

Medicines Optimisation *Key Messages* – *Bulletin 39*

Prescribing Considerations at End of Life (EOL)

KEY MESSAGE: Review all medication and do not delay initiation of syringe driver

- When a person is recognised to be entering the last days of life, their **current medications should be reviewed**¹.
- **Benefits and harms of medications** should be discussed with the patient; any medications not providing symptomatic benefit or that may cause harm, should be stopped.
- Decide on the **most effective route** for administering medication based on the person's condition, their preferences and their ability to swallow safely.
- If the person is unable to take or tolerate oral medications, **consider other routes** of administration such as subcutaneous or intravenous injection. **Avoid** giving intramuscular injections.
- If more than **2 or 3 doses** of any 'as required' medications have been given in last 24 hours **consider using a syringe driver** for continuous symptom control.
- **Reassess** the patients' symptoms at least **daily** and **titrate medication** as clinically indicated.
- Seek specialist palliative care advice if symptoms are not controlled or there are undesirable side effects.

Prescription Requirements for Anticipatory Drugs

- Anticipatory medication for end-of-life symptom control should be made available so that these medicines can be given if required **without unnecessary delay** (see **Key Message Bulletin 38**)
- **Quantities** prescribed should be balanced between adequate supply and potential waste; **4 days supply** should be sufficient. Prescribers should however be mindful of weekends and bank holidays where access to supply may be limited, they should also consider the potential need for escalation of doses over this time.
- Prescriptions for **schedule 2 and 3 controlled drugs** must comply with the prescription requirements for controlled drugs and state²:
 - o Patient name and address
 - o Drug name
 - o Dose
 - o Form & Strength
 - o Total quantity – written in both in **words and figures** – should not exceed 30 days
 - o Date – controlled drugs are valid for 28 days after the date on the prescription.
 - o Signature & address of prescriber (Address must be within the UK)
- As directed or when required are not legally acceptable directions for schedule 2 and 3 controlled drugs. **Directions must state the quantity to administered** i.e. one tablet, 2 capsules etc.
- Directions for continuous subcutaneous infusions should be written as '**x mg to be given over 24 hours**'. Directions written as 'as directed', 'titration dose' or 'as per chart' are **not** legally acceptable for schedule 2 and 3 controlled drugs.
 - o Schedule 2 controlled drugs include: Diamorphine, Fentanyl, Morphine, Oxycodone.
 - o Schedule 3 controlled drugs include: Buprenorphine, Midazolam, Temazepam, Tramadol.

Obtaining Anticipatory Drugs

Some community pharmacies may not stock medications that may be required at the end of life. Therefore, to avoid delay in obtaining such drugs, certain pharmacies across the locality are commissioned to stock sufficient quantities of medications for anticipatory prescribing and end of life care. A map of pharmacies stocking such medications across Norfolk & Waveney can be accessed through the following link <https://pcm.prescajpp.info/>

Collection of Schedule 2 Controlled Drugs

Pharmacists are **legally required** to determine the **identity** of person collecting a **Schedule 2 Controlled Drug²** from the Pharmacy.

- If the person collecting is a patient or patient's representative, unless already known to the Pharmacist, they may request to see identification, for example **photo ID** or a **debit/credit card**.
- Where the person collecting is a healthcare professional acting on behalf of the patient in their professional capacity, the pharmacist will need to obtain the **name and address of the healthcare professional** and will also request **evidence of identity**.
- Where evidence of identity is not available it is at the **discretion** of the supplying Pharmacist whether or not to supply. It is also good practice for the person collecting the Schedule 2 or 3 Controlled Drug to **sign** the back of the prescription.

Anticipatory and Syringe Driver Drug Charts

- A **syringe driver chart** is essential for providing a clear, consistent and safe approach to prescribing and administering medications via continuous subcutaneous infusion (CSCI).
- A syringe driver chart should be written up **in anticipation** of the patient needing it by a prescriber.
- **Standard** syringe driver charts are available from Norfolk Community Health and Care (NCHC) and East Coast Community Healthcare (ECCH). A new Norfolk & Waveney ICS syringe pump chart is currently in development.
- Please refer to [Key Message Bulletin 43](#) for advice on completing anticipatory and syringe driver drug charts

Storage of anticipatory drugs

Medicines prescribed in anticipation of EoL symptoms may be supplied in a specially marked container for safe storage in the patient's home, and easy access by the initiating healthcare professional. In Norfolk, tamper-evident bags are provided by NCH&C. Reusable, red bags are used in GY&W.

Points to consider:

- Quantities supplied need to be balanced between adequate supply and wastage.
- Medications contained in the bag should only be initiated after appropriate clinical assessment.
- Information with regards to dosage and instructions and a means to record administration should be provided with the anticipatory medications.
- If anticipatory medications are not used or required, they must be disposed of appropriately and in accordance with the regulations for controlled drugs. Reusable bags are to be returned to the supplying organisation.

Disposal of Controlled Drugs after patient death

After the **death** of a patient, any **controlled drugs** in the patient's home must be **returned to a pharmacy / dispensary** (ideally the one which supplied them) as soon as possible for destruction*. Once a person in legitimate possession of the controlled drugs (i.e. the patient to whom they have been prescribed) has deceased, any other person is in **illegal possession³**, unless they are in the process of returning for destruction. If there is reluctance to return controlled drugs for disposal, the **police** may need to be informed. *Where a death certificate cannot be issued by GP, all medication must be transferred to authority of the coroner.

References

1. NG31 Care of dying adults in the last days of life Dec 2015 <https://www.nice.org.uk/guidance/ng31/chapter/Recommendations>
2. Medicines, Ethics and Practice, Royal Pharmaceutical Society Edition 40 July 2016
3. Controlled Drugs Newsletter, NHS England Midlands and East (East) - Medical Directorate Issue 5 June 2016

Title	KEY MESSAGES Bulletin 39 - Prescribing Considerations at End of Life (EOL)
Description of policy	<i>To inform healthcare professionals of best practice in prescribing at end of life</i>
Scope	<i>All healthcare professionals involved in end of life care</i>
Prepared by	Prescribing & Medicines Management Team
Other relevant approved documents	Key message bulletin 38: Anticipatory Prescribing in End of Life (Adults) Key message bulletin 40: Initiation and Management of Opioids in Palliative Care Key message bulletin 43: Anticipatory and Syringe Driver Drug Charts
Evidence base / Legislation	Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence</i> <i>B. mix of national and local consensus</i> <i>C. based on local good practice and consensus in the absence of national research based information.</i>
Dissemination	Is there any reason why any part of this document should not be available on the public web site? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
Approved by	<i>Norfolk & Waveney Prescribing Reference Group</i>
Authorised by	<i>Norfolk & Waveney Drug & Therapeutics Commissioning Group</i>
Review date and by whom	December 2023 - Medicines Optimisation Team
Date of issue	December 2025

Version Control (To be completed by policy owner)

Version	Date	Author	Status	Comment
1.0	April 2017	Prescribing & Medicines Management Team (LB)	Final	
1.1	May 2019	AGEM Medicines Optimisation Team	Update	Use of anticipatory and SD charts clarified and link to KMB 43 added. Reference to secure red bags in GYW added
1.2	December 2023	NHS Norfolk & Waveney ICB Medicines Optimisation Team (NC)	Update	Logos updated. Quantity to be supplied changed to 4 days to reflect information in Syringe Pump Policy. Updated link to palliative care pharmacies map on PrescQipp. Addition of a note that the quantity for Controlled Drug schedule 2 & 3 prescriptions should not exceed 30 days.