

How Can Palliative Care Services Support Community Pharmacies?

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In February, a survey was distributed to all community pharmacies across South Australia. The objectives of the survey were to better understand community pharmacist's involvement with palliative patients who use the pharmacy; and to determine the range of medications that are held within the pharmacy that is useful in treating symptoms that are commonly seen in the terminal stages of palliative care.

Completed surveys were returned from 105 pharmacies (23.1%) with good representation over the range of socioeconomic areas from around the state as well as metropolitan and rural locations.

The responding pharmacies had a median of 2 full time equivalent pharmacists on staff.

A significant number of pharmacies were aware of at least one palliative patient (or carer) using their business within the previous 12 months. Three quarters of these pharmacies were able to recall an issue when a prescription was presented: a majority of the issues were around either *not having the medication in stock*, or *not having sufficient stock to complete the prescription*. This strengthens previous research¹ indicating that pharmacies could not anticipate the types of medications to stock.

Recommendation one: to develop a state wide end of life list of essential medicines to guide the safe and appropriate prescribing, stocking and timely administration of medications for palliative symptoms.

The average number of medicines from the list surveyed (maximum 13) that each pharmacy held in stock was 4 ± 3.1 items. The most commonly stocked medications were: metoclopramide 10mg/2mL injection, morphine 10mg/mL injection, morphine 10mg/mL oral mixture and haloperidol 5mg/mL injection. These are all available on the schedule of pharmaceutical benefits. The least likely items to be stocked by community pharmacies were: oxycodone 10mg/mL injection and hydromorphone 10mg/mL injection.

Recommendation two: To develop a project that evaluates the benefit of the roll out of a state-wide end of life essential medicines list at increasing prescribing consistency and therefore the likelihood of finding pharmacies that stock medications.

Most items had an average of greater than 12 month's expiry, with the exception of dexamethasone 4mg/mL injection. Expiry date data from this survey show that the majority of medicines from this list could be stocked for a significant period of time (>12 months) without the risk of going out of date and the pharmacy incurring the cost.

Recommendation three: Further investigation needs to be carried out to establish the actual turn over of stock and the cost implications that this presents.

A majority of pharmacists learnt that their patients were palliative either by deducing this information from the prescription directly from the patient or carer. Only a small number of pharmacies had learnt directly from another health service. *Yet learning of the palliative status from another health service statistically increased the range of palliative medications that a pharmacy stocked*

Recommendation four: To explore more structured mechanisms for Palliative Services to communicate Palliative status with the patient's regular pharmacy.

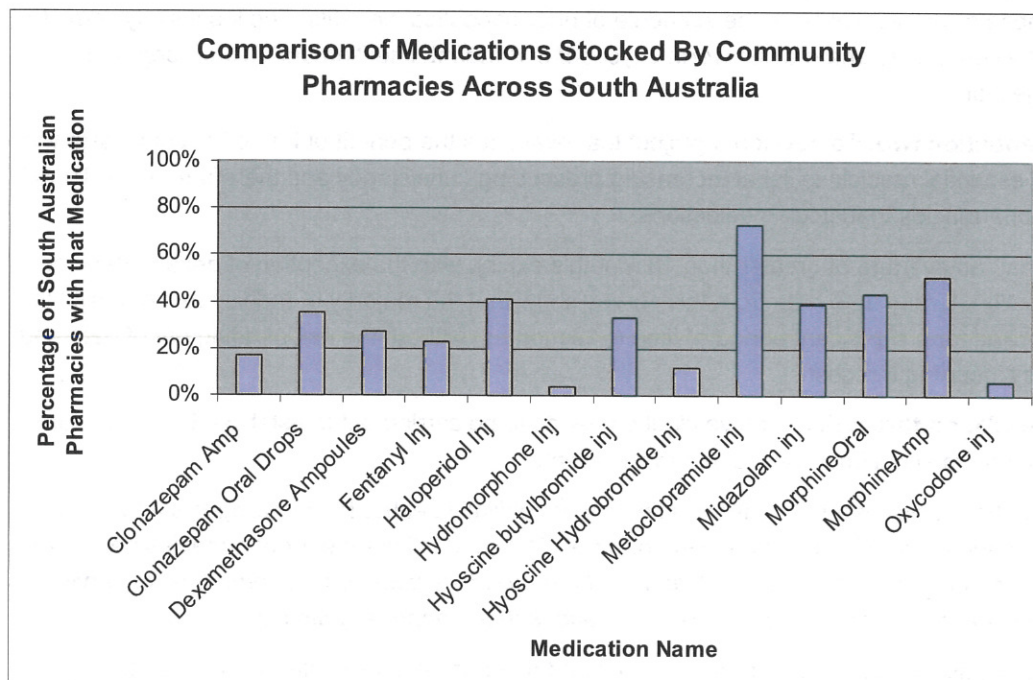
This data forms an objective benchmark from which to measure the success of the implementation of an end-of-life essential medicines list, and a boarder South Australian palliative care formulary.

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Table 1. Choice of medications in the survey by symptoms seen within terminal phase of life

Symptom	Medication
Pain	Morphine 10mg/mL injection Oxycodone 10mg/mL injection Hydromorphone 10mg/mL injection Fentanyl 100microgram/2mL injection
Nausea/ vomiting	Haloperidol 5mg/mL Dexamethasone 4mg/mL Metoclopramide 10mg/2mL
Agitation	Midazolam 5mg/mL injection Clonazepam 1mg injection Clonazepam 2.5mg/mL oral drops
Noisy Breathing	Hyoscine Butylbromide 20mg/mL injection Hyoscine Hydrobromide 400microgram/mL inj
Dyspnoea	Morphine 10mg/mL oral mixture

Figure 1



¹ Lucey M, McQuillan R, MacCallion A, Corrigan M, Flynn J, Connaire K. Access to medications in the community by patients in a palliative setting. A systems analysis. Palliative Medicine. 2008;22:185-9.