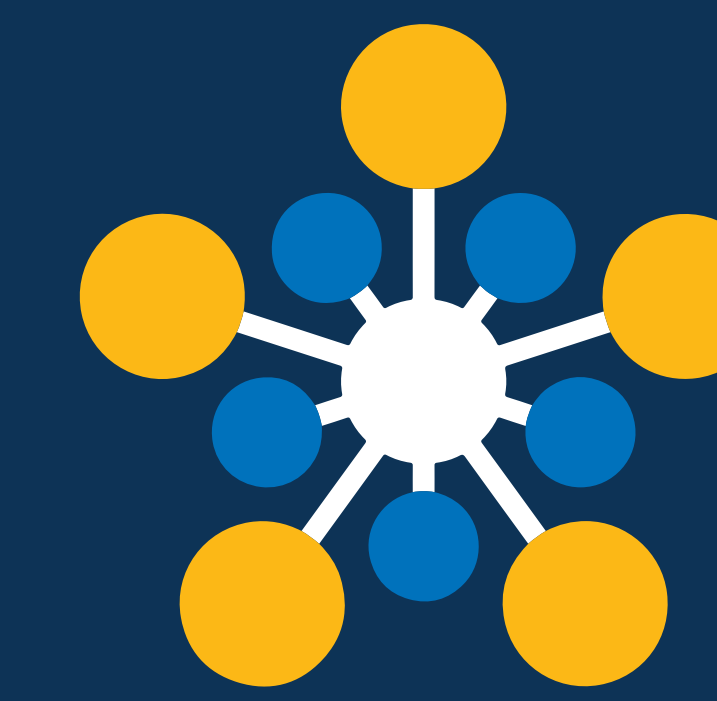


Prescription and use of anticipatory medications in patients dying at home, in hospices and in hospitals



Leeds Palliative Care Network

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Background:

- 2015 NICE guidelines on care of dying adults in last days of life discuss anticipatory medications
- Advise 'individualised approach' to prescribing, including consideration of what medications are likely to be required depending on expected symptoms

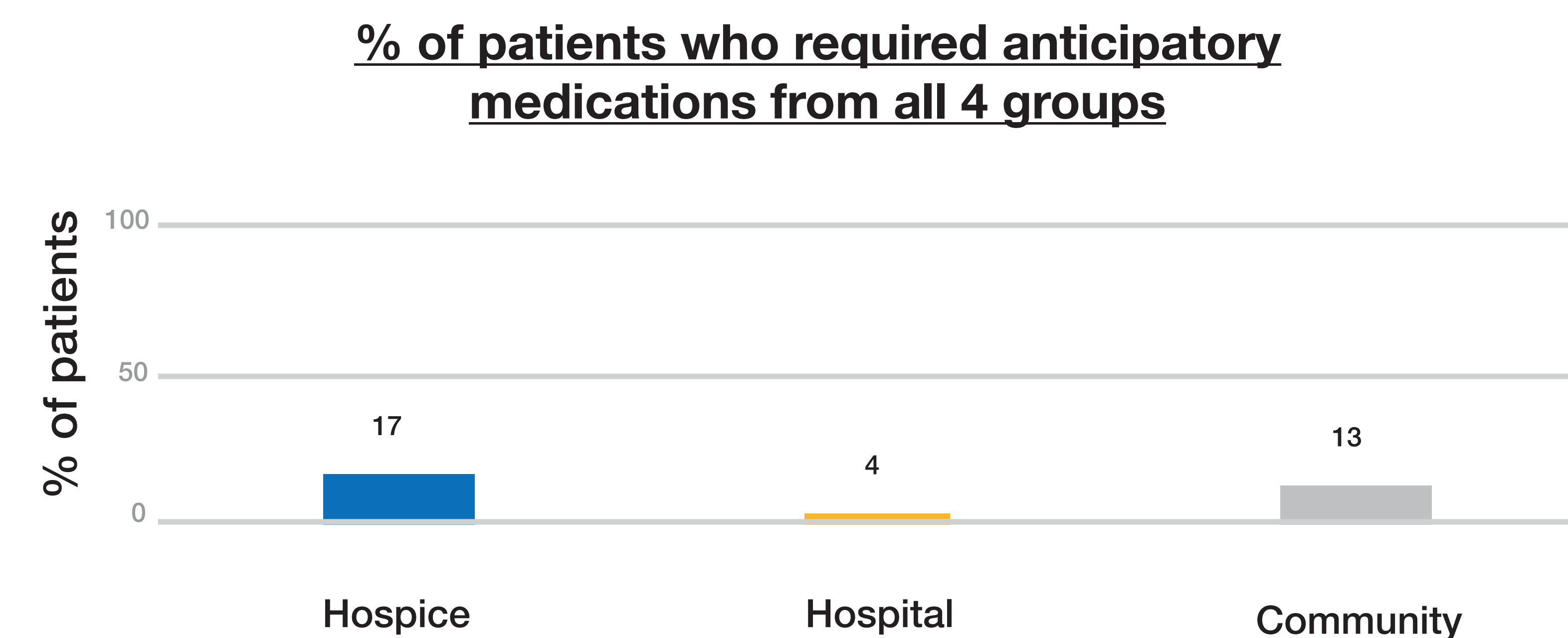
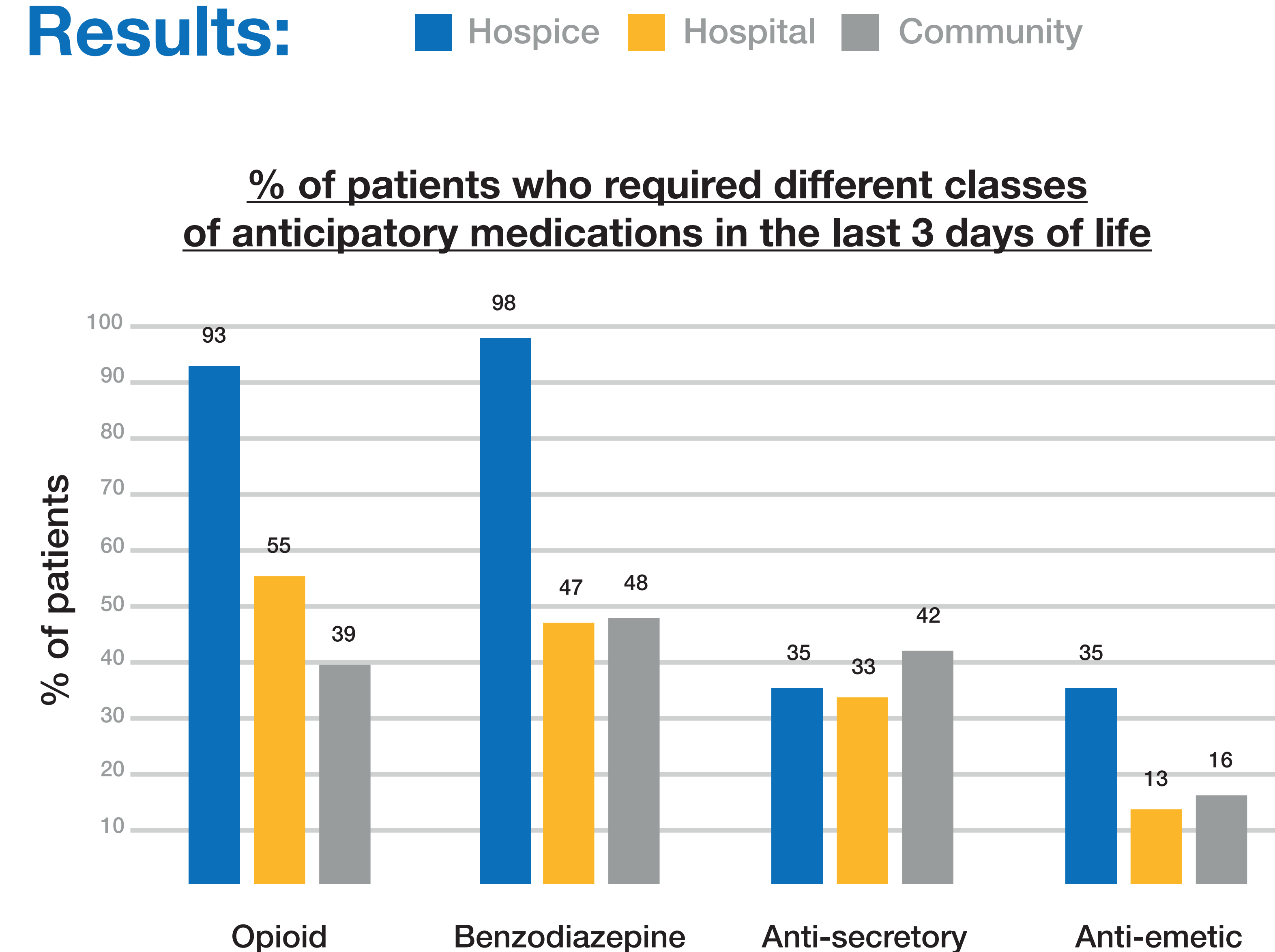
Aim:

- Gain understanding of the prescription and use of anticipatory medications in patients dying at home, in hospices and in hospitals across Leeds

Method:

- Retrospective audit with data collection for one month October 2018
- Four groups of anticipatory medications considered: opioids, benzodiazepines, anti-secretories and anti-emetics
- Data collected from three care settings
- **Hospital:** Leeds Teaching Hospital (LTHT). 132 patients. Data collected from e-medication prescriptions from adult inpatient deaths excluding sudden deaths
- **Hospice:** St Gemma's & Wheatfields Hospice. 46 patients. Data collected by staff completing a proforma following every death
- **Community:** 31 patients. Patients identified as part of routine mortality review for expected deaths
- Data collected for medication used in last three days of life

Results:



Discussion:

- Use of anticipatory medication varies across care settings
- May be related to average complexity of patient in each setting
- Universally there are trends in which groups of medications are used more/less often with opioids and benzodiazepines more commonly administered

Limitations:

- Missing data as two patients moved across care settings in the final three days of life and one question interpreted differently in one care setting
- Some patients did not receive anticipatory medications PRN (as required) but were already on a CSCI (continuous sub cutaneous infusion) in their last three days of life

Recommendations:

- Further data collection for patients in the community over 3 months, in addition looking at:
 - Last seven days of life (rather than last three days)
 - Number of doses of anticipatory medication required
 - Quantity of medications initially in the house and quantity left following death

References:

Nice Clinical Guideline [NG31] Care of dying adults in the last days of life Published 2015.