FACILITATING ANTICIPATORY CARE FOR ADULTS AT THE END OF LIFE.

STAFF GUIDANCE FOR THE USE OF JUST IN CASE BOXES IN NHS LANARKSHIRE

TARGET AUDIENCE	All practitioners caring for palliative care patients within NHS Lanarkshire
PATIENT GROUP	All adult patients with palliative care needs

Clinical Guidelines Summary

What is a 'Just in Case' box?

Just in Case boxes allow medicines for management of symptoms commonly occurring at the end of life to be readily available for a patient in their home in case they are needed**.**

What are the contents of the box?

All medicines are for sub-cutaneous (SC) administration:

- **Opioid** for pain relief/breathlessness e.g. morphine, oxycodone
- **Midazolam** for anxiety/agitation/breathlessness
- **Hyoscine Butylbromide** for respiratory secretions/ colic
- **Levomepromazine** for nausea/vomiting/uncontrolled distress/agitated delirium
- Water for Injection or Sodium Chloride 0.9% as a flush

What are the key benefits to patients?

Patients and their families tell us that the key benefit is the ready availability of medicines for symptom management at the end of life. Without this anticipatory prescribing, there would be a potentially distressing delay, or hospital admission. Families speak of the reassurance that having a 'Just in Case' box in the home gives them.

The aims of this guideline are to:

- Promote procedural uniformity and assist practitioners who are involved in setting up a Just in Case box within NHS Lanarkshire
- Promote procedural uniformity and assist practitioners who are administering medication from a Just in Case box within NHS Lanarkshire
- Support safe and accountable practice when providing symptom relief for those patients who require prescribed medication administered from a Just in Case box
- Clarify roles and responsibilities
- Promote anticipatory prescribing across Lanarkshire

CONTENTS

1. **INTRODUCTION**

2. **AIM, PURPOSE AND OUTCOMES**

3. **SCOPE**

4. **PRINCIPAL CONTENT**

5. **ROLES AND RESPONSIBILITIES**

6. **RESOURCE IMPLICATIONS**

7. **COMMUNICATION PLAN**

8. **QUALITY IMPROVEMENT – MONITORING AND REVIEW**

9. **EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

10. **SUMMARY OF GUIDANCE / FAQS**

11. **REFERENCES**

1. **Appendix 1 – Governance information for Guidance document**
    1. **Consultation and Distribution Record**
    2. **Change Record**

Appendix 2 - Just in Case Box Working Group Members

Appendix 3 – Core Contents of Just in Case Box

1. INTRODUCTION

The Scottish Government document, *Living and Dying Well – A National Action Plan for Palliative and End of Life Care in Scotland* [(1)] aimed to ensure the delivery of high quality palliative care to everyone in Scotland on the basis of clinical need not diagnosis, and according to established principles of equity and personal dignity. It set out an agenda for improving the quality and effectiveness of services by 2010. Action 6 within this plan says,

> '*NHS Boards and CHPs should take steps, including the use of Patient Group Directions and Just in Case Boxes where appropriate, to facilitate the use of anticipatory prescribing to enhance patient care and aid the prevention of unnecessary crises and unscheduled hospital admissions.*'

Many areas nationally have developed a system of Just in Case boxes to support anticipatory prescribing and access to palliative care medication for patients in the dying phase. Common symptoms in the terminal phase e.g. pain, anxiety, breathlessness, nausea and respiratory secretions may be anticipated. Adequate quantities of the appropriate medicines are prescribed for the patient and stored in an identifiable container, the 'Just in Case' box, in the patient's home/homely setting. Carers and patients are reassured that the prescribed medicines have been prescribed 'just in case,' although they may not be needed. Patients and carers have a range of contact numbers (including Community Nursing and out-of-hours services) to ensure timely access to symptom assessment and management. These may be detailed in the Lanarkshire Palliative Care Assessment Tool (LPCAT), where this has been left with the patient.

A national guidance document, *The Gold Standards Framework – Examples of Good Practice Resource Guide for Just in Case Boxes* [(2)] and the NHS Tayside Policy for the use of Just in Case Boxes in Primary Care [(3)] were used to develop this guidance document. This work was originally overseen by the Lanarkshire Palliative Care Managed Clinical Network's Just in Case Box Working Group (Appendix 2).

2. AIM, PURPOSE AND OUTCOMES

2.1 Aims

The aims of this guideline are to:

- Promote procedural uniformity and assist practitioners who are involved in setting up a Just in Case box within NHS Lanarkshire
- Promote procedural uniformity and assist practitioners who are administering medication from a Just in Case box within NHS Lanarkshire
- Support safe and accountable practice when providing symptom relief for those patients who require prescribed medication administered from a Just in Case box
- Clarify roles and responsibilities
- Promote anticipatory prescribing across Lanarkshire

2.2 Purpose

The purpose of this guideline is to improve anticipatory care, to help people with palliative care needs and those at the end of their life to be cared for at home if this is their preferred place of care. It may also help those who wish to die at home avoid an admission to hospital. Improved anticipatory care will help ensure patients receive timely symptom assessment and management, especially in the out-of-hours period.

2.3 Outcomes

The safe and effective provision of anticipatory care at the end of life may be enabled by the provision of a Just in Case box in the patient's home/ homely setting. Facilitating improved anticipatory care has the potential to enhance patient care and aid the prevention of unnecessary crises and unscheduled hospital admissions.

3. SCOPE

3.1 Who is the guideline intended to benefit or affect?

This document applies to all practitioners within NHS Lanarkshire caring for a patient at home/in a homely setting who are either involved in setting up a Just in Case box, or administration of medication from the box. It also applies to registered nurses in care homes.

3.2 Who are the stakeholders?

- All practitioners caring for a patient at home
- Registered nurses in care homes

NHS Lanarkshire staff must take care to ensure that personal information is only accessible to authorised people. All staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation refer to the Current data protection legislation notice at https://www.nhslanarkshire.scot.nhs.uk/data-protection-notice-staff/

4. PRINCIPAL CONTENT

4.1 Guidelines for setting up a 'Just in Case' box for a patient in the community

4.1.1 Patient selection

The key message is to encourage the multidisciplinary team caring for the patient to:

- proactively consider anticipatory care and where appropriate provision of anticipatory medication
- anticipate the key symptom control issues that the patient may experience at the end of life, e.g. pain, nausea or vomiting, restlessness/anxiety, respiratory secretions or breathlessness
- ensure that there is a sufficient supply of the appropriate anticipatory medication available in the patient's home/homely setting to cover the out-of-hours period
- ensure that the appropriate documentation is completed and in place in the patient's home/homely setting so that the appropriate anticipatory medication can be administered if required

4.1.2 Criteria for patient inclusion in the scheme

This scheme is open to all adult patients with a terminal illness registered with a General Practitioner in Lanarkshire, who are supported by Registered Nurses and who are assessed as suitable for inclusion. This will include almost all adult patients with a terminal diagnosis.

4.1.3 Assessing a patient's suitability for inclusion in the scheme

A patient will be identified for inclusion in the scheme by an appropriate healthcare professional who is involved in the patient's care planning and delivery.

The multidisciplinary team caring for the patient including the patient's GP should then decide if inclusion in the scheme is appropriate for the patient at that time. Practitioners should aim to have a Just in Case box placed within a patient's home/ homely setting a few days or weeks prior to their anticipated death, or when there is a significant deterioration in a patient's condition.

4.1.4 Informing patients and carers of the scheme

- Discuss the scheme with the patient and their carer(s). Agreement should be obtained before placing a Just in Case box in the home.
- Provide the patient and their carer(s) with a copy of the *Information for Patients and Carers* leaflet *(appendix 3),* which describes the scheme and their responsibilities
- The doctor or nurse must explain the purpose of the Just in Case box to the patient and their carer(s), and reinforce that all items contained within the box are for professional use only
- Reassure the patient and their carer(s) that they may opt in or out of the scheme at any time
- If required, let the patient have further time to discuss the scheme with their carer(s) before initiating supply of the required medication

4.1.5 Action to be taken if a patient declines or is unsuitable for inclusion in the scheme

- Explore the patient's (or carer's) concerns if they decline – it may be that information or reassurance is required
- If possible, discuss with the patient where he or she wishes to be cared for at the end of life, as this may facilitate a discussion about the benefits of having Just in Case medications in the home. It is prudent to record the outcome of this discussion in the patient's notes
- If a patient prefers to be cared for at home/in their homely setting at the end of life, inform him or her that the usual procedures for symptom assessment and management will apply if they do not wish a Just in Case box
- If the patient is unsuitable for the scheme, discuss alternative management of anticipatory care needs if possible

4.1.6 Criteria for patient exclusion from the scheme

- Where a patient and/or their carer(s) is unwilling to participate in the scheme
- Where there is a history or suspicion of drug misuse among carers/visitors to the home, a risk assessment should be undertaken and documented within the patient record
- If patient exclusion from the scheme is considered appropriate, alternative arrangements should be discussed, agreed and implemented.

4.1.7 Reassessment of a patient's suitability for inclusion in the scheme

- A patient's anticipatory care needs may change during the course of their illness. An identified GP, or registered nurse must be responsible for ensuring that a patient's suitability for inclusion in the scheme is reviewed **at least every 2 weeks** and/or after any known change in condition, or change to the patient's regular medication. A change in dose or type of opioid may be indicated for the Just in Case box medication.
- An appropriate time for this regular review might be during a GP practice's usual "Gold Standards" meeting, or other regular palliative care MDT meeting, where this is practiced.

4.2 Treatment available under the scheme

4.2.1 Summary

- The multi-disciplinary team assesses the patient, and symptoms which are common in the terminal phase are anticipated
- Small quantities of the appropriate medicines are prescribed for subcutaneous administration to the patient if required
- The prescribed medicines and necessary sundries (needles, syringes, occlusive dressings and community sharps bin) are stored in the Just in Case box in the patient's home/homely setting
- The *NHS Lanarkshire Community Palliative Care Prescribing Record* (Appendix 3) is completed as appropriate and placed within the District Nurse blue folder within the patient's home, or within the relevant folder in the homely setting.

4.2.2 Recommended medication

The following guidance has been developed by the NHS Lanarkshire Just in Case Box working group, in consultation with various partner organisations. The medication recommended (Table 1) has been aligned with local and national recommendations to ensure patients receive appropriate symptom management at the end of life.

Please note that ALL of the medication in the table should be prescribed in the Just in Case box for each patient, unless there is a known contraindication/sensitivity to a medicine.

Further guidance regarding the use of medicines at the end of life can be obtained from the *Scottish Palliative Care Guidelines*[4] *Scottish Palliative Care Guidelines - Home* or by contacting the community Specialist Palliative Care Service.

Table 1 – Recommended Medications for Just in Case Box prescription

Indication	Medication	Route	Dose instructions	Recommended Supply
Pain relief/ breathlessness (opioid)	**Morphine sulfate** injection or **Current opioid**	SC	Dose to be determined by prescriber- (see 4.2.3)	10 ampoules
Anxiety/agitation /breathlessness	**Midazolam** injection	SC	2mg to 5mg hourly as required	10 ampoules of 10mg/2ml
Respiratory secretions/ colic	**Hyoscine butylbromide** (Buscopan®) injection	SC	20mg hourly as required	10 ampoules of 20mg/1ml
Nausea /vomiting /uncontrolled distress/agitated delirium	**Levomepromazine** injection	SC	2.5mg to 5mg 1 – 2 hourly as required	10 ampoules of 25mg/1ml
Flush	**Water for injection or Sodium Chloride 0.9%**	SC		10 ampoules of 10ml

Additional items: 1ml and 2ml syringes, subcutaneous needles, needles for drawing up, occlusive dressing, Pre-injection swabs, community sharps bin, community palliative care prescribing record. Refer to Appendix 3 for list of items to include.

4.2.3. Guidance on opioid dose for pain relief

I. Patient is opioid naïve i.e. not taking a regular opioid
Morphine 2mg - 5mg subcutaneously up to hourly as required. Morphine is the usual first line opioid of choice.

II. Patient is already prescribed an opioid (morphine or oxycodone)
   a. A different breakthrough dose of opioid may be required and this should be calculated for each patient. This is usually equivalent to 1/6th to 1/10th of the 24-hour regular opioid dose
   b. A patient prescribed regular oxycodone should not be prescribed morphine for breakthrough. Oxycodone should be prescribed as the Just in Case box opioid.

III. Patient is prescribed a fentanyl patch
Contact the specialist palliative care service for advice

IV. Patient with severe renal impairment (eGFR <30ml/min)
Alfentanil is usually the preferred opioid. Contact the specialist palliative care service for advice

V. Patient with hepatic impairment
Avoid oxycodone in moderate to severe hepatic failure as clearance is much reduced. Other opioids can be used but use a reduced dose and titrate slowly – seek specialist palliative care advice if needed

VI. It is important that the 'as required' dose of opioid should be reviewed at least every two weeks, or at the time of a change to background opioid, to ensure it is still appropriate

VII. If unsure about the choice of opioid or appropriate dose please refer to the *Scottish Palliative Care Guidelines - Home* or contact the specialist palliative care service.

4.2.4 Regular assessment of the individualised treatment for a specific patient

- A patient's anticipatory care needs may change during the course of their illness. Specifically, 'as-required' doses might require adjustment if the patient's regular dose of medication is changed.
- An identified GP or registered nurse must be responsible for ensuring a patient's individualised treatment plan is reviewed **at least every two weeks** and/or after any known change in condition, or change to regular medication. This will assist in ensuring that the medication available in the Just in Case box and the supporting documentation are appropriate for the needs of the patient.
- The review can take the form of face-to-face or video/ telephone contact - whichever the care manager thinks to be most appropriate.

4.3 Safe and Secure Handling of Medicines

4.3.1 Recording the medication

The *NHS Lanarkshire Community Palliative Care Prescribing Record* will be used to document the number of ampoules of each medication and the administration of each medication. The document will be kept in the District Nurse blue folder within the patient's home or relevant folder in the homely setting. The document is also used to prescribe and record the details of any syringe pump used.

The medication details should also be recorded in the patient's medical record.

The Out of Hours service and NHS 24 should be notified that a Just in Case box is in place in the home by updating the Key Information Summary (KIS) in the special note section, and/or by updating the ePCS in the patient's GP record. It should also be recorded in the patient's electronic nursing care records where appropriate.

4.3.2 Prescribing the medication

A registered prescriber with up-to-date knowledge of the patient's medical history and current condition will prescribe anticipatory medication for the individual patient in the Community Palliative Care Prescribing Record (Appendix 3, also at Clinical Records - All Documents. The prescribing record should have a patient label and, if generated in the community, a GP practice stamp. (Copies of the booklet are available in the GP practice. Please avoid printing/copying individual sheets).

4.3.3 Individual prescription

Medication contained within a Just in Case box has been prescribed for an individual patient and should **never** be administered to any other patient.

4.3.4 Dispensing the medication

The prescribed medication will be dispensed by the patient or homely setting's preferred community pharmacy

4.3.5 Storing the medication

The dispensed medication together with the required sundries will be placed in the Just in Case box by an identified registered nurse in the patient's home/homely setting.

The box must be stored out of reach and sight of children. An identified registered nurse should document in the patient record that a Just in Case box is in place in the patient's home/care home of residence. An identified registered nurse should inform the Out of Hours Community Nursing Service that a 'Just in Case' box is in place. The Just in Case box plastic containers will be stored at Community Nursing bases or within the care home.

4.3.6 Labelling and checking the medication

The Just in Case box should be labelled externally with the patient's name, the date the box was placed in the patient's home/homely setting and the earliest expiry date of the medicines contained within the box.

The District Nurse or other identified healthcare professional must be responsible for ensuring the medication contained within the Just in Case box has not reached its expiry date and that all medicines/doses prescribed on the Community Palliative Care Prescribing Record remain appropriate. This must be checked and documented in the patient record **at least every 2 weeks** and/or after any known change in condition or circumstances.

4.3.7 Documenting medication administration

If any of the medication prescribed as part of the scheme is administered, the practitioner administering the medication will document this within the Community Palliative Care Prescribing Record

4.3.8 When to transfer to a syringe pump

If three or more doses of any one of the medications prescribed as part of the scheme are administered within a 4-hour period with little or no benefit, the medical practitioner responsible for the care of the patient at that time must be informed to assess the patient's needs.
If more than 6 doses are required in 24 hours seek advice or review.

A regular prescription or continuous subcutaneous infusion via a syringe pump may now be more appropriate. Medication for this purpose should be prescribed, dispensed, administered and the details recorded as per current local practice.

When a patient commences on a syringe pump, all remaining Just in Case anticipatory medicines should be stored with the syringe pump medicines. The Just in Case plastic box should be returned to the Community Nursing base or retained by the care home.

4.3.9 Disposal of unused medication

Following a patient's death or admission to another care setting for end of life care, any remaining medication should be returned to a community pharmacy by the carer for disposal.

There may be circumstances where the multidisciplinary team agree that the Just in Case box is no longer required. Should this occur, a registered professional should discuss removal of the box with the patient/carer. Any remaining medication should be returned to a community pharmacy for disposal.

4.3.10 Recycling the plastic box

The patient's carer/nurse should return the Just in Case box to the patient's GP surgery/Community Nursing base as per the instructions on printed label affixed to the outside of the box. Care homes may retain the boxes for future use.

On return, the box should be cleaned as per the NHS Lanarkshire Infection Control Policy.

4.3.11 Expired medication

If a medication expires prior to use or is no longer required, the guidance set out in Section 4.3.9 above should be followed.

4.3.12 Medication supply problems

In the event of a supply problem with one of the recommended medicines, contact the GP or Specialist Palliative Care service to discuss a suitable alternative.

4.3.13 ***Patients discharged from hospital/hospice***

Patients being discharged from hospital or hospice will not routinely be issued with Just in Case medications for end of life care, unless it is likely that there is an urgent need for it. It is appropriate for the hospital/hospice staff to contact the GP and suggest that a Just in Case box may be required in the near future.

For those patients being discharged from hospital/hospice with a Just in Case prescription, the medication will be supplied by the hospital/hospice and the district nurse will supply the box and sundries to patients in their own home/homely setting. The exception to this is care homes with registered nurses who should have their own supply of boxes, but may require to access sundries from district nurses.

5. ROLES AND RESPONSIBILITIES

5.1 Characteristics of staff authorised to provide care under the scheme

- A registered prescriber who has access to the patient's current medical record will prescribe medication for the individual patient
- A registered medical practitioner or a first level registered nurse will administer the prescribed medication
- Staff providing care under this scheme require to be aware of the content of this policy and practice within the scope of their professional competence

5.2 Record-keeping

All practitioners using a Just in Case box must maintain clear, legible and accurate records for medicine administration.

5.3 Reporting Suspected Incidents or Defects

Any errors or incidents in relation to the use of a Just in Case box must be recorded and reported. This should be done via the practitioner's Line Manager and the incident should be recorded on the InPhase system (or other relevant incident reporting system). Any further documentation must be completed as per local policy.

An incident regarding suspected adverse drug reactions should be reported to the MHRA using the yellow card reporting mechanism. Details on how to report can be found at https://yellowcard.mhra.gov.uk/

6. RESOURCE IMPLICATIONS

There is the potential for wastage of unused medications since there is no guarantee that everything prescribed will be used. This cannot be avoided, since the purpose of the guideline is to ensure that medication is available in case it is needed, hence it is expected that it will not always be used. However, due to the unpredictable nature of symptom management towards the end of life, all medications listed on the Just in Case Box and 'As Required Prescription' should be prescribed, unless there is a known sensitivity or contraindication to a medicine.

7. COMMUNICATION PLAN

7.1 Operational requirements

Details of communication requirements to operate this guideline can be found in sections 4.1.4 & 4.1.5 (for patients/carers) and sections 4.3.1, 4.3.2, 4.3.5, 4.3.8, 4.3.12 & 5.3 (for healthcare professionals).

7.2 Key contacts for ongoing advice regarding the Just in Case box

The following people can advise on application of this policy or any questions relating to it.

Linda Johnstone	Macmillan Area Lead Pharmacist - Palliative Care	linda.johnstone@lanarkshire.scot.nhs.uk
Dr Jennifer Gibson	Macmillan GP Facilitator for Palliative Care	jennifer.gibson@lanarkshire.scot.nhs.uk
Jo Dunlop	Team Leader/ Advanced Clinical Nurse Specialist- Palliative Care	Joanna.Dunlop@lanarkshire.scot.nhs.uk

Advice can also be obtained by contacting the Specialist Palliative Care (SPC) Triage and Advice Line on 01698 755 141 Monday to Friday (9am-5pm), or by contacting St Andrew's Hospice (01236 766951) out with these hours.

8. QUALITY IMPROVEMENT – Monitoring and Review

This guideline will be reviewed every 3 years or more frequently should internal or external influences direct.

9. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

This guideline meets NHS Lanarkshire's EDIA √ ☐

(tick box)

10. FREQUENTLY ASKED QUESTIONS (FAQs)

10.1 What is a 'Just in Case' box?

Just in Case medicine boxes allow medicines for management of symptoms commonly occurring at the end of life to be readily available for a patient in their home in case they are needed.

10.2 What are the contents of the box?

All medicines are for sub-cutaneous administration:

- An opioid for pain relief/breathlessness e.g. morphine, oxycodone
- Midazolam for anxiety/agitation/breathlessness
- Hyoscine Butylbromide for respiratory secretions/ colic
- Levomepromazine for nausea/vomiting/uncontrolled distress/agitated delirium
- Water for Injection or Sodium Chloride 0.9% as a flush

10.3 Paperwork

- Community Palliative Care Prescribing Record
- Patient information leaflet

10.4 What are the key benefits to patients?

Patients and their families tell us that the key benefit is the ready availability of medicines for symptom management at the end of life. Without this anticipatory prescribing, there would be a potentially distressing delay, or hospital admission. Families speak of the reassurance that having a 'Just in Case' box in the home gives them.

10.5 Who decides when a Just in Case box should be used?

In the community, Palliative Care Clinical Nurse Specialists or District Nurses, in collaboration with the patient's GP and practice team, decide when a Just in Case box should be initiated. In hospital, medical and nursing staff on the ward, in conjunction with the hospital Palliative Care Clinical Nurse Specialist (or other Clinical Nurse Specialist) may decide when a Just in Case box is needed.

10.6 How do I organise a 'Just in Case' prescription?

A registered prescriber with up-to-date knowledge of the patient's medical history and current condition will prescribe anticipatory medication for the individual patient as per routine practice

a. Within GP practices, the 'Just in Case' medicines prescription is preset in the GP prescribing systems to minimise the risk of selection error
b. Within the Acute sites the 'Just in Case' medicines should be prescribed on a separate discharge prescription and marked as 'Just in Case Medicines' to allow the Pharmacy Department to separate them from the patient's usual medication.

The prescriber should also obtain a NHS Lanarkshire Community Palliative Care Prescribing Record and complete the 'Just in Case' Box and 'As Required Prescription'. The prescriber should complete the opioid details (medication, dose and frequency), and sign and print their name against each medication to be administered, including the diluent.

10.7 Does the prescriber only sign for the medicines which they think might be required or are they all signed just in case?

All medicines should be prescribed unless there is a known sensitivity to a medicine. The reason for this is that it is difficult to predict what may be required.

10.8 Is it only the District Nurse who administers the medicines?

Any registered nurse or doctor who has access to the patient's medical records can administer the prescribed medicines.

10.9 What if the patient is receiving medication via a subcutaneous pump (syringe driver)?

If patient has a syringe pump already in situ, then they would not then be appropriate for a 'Just in Case' box. The Just in Case Box and 'As Required Prescription' Form within the NHS Lanarkshire Community Palliative Care Prescribing Record should be used to prescribe appropriate breakthrough medications.

References/Evidence

1. Scottish Government (2008). *Living and Dying Well- A National Action Plan for Palliative and End of Life Care in Scotland*. Edinburgh: Scottish Government.

2. GSF (2006). *The Gold Standards Framework. Examples of Good Practice Resource Guide: Just in Case Boxes*.

3. Healthcare Improvement Scotland (2020) *Scottish Palliative Care Guidelines.* *https://rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines/*

4. Nursing and Midwifery Council (2015 and updated 2018). *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives*. Nursing and Midwifery Council. https://www.nmc.org.uk/standards/code/

Appendices

1. Governance information for Guidance document

Lead Author(s):	Linda Johnstone
Endorsing Body:	Area Drugs and Therapeutics Committee
Version Number:	4.1
Approval date	April 2026
Review Date:	February 2027
Responsible Person (if different from lead author)	

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	With thanks to NHS Tayside who gave permission to base this document on their own policy 2023 Just in Case Box working Group • Linda Johnstone, Macmillan Area Lead Pharmacist – Palliative Care • Jennifer Gibson, Macmillan GP Facilitator • Susanne Gray, Nurse Consultant Palliative Care • Nicola Crudge, Lead Nurse Specialist, Long Term Conditions 2020 Just in Case Box Working Group: • Jennifer Gibson Macmillan GP Facilitator • Linda Johnstone, Macmillan Area Lead Pharmacist Palliative Care • Jacqueline Fox, Professional Lead Nurse 2009-2012 Just in Case Box Working Group: ▪ Rosalie Dunn (Chair), Palliative Care MCN Clinical Lead and Macmillan GP Facilitator ▪ Helen Alexander, Palliative Care MCN Manager ▪ Anne Marie Brandon, Staff Grade Physician in Palliative Medicine, St Andrew's Hospice ▪ Eamonn Brankin, Clinical Director, North East Unit and GP, Church Street Medical Practice, Coatbridge ▪ Rhona Campbell, District Nurse, Hamilton ▪ Jean Donaldson, Senior Nurse, South West Unit ▪ Linda Johnstone, Macmillan Area Lead Pharmacist – Palliative Care ▪ Jan Smith, Community Macmillan Nurse Co-ordinator ▪ Fiona Young, Palliative Care Administrative Support

Consultation Process / Stakeholders:	▪ NHS – Consultants (palliative care and other specialties), GPs, Community Nurses, Specialist Nurses (palliative care, cancer, non-malignant conditions), Advanced Nurse Practitioners, Senior Managers, Service Managers, AHPs, Care Home Liaison Team, Pharmacists (palliative care and others), Oral Health Team, Patient Affairs Manager, Volunteer Co-ordinator, Out of Hours service, Spiritual Care Team, Clinical Quality ▪ Local Authority – Social Work, Older People's services, Younger Adult services ▪ Patient representatives, carer organisations ▪ Third sector – St Andrew's, Strathcarron & Kilbryde Hospices, Marie Curie, Macmillan, The Haven, Maggie's Centre, Scottish Partnership for Palliative Care ▪ Scottish Ambulance Service

CHANGE RECORD			
Date	**Lead Author**	**Change**	**Version**
18.5.10	RT Dunn	New policy written	1.0
20.12.13	RT Dunn	Amendment to prescription doses in line with national recommendations (Appendix 1)	1.2
9.5.14	RT Dunn	Amendment of wording throughout to encompass roll-out to care homes	2.0
23.3.15	RT Dunn	Reformatting policy into standardised layout	2.1
27.02.17	L Johnstone	Amendment to encompass community palliative care prescribing record and removal of haloperidol from standard prescription	2.2
15.11.17	L Johnstone	Amendment to clarify dose of opioid (section 4.2.3)	2.3
May 2018	Risk Department	GDPR statement added into section 3 and updated name of Current data protection legislation Act	2.3
September 2018	L Johnstone	Policy status changed to guideline Updated version of patient information leaflet added	2.4
September 2020	L Johnstone	Updated guideline Updated version of patient information leaflet	3.0
November 2023	L Johnstone	Updated guideline Updated version of patient information leaflet Updated version of community palliative care prescribing record	4.0
March 2026	L.Johnstone	Increased recommended supply to 10 ampoules (section 4.2.2). Updated weblinks and contact details	4.1

2. Membership of the 2009-2012 Lanarkshire Palliative Care Managed Clinical Network Just in Case Box Working Group

Rosalie Dunn (Chair), Palliative Care MCN Clinical Lead and Macmillan GP Facilitator

Helen Alexander, Palliative Care MCN Manager

Anne Marie Brandon, Staff Grade Physician in Palliative Medicine, St Andrew's Hospice

Eamonn Brankin, Clinical Director, North East Unit and GP, Church Street Medical Practice, Coatbridge

Rhona Campbell, District Nurse, Hamilton

Jean Donaldson, Senior Nurse, South West Unit

Linda Johnstone, Macmillan Area Lead Pharmacist – Palliative Care

Jan Smith, Community Macmillan Nurse Co-ordinator

Fiona Young, Palliative Care Administrative Support

2020 Reviewers Just in Case Box Short Life Working Group

Linda Johnstone, Macmillan Area Lead Pharmacist – Palliative Care

Jennifer Gibson, Macmillan GP Facilitator

Jacqueline Fox, Professional Lead Nurse

2023 Reviewers Just in Case Box Short Life Working Group

Linda Johnstone, Macmillan Area Lead Pharmacist – Palliative Care

Jennifer Gibson, Macmillan GP Facilitator

Susanne Gray, Nurse Consultant Palliative Care

Nicola Crudge, Lead Nurse Specialist District Nursing

3. Just in Case Box - Core Contents

Syringes and Needles:

10 x 1ml syringes

10 x 2ml syringes

10 x 25 gauge orange needles

10 x filter needles

3 x BD Saf-T-Intima Cannula

Water for injection (must be prescribed for individual patient) 10 x 10ml

Pre injection swabs

Sterile transparent film dressing x 3

Blue lid sharps bin for non- hazardous medications

Documentation

NHS Lanarkshire	Community Palliative Care Prescribing Record Home - Clinical Records
NHS Lanarkshire	Patient Information Leaflet. Just in Case Medication- Information for patients and carers Home - Patient Information Leaflets