

SA Palliative Care Community Pharmacy Update

A joint initiative of South Australian Palliative Care Services

Given the complexity of medicines management in the last days of life, pharmacists have opportunities to assist carers to have confidence in managing subcutaneous medicines, despite a lack of formal training.

Terminal Phase

A community nurse calls to explain that Melinda has entered the last days of life (terminal phase). He is enquiring if you carry the following medicines:

- > 2 boxes of Morphine 10mg/mL inj
- > 2 boxes of Clonazepam 1mg/mL inj

Each is in stock - although you'll need to order a second box of clonazepam to complete the order. He's faxing through the script and Jeffrey, Melinda's carer, will be over shortly to collect.

Flags

The loss of ability to swallow oral medicines and need for subcutaneous medicines can be due to temporary causes (such as localised pain or vomiting). Within the context of a palliative care patient with progressive illness, the use of subcutaneous medicines is usually a flag indicating the person is entering the terminal phase. This is a significant flag, signalling urgency in maintaining symptom control and supporting Melinda's desire to remain in the home environment. Jeffrey is likely to be the person to collect any medicines, ensuring they are in the home when the nurse arrives to set up the syringe driver. He is also likely to administer breakthrough doses and monitor progress. The likelihood of patients remaining symptom-free in the home environment is usually determined by the ability of the carer to remain on top of things, despite the emotion associated with their circumstances.

Within business parameters, there are opportunities for the pharmacist to support Jeffrey through:

- > Ensuring the extra box of clonazepam is ordered (or borrowed from another pharmacy), making certain continuity of supply;
- > Ensuring that stock is promptly replaced, in case symptoms escalate;
- > Confirming safe dosing (e.g. the opioid conversion from oral to subcutaneous is correct);
- > Delivering the medication to Melinda's home; and
- > Ensuring Jeffrey understands when and how to use each medicine.

The Caring Safely at Home Project, based out of Queensland, has developed a suite of resources to support carers in delivering and monitoring subcutaneous medicines. A team of palliative care clinical, academic and research specialists were involved, ensuring the resources fit within the Australian legal context. The project has recently been granted funding for a national rollout.

The pharmacist's role in the terminal phase is more than supplying stock and could extend to contributing to care through the provision and explanation of useful resources.

Useful resources

- > [Caring Safely at Home Project – Queensland](#)
- > [Lay caregivers' perspectives on injecting subcutaneous medications at home.](#)

For more information

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