

## section 4.5: medications in the community

### palliative care and medications

Palliative medicine has frequently been characterised by old medications being used in new ways to manage patient's symptoms – ways may not be familiar to acute ward staff or to General Practitioners. Some medications may be in much larger doses or in combinations that have not previously been encountered by staff. On discharge from hospital it is essential for staff to have considered information required by the patient, their caregivers and family, that ongoing access to these medications is affordable, and that community nursing and General Practitioner support for complex regimens by has been put in place.

#### Practical issues related to medications

- patient or family education and information about medications
  - does the patient and caregiver know when the medications should be taken, by what route and for what reason?
  - is the clinical pharmacist able to provide a written list of the patient's discharge medications and a verbal explanation?
  - asking the caregiver to keep a simple diary of medications given may be helpful, particularly for breakthrough analgesia, where regimes are new or have required frequent titration
- has the patient been instructed to arrange an appointment with their GP prior to discharge to organise longer-term scripts?
- has a Royal District Nursing Service Medication Authority been completed and faxed/sent home if any nursing agency is required to administer/oversee **any** medications in the home? is the medication regimen complex? will a dosette/Webster pack assist medication administration for the patient or family?
  - can the family contact the local pharmacy to arrange ongoing supply of a Webster pack? – it may be possible to request pharmacy home delivery service
  - who will provide ongoing filling of dosette – family, community nursing service (RDNS) or local pharmacy?
  - if RDNS are requested to administer or fill the dosette then both an RDNS request and authorisation form will be required
- if oxygen is required at home then this must be prescribed by a Medical Officer
- if **subcutaneous dosing** is required at home consider the following:
  - who will administer the subcutaneous medications, both regular and "as necessary"? if the patient or caregivers are to be responsible, have they been given adequate instruction and the opportunity to practice administration during the admission?
  - does the patient have a subcutaneous "intima" in situ, primed, marked with insertion date on discharge?
  - does the patient have enough supplies of the subcutaneous "intima" butterfly needles, syringes, alcohol swabs; interlink bungs, plastic giving needles and clear dressings?
  - has a community nursing service been arranged to regularly monitor the intima site and to re-site as necessary?
- can the patient and their family afford the medications that they will need to have at home, following discharge from hospital?

## **palliative medications and affordability in the community**

Palliative patients may have regimens of medications which include combinations of medications and/or significant doses of medications. Some medications which can be accessed with relative ease during an inpatient admission may be difficult to access or incur huge and unsustainable expense for patients and families in the community. When prescribing for patients who are preparing for discharge to the community, there is a responsibility to consider both ease of access and affordability.

There is now a specific listing within the Pharmaceutical Benefits Schedule (PBS) for medications for palliative patients, which has been added to enable access to affordable medications in the community. Listings are "*Authority required*" and an initial authority request by prescribers for one month's supply can have provision for up to 3 repeats. The 1-month supply for the required medication can be made via a telephone request.

Where a subsequent authority is requested for ongoing treatment, the prescriber must state that a palliative care physician or service has been consulted regarding the patient. Specific provisions apply to drugs of addiction.<sup>1</sup>

State approval is not required if you are prescribing opioid medication for cancer-related pain. If the palliative patient has complex symptoms which require large amounts of medication, the GP can arrange a month's supply of medication by calling the **1800 888 333 Hotline** or online at [www.pbs.gov.au](http://www.pbs.gov.au).

The palliative care section is intended to be used by prescribers **in conjunction with the general listings**.

## **related resources and information**

### **CareSearch**

Provides an overview of palliative medications, the current best available evidence for medications used in palliative care and links to good quality reviews of medications. See [www.caresearch.com.au](http://www.caresearch.com.au)

### **Facts about morphine and other opioid medications**

A brochure providing information to patients about pain analgesic medications is available at [www.pallcare.org.au](http://www.pallcare.org.au).

### **General Practitioners**

GPs can provide patients and family with information about pain diaries and medication record charts.

### **Home medicines review**

Patients can arrange a home visit and review of medications by a pharmacist. The request can be made through the patient's General Practitioner or local pharmacist **Medicines Line**.

Patients and family can obtain information about their medications from a pharmacist during office hours by contacting ph 1300 888 763. Local call costs apply.

### **Informative websites**

[www.pallmed.net](http://www.pallmed.net) and [www.palliatedrugs.com](http://www.palliatedrugs.com)

## **references**

---

<sup>1</sup> Schedule of Pharmaceutical Benefits for Approved Pharmacists and Medical Practitioners (2007)