

## Availability of Just in Case medications at End of Life



### Background

In March 2017, NICE published their new Quality Statements in care of dying adults. Quality statement three states 'Adults in the last days of life who are likely to need symptom control are prescribed anticipatory medicines with individualised indications for use, dosage, and route of administration.'



### Methodology

The records of 46 individuals admitted to the CNS Chesterfield & High Peak community nurse caseloads who died at home between 1 April 2021 and 31 March 2022 were audited. The sample was drawn from the clinical information system (SystemOne). Patients randomly selected from the list to include patients from both teams.



### Aim

To re-assess that the Specialist Palliative Community Nursing team are continuing to meet the standards that the JIC medications are prescribed and individualised prior to a patient's death.



### Objective 1

To ensure the JIC medications are in place prior to the patient's death.

#### Result:

Where 93% of the patients in the first audit cycle had JIC medication in place, in this cycle this was slightly lower at 89%. However, each of the five patients who did not have JIC medications declined rapidly and the opportunity to put JIC medications into the patients' home was reduced.

#### Conclusion:

From the patient notes the auditors reported that there didn't appear to be anyone not using JIC that should have done indicating that patients were fairly settled without them and managed in other ways.



### Objective 2

To identify if the JIC medications are utilised.

#### Result:

The JIC medicines were used by almost three-quarters of the patients in this audit cycle compared with the first where it was just over half.

#### Conclusion:

Perhaps reflective of the circumstances since COVID-19 lockdowns where people are at home with complex symptoms.



### Objective 3

To ensure that the JIC medications are individualised.

#### Result:

First audit: all but one patient was reported to have had individualised JIC medicines available.  
Current audit: 93% of the patients who needed individualised JIC medicine in place had them available. Three patients did not have individualised JIC in place.

#### Conclusion:

In all three cases in this audit, the JIC were provided by other teams (GP) and may have been in place prior to CNS involvement, but then not adjusted / checked by the CNS. Or, often they are in place and then oral medications are changed, but the injections aren't updated alongside. In our documentation it was mainly just 'JIC in situ' but that doesn't go into detail about what had been prescribed.



### Recommendation

The CNS team should document the specific JIC and doses prescribed, as is done with other patient medications, so the team knows about what is in the house and why.



### Other action to take

- Present at Clinical Audit Group at Ashgate Hospice (May 2022)
- Share findings with the CNS team
- Re-audit one year and add in question to identify documentation of each JIC, dose and any changes needed and actioned.



### Standard or policy adhered to

- Care of dying adults in the last days of life
- Quality standard [QS144] Published date: 02 March 2017

