





# **Access to End of Life Medication across Tameside**

Patients should be treated in line with the GMMMG Symptom Control Guidance

#### Community Specialist Palliative Care Team contact number 0161 669 4848

When prescribing and supplying anticipatory medicines at the end of life:

- Take into account potential waste, medicines shortages and lack of administration equipment by <a href="mailto:prescribing smaller quantities">prescribing smaller quantities</a> or by prescribing a different medicine, formulation or route of administration when appropriate.
- Please ensure prescriptions are only done for symptoms that patient is experiencing rather than a prescription for all symptoms to use just in case
- Consider different routes for administering medicines if the patient is unable to take or tolerate oral medicines, such as sublingual or rectal routes, or subcutaneous injections.
- Please consider giving non-pharmacological advice to manage symptoms if clinically appropriate.

## **Stock list**

Community pharmacies will hold the following drugs in stock. Please contact the pharmacy to check there is no shortage of prescription items (replenishing stock or genuine supply issues)

<u>Drug</u>	<u>Strength</u>	Quantity	
Morphine Injection	10mg	10 ampoules	
Morphine Injection	15mg	10 ampoules	
Morphine Injection	20mg	10 ampoules	
Cyclizine Injection	50mg/ml	10 ampoules	
Water for Injection	10ml	30 ampoules	
Levomepromazine	25mg/ml	10 ampoules	
Glycopyrronium Bromide	200mcg/ml	10 ampoules	
Midazolam	10mg/2ml	10 ampoules	
Sodium Chloride	0.9%/10ml	10 ampoules	
Oxycodone Injection	10mg/1ml x 1ml amps	10 ampoules	
Dexamethasone	3.3mg/ml	10 ampoules	

### **EOL Medicines Stockists**

Trading Name *100 hour pharmacy	Address of Contractor 1	Address of Contractor 2	Postcode	Telephone number	Opening Hours (Please contact Pharmacy to ensure they are open)
Asda Pharmacy*	Cavendish Street	Ashton U Lyne	OL6 7DP	0161 342 6610	Mon: 08.00-23.00 Tues:07.00-23.00 Wed: 07.00-23.00 Thurs: 07.00-23.00 Fri: 07.00-23.00 Sat: 07.00-22.00 Sun: 10.30-16.30
Boots the Chemist*	Crown Point North Retail Park, Ashton road	Denton	M34 3LY	0161 336 0794	Mon: 08.00-00.00 Tue: 08.00-00.00 Wed: 08.00-00.00 Thurs: 08.00-00.00 Fri: 08.00-00.00 Sat: 08.00-22.00 Sun: 11.00-17.00
Tesco In-store Pharmacy*	Ashworth Lane	Hyde, Hattersley	SK14 6NT	0345 610 2904	Mon: 08.00-22.30 Tue: 06.30-22.30 Wed: 06.30-22.30 Thurs: 06.30-22.30 Fri: 06.30-22.30 Sat: 06.30-22.00 Sun: 11.00-17.00
Tesco In-store Pharmacy*	Trinity Street	Stalybridge	SK15 2BJ	0345 677 9634	Mon: 08.00-22.30 Tue: 06.30-22.30 Wed: 06.30-22.30 Thurs: 06.30-22.30 Fri: 06.30-22.30 Sat: 06.30-22.00 Sun: 10.00-16.00
Willow Wood Hospice ***Non-CDs only	Willow Wood CI, Mellor Rd	Ashton- under-Lyne	OL6 6SL	0161 330 1100	See below for available stock and Available Out of Hours only***

# Provision of EOL medication by GTD healthcare.

Visiting GPs carry a stock of anticipatory medication and can access morphine if required. This applies if there is no access to a pharmacy Out of Hours.

## **Willow Wood Hospice**

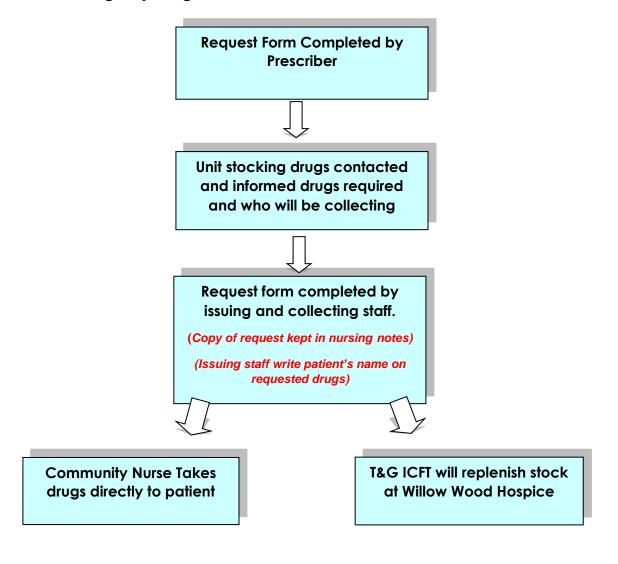
On rare occasions where medications are required outside of pharmacy hours a more restricted range of drugs is being stocked at Willow Wood Hospice Tel: 0161 330 1100

The drugs are:

- Midazolam 10mg/2ml 5x2ml amps
- Levomepromazine 25mg/ml 5x1ml amps
- Glycopyrronium 200mcg/ml 10x1ml amps
- Water for injections 10ml amps x 10
- Normal Saline 10ml amps x 10

If staff require access to these drugs a proforma will need to be completed by the prescriber. The nurse requesting the drugs will need to collect them. This is considered "exceptional circumstances" and the drugs must be stored out of site and taken directly to the patient's home. The unit will need to be contacted by phone to inform them who will be coming and which drugs they require. A copy of the proforma should be kept in the nursing notes. The collecting nurse will take the competed proforma and give this to the issuing staff.

## Flow Chart for Emergency Drugs



Willow Wood Hospice Emergency Drugs Request Form					
Requested By (prescribers name)					
Name (Print)					
Signature:					
Designation:					
Patient Details:					
Name:					
Address:					
GP:					
Orugs Requested:					
Drug and Quantity	Dose	Prescribers Signature			
Midazolam 10mg/2mls 2ml ampoules x 5					
Levomepromazine 25mg/ml 1ml ampoules x 5					
Glycopyrronium 200mcg/ml 10x1ml amps					
Water for Injection 10ml ampoules x 10	)				
Normal Saline 10ml ampoules x 10					
ssued By: (name, designation and location	on)				

Issued By: (name, designation and location)
Signature:
Collected By: