

SA Palliative Care Community Pharmacy Update

A joint initiative of SA Palliative Care Services and Ambulatory & Primary Health

With the push for greater emphasis on community based palliative care, there is a need to transfer elements of the hospice model to the community environment.

Core medicines at the end-of-life

Deterioration in the last few days of life can be abrupt and rapid. For community based palliative patients, there is a need for immediate access to medicines for symptom control through their local pharmacy. With an estimated 30,000 palliative patients across Australia annually, improvements in access to medicines in the community could result in substantial savings to the healthcare system, while better supporting the many thousands of carers.

Patients have significant fatigue at the end of life and the presence of dysphagia may limit the formulations offered for symptom control (e.g. oral liquids and subcutaneous injections). Other likely symptoms include: *pain, dyspnoea, nausea, noisy breathing, and delirium*.

While these symptoms can be anticipated, we can also foresee, the range of medicines and formulations required for appropriate symptom control. In fact, a small list of five medicines is all that is required to provide adequate symptom management at end of life. As pharmacists, we acknowledge that planning is vital to ensure that stock is available when it is required.

Development of the Core Medicines List

A coalition of South Australian palliative clinicians has recently developed a core end-of-life medicines list. This involved:

- > Review of the medical literature;
- > Comparison of costs (including the availability of government subsidies);
- > Assessment of the route(s) of administration; and
- > Consideration of medicines available on in the PBS emergency drug supply list.

Comment on the items from this list was sought after thorough consultation with regional partners including Medicare Locals. The final core end-of-life medicines are listed in table 1.

Table 1: Core End-Of-Life Medicines List

Medicine	Symptom
Clonazepam 1mg injection	Agitation associated with delirium Anxiety associated with dyspnoea
Haloperidol 5mg/mL injection	Delirium & nausea
Hyoscine butylbromide 20mg/mL injection	Noisy breathing
Metoclopramide 10mg/2mL injection	Nausea
Morphine 10mg/mL injection	Pain & dyspnoea

The deliberate selection of strength and formulation is to ensure that prescribers are aware of the specific medicines stocked by community pharmacies. Using only parenterals accommodates for the dysphagia expected.

Trialing the Core Medicines List

Plans are underway, in a sample of South Australian locations, to trial the sustainability of community pharmacies stocking this list. The aim is to use the patient's usual pharmacy where possible to provide prompt access to symptom control. Training for clinicians is included in each project, as guiding prescribing is seen as a key element of providing sustainable access to these medicines.

We encourage pharmacists to engage with clinicians in their region to establish the range of medicines that they should anticipate for patients in the last few days of life.

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.

