



# Enhancing Palliative Care

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Government  
of South Australia

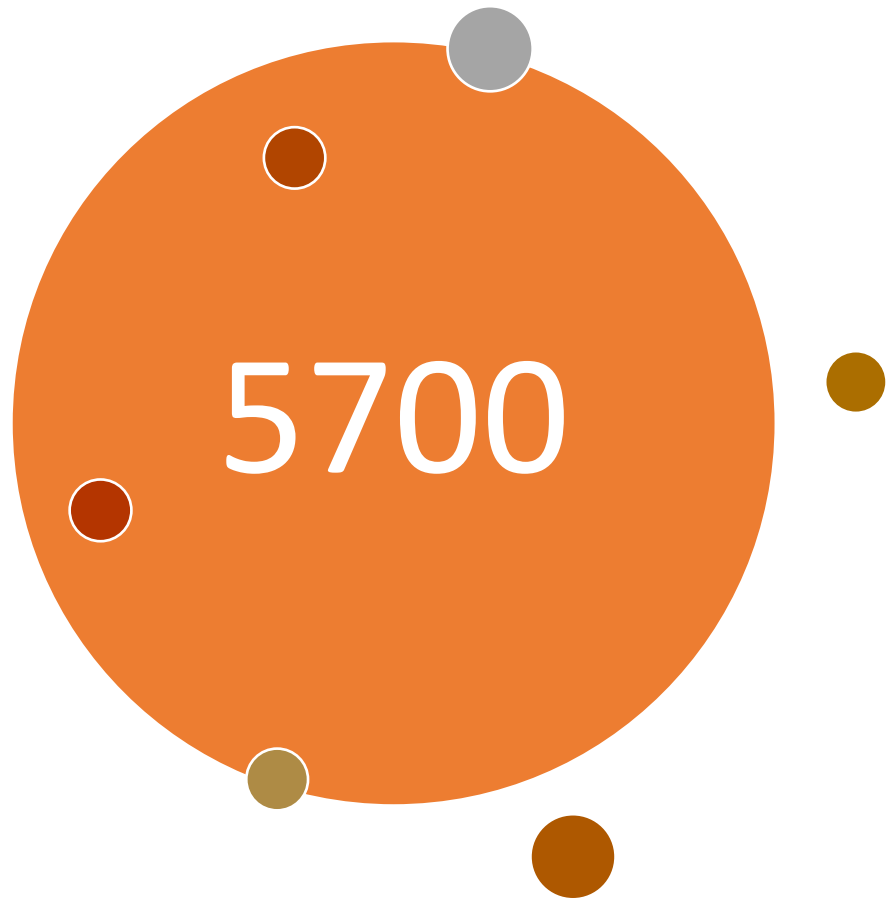
SA Health

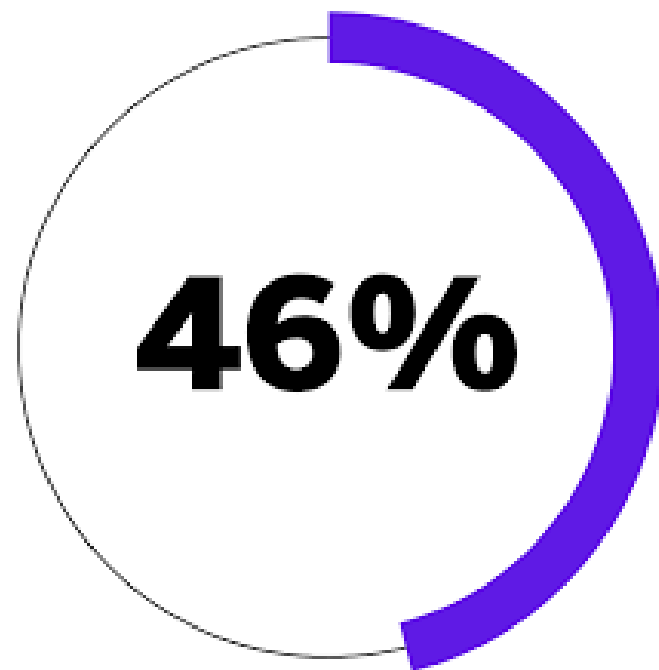
# Objectives

- Illustrate the importance of the role of the pharmacist in palliative care and medication management
- Understand why timely access to medicines for symptom control is an issue
- Describe the Core Medicines List that can provide symptom control in non-complex patients in the last days of life



161,300





# Medication-Related Problems (MRPs)

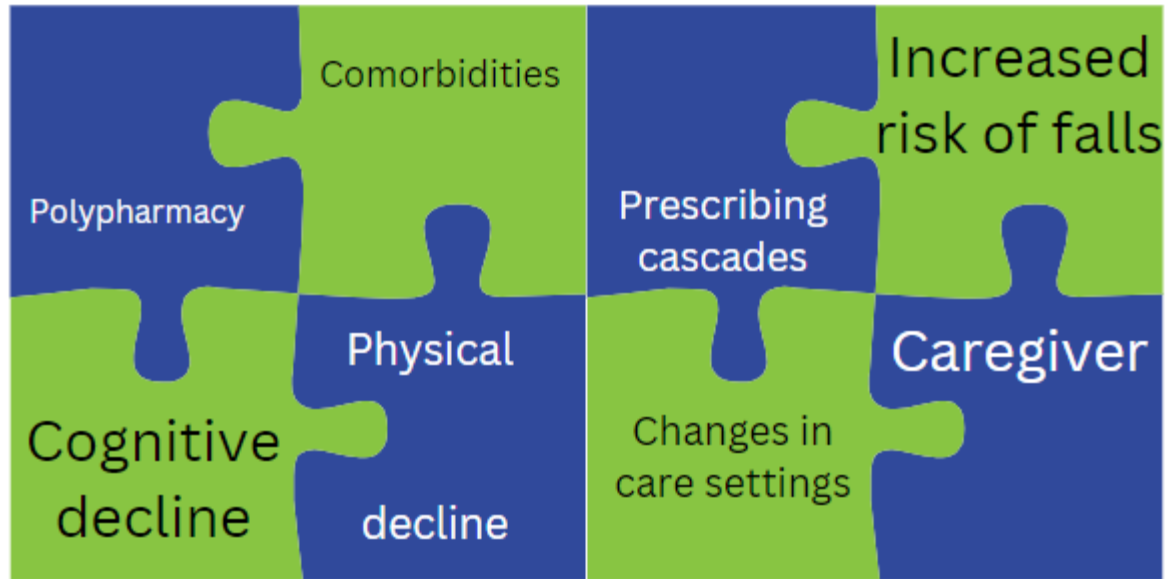
“...any event involving treatment with a medicine that has a negative effect on a patient’s health or prevents a positive outcome.”

**The Australian Commission on Safety and Quality in Health Care**



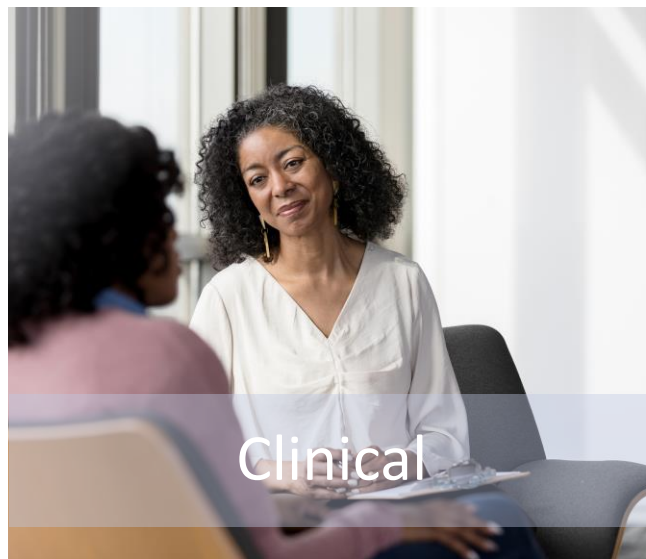


# Why People with Palliative Needs Have a Greater Risk of MRPs



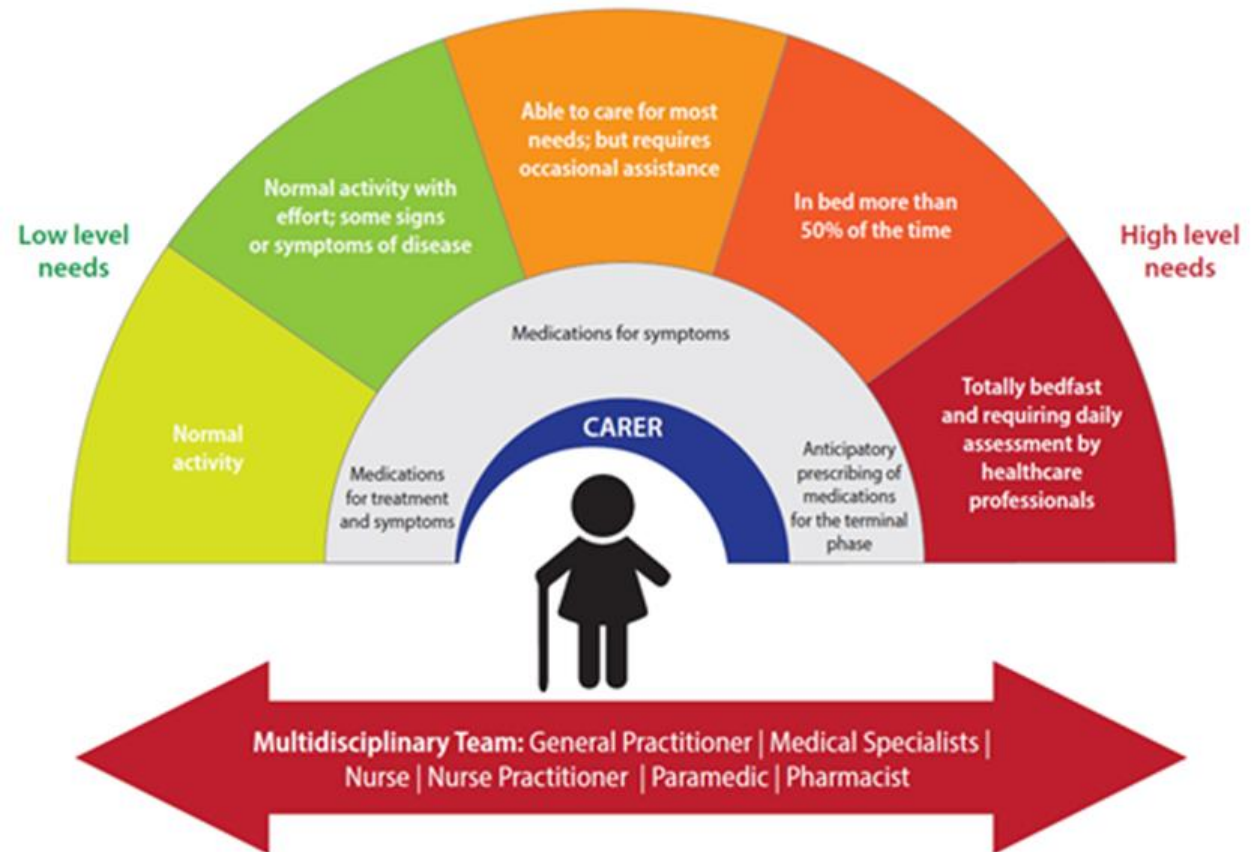
MRPs present a multidisciplinary challenge

# Pharmacists





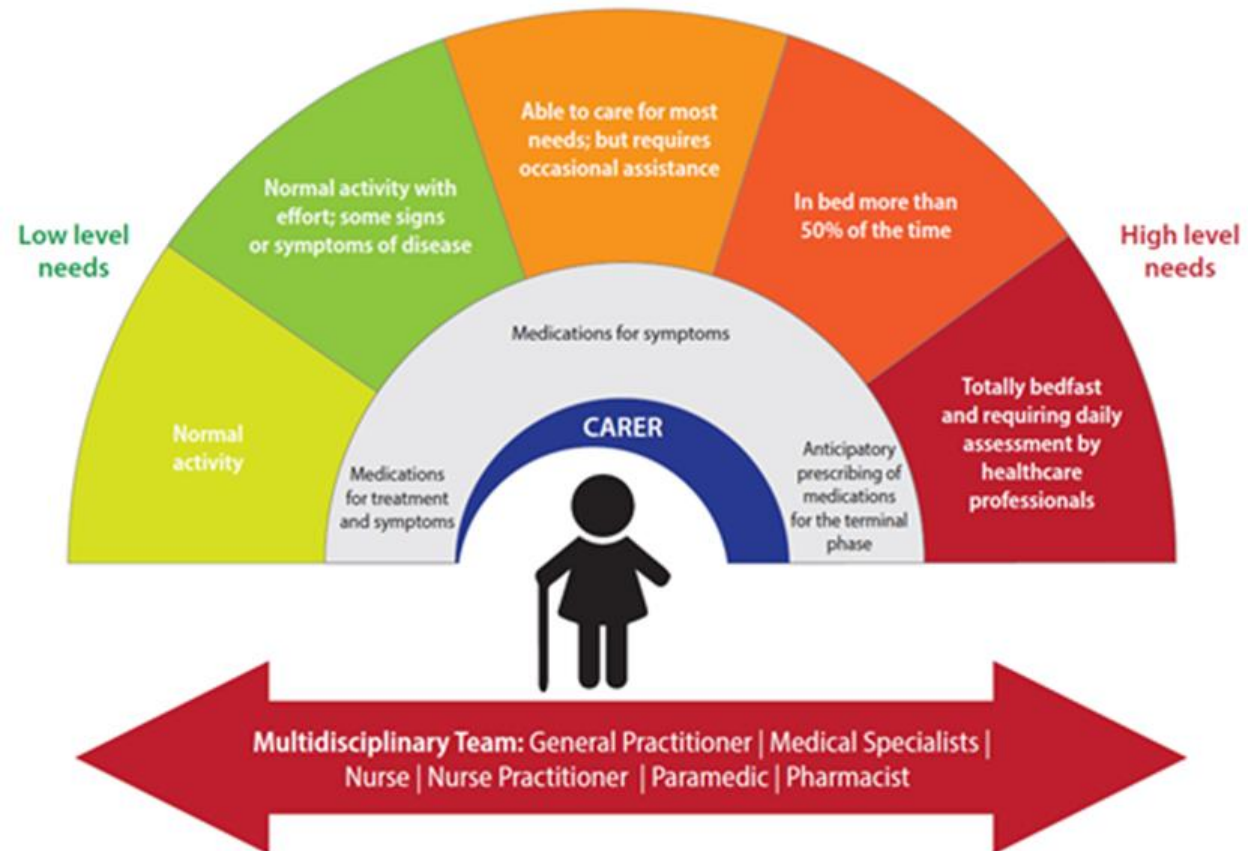
# Medication Management for People with Palliative Needs



# Medication Management for People with Palliative Needs

- Medication Review
  - Medication reconciliation
  - Caregiver education
  - Guidance on deprescribing
- Return of unwanted medications (RUM)
- Medication supply
  - Dose administration aids
  - Staged supply
  - Prescriber bag items
  - Core Medicines List

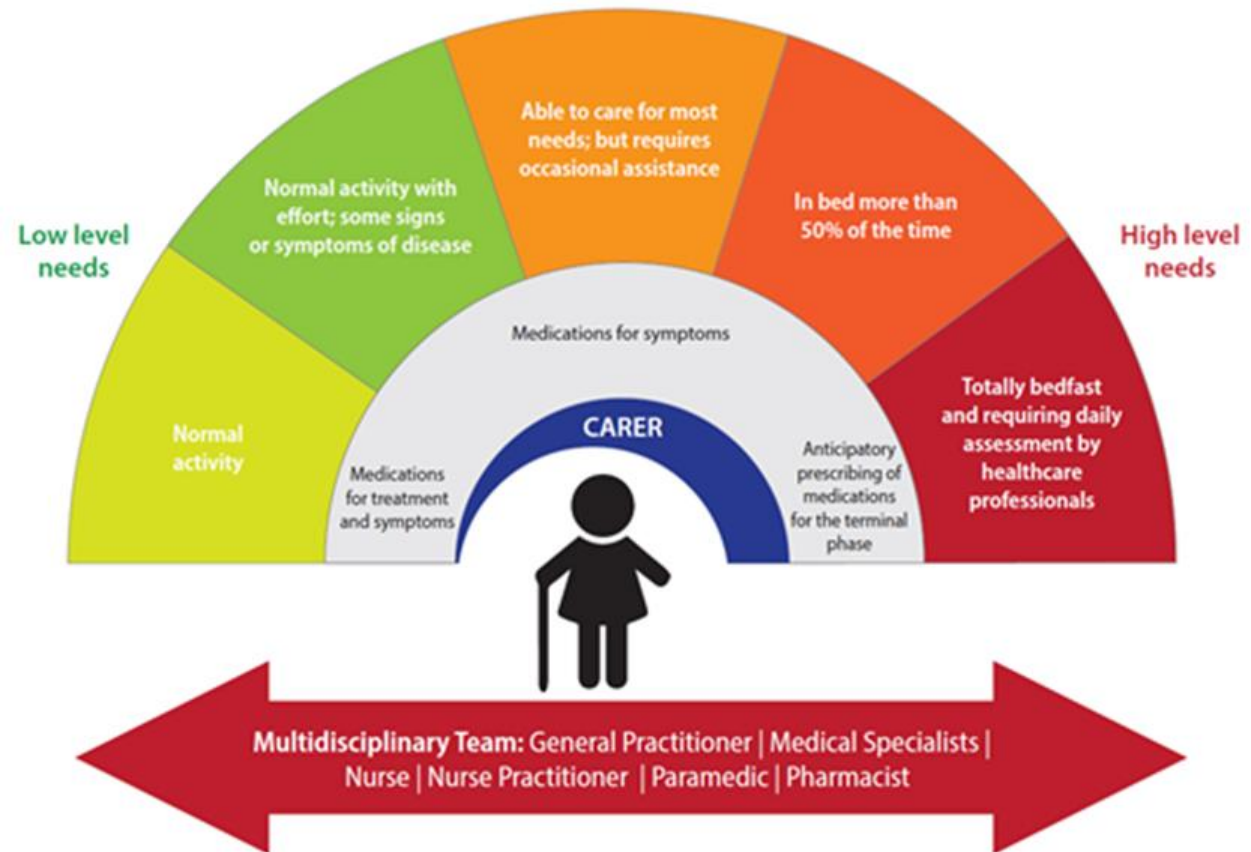
Locked boxes





# Medication Management for People with Palliative Needs

When a pharmacist is aware of people with palliative needs using their business, they are more likely to hold a greater number of subcutaneous medicines.





# PBS Prescriber Bag



## Medicines from the PBS Prescriber's bag for Terminal Phase Symptoms

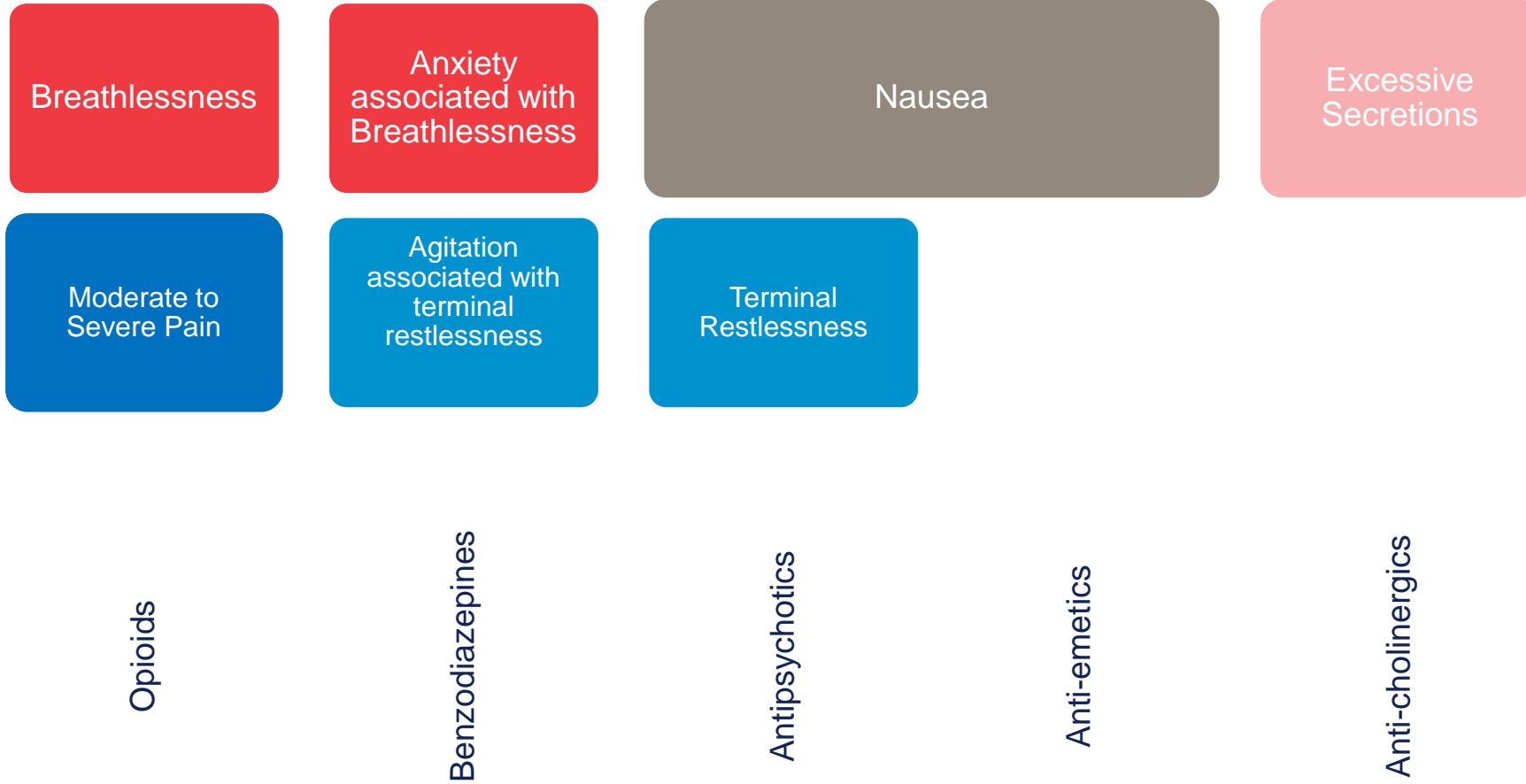
PBS Item Code	Pharmaceutical benefit and form	Strength	Packet size	Max qty (packs)	Max qty (units)
3451P	Adrenaline (Epinephrine) injection	1 in 1000 (1 mg/mL)	5 x 1mL amps	1	5
3478C	Clonazepam oral liquid	2.5 mg/mL (0.1 mg/drop)	1 x 10mL	1	1
3466K	Furosemide (Frusemide) ampoule	20 mg/ 2 mL	5 x 2mL	1	5
3456X	Haloperidol ampoule	5 mg/mL	10 x 1mL	1	10
3470P	Hydrocortisone Sodium Succinate injection*	100 mg (reconstituted to 2mL)	Single injection	2	2
	OR	OR			
3471Q	Hydrocortisone Sodium Succinate injection*	250 mg (reconstituted to 2mL)	Single injection	1	1
3473T	Hyoscine Butylbromide ampoule	20 mg/mL	5 x 1mL	1	5
3476Y	Metoclopramide ampoule	10 mg/ 2 mL	10 x 2mL	1	10
10178Q	Midazolam ampoule	5 mg/mL	10 x 1mL	1	10
10862Q	Morphine ampoule	10 mg/mL	5 x 1mL	1	5
	OR	OR			
3479D	Morphine ampoule	15 mg/mL	5 x 1mL	1	5
	OR	OR			
10868B	Morphine ampoule	20 mg/mL	5 x 1mL	1	5
	OR	OR			
3480E	Morphine ampoule	30 mg/mL	5 x 1mL	1	5
10786Q	Naloxone injection	400 microgram/mL	5 x 1 mL	2	10
	OR	OR			
11233F	Naloxone injection	400 microgram/mL	10 x 1 mL	1	10

Based on the emergency practice concept proposed by Seidel et al 2006 Aust Fam Physician. 2006 Apr;35(4):225-31. Information from PBS listings current as of September 2022. See [www.pbs.gov.au](http://www.pbs.gov.au) for more.

# Pharmaceutical Benefits for Palliative Care

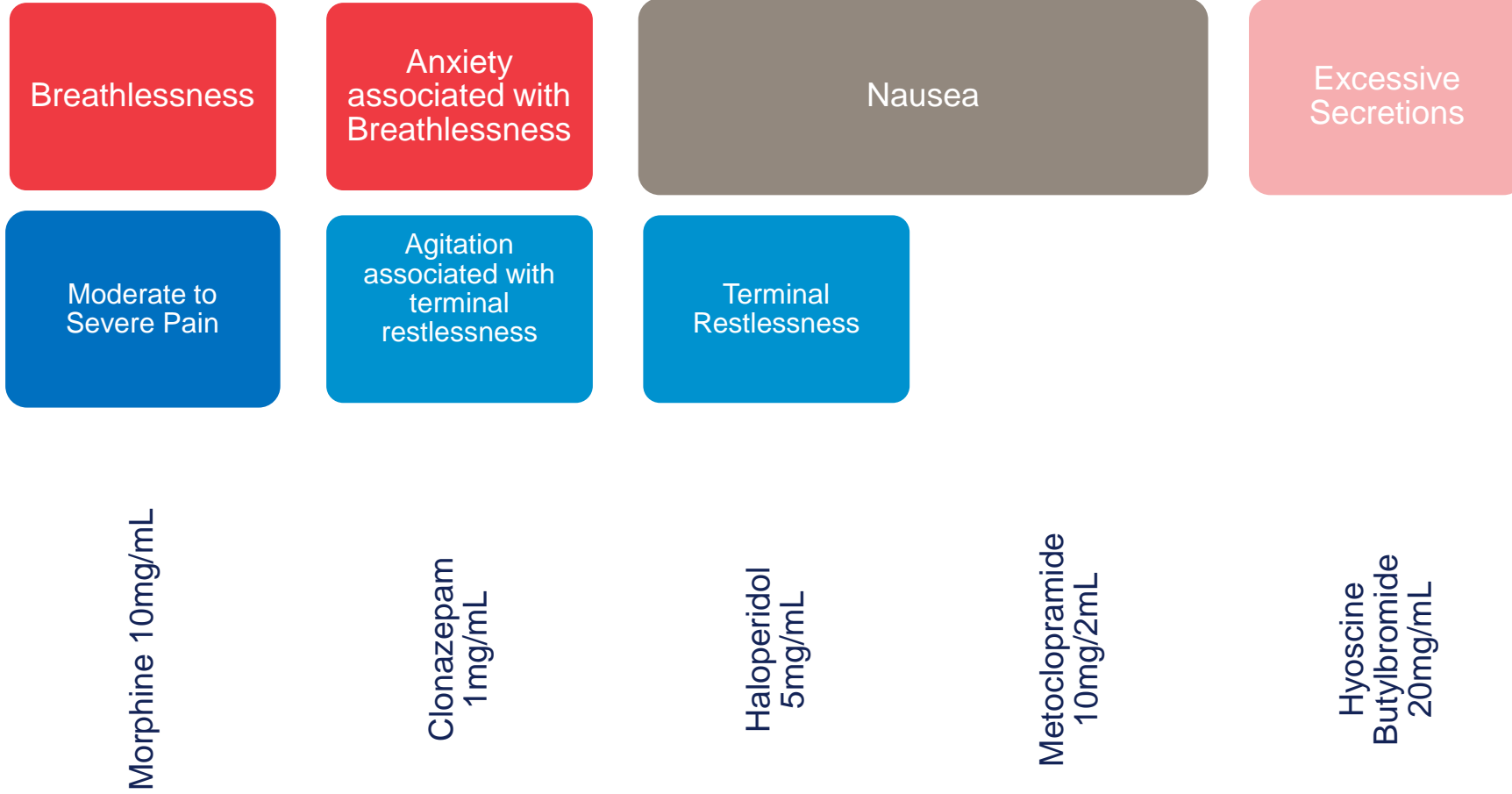
- A patient with an active, progressive, far-advanced disease for whom the prognosis is limited and the focus of care is the quality of life
- **Different indication:** Clonazepam injection, drops, tablets
- **New medicine:** Paracetamol tablets and suppositories
- **Different quantity:** Temazepam tablets (50 tablets and 3 repeats)

# Core Medicines List

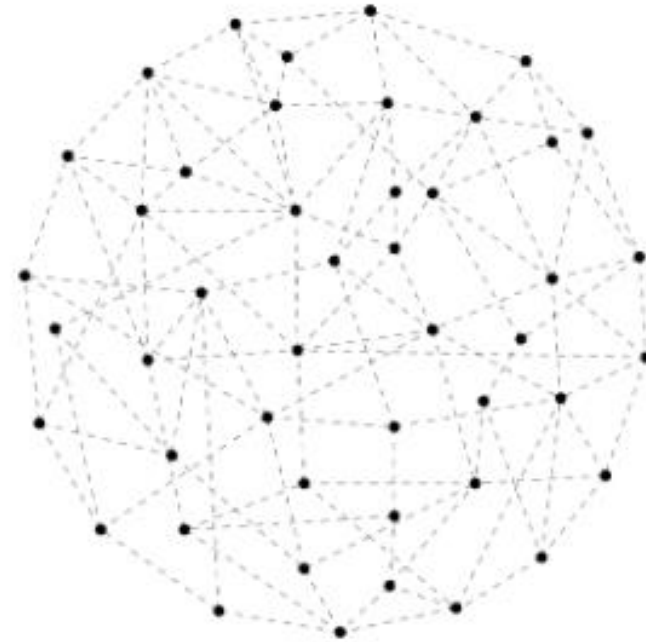
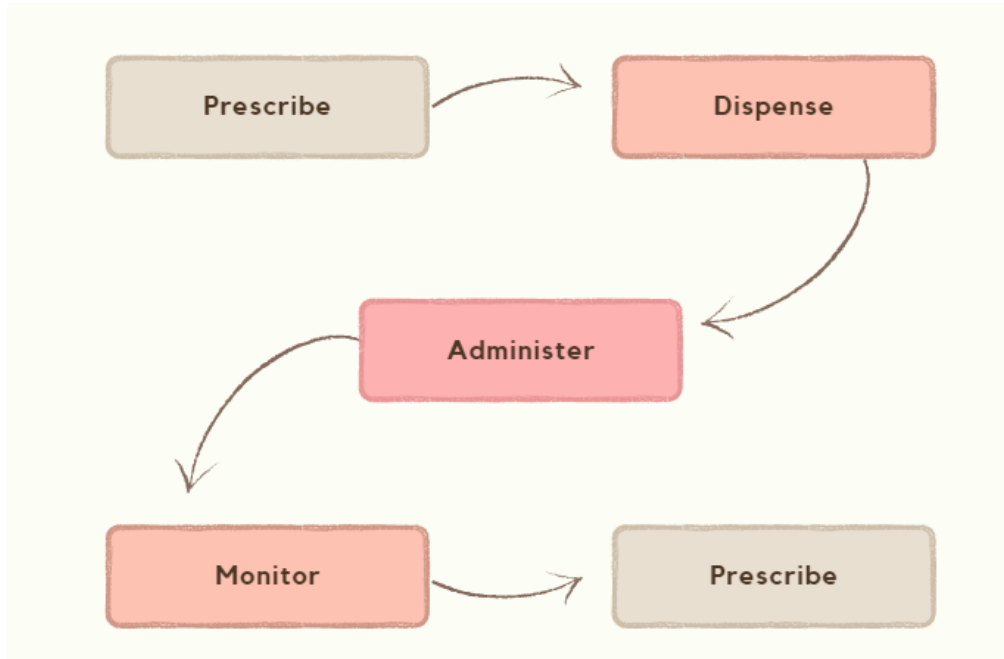




# Core Medicines List



# Health Care is Delivered in a Complex Environment



# Conclusion

- A pharmacist may not naturally know that a patient has a life-limiting illness
- When engaged early, a pharmacist can support the person with palliative needs, their caregiver and the multidisciplinary team in various ways
- While various medications helpful in managing terminal phase symptoms are available on the PBS, the turnover may not be great
- When a pharmacist is aware of people with palliative needs using their pharmacy, they are more likely to carry stock of subcut medications
- The SA Core Medicines List has been developed to ensure the medicines prescribed are also to ones stocked by the pharmacy





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SA Health

# Other dosing references

- Smartphone apps:
  - palliAGEDgp
  - palliMEDS
- Websites
  - palliAGED (Symptoms and Medicines)
  - SA Health (Prescribing Guidelines for the Pharmacological Management of Symptoms for Adults in the Last Days of Life)
  - Therapeutic Guidelines (Palliative care)
  - Tasmanian Palliative Care Formulary
  - Tasmanian PHN (Deprescribing Resources)
- Caring@home resources



# Doses (from SA Health)

INDICATION	MEDICATION	DOSE	FREQUENCY
Pain or Dyspnoea	<i>Morphine – pain</i>	2.5mg to 5mg	every hour as required
	<i>Morphine - dyspnoea</i>	1mg to 2.5mg	
	<i>Fentanyl</i>	25microgram to 50 microgram	every hour as required
	<b>OR</b>		
	<i>Hydromorphone</i>	0.5mg to 1mg	every hour as required
Anxiety or Terminal Restlessness	<i>Clonazepam</i>	0.25mg to 0.5mg	every 12 hours as required
	<b>OR</b>		
Delirium or Agitation	<i>Midazolam</i>	2.5mg	every hour as required
	<i>Clonazepam</i>	0.25mg to 0.5mg	Every 12 hours as required
	<b>OR</b>		
	<i>Midazolam</i>	2.5mg	Every hour as required
	<b>AND/OR</b>		
Nausea	<i>Haloperidol</i>	0.5mg to 1mg	every 2 hours as required, to a maximum of 5mg per 24 hours
	<i>Metoclopramide</i>	10mg	every 4 hours as required, to a maximum of 30mg per 24 hours
	<b>OR</b>		
Gurgly / Noisy Breathing	<i>Haloperidol</i>	0.5mg to 1mg	every 4 hours as required, to a maximum of 5mg per 24 hours
	<i>Hyoscine butylbromide</i>	20mg	every 2 to 4 hours as required to a maximum of 120mg per 24 hours