

# SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Having a strategy to manage impromptu requests for subcutaneous medicines is an important way to minimise pharmacy staff stress. This update builds on [part 1 \(219kb pdf\)](#).

## The cupboard is bare

Murray's partner calls, urgently requiring subcutaneous medicines. The GP has written prescriptions for clonazepam 1mg/mL and morphine 10mg/mL injections. A quick look on the dispensary shelves reveals that neither formulation is stocked. Being unable to immediately provide medicines can be stressful.

## Red Flags

An urgent request for subcutaneous medicines should be a red flag, indicating:

- > Sudden deterioration in health;
- > Loss of the oral route resulting in the inability to swallow oral medicines;
- > Wish to remain at home; and
- > Likelihood of only days to live.

Given Murray's brain tumour, clonazepam is likely to be to prevent seizures and morphine is likely to manage pain. Importantly, delays in supply may result in poor management of Murray's pain and seizures with care being escalated, by:

- > Requesting an Ambulance; or
- > Presenting to a hospital emergency department, resulting in an admission.

This may be highly traumatic for all, at an already stressful and emotional time. Timely access to medicines from a local pharmacy can reduce additional strain by speeding up access to medicines, thus managing symptoms at home.

## What strategies could help?

Recognising the urgency of accessing these medicines is paramount in facilitating better symptom control. If unable to directly provide medicines, pharmacists can support the patient, their family and the multidisciplinary team by:

- > Contacting the pharmacy distributor, to organise an urgent issue of stock;
- > Calling the prescriber, to discuss reasonable alternative options available (i.e. alternate strength of morphine or an alternate subcut benzodiazepine); or
- > Collaborating with other pharmacies to either borrow stock or identify the closest pharmacy with stock.

The development of the SA Core Medicines list aims to ensure that the medicines prescribed are also the ones that pharmacies stock. This list can be used to discuss, in advance, which medicines to carry/prescribe. The list includes:

- > Clonazepam 1mg/mL injection
- > Haloperidol 5mg/mL injection
- > Hyoscine butylbromide 20mg/mL injection
- > Metoclopramide 10mg/2mL injection
- > Morphine 10mg/mL injection

While there are many challenges that affect symptom control, access to medicines for the relief of frequently encountered symptoms should not be one of them. Pharmacists play an important role in managing symptoms, thus assisting patients to remain at home to die.

## Useful resources

- > [Core palliative medicines.](#)

## 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.

