

Client-centred Palliative Care in the Community

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The Ultimate Transition

- 'Ideal' – to die at home;
- 'Reality' – to die in a hospital;
 - Admission due to inability to control symptoms

The Practice

- Preparation of syringes of medications;
- Labelled and left in domestic refrigerators;
- Subcutaneous medication administration to provide prompt symptom relief;
- Absence of evidence base underpinning the appropriateness of this practice.

The Research

- Phase One: Literature review
- Phase Two: Sterility, Stability and Potency Testing of medications used in palliative care
- Phase Three: Interviews with Nurses and Carers

Phase One

- Literature review

- Home: preferred place of death;
- Importance of symptom control;
- Difficulty accessing appropriate services, especially after hours.

Phase Two

- Medications commonly used in palliative care identified;
- Sterility testing carried out:
 - Clean technique of nurses;
 - Sterility of ‘test’ syringes, drawn up and left in domestic refrigerator for 28 days;
- Stability and potency data of identified medications determined.

Results

- Medications of interest:
 - **Opioids:** fentanyl, hydromorphone, methadone, morphine;
 - **Anti-emetics:** haloperidol, metoclopramide
 - **Sedatives:** clonazepam, levomepromazine, midazolam;
 - **Others:** atropine, dexamethasone, hyoscine, ketamine, octreotide, ranitidine.

Results (contd)

- Sterility testing:
 - **Clean technique of nurses:** *no bacterial contamination found;*
 - **Sterility of ‘test’ syringes:** *no viable aerobic bacteria, yeast or mould contamination found.*

Results (contd)

- Stability and potency data
 - Available published data indicated stability and potency of all medications except clonazepam, when:
 - Stored under refrigeration or at room temperature;
 - In the absence of light;
 - For at least 7 days.
 - Data not available for:
 - Atropine, levomepromazine, haloperidol, hyoscine and methadone.

Interviews

- 11 Nurses & 14 Carers
- Carers carefully chosen
 - Educated;
 - Appropriately resourced;
 - Conscientious.
- What did it mean to be able to administer medications in this way?
 - Peace of mind;
 - Everything!

Conclusion

- Provided evidence base for hospital avoidance strategy
 - Enables clients to stay at home;
 - Leaves carers with sense of satisfaction and achievement.

Recommendations

- **Sterility testing:** within RDNS, findings be referred to RDNS' Risk Management Unit to make a decision as to on-going testing of medications;
- **Stability of atropine and hyoscine:**
 - Further testing of stability in polypropylene syringes be carried out;
 - Polypropylene syringes should be prepared for immediate use only.

Recommendations (contd)

- **Stability of Clonazepam:**
 - Current practice of not drawing up and storing this medication be continued.
- **Medication storage:**
 - Drawn up syringes: be stored in opaque containers in clients' refrigerators for a period of no longer than 7 days;
 - Bulk medications: be stored securely in a cool cupboard.
- **Education/resources:**
 - Work instruction on this practice be developed;
 - Information leaflet be produced for nurses.

Outcomes

- Implemented a work instruction/guideline for registered nurses
- Developed an 'Informal Care-giver Advice Sheet' on subcutaneous medication.
- Provision of an 'Informal care-giver breakthrough medication chart'
- Range of publications

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