

Community audit for prescribing of subcutaneous opioids and anxiolytics

Objective:

To see if prescribing and documentation meets the standards set out below.

Method:

To be undertaken retrospectively once the patient has died or is back on oral medication – will need access to drug administration orders, community nursing and GP records.

Standards:

● Standard 1

Indication and dose of medication given by continuous subcutaneous infusion (CSCI) or subcutaneously intermittently as needed (SC PRN) is in line with Wessex Palliative Care Handbook guidelines or if different, rationale for this to be documented.

● Standard 2

Indications for medication clearly documented in patient's clinical record

● Standard 3

Drugs prescribed and administered should correlate with documentation in patient's clinical record.

● Standard 4

Discussion with patient / family clearly documented in the patient's clinical record

● Standard 5

Drug administration chart clearly written to include date, medication, indication, dose range, frequency, maximum dose and signature and clearly written name of prescriber.

References

All of the above standards are supported by the advice on prescribing and drug administration outlined in NICE Guideline NG 46 Controlled drugs: safe use and management. They are also supported by guidance from the Wessex Palliative Care Physicians and professional bodies such as the GMC and NMC and local area policy including the Isle of Wight, Solent and Southern Health NHS Trusts.

Wessex Palliative Care Physicians. Wessex Palliative Care Handbook: a good practice guide' (ninth edition, 2019). www.hampshirehospitals.nhs.uk/application/files/2915/6898/0952/GB_9th_edition_2019.pdf

NICE guideline [NG46] (2016) Controlled drugs: safe use and management. www.nice.org.uk/guidance/ng46

Nursing & Midwifery Council (2010) Standards for Medicines Management, London NMC www.nmc-uk.org/Documents/NMC-Publications/NMC-Standards-for-medicines-management.pdf

British Medical Association (2006) Good Practice in Prescribing Medicines, London, British Medical Association www.gmc-uk.org/guidance/ethical_guidance/prescriptions_faqs.asp

Southern Health Foundation Trust (2018) Medicines Control, Administration and Prescribing Policy (MCAPP) www.southernhealth.nhs.uk/_resources/assets/inline/full/0/44372.pdf

Solent NHS Trust (2016) Medicines Policy www.solent.nhs.uk/_store/documents/mmt003medicinepolicy2016.pdf

IOW NHS Trust Medicine Policy (2015) www.iow.nhs.uk/Downloads/Policies/Medicines%20policy%20.pdf



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SC PRN drugs prescribed: YES / NO

If YES, which drugs prescribed?

Drug Name	Dose (include range)	Dose consistent with guidelines
Opioid – <i>please specify</i>		YES / NO
Midazolam		YES / NO
Haloperidol		YES / NO
Levomepromazine		YES / NO
Other – <i>please specify</i>		YES / NO

If patient has a transdermal patch still in situ – name and dose _____

Drug administration sheet for PRN medication completed? YES / NO

If YES, which drugs were documented on sheet?

Drug Name	Dose (include range)	Dose consistent with guidelines
Opioid – <i>please specify</i>		YES / NO
Midazolam		YES / NO
Haloperidol		YES / NO
Levomepromazine		YES / NO
Other – <i>please specify</i>		YES / NO

Drug administration chart:

- Dated YES / NO
- All drug names clearly written YES / NO
- Indication for all drugs clearly written YES / NO
- Dose (range) clearly written YES / NO
- Frequency clearly written YES / NO
- Maximum dose clearly written YES / NO
- Signature YES / NO
- Name of prescriber clearly written YES / NO

Frequency of monitoring: Daily / Every 2/7 / Other – please specify _____

Final dose of PRN medications used:

Drug Name	Dose (include range)	Dose consistent with guidelines
Opioid – <i>please specify</i>		YES / NO
Midazolam		YES / NO
Haloperidol		YES / NO
Levomepromazine		YES / NO
Other – <i>please specify</i>		YES / NO

Outcome: (*please circle*) Died / back on oral medication

If died, how many days from starting SC PRN drugs? _____

If any doses are not consistent with Wessex Palliative Care Handbook guidelines rationale documented: YES / NO

If YES, please state: _____

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CSCI drugs prescribed: YES / NO

If YES, which drugs prescribed?

Drug Name	Dose (include range)	Dose consistent with guidelines
Opioid – please specify		YES / NO
Midazolam		YES / NO
Haloperidol		YES / NO
Levomepromazine		YES / NO
Other – please specify		YES / NO

If patient has a transdermal patch still in situ – name and dose _____

Drug administration sheet for CSCI medication completed? YES / NO

If YES, which drugs were documented on sheet?

Drug Name	Dose (include range)	Dose consistent with guidelines
Opioid – please specify		YES / NO
Midazolam		YES / NO
Haloperidol		YES / NO
Levomepromazine		YES / NO
Other – please specify		YES / NO

Drug administration chart:

- Dated YES / NO
- All drug names clearly written YES / NO
- Indication for all drugs clearly written YES / NO
- Dose (range) clearly written YES / NO
- Frequency clearly written YES / NO
- Maximum dose clearly written YES / NO
- Signature YES / NO
- Name of prescriber clearly written YES / NO

Frequency of monitoring: Daily / Every 2/7 / Other – please specify _____

Final drugs in CSCI:

Drug Name	Dose (include range)	Dose consistent with guidelines
Opioid – please specify		YES / NO
Midazolam		YES / NO
Haloperidol		YES / NO
Levomepromazine		YES / NO
Other – please specify		YES / NO

Outcome: (please circle) Died / back on oral medication

If died, how many days from starting CSCI drugs? _____

If any doses are not consistent with Wessex Palliative Care Handbook guidelines rationale documented: YES / NO

If YES, please state: _____