

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Carers offer support around the home for people with palliative care needs. Sometimes the carer is new to the role and needs assistance in managing the medications.

Alek and Rina

Rina is an 83yo with metastatic gastric cancer. She lives with her 85yo husband Alek. They both emigrated from Germany in their twenties. Rina worked as a cleaner and Alek as a mechanic. They have a supportive son, who lives 30 minutes away. Rina had a recent admission to the hospice, to manage nausea. While her symptoms are better managed, she now spends most of her day in bed or in a chair.

Medicines Management

Rina's medication regime on discharge is complicated. There are many new medicines, with some administered via the subcutaneous (subcut) route.

Rina's medicines on discharge include:

- > *DEXAMETHASONE Injection 8mg/2mL 4mg(1mL) subcut Mane
- > *HALOPERIDOL Injection 5mg/mL 1mg (0.2mL) subcut BD, for nausea
- > *DOCUSATE 50mg with SENNA 8mg 2 BD
- > *ONDANSETRON Injection 8mg/4mL 8mg (4mL) subcut TDS PRN, for nausea
- > OXYCODONE Tablets 5mg ½ to 1 every 4 hours PRN, for pain.
- > *MACROGOL 3350 with Electrolytes Sachets 1-2 sachet(s) in 125mL of water BD PRN

*Denotes new medicine

For Rina, her physical deterioration has resulted in her being unable to manage her own medicines. As such:

- > Alek will assume the role of managing Rina's medicines; and

- > A nurse will visit the home daily, to draw up the subcut medicines for Alek to administer during the day.

The hospice pharmacist spent a significant amount of time with Alek prior to discharge, counselling him on the new process. The pharmacist noted some confusion with Alek and flags this to the community palliative care team.

Caring at Home

The decision to receive palliative care at home brings with it the matter of managing a complex medication regime. With their son living quite a distance away, this responsibility will be Alek's. Alek is keen to help out, as this will help Rina to remain at home for as long as possible. Alek is a self-made man and does not wish to impose on other people.

Watching someone deteriorate can be an overwhelming and stressful. Information about medicines and medicines management services can reduce fears and help carers feel more comfortable making decisions when facing this situation.

The next update will focus on the visit by the pharmacist from the community palliative care team.

For more information

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This update is intended to provide practical up to date and factual information relating to pharmacy and medicines management in the setting of Palliative Care and is based on critical review of available evidence. Individual patient circumstances must be considered when applying this information. Please feel free to distribute this update further to interested colleagues.

