**Procedure for the supply of anticipatory medication in secondary care**

If a patient is being discharged from hospital and it is considered likely that they may be in the last weeks of life, clinicians should consider if it would be appropriate to prescribe anticipatory end of life medication in addition to the regular discharge medication.

* Liaise with the GP and confirm if the patient already has anticipatory prescribing in place, e.g. a JIC bag. If not inform G.P. that the hospital will supply ‘end of life’ medication.
* Prescribe ONE drug for each of the four symptoms. Use the most appropriate medication for the individual patient.
* When prescribing, clearly highlight as anticipatory medication in order to prevent the drugs being added to the patient’s repeat medication by the surgery.
* Five ampoules of each drug should be sufficient, but more may be supplied if thought necessary.
* Write ‘as required’ doses on an All Wales Drug Chart. For opioid naive patients prescribe a ‘prn’ dose of 2.5mg. If the patient is currently taking opioids use the equivalent of their current opioid prn dose.

**Suggested drug choices**

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| --- | --- | --- | --- |
| Symptom | Alternative1 | Alternative 2 | Alternative 3 |
| Pain | Diamorphine 10mg | Morphine 10mg | Oxycodone 10mg/ml |
| Nausea / Vomiting | Cyclizine  50mg/ml | Haloperidol  5mg/ml | Levomepromazine 25mg/ml |
| Secretions | Hyoscine Hydrobromide 400mcg/ml  Usual dose | Glycopyrronium 200mcg/ml |  |
| Anxiety/ Agitation | Midazolam 10mg/2ml |  |  |
| Other | Water For Injections  And any other medicines deemed necessary |  |  |

The hospital pharmacy will supply the medication in an orange plastic bag separately from the other discharge medication. The bag will be labelled with the patient details, expiry date and storage requirements. The bag will also contain symptom control guidelines and a patient information leaflet.