Guidance for use of the Community Palliative Care Kardex

The community palliative care kardex has been developed by community nurses in Renfrewshire HSCP to support the delivery of palliative and end of life care within the community. This guidance is intended to support staff as they use this document either in the prescribing or administering of medication and goes through the kardex page by page presenting examples of how to complete each section.

Key points:

- The kardex is intended for use with patients who have palliative care needs and should be initiated when it is judged that anticipatory prescribing (i.e. Just in Case Box) would be beneficial.
- The kardex has been developed to support the introduction of Just in Case boxes. Improved anticipatory care will ensure that patients receive timely symptom assessment and management, which has the potential to enhance patient care, prevent unnecessary crises and prevent unscheduled hospital admissions, helping to ensure that more people with palliative care needs can be cared for and die in a place of their choosing. Using Just in Case boxes encourages:

    - Proactive consideration of anticipatory care and the provision of anticipatory medication
    - Anticipation of the key symptoms that patients may experience at end of life e.g. pain, nausea or vomiting, restlessness, moist respiratory tract secretions and breathlessness ***even if not currently present***
    - Ensuring that there is an appropriate supply of medication to cover the out of hours period

- ***This kardex provides appropriate documentation to record direction to administer and record of administration***
- All medication to be administered by the DN ***must*** be transferred on to the kardex and then ***discontinue the "Direction to Administer" sheet*****.** This presents an opportunity to review the need for each prescribed medicine.

For further information or support please contact:

- Elayne Harris 07876 478140, Carolyn Mackay 07775 012560, Susan Addie 07880 786659
- Macmillan Palliative Care Project, Renfrewshire CHP, 0141 314 4424

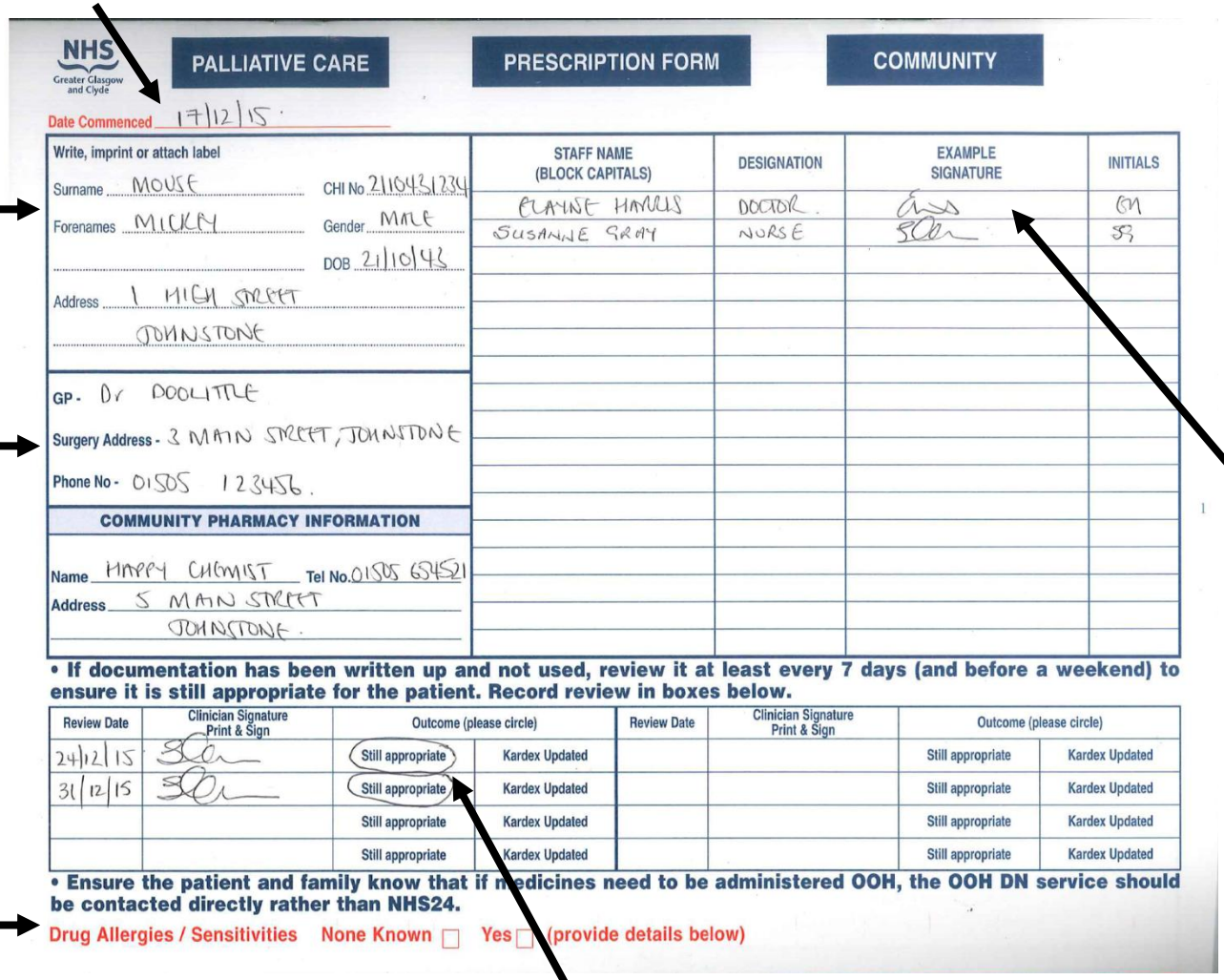
Front Page

Record date kardex is commenced

Patient Demographics (Please affix a label or write)
Name
Address
Date of Birth
CHI Number

Record GP and Community Pharmacy contact information here

Record Allergies here



NHS Greater Glasgow and Clyde

PALLIATIVE CARE | **PRESCRIPTION FORM** | **COMMUNITY**

Date Commenced 17/12/15

Write, imprint or attach label

Surname MOUSE CHI No 2110431234

Forenames MICKEY Gender MALE

DOB 21/10/43

Address 1 HIGH STREET
JOHNSTONE

GP - Dr DOOLITTLE

Surgery Address - 3 MAIN STREET, JOHNSTONE

Phone No - 01505 123456.

COMMUNITY PHARMACY INFORMATION

Name HAPPY CHEMIST Tel No. 01505 654321

Address 5 MAIN STREET
JOHNSTONE.

STAFF NAME (BLOCK CAPITALS)	DESIGNATION	EXAMPLE SIGNATURE	INITIALS
ELAINE HARRIS	DOCTOR		EH
SUSANNE GRAY	NURSE		SG

• **If documentation has been written up and not used, review it at least every 7 days (and before a weekend) to ensure it is still appropriate for the patient. Record review in boxes below.**

Review Date	Clinician Signature Print & Sign	Outcome (please circle)		Review Date	Clinician Signature Print & Sign	Outcome (please circle)	
24/12/15		Still appropriate	Kardex Updated			Still appropriate	Kardex Updated
31/12/15		Still appropriate	Kardex Updated			Still appropriate	Kardex Updated
		Still appropriate	Kardex Updated			Still appropriate	Kardex Updated
		Still appropriate	Kardex Updated			Still appropriate	Kardex Updated

• **Ensure the patient and family know that if medicines need to be administered OOH, the OOH DN service should be contacted directly rather than NHS24.**

Drug Allergies / Sensitivities None Known ☐ Yes ☐ (provide details below)

Any member of staff using the kardex should record their name, designation, example signature and initial the first time it is used.

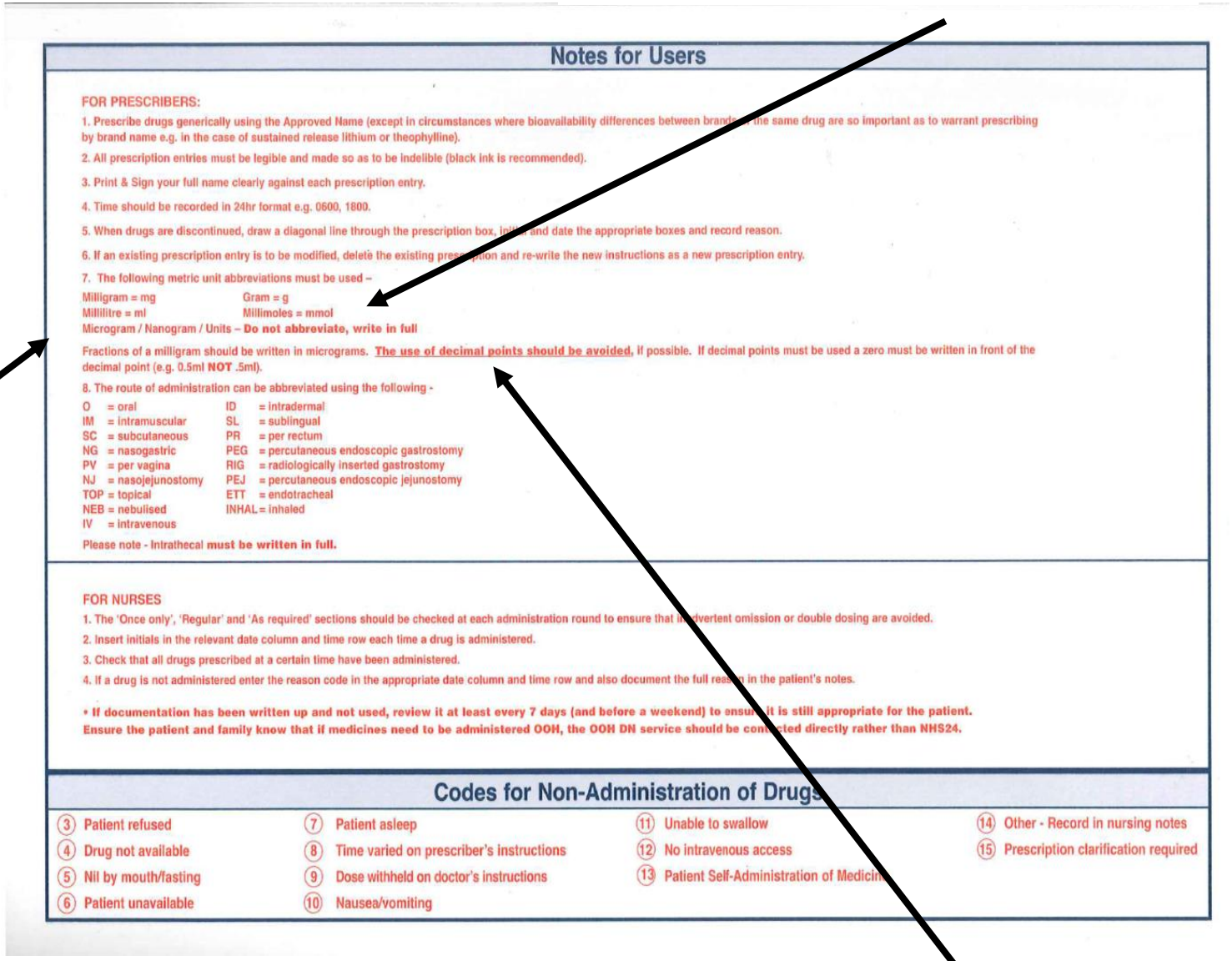
IMPORTANT MESSAGE:
If the document has been written up and not used, review it at least every 7 days (and before a weekend) to ensure that it is still appropriate for the patient. PLEASE RECORD THE DATE AND OUTCOME OF THIS REVIEW HERE BY CIRCLING EITHER:

- **Still Appropriate-** ie there has been no change to the patients back ground medication
- **Kardex Updated-** ie the patients back ground prescription has changed and the just in case prescription is no longer appropriate so the kardex should be updated as soon as possible

Notes for Users Page

This page contains lots of useful information for prescribers and professionals who are administering medicines. PLEASE READ THIS PAGE CAREFULLY BEFORE USING THE KARDEX.

Micrograms should be written out in full



Notes for Users

FOR PRESCRIBERS:

1. Prescribe drugs generically using the Approved Name (except in circumstances where bioavailability differences between brands of the same drug are so important as to warrant prescribing by brand name e.g. in the case of sustained release lithium or theophylline).
2. All prescription entries must be legible and made so as to be indelible (black ink is recommended).
3. Print & Sign your full name clearly against each prescription entry.
4. Time should be recorded in 24hr format e.g. 0600, 1800.
5. When drugs are discontinued, draw a diagonal line through the prescription box, initial and date the appropriate boxes and record reason.
6. If an existing prescription entry is to be modified, delete the existing prescription and re-write the new instructions as a new prescription entry.
7. The following metric unit abbreviations must be used –

Milligram = mg	Gram = g
Millilitre = ml	Millimoles = mmol

Microgram / Nanogram / Units – **Do not abbreviate, write in full**

Fractions of a milligram should be written in micrograms. **The use of decimal points should be avoided**, if possible. If decimal points must be used a zero must be written in front of the decimal point (e.g. 0.5ml **NOT** .5ml).

8. The route of administration can be abbreviated using the following -

O	= oral	ID	= intradermal
IM	= intramuscular	SL	= sublingual
SC	= subcutaneous	PR	= per rectum
NG	= nasogastric	PEG	= percutaneous endoscopic gastrostomy
PV	= per vagina	RIG	= radiologically inserted gastrostomy
NJ	= nasojejunostomy	PEJ	= percutaneous endoscopic jejunostomy
TOP	= topical	ETT	= endotracheal
NEB	= nebulised	INHAL	= inhaled
IV	= intravenous		

Please note - Intrathecal **must be written in full.**

FOR NURSES

1. The 'Once only', 'Regular' and 'As required' sections should be checked at each administration round to ensure that inadvertent omission or double dosing are avoided.
2. Insert initials in the relevant date column and time row each time a drug is administered.
3. Check that all drugs prescribed at a certain time have been administered.
4. If a drug is not administered enter the reason code in the appropriate date column and time row and also document the full reason in the patient's notes.

• If documentation has been written up and not used, review it at least every 7 days (and before a weekend) to ensure it is still appropriate for the patient.
Ensure the patient and family know that if medicines need to be administered OOH, the OOH DN service should be contacted directly rather than NHS24.

Codes for Non-Administration of Drugs

(3) Patient refused	(7) Patient asleep	(11) Unable to swallow	(14) Other - Record in nursing notes
(4) Drug not available	(8) Time varied on prescriber's instructions	(12) No intravenous access	(15) Prescription clarification required
(5) Nil by mouth/fasting	(9) Dose withheld on doctor's instructions	(13) Patient Self-Administration of Medicin	
(6) Patient unavailable	(10) Nausea/vomiting		

The use of decimal points should be avoided. Exception is Levomepromazine injection as the lowest dose that can be easily measured is 2.5mg.

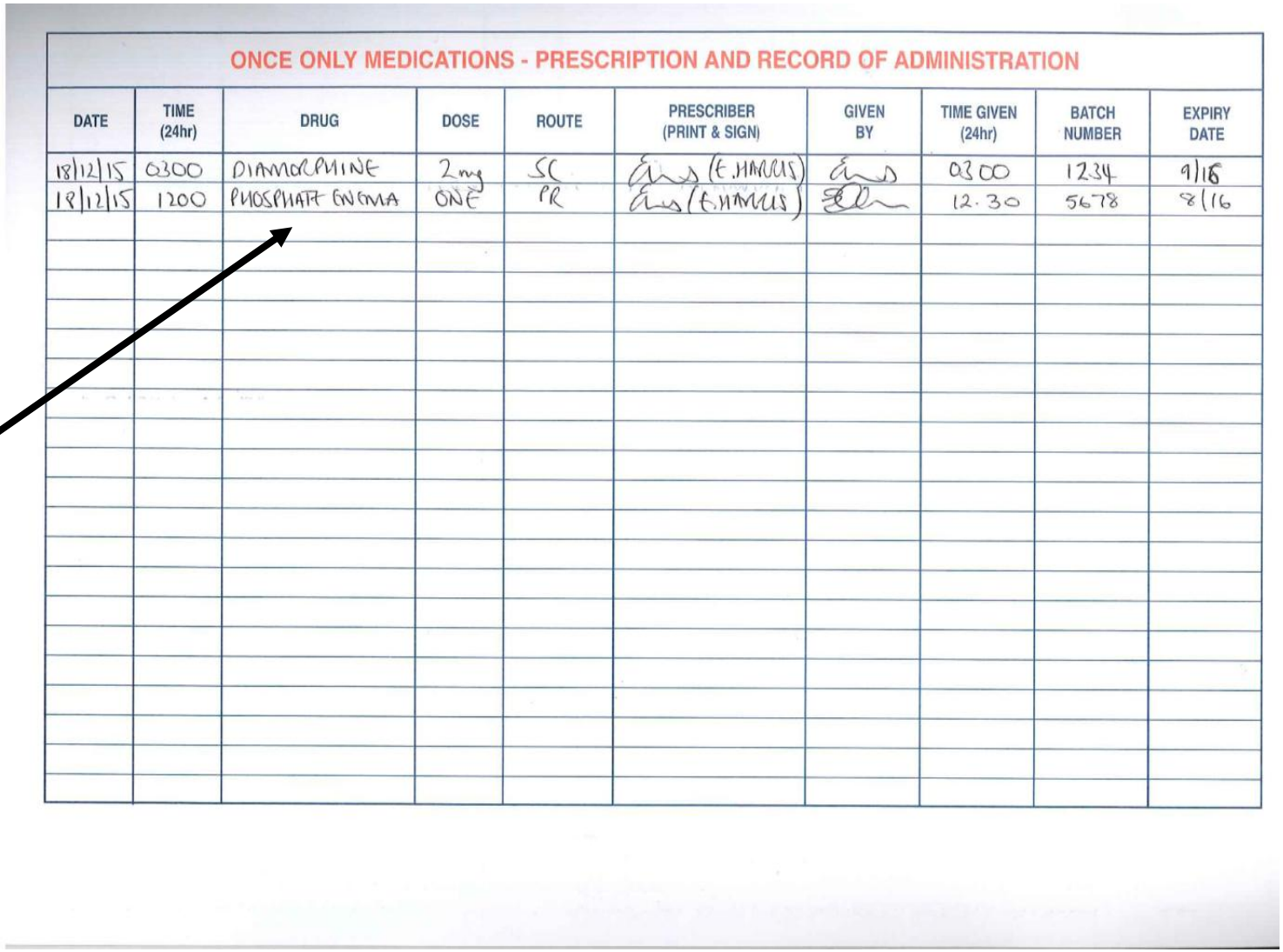
Once Only Medications-Prescription and Recording of Administration

Batch number and expiry date can be recorded here

Please use this section to record the prescription and administration of once only medications for example:

- phosphate enemas
- dose of diamorphine administered in the OOH period

As the practice of anticipatory prescribing increases there will be less need for this page.



ONCE ONLY MEDICATIONS - PRESCRIPTION AND RECORD OF ADMINISTRATION

DATE	TIME (24hr)	DRUG	DOSE	ROUTE	PRESCRIBER (PRINT & SIGN)	GIVEN BY	TIME GIVEN (24hr)	BATCH NUMBER	EXPIRY DATE
18/12/15	0300	DIAMORPHINE	2mg	SC	(E.HARRIS)		0300	1234	9/16
18/12/15	1200	PHOSPHATE ENEMA	ONE	PR	(E.HARRIS)		12.30	5678	8/16

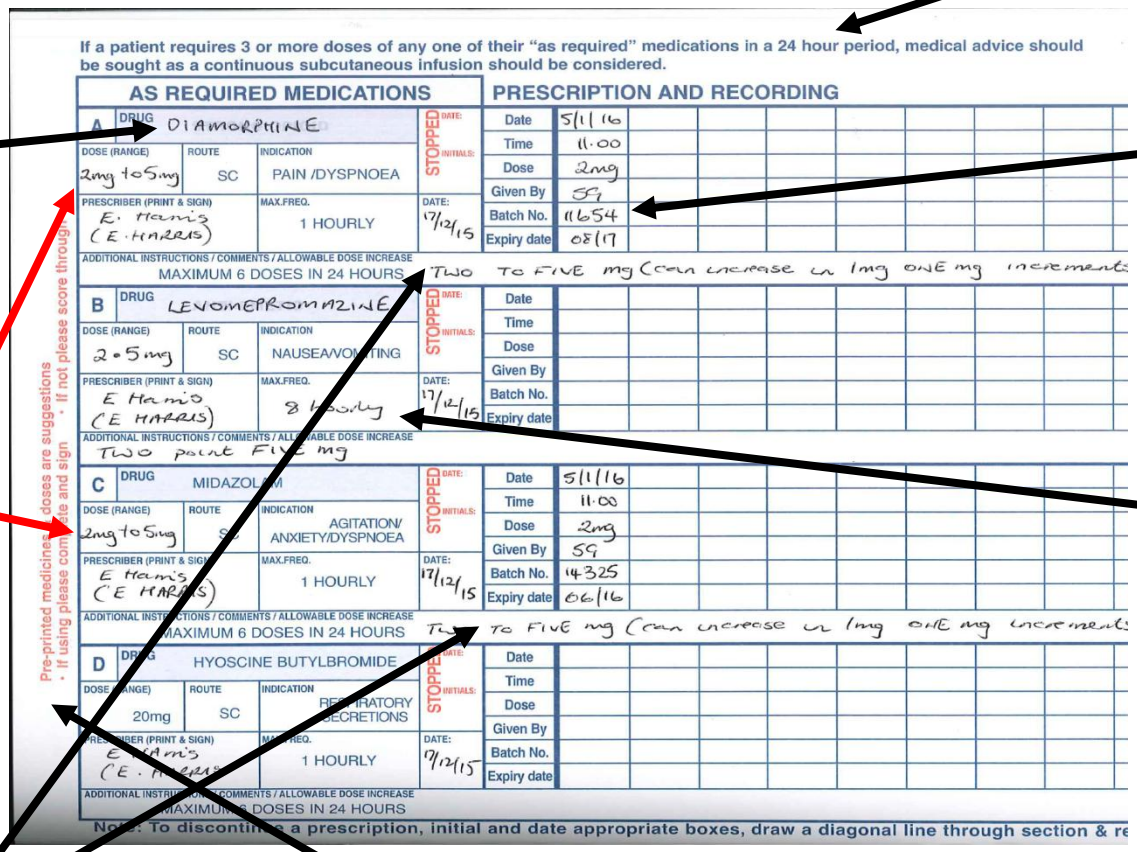
As Required Medications- Prescription and Recording of Administration

Although there are maximum doses prescribed that can be administered in 24hrs, good practice indicates that if a patient requires 3 or more doses of any one of their as required medications in a 24hour period, medical advice should be sought. Remember to increase SC breakthrough doses in line with the doses in the SC infusion.

Prescribing a Strong Opioid

1. A drug **MUST** be specified by the prescriber
2. A dose **MUST** be specified by the prescriber. It is good practice to prescribe the opioid dose in both words and figures.

There is an option to prescribe within a SMALL DOSE RANGE if appropriate e.g. diamorphine 2mg to 5mg, midazolam 2mg to 5mg



If a patient requires 3 or more doses of any one of their "as required" medications in a 24 hour period, medical advice should be sought as a continuous subcutaneous infusion should be considered.

AS REQUIRED MEDICATIONS				PRESCRIPTION AND RECORDING									
A DRUG: DIAMORPHINE			STOPPED DATE: / INITIALS:	Date	5/11/16								
DOSE (RANGE): 2mg to 5mg	ROUTE: SC	INDICATION: PAIN /DYSPNOEA		Time	11.00								
PRESCRIBER (PRINT & SIGN): E. Harris (E. HARRIS)	MAX.FREQ.: 1 HOURLY	DATE: 17/12/15		Dose	2mg								
				Given By	SG								
				Batch No.	11654								
				Expiry date	08/17								
ADDITIONAL INSTRUCTIONS / COMMENTS / ALLOWABLE DOSE INCREASE: MAXIMUM 6 DOSES IN 24 HOURS. TWO TO FIVE mg (can increase in 1mg ONE mg increments													
B DRUG: LEVOMEPROMAZINE			STOPPED DATE: / INITIALS:	Date									
DOSE (RANGE): 2.5mg	ROUTE: SC	INDICATION: NAUSEA/VOMITING		Time									
PRESCRIBER (PRINT & SIGN): E Harris (CE HARRIS)	MAX.FREQ.: 8 hourly	DATE: 17/12/15		Dose									
				Given By									
				Batch No.									
				Expiry date									
ADDITIONAL INSTRUCTIONS / COMMENTS / ALLOWABLE DOSE INCREASE: TWO point FIVE mg													
C DRUG: MIDAZOLAM			STOPPED DATE: / INITIALS:	Date	5/11/16								
DOSE (RANGE): 2mg to 5mg	ROUTE: SC	INDICATION: AGITATION/ ANXIETY/DYSPNOEA		Time	11.00								
PRESCRIBER (PRINT & SIGN): E Harris (CE HARRIS)	MAX.FREQ.: 1 HOURLY	DATE: 17/12/15		Dose	2mg								
				Given By	SG								
				Batch No.	14325								
				Expiry date	06/16								
ADDITIONAL INSTRUCTIONS / COMMENTS / ALLOWABLE DOSE INCREASE: MAXIMUM 6 DOSES IN 24 HOURS. TWO TO FIVE mg (can increase in 1mg ONE mg increments													
D DRUG: HYOSCINE BUTYLBROMIDE			STOPPED DATE: / INITIALS:	Date									
DOSE (RANGE): 20mg	ROUTE: SC	INDICATION: RESPIRATORY SECRETIONS		Time									
PRESCRIBER (PRINT & SIGN): E Harris (CE HARRIS)	MAX.FREQ.: 1 HOURLY	DATE: 17/12/15		Dose									
				Given By									
				Batch No.									
				Expiry date									
ADDITIONAL INSTRUCTIONS / COMMENTS / ALLOWABLE DOSE INCREASE: MAXIMUM 6 DOSES IN 24 HOURS													

Note: To discontinue a prescription, initial and date appropriate boxes, draw a diagonal line through section & re

Pre-printed medicines and doses are suggestions • If using please complete and sign • If not please score through clearly

Administration of medicines:

When administering medicines please sign and complete, INCLUDES SECTION FOR BATCH NUMBER AND EXPIRY DATE.

Prescribing an Antiemetic

1. A drug **MUST** be specified by the prescriber
2. A dose **MUST** be specified by the prescriber
3. Maximum frequency **MUST** be specified by the prescriber

Administering within a prescribed dose range:

Instructions regarding ALLOWABLE DOSE INCREASE CAN BE CLEARLY RECORDED HERE to support community nursing staff when administering within a prescribed dose range.

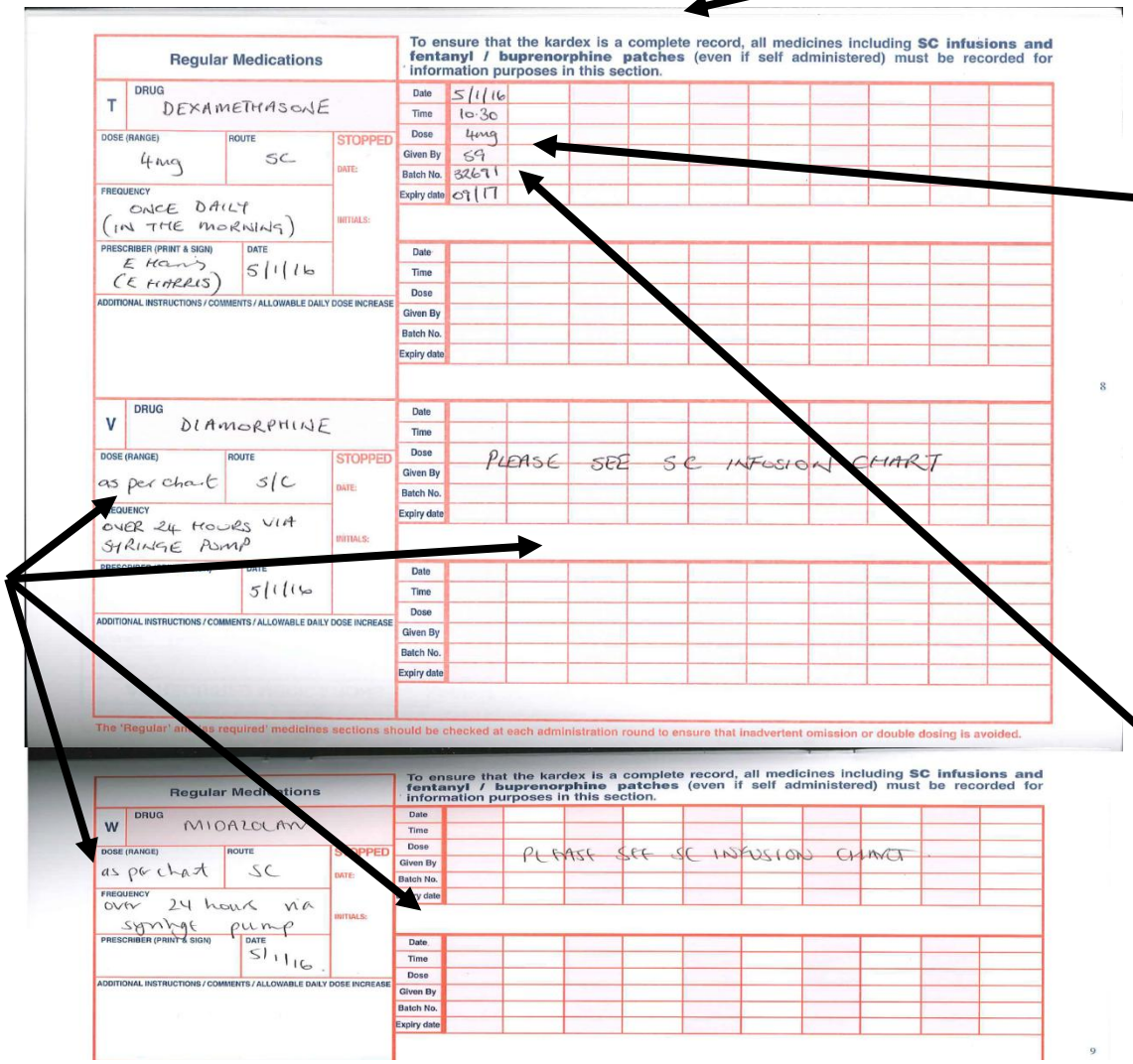
Pre printed medicines and doses are suggested based on NHS Scotland Palliative Care Guidelines. If using please sign, if not PLEASE SCORE THROUGH CLEARLY TO AVOID CONFUSION.
Please note as required SC medicines need to be prescribed at a level that is appropriate to medicines that the patient may already be prescribed.
Please note blank pages are also available.

Regular Medications- Prescription and Administration
Example 1- NOT PRESCRIBING WITHIN A DOSE RANGE

To ensure that the kardex is a complete record of all medicines including **SC infusions and fentanyl or buprenorphine patches (even if self administered)** MUST be recorded for information purposes in this section.

For medicines being delivered via a CME T34 pump

When recording the dose being administered via a CME T34 pump please record “as charted” in the dose box and “as per SC infusion chart” in the administration section. Note this does not need to be signed by the prescriber (he/she will have signed the SC infusion chart). The actual dose does not need to be recorded here as dose manipulation and administration is fully documented on the (pink) SC infusion chart meaning that the Kardex will not have to be updated unless the drug itself is discontinued.



Please use this section to record the prescription and administration of medicines that will continue to be administered regularly e.g.

- fentanyl patches
- dexamethasone

When administering medicines please sign and complete, INCLUDES SECTION FOR BATCH NUMBER AND EXPIRY DATE.

Please note there are 2 rows of administration boxes per prescribed drug.

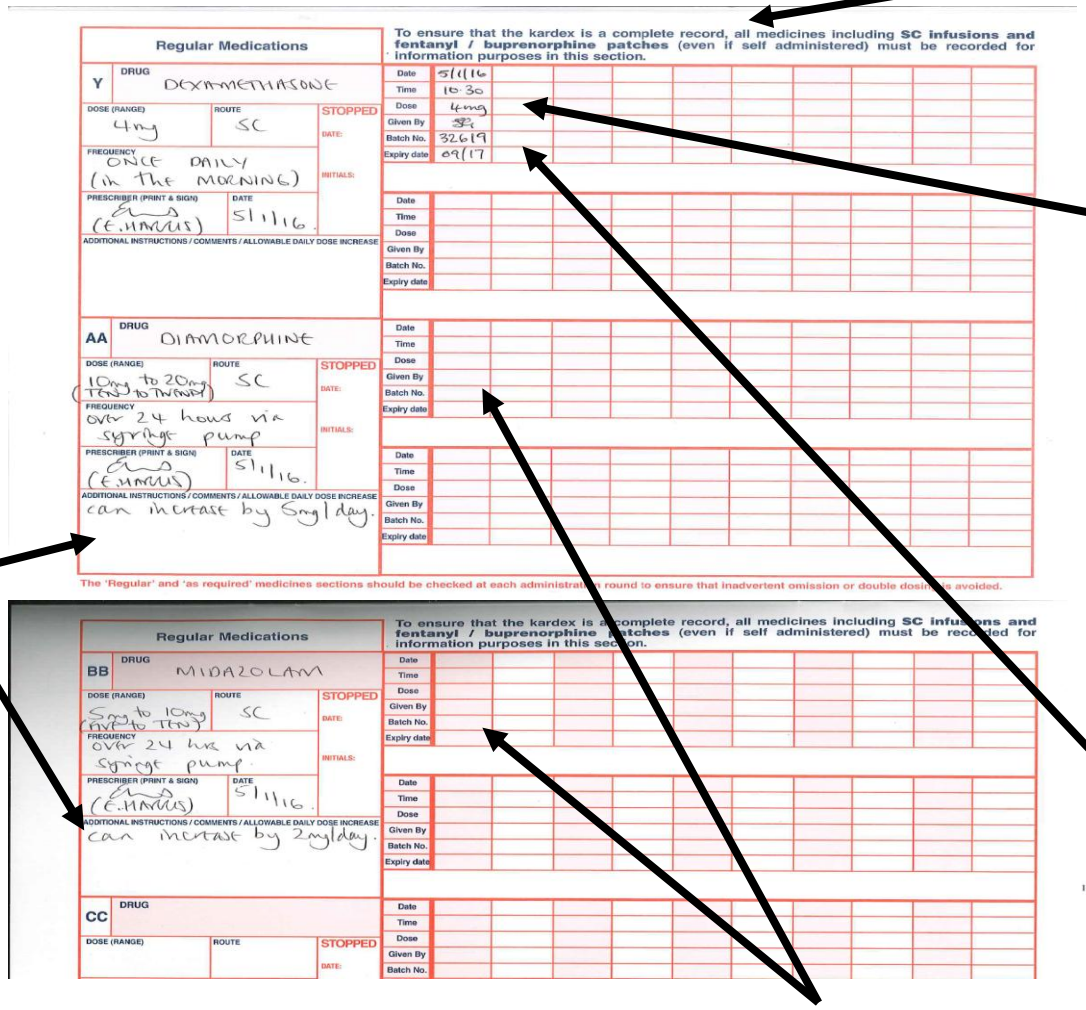
Regular Medications- Prescription and Administration
Example 2- PRESCRIBING WITHIN A SMALL, APPROPRIATE DOSE RANGE

To ensure that the kardex is a complete record of all medicines including **SC infusions and fentanyl or buprenorphine patches (even if self administered)** MUST be recorded for information purposes in this section.

For medicines being delivered via a CME T34 pump

WHEN PRESCRIBING WITHIN A RANGE, please specify an appropriate range in the dose box. Instructions regarding ALLOWABLE DAILY DOSE INCREASES SHOULD BE CLEARLY RECORDED.

The prescriber must also complete the (pink) SC infusion chart with the intended starting dose of the medicine(s).



Please use this section to record the prescription and administration of medicines that will continue to be administered regularly e.g.

- fentanyl patches
- dexamethasone

When administering medicines please sign and complete, INCLUDES SECTION FOR BATCH NUMBER AND EXPIRY DATE.

Please note there are 2 rows of administration boxes per prescribed drug.

If a community nurse adjusts the dose of medicine in a CME T34 pump within a prescribed range, then it is ESSENTIAL that the nurse amends the pink SC infusion chart to reflect the new dose(s). The pink SC infusion chart should be signed by the registered nurse taking responsibility for this. This does not need to be signed by the prescriber as the authority to increase the dose(s) is on the kardex. Daily administrations including dose must be recorded within the kardex and (pink) SC infusion chart.

Guidelines and Good Practice Points

Guidelines and Good Practice Points

It is good practice to insert a Saf-T Intima for administration of 'as required' medications. This cannula should be flushed with 0.2mls of water before and after administration of any medication. Bolus injections given via this route should not exceed 2ml in volume.

If a patient requires 3 or more doses of any one of their 'as required' medications in a 24 hour period, medical advice should be sought as a continuous subcutaneous infusion via a syring pump should be considered.

Please refer to the NHS Scotland Palliative Care Guidelines for further information. (www.palliativecareguidelines.scot.nhs.uk)

'JUST IN CASE' General Information

Purpose

'Just in Case' provision targets two situations for patients with palliative care needs.

- Patients often experience new/worsening symptoms that require urgent treatment. This can lead to significant problems if occurring 'out-of-hours' (e.g. medicine availability, treatment delay, patient/carer distress).
- As patients deteriorate they may be unable to take oral medication and therefore require parenteral treatment.

Medicines

The most likely symptoms are pain, nausea / vomiting, agitation / restlessness, breathlessness and respiratory secretions.

Pain	Tailor to individual need. Seek specialist advice if patient on a strong opioid other than oral morphine. If patient is receiving oral morphine or a Step 2 analgesic (including co-codamol 30/500 or equivalent) an appropriate dose of diamorphine / morphine SC should be available. If opioid naive, consider diamorphine/morphine 2mg SC hourly as required (maximum of 6 doses in 24 hours). Diamorphine is available in packs of 5 ampoules of e.g. 5mg; morphine is available in packs of 10 ampoules of 10mg/1ml.
Nausea & vomiting	Tailor to individual need. If patient is receiving an oral anti-emetic and this is effective, then the equivalent drug should be available for SC use. If the patient is not on an anti-emetic, consider levomepromazine 2.5mg (TWO point FIVE) SC 8 hourly as required (available in packs of 10 ampoules of 25mg/1ml.
Agitation / restlessness	Midazolam 2mg SC hourly as required (maximum of 6 doses in 24 hours) should be available. Also consider lorazepam 500micrograms SUBLINGUAL 4 hourly as required if the patient would be able to take it. ***Midazolam 10mg/2ml ampoules*** (packs of 10 ampoules) should be prescribed as other strengths are not used in palliative care. ***Lorazepam*** is supplied as 1mg tablets. These ***tablets need to be scored*** in order that they can be halved to provide a 500 microgram dose. To be effective lorazepam is taken sublingually as the onset of action is considerably quicker than if swallowed. Not all generic brands fulfil these requirements. The Genus, PVL and TEVA brands are all blue, oblong, scored tablets and are suitable to supply for sublingual use. Prescriptions should state ***"Lorazepam sublingual 1mg tablets".***
Dyspnoea	Tailor to individual need. Seek specialist advice if patient on a strong opioid other than oral morphine. If patient is receiving oral morphine or a Step 2 analgesic (including co-codamol 30/500 or equivalent) an appropriate dose of diamorphine / morphine SC should be available. If opioid naive, consider diamorphine / morphine 2mg SC hourly as required (maximum of 6 doses in 24 hours). If patient is breathless and anxious, consider the use of Lorazepam 500 micrograms SUBLINGUAL 4 hourly and/or SC midazolam 2mg hourly as required (maximum of 6 doses in 24 hours)
Respiratory secretions	Hyoscine butylbromide 20mg SC bolus hourly as required (maximum of 6 doses in 24 hours) should be available (available in packs of 10 ampoules of 20mg/1ml).
Water for injection	To flush cannula after a bolus dose (10ml ampoules/vials available in packs of 20).

Please refer to this page for further information on anticipatory prescribing and additional sources of support.
PLEASE READ THIS PAGE CAREFULLY BEFORE USING THE KARDEX.

Top tips for Just in Case boxes and the community palliative care kardex

1. What opioid is the patient already prescribed? Formulation and dose of anticipatory opioid prescribing needs to reflect the patients regular prescription.

2. Review the kardex every 7 days. Anticipatory medications may need to be adjusted in response to patients changing needs. Record reviews on the front page of the kardex.

3. Prescribe for the 5 most common symptoms experienced at the end of life, even if not currently present. (Pain, nausea/vomiting, breathlessness, agitation and respiratory secretions)

4. As the box is used, medical review will be required. When a patient experiences symptoms the choice and dosage of medicines may change following assessment. Guidelines indicate that if a medication is given x3 within 24 hours medical review should be requested.

5. Act sooner rather than later!! The very fact you are considering anticipatory prescribing indicates that it may be needed!

6. Avoid decimal points wherever possible e.g. prescribe diamorphine/morphine sulfate 2mg or 3mg rather than 2.5mg. Exception is levomepromazine injection as the lowest dose that can be easily measured is 2.5mg.

7. Doses less than 1mg should be prescribed as micrograms e.g. 100micrograms, NOT 0.1mg.

8. All opioid patches should be documented on the kardex even if patient/family administered. Oral analgesic breakthrough medication does not need to be recorded unless it is to be administered by nursing staff.

9. If the patient is transferred to another care setting then the kardex (and pink sub cut infusion chart if in use) should accompany the patient.

10. The prescribing suggestions on the last page of the kardex are appropriate for anticipatory prescribing. There may be clinical situations where different dosing schedules would be more appropriate e.g. uncontrolled nausea and vomiting (more frequent dosing may be required). Seek advice from specialist palliative care if unsure.

What to do if.....

As use of the kardex becomes more wide spread we are gaining greater awareness of some of the questions that are cropping up around clinical practice. Here are some useful examples of what to do if....

What to do if.....	in the as required medicines section a drug has been discontinued at one dose and prescribed at a new dose and the prescriber has NOT scored through and discontinued the previous dose.
Response.....	A nurse can score through the previous prescription, noting that it has been discontinued but not sign and date it. **Date and signature should be completed by the prescriber at the earliest opportunity.**
Rationale.....	If the previous prescription is not scored through then there would be a risk that an incorrect dose could be administered.

What to do if.....	in the out of hours period the last box for recording of administration has been used and the patient requires breakthrough medication.
Response.....	As a registrant you may transcribe from “one direction to supply or administer” to another “form of direction to supply or administer”. **This should then be signed by the prescriber at the earliest opportunity.**
Rationale.....	Nurses are allowed to transcribe as per NMC medicines management standards, standard 3.

What to do if.....	Doses are increased in a continuous sub cutaneous infusion.
Response.....	Ensure any breakthrough doses are increased appropriately if applicable (see NHS Scotland palliative care guidelines for guidance).
Rationale.....	To ensure that the patient is prescribed appropriate breakthrough doses.