The Marie Curie
Palliative Care Institute
LIVERPOOL

LCP Supporting Information

Medication Guidance Examples

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The Royal Liverpool and NHS
Broadgreen University Hospitals
NHS Trust

Marie Curie Cancer Care
Devoted to Life

UNIVERSITY OF LIVERPOOL

INTRODUCTION TO THE LCP CORE DOCUMENTATION

The aim of the LCP continuous quality improvement programme is to translate the excellent model of hospice care for the dying into other health care settings and to develop outcome measures using an integrated care pathway (ICP) for the last hours or days of life.

The LCP generic document is only as good as the teams using it. Using the LCP generic document in any environment therefore requires regular assessment and involves regular reflection, challenge, critical senior decision-making and clinical skill, in the best interest of the patient. A robust continuous learning and teaching programme must underpin the implementation and dissemination of the LCP generic document. This LCP generic version 11 has been reviewed since December 2007 as part of an extensive consultation exercise and the LCP generic version 12 is now available to reflect the feedback from the consultation and latest evidence. The LCP generic version 12 will be presented at the LCP conference on the 25th November 2009 and ratified by the LCP National Reference Group on 2nd December 2009.

The LCP generic document version 12 must be supported by medication guidance for the management of the 5 key symptoms that may develop in the last hours or days of life.

These Algorithms are an example only - each organisation must develop medication guidance in accordance with local medicines management / palliative care guidelines / policy & procedure within the governance framework of an organisation and reference them accordingly.

Remember:

- Anticipatory prescribing in this manner will ensure that in the last hours or days of life there is no delay responding to a symptom if it occurs.
- Medicines for symptom control will only be given when needed, following an assessment, and at the right time and just enough and no more than is needed to relieve the symptom**.**
- Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure.
- Not all patients who are dying will require a CSCI (continuous subcutaneous infusion).
- If symptoms persist contact the Specialist Palliative Care Team.

EXAMPLE

The ethos of the LCP generic version 12 document has remained unchanged. In response to the consultation exercise including 2 rounds of the National Care of the Dying Audit – Hospitals (NCDAH), version 12 has greater clarity in key areas particularly communication, nutrition and hydration. Care of the dying patient and their relative or carer can be supported effectively by either version of the LCP. The responsibility for the use of the LCP generic document as part of a continuous quality improvement programme sits within the governance of an organisation underpinned by a robust ongoing education and training programme.

We believe as with any evolving tool or technology that those organisations who are using the LCP generic version 11 will work towards adopting version 12.

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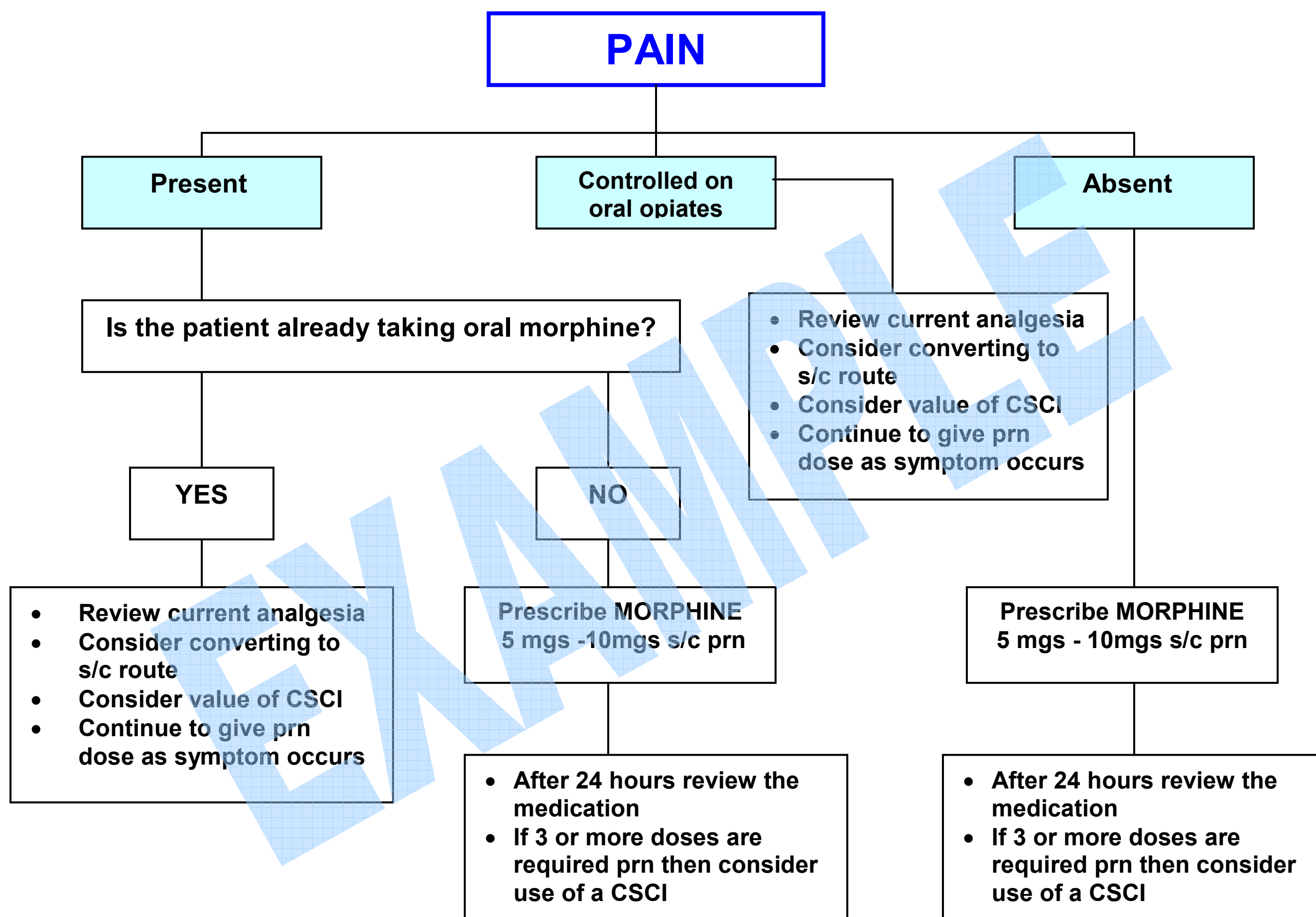
SYMPTOM CONTROL ALGORITHMS

Medicines for symptom control will only be given when needed, following an assessment, and at the right time and just enough and no more than is needed to relieve the symptom.

Merseyside and Cheshire Palliative Care Network Audit Group (2009) Standards and Guidelines Fourth Edition.

Remember:

- Anticipatory prescribing in this manner will ensure that in the last hours or days of life there is no delay in responding to a symptom if it occurs.
- Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure
- Not all patients who are dying will require a CSCI (continuous subcutaneous infusion)



SUPPORTING INFORMATION

- To convert from other strong opioids contact the Palliative Care Team / Pharmacy for further advice and support
- If using opiates for the management of dyspnoea this should be taken into account when titrating opiates for pain
- Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure

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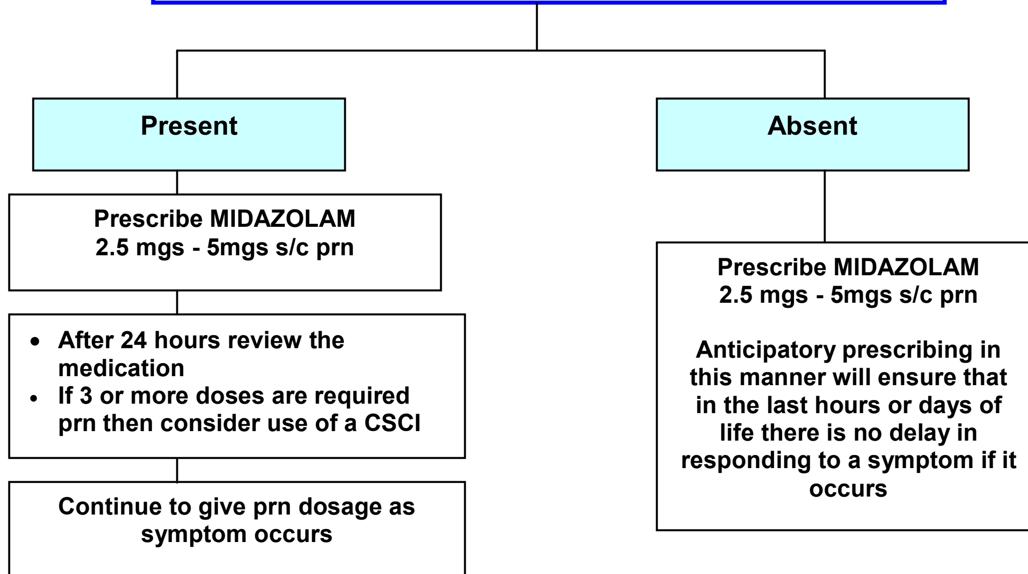

SUPPORTING INFORMATION

- ❖ The management of agitation & restlessness does not usually require the use of opioids unless the agitation & restlessness is thought to be caused by pain
- ❖ Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure

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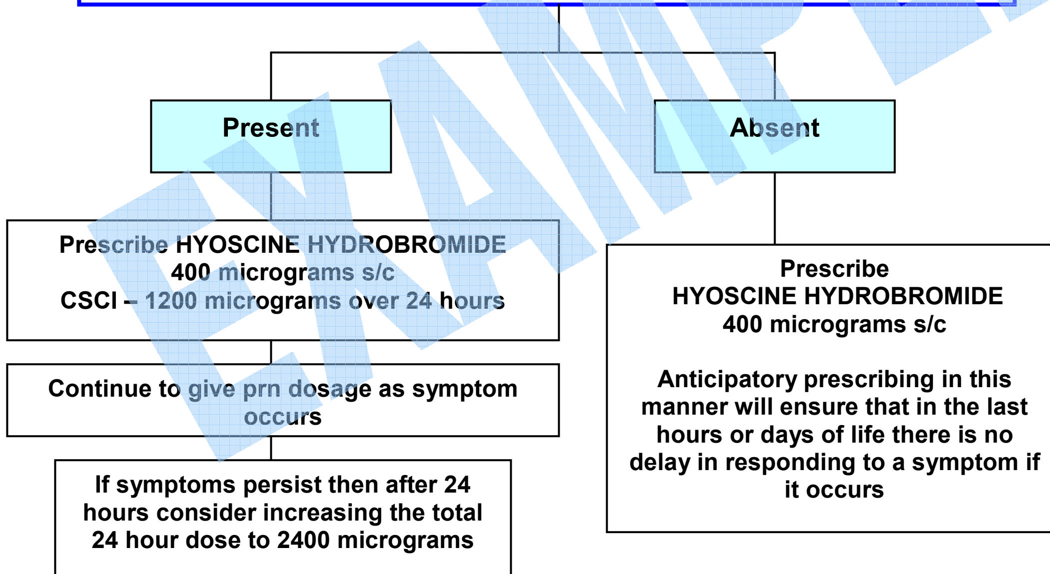

EXAMPLE

SUPPORTING INFORMATION

- ❖ Glycopyrronium 200 micrograms s/c prn may be used as an alternative
- ❖ Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure

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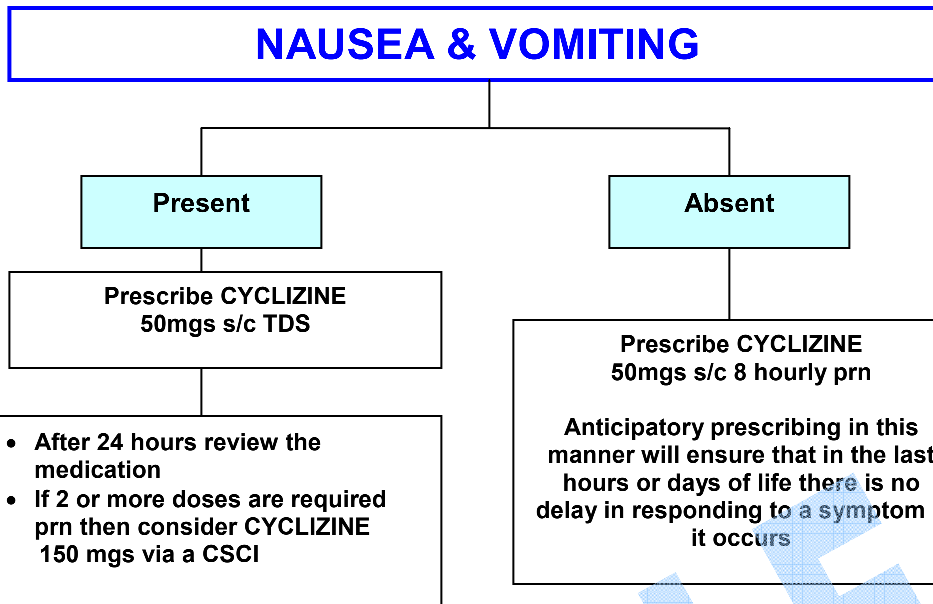

SUPPORTIVE INFORMATION

- Always use water for the injection when making up Cyclizine.
- Cyclizine is **NOT** recommended in patients with **heart failure** – seek advice and support
- Alternative anti-emetics, may be prescribed e.g.
  - HALOPERIDOL 1.5 mgs – 3 mgs s/c prn (1.5 mgs -5mgs via a CSCI over 24 hrs – if required)
  - LEVOMEPROMAZINE 6.25 mgs s/c prn (6.25 mgs -12.5mgs via CSCI over 24hrs – if required)
- Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure

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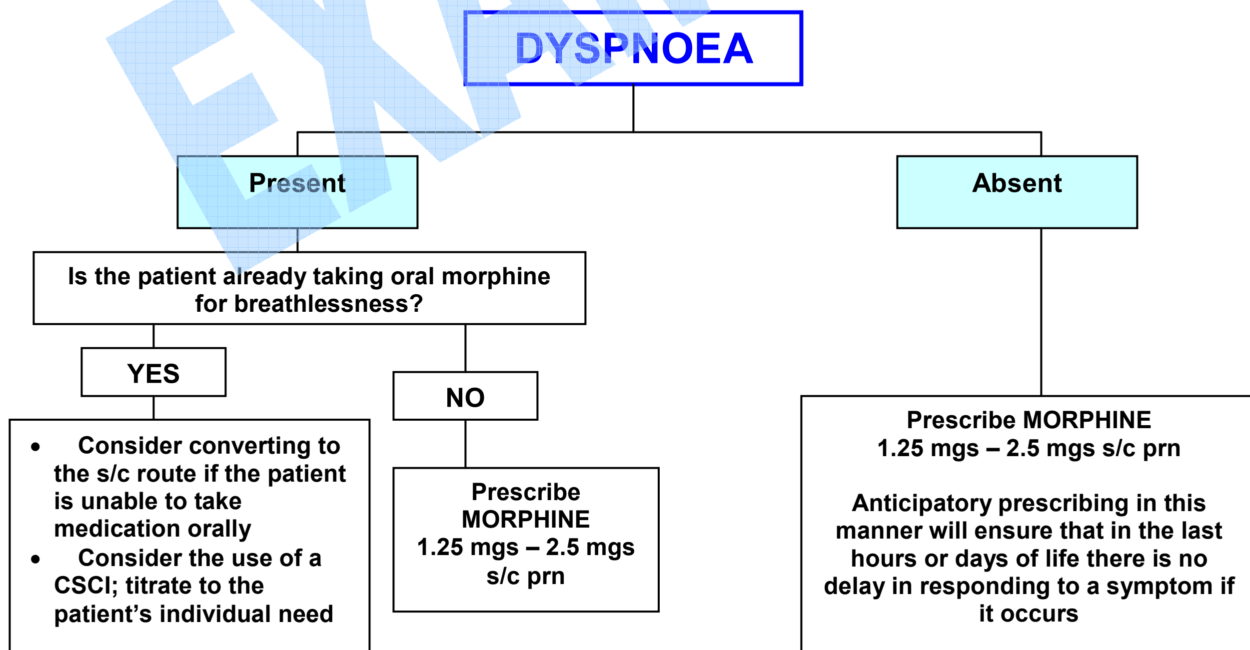

SUPPORTIVE INFORMATION

- If the patient is breathless and anxious, consider Midazolam stat 2.5 mgs s/c prn
- Review drug/dose/frequency for patients who are elderly, frail, have dementia or renal failure

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EXAMPLE