
JUST IN CASE BOX PROCEDURE - CLINICAL

Procedure

The purpose of this procedure is to provide a framework for the eligibility, ordering, use, delivering and returning of the Just in Case Box.

Expected Outcomes

- To ensure that patients have control of their preferences in the last few days of life and facilitate home deaths as a choice if that is preferred.
- To reduce inappropriate and avoidable service utilisation across the health sector – particularly in relation to potentially avoidable hospital admissions, emergency department presentations, and emergency admissions with patients who are terminal.
- To contribute to the national and international community terminal care evidence base.

Process Participants

Applicable to;

- all hospice@HOME or brokered (including After Hours) Registered Nurses.
- hospice@HOME patients, carers and family.
- Capital Chemist (South), Capital Chemist (North), Terry White (North West).
- General Practice

Definitions

h@H – hospice@HOME
RN – Registered Nurse
CNM – Clinical Nurse Manager
JICB – Just in Case Box
MGOC – Medical Goals of Care
GP – General Practitioner
PIC – Participants in Care
GPA – GP Assist
SPCS – Specialist Palliative Care Service
TDN – The District Nurses

Procedure

Eligibility

- The patient is known and admitted to hospice@HOME,
- The patient has been identified by their GP as suitable for a Just in Case Box and a management plan that is based on the patient's wishes and clinical condition has

commenced¹¹ is over the aged of 18, and has a responsible person living in the home (over the aged of 18 and has been deemed capable by the CNM (or delegate).

- A MGOC documenting that patient's preference to die at home is written under 'specific notes'

Preparation

- It is the responsibility of the JICB Project Manager (or delegate) to ensure that there is sufficient stock for the JICB and that the participating pharmacies have 3 JICBs ready for use the contents must be checked and be consistent with the contents list.
- All consumables will be stored at each regional h@H site and will be **ONLY** for the use of the JICB. A separate purchase order for JICB stock is required and is to be managed by the JICB Project Manager.
- Each bag can be identified by a key fob labelled 1-50 of which there are two bags per set (Bag 1, Bag 2). This is for evaluation, quality and safety and to track the NIKI pumps.
- There are 4 'DEMO' sets 1 x south AH RN, 1 x north AH RN, 1 x north-west AH RN and 1 x GPA. These are for educational purposes and the contents are not to be used.

Each JICB will contain;

BAG 1

1 x Just in Case Box Guidelines
1 x Just in Case Box request form and prescription (complete)
1 x Medical Goals of Care (complete)
1 x Just in Case Box Utilisation Form
1 x Declaration of Life Extinct pack
2 x National Standard Medication Chart
20 x labels for medications
1 x Caregiver Medication Diary
1 x 1800HOSPICE fridge magnet
1 x Incident/Hazard Form
1 x black ball point pen

Prescribed medications

1 x NIKI Pump (in a case with key)
4 Infusion lines (Microbore Extension Sets)
2 x 9V batteries

BAG 2

6 x interlink injection sites
6 x Tegaderm (6cm x 7 cm)
30 x 1ml luer locked syringes
20 x 3ml luer locked syringes
5 x 5ml luer locked syringes
2 x 20ml luer locked syringes
20 x combi stoppers

20 x alcohol swabs
10 x 10ml Normal Saline for Injection
10 x 5ml Normal Saline for Injection

- 20 x blunt drawing up needles
- 20 x blunt plastic cannula
- 4 x Safe-T-Intima
- 1 x sharps container
- 1 x micropore tape

1 x Plastic container with a lid.

- Each JICB will contain a supply of requested medicines from the list below. The GP will request the medications of choice based on cost, simplicity of use, ease of storage and safety and efficacy as per The Australian & New Zealand Society of Palliative Medicines - Medications for Dying Patients.

MEDICATION	CONCENTRATION	PACKAGED as
Clonazepam liquid (oral drops)	2.5mg/ml	10ml bottle (2.5mg/ml)
Clonazepam injection	1mg/ml	box of 5 ampoules
Fentanyl citrate injection	100mcg/2ml	box of 5 ampoules
Haloperidol injection	5mg/ml	box of 10 ampoules
Hydromorphone injection	2mg/ml	box of 5 ampoules
Hyoscine butylbromide (Buscopan) injection	20mg/ml	box of 5 ampoules
Metoclopramide injection	10mg/2ml	box of 10 ampoules
Midazolam injection	5mg/ml	box of 10 ampoules
Morphine sulphate injection	10mg/ml AND 30mg/ml	box of 5 ampoules

- NB the request form is **NOT** a prescription. Prescriptions for the medications **MUST** be in accordance with best prescribing practices. Additionally a valid medication order **MUST** be completed prior to the medications being given.

Ordering

- The GP will need to fax a *Request Form* (available on the h@H website) to h@H and the relevant regional pharmacy. For patients residing in the Southern region it is Capital Chemist (03) 6278 5531, patients residing in the North, Kings Meadows Capital Chemist (03) 6344 7337 and for patients residing in the North West it is Terry White in Devonport (03) 64245741.
- The GP must also complete Medicare prescriptions which need to be sent to the pharmacy in order for the pharmacy to receive their PBS rebate and for the prescription to be legal.
- Decision Assist is available 24/7 to assist GPs in prescribing choices (1300 668 908 or www.caresearch.com.au)
- h@H CNM/RNs are not to provide prescribing advice to GPs under any circumstances.
- The MGOC and any other relevant documentation also needs to be faxed so that the documents can be placed inside the JICB.
- The pharmacy will fill the JICB with the prescribed medications, the MGOC and *Request Form*.
- The Just in Case Box will be available to dispense within 24 hours from receiving the request.
- The regional pharmacy will contact the relevant person under the 'Delivery Instructions' on the JICB *Request Form* and instruct that the JICB is ready to be picked up.

- The patient's own pharmacy must be included as a PIC and notified of the decision to put a JICB as part of end of life planning.

Delivery

- The preferred delivery method of the JICB is indicated by the GP on the *Request Form*.
- The first option, in all cases should be for the patient's family and/or carers to pick up of the JICB from the identified pharmacy.
- The second option is for h@H to organize delivery of the JICB.
- The h@H CNM (or an agreed delegate) will provide the *Caring Safely at Home – palliative care education for caregiver's* education to the family.
- It is the responsibility of the RN/CNM delivering the education session to ensure the contents of the Caring Safely at Home Bag have all the required equipment in.

Documentation

- Documentation for the provision of a JICB must include;
 - * Complete and signed *Request Form* from the patients GP
 - * Medical Goals of Care
- Documentation for the activation of the JICB must include;
 - * All of the above
 - * Medication Chart
- *The Just in Case Box – Request Form* MUST be faxed/emailed to all the PIC (including the After Hours CNM and the patient's own pharmacy) along with the MGOC and completed *Request Form*.
- An alert **MUST** be placed in the client management system to notify the After Hours team of the placement of a JICB in a patient's home and the capabilities of the family/carer.
- The family/carer **MUST** have completed the *Caring Safely at Home – palliative care education for caregiver's* prior to administering any medication from the JICB, otherwise the family/carer **CAN NOT** deliver medications from the JICB.
- When the JICB is activated, the medications must be ordered and written onto a Medication Chart.
- All After Hours calls follow usual documentation procedure and the CNM (or agreed delegate) **MUST** follow up on all faxes/emails with PIC and document accordingly.
- The patient's own pharmacy is a PIC for the JICB and **MUST** be included in all correspondence. The name and address of the pharmacy is documented on the Request Form.

Activation of the JICB

- The JICB can **ONLY** be accessed when the patient has terminal symptoms that cannot be managed at home by the medication already accessible to them.
- If the patient does not have a Saf-T-intima (sub cutaneous infusion device) in situ, arrangements must be made to have that inserted by an RN or GP as soon as possible.
- Local policy and procedures apply for insertion of the Saf-T-Intima.
- Local policy and procedures apply for Syringe Driver set up.
- The RN must contact a GP as indicated on the *Request Form* to get the medication order which is to be documented on the Medication Chart.
- All PIC (inclusive of the patients own community pharmacy) **MUST** be notified when the JICB has been activated and following each use.
- If the family/carer have completed the *Caring Safely at Home – palliative care education for caregiver's* they **MUST** call an RN/GP on 1800HOSPICE each time a new symptom arises or the current symptom does not improve.

- A paramedic may access the JICB if there is a Medication Chart with a valid medical order and has contacted the 1800HOSPICE RN/GP.
- All patients with a JICB **MUST** be handed over between each shift change.

Returning the JICB

- The medications inside the JICB and sharps container must be returned to the nearest pharmacy or General Practice by the family/carers following the death of the patient or if the JICB is no longer needed (ie change in patient's condition as assessed by a GP).
- The Syringe Driver and any unused consumables are to be collected by h@H at an agreed time and date.

Process Reporting and Evaluation

Incident reporting;

- All near miss, hazard and incidents associated with the JICB must be reported on an Incident Report.
- Incident reports must be recorded and actioned with **ANY** incident occurring whilst using the JICB.

In case of JICB loss / theft / misuse;

- Report immediately to TDN Director of Care
- Report immediately to the appropriate pharmacy
- Advise the treating doctor/GP
- Complete incident report
- Review patient eligibility to the JICB

Evaluation;

- The h@H Research Team will evaluate the effectiveness of the JICB against the objectives and aims.
- Comparisons with the 2014-2015 h@H data to the JICB cohort (n=40) will be made with a null hypothesis that the JICB has no effect on home deaths.
- Data will be collected from the Mortality Reviews and After Hours Triage Templates.
- Mortality Reviews with all PIC will be performed for all patients who received a JICB, whether it was accessed or not and wherever the death occurred.
- Success will be considered when at home deaths reach 80% within the JICB cohort when compared to 50% in the usual care cohort.
- Statistical analysis will be performed to measure significance (p=0.05)
- Results of the JICB initiative will be published in a peer reviewed journal.

Communication and Training

- h@H CNM /RN must complete the online self-directed learning package and quiz.

- Family/carers must complete the *Caring Safely at Home – palliative care education for caregiver's* training session with the h@H CNM (or approved delegate) in order for them to administer medications from the JICB.
- Family/carers must be deemed competent in medication preparation and administration prior to accessing a JICB.

Supporting Documents

- **Just in Case Box: Guidelines** - X:\h@H Research\2.0 Just in Case Boxes\2.4 Processes and procedures
- **Caring Safely at Home Instruction Guide** - X:\h@H Project Initiatives\Just in Case Box\Caring safely at home education resources\caring safely at home resources

Related Policies and Procedures

- **After Hours** - P:\POLICIES and FORMS\9. Services\h@H Policies, Procedures and Forms\On call After Hours procedure (NEEDS TO BE UPDATED)
- **Clientranet** - Procedure (NEEDS TO BE DEVELOPED)
- **Clinical handover** - P:\POLICIES and FORMS\9. Services\Clinical Handover\Clinical handover policy and procedure
- **Collaborative Practice Tool** - X:\h@H Forms, Policies and Procedures\PROCEDURES\FINALISED_h@H and THS Collaboration Practice Protocol

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<http://www.safetyandquality.gov.au/our-work/medication-safety/medication-chart/>

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<http://www.safetyandquality.gov.au/publications/evaluation-of-standardised-medicine-line-labels-for-medicine-in-dedicated-continuous-infusions/>

Australian & New Zealand Society of Palliative Medicine (2015),
<http://www.anzspm.org.au/c/anzspm>

Standards / Legislation

Palliative Care Standards - <http://palliativecare.org.au/the-national-standards/>

Home Care Standards –
https://www.dss.gov.au/sites/default/files/documents/09_2014/community_care_standard_guidelines2.pdf

Document Control

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