to your pharmacy sporadically for many years, and has a history of poor compliance to medications. She lives at home with her 19 year old son. She does not drive and has a friend take her out shopping once a fortnight.

You are also familiar with Irene's son, as he has previously come in to your pharmacy with prescriptions for various drugs of dependence. Supply was always refused as he is listed on the Privileged Circular from the Drugs of Dependence Unit for drug-seeking behaviours of opioids and benzodiazepines.

You receive a call from a Palliative Care specialist who has performed a home visit for Irene today. They inform you that she has been gradually deteriorating and is experiencing some rib pain and dyspnoea due to her cancer. The specialist informs you they would like to commence her on Morphine SR (Kapanol®) 10mg nocte and also some Morphine oral liquid (1 to 2mg every 4 hours PRN), but they are concerned about prescribing opioids due to her son's drug-seeking behaviour.

Drug and Alcohol Problems

In the previous update, the use of a staged-supply arrangement of medications was discussed. Staged supply arrangements can be very useful but may not always be appropriate under certain circumstances.

Irene can only attend a pharmacy once a fortnight and a staged supply arrangement reflecting this timeframe is unlikely to reduce the risk of theft or diversion in her home.

The palliative care specialist said they planned on utilising the Royal District Nursing Service (RDNS) - a community nursing service - to check in on Irene daily and ensure she is taking her medications regularly. The RDNS has informed them that they can use a 'locked box' with a code. The code is only accessible by the nursing service when they attend each day. The nurse will access the box to obtain the nightly dose of SR morphine. At the same time, the nurse will draw up six breakthrough doses of morphine liquid, in oral syringes. A breakthrough chart has also been provided, to provide a record of when each dose is administered.

Once the prescription is received, you dispense the medications and contact the nursing service directly to discuss transporting the medications into the home. The nurse informs you of the time they will be attending the home and you arrange delivery of the medications at this time.

Resources

Ali MM, Henke RM, Mutter R, O'Brien PL, Cutler E, Mazer-Amirshahi M, et al. [Family member opioid prescriptions and opioid use disorder](#). *Addict Behav.* 2019 Aug;95:58-63. doi: 10.1016/j.addbeh.2019.02.024.

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.