Document Type:	Standard Operating Procedure	
Reference Number: **1994**	Version Number: **5**	Next Review Date: **12 March 2024**
Title:	**Just in Case Bags (JICB) - SOP**	
Document Author:	Consultant in Palliative Care Medicine	
Applicability:	For use by Healthcare Professionals in Adults Aged 18 years and over)	

CONTENTS

1. INTRODUCTION

1.1 This document sets out Torbay and South Devon NHS Foundation Trust's standard operating procedure for "Just in Case" bags for use in end of life care in adults aged 18 years and over.

1.2 Patients identified on the End of Life register and on the Gold Standards Framework register often experience new or worsening symptoms. There is evidence to suggest that medication may not always be available in a timely manner to alleviate those symptoms causing unnecessary distress to patient, families and carers.

1.3 In order to minimize distress to the patient and their families it is necessary to anticipate the need for medication to be available in the home environment. This medication can be administered “Stat” subcutaneously by the healthcare professionals caring for the patient. This method of providing medication in designated bags is referred to as “Just in Case Medication” and abbreviated to JICB.

1.4 The medications contained within the JICB are intended to be used when there is a sudden or unexpected deterioration in the patient’s health and must be followed with review of the patient’s medication needs within 24 hours. The medication is prescribed for “as required administration”. The medication is the sole property of the individual for whom it is prescribed and must only be issued for their use.

2. PURPOSE

2.1 The Standard Operating Procedure (SOP) has been written to provide a framework to healthcare professionals employed by Torbay and South Devon Foundation Trust for the initiation and use of medication from “Just In Case Bags” for use in end of Life Care in adults, over the age of 18 years and in the care of the organisation.

2.2 **JICB medications should NOT be used to initiate a syringe pump routinely.**

JICB medications CAN BE used to initiate a syringe pump where the syringe pump has been prescribed and authorized and where it is not possible to promptly obtain the medication [such as out of hours after pharmacy closure] to meet immediate patient needs.

The remaining Just in Case bag medications can become part of the patients stock medications and should be recorded on the medication stock record
The syringe pump PMAR must contain a signed prescription (physical or electronic) for these medications on Part 2: PRESCRIPTION FOR AS REQUIRED (PRN) DOSES section

3. DEFINITIONS

3.1 **Just In Case (JIC) medication** – medication immediately available to alleviate symptoms so minimizing distress for patients

3.2 **PMAR** – Prescription and Medication Administration Record

3.3 **Out Of Hours** – service provision out of normal working hours in this area includes Devon Doctors (DDOC) and Community Nursing

4. DUTIES AND RESPONSIBILITIES OF STAFF

4.1 This Standard Operating Procedure (SOP) relates to the following healthcare professional staff groups who may be involved in the assessment and delivery of End of Life care.

- Registered nurses
- Medical and Non-medical Prescribers

4.2 Healthcare professionals should follow this SOP in the assessment of the patient's need and use of the Just In Case Bags.

4.3 Healthcare professionals undertaking this procedure must be able to demonstrate continued competence as per the Trust Medicines Policy (0806).

5. JUST IN CASE BAG REQUIREMENTS

5.1 **Location:**

- This Standard Operating Procedure can be implemented in situations where competent healthcare professionals are available to prescribe, supply and administer medication according to this SOP.

5.2 **Equipment:**

- Just In Case Bag medication
- Syringes and needles to be provided by healthcare professional on administration
- Sharp boxes provided by healthcare professional on administration.

5.3 **Documentation**

Prescription and Medication Administration Record templates are available on ICON see Appendix A and following hyperlinks:
Just In Case Bags (JICB) SOP (1994)

6 ARRANGING FOR A JUST IN CASE BAG TO BE SUPPLIED

6.1 Just In Case Bags should be prescribed when the patient's condition has been assessed as deteriorating and the patient is on the Electronic End of Life Register (Gold Standards Framework). This assessment and TEP form completion or update will be made by the prescriber, in consultation with the multi-disciplinary team and the patient, family and carers where appropriate. See Appendix B: Prescriber flowchart

6.2 All relevant agencies involved in the patients care e.g. Community Nursing Services, Hospice, Marie Curie, Devon Doctors On Call, SWASFT (this is not an exhaustive list) should be informed that the Just In Case Bag is within the care setting e.g. patients own home or care home. This may be via the Electronic End of Life register and local arrangements.

6.3 Patient's medicines may change during the course of the illness. It is best practice to regularly review the medication within JICB. The timing of this should be appropriate and practicable to the patient's clinical situation, but should be undertaken no later than 6 months after issue of JICB. This review may be face to face with the patient/carer and /or between health professionals involved in the patients care. The review will be recorded in the appropriate clinical record including Electronic End of Life register.

6.4 It is the prescriber's responsibility in community settings to ensure the prescription for the supply of the medication is completed and to make the patient/family/carers aware of the need to collect the prescription from the chosen dispensing pharmacy or dispensing practice. Anyone collecting medication will be asked to provide identification by the dispensing pharmacy or dispensing doctor's practice.

6.5 Medication required for JICB will be dispensed via the hospital pharmacy on discharge for inpatients. The **completed** PMAR **must** also be sent to the Pharmacy for checking with the prescription for dispensing and inpatient PMAR.

6.6 Patients transferred to community hospitals do not require JICBs.

6.7 When the JICB is initially prescribed, the prescriber will complete the approved Prescription and Medication Administration Record (PMAR) (see Appendix A/B) and include it with the prescription request to supply the medication. The completed Prescription and Medication Administration Record (PMAR) must be retained in the patient's home to support administration.

6.8 Verbal orders for administration cannot be accepted for any medication within the JICB, which has not been prescribed on the approved JICB Prescription and Medication Administration Record (see Appendix A).

6.9 Healthcare Professionals working with patients at the End of Life must ensure they work within their professional codes, competencies and in conjunction with Trust policies, protocols and standard operating procedures.

7 EXCLUSIONS FOR JUST IN CASE BAGS (JICB)

7.1 There may be instances where a Just In Case Bag may not be appropriate and the need for medication may need to be managed via other methods, such exceptions could be:

- Where there is known or a possibility of drug misuse by the patient, family, carers or visitors to the home environment
- Where the patient, family and/or carer is unwilling to participate although healthcare professionals can provide reassurance
- In patient admission – medication will be prescribed on an inpatient prescription and medication record and administered using stock medication. If a patient is admitted with a JICB then this will be stored and managed as Patient Own medication/ CDs and the need for a JICB will be reviewed before discharge.

8 MEDICATION

8.1 Prescribed medication which may be included in the JICB is recommended in the South and West Devon Formulary
For current recommendations see Local Joint Formulary: Just in Case bags chapter 16.15

- Appropriate number ampoules of Morphine sulphate 10mg/1ml for pain or breathlessness.
- 2 x ampoules of Levomepromazine 25mg/ml for nausea and vomiting.
- 3 x ampoules Midazolam 10mg/2ml for terminal restlessness, agitation and anxiety.
- 2 x ampoules Haloperidol 5mg/ml for hallucinations and agitations.
- 3 x ampoules Hyoscine Hydrobromide 400mcg/ml for respiratory tract secretions or “rattle”.
- 2 x10ml water for injection.

8.2 When medication is required for patients with significant renal impairment or other complex needs expert advice is available from Palliative Care Specialists.

9 ADMINISTERING MEDICATION FROM A JUST IN CASE BAG

See Appendix C

9.1 The decision to administer medication from the JICB will be made by the healthcare professional that is caring for the patient, using their professional judgment and knowledge and may take place independently if the practitioner is assured it is safe to proceed. A full assessment, to include a review of the patient’s clinical condition and diagnosis from the presenting symptoms, must be made to give this assurance.

9.2 If there are concerns about administering from the JICB for any reason including if there is no evidence of a clinical review, the health care professional must contact a prescriber to discuss the situation. This may include the Out of Hours service.

9.3 Where a syringe pump is in place as required [prn] doses should be prescribed on the Syringe Pump authorisation form. In exceptional circumstances, where the dispensed supply of medication is not adequate to meet the immediate needs of the patient, medication can be administered from the JICB.

9.4 The Health care professional will document the rationale for the administration of the medication within the patient's clinical records. This will include any drug calculation made to enable the administration of the prescribed dose.

9.5 The Healthcare professional will sign the Prescription and Medication Administration Record (see Appendix A) following the administration of the medication. The record of the administration from JICB should be recorded on the JICB PMAR, not on the bolus section of the standard PMAR.

9.6 The Healthcare professional must complete a patient care plan reflecting the need for medication including the review date and completing any further relevant clinical documentation in accordance with organisational and professional guidance

9.7 The patient's GP (or DDOC for Out of Hours) must be informed of the use of the medication from the JICB by the healthcare professional involved in the administration to initiate a review.

9.8 The patient should be clinically reviewed within the next 24 hours for symptom control by a suitably qualified healthcare professional with evidence documented in clinical records.

9.9 Healthcare professionals should also inform other agencies involved in the care of the patient of the use of the medication from the JICB.

9.10 When healthcare professionals are administering medication within a care home setting the administration must be written in the patient records for the home in addition to the care plan and nursing notes for the employers' organisation. The care home is responsible for the security and storage of the JICB medication and PMAR.

9.11 If on attending a patient it is discovered that the PMAR is incomplete and / or out of date then administration can still take place as long as:

- There is discussion with a clinician to confirm medications prescribed are still relevant, and remain within the patient's best interest.
- The medication in place is dispensed and labelled by a pharmacy
- The medication is in date
- The PMAR is no more than 6 months out of date
- Points 9.1 to 9.10 are adhered to
- This is an exceptional circumstance
- The administering Nurse to request a new PMAR from the clinician during discussion regarding administrations of medicines. This PMAR needs to be provided by the clinician and in the patient's home within 24hrs.

- The nurse requesting the new PMAR is responsible for ensuring the nursing team are aware a new PMAR has been requested if the PMAR remains outstanding at the end of their shift.
- Relevant documentation regarding process and actions to be clearly documented in patients notes to ensure compliance with policy.

10 DISPOSAL OF MEDICATION FROM JUST IN CASE BAGS (JICB)

10.1 Part used ampoules from JICB administered by healthcare professionals will be disposed in accordance with Waste Management Policy and Trust Medicines Policy

10.2 Where medication is within its original dispensed container and the medication is no longer required, the healthcare professional will advise the medication be returned to a pharmacy or dispensing practice for disposal.

10.3 Where the medication is no longer required in a care home providing nursing care, the care home is responsible for organising collection of medicinal waste from the JICB in accordance with Environmental Waste regulations.

11 INCIDENTS/ADVERSE DRUG REACTIONS

11.1 All healthcare professionals have a duty to report any medication incidents following their Torbay and South Devon NHS Foundation Trust Incident Reporting policy.

11.2 In the event of a medication incident or an adverse drug reaction immediate care will need to be undertaken to minimize harm to the patient as appropriate.

11.3 The patient's GP should be informed in addition to the prescriber if this is not the GP.

11.4 The incident must be recorded in the patient record indicating the actions taken.

11.5 In the case of an adverse drug reaction the "Yellowcard" will require completion at https://yellowcard.mhra.gov.uk/

12. ARCHIVING ARRANGEMENTS

The original word and pdf of this SOP will remain with the author. An electronic copy will be maintained on the Trust intranet. Archived electronic copies will be stored on the Trust's "archived policies" shared drive, and will be held indefinitely.

13. PROCESS FOR MONITORING COMPLIANCE WITH AND EFFECTIVENESS OF THE STANDARD OPERATING PROCEDURE

13.1 To evidence compliance with this policy, the following elements will be monitored:

What areas need to be monitored?	How will this be evidenced?	Where will this be reported and by whom?
Availability of medication in patients home setting Availability of completed PMAR in home setting	Incident reporting via Datix	Trust incident reporting structure

14. REFERENCES

- Just in Case Boxes: Examples of Good Practice Resource Guide The Gold Standards Framework 2006.
- Safer Management of Controlled Drugs. The Governments response to the fourth Report of the Shipman Inquiry 2004
- Medicines, Ethics & Practice; A guide for pharmacists; Royal Pharmaceutical Society of Great Britain, July 2006/July 2011.
- A guide to good practice in the management of controlled drugs in primary care (England) national prescribing centre.2006.
- Standards of Medicines Management. Nursing and Midwifery Council 2007 Updated 2010.
- The Safer Management of Controlled Drugs 2007. Health Commission.

Appendix A

PRESCRIPTION AND MEDICATION ADMINISTRATION RECORD FOR USE WITH JUST IN CASE BAGS

This prescription does NOT support the administration of medication by subcutaneous infusion including via syringe drivers

Name:	**Date of birth:**	**NHS No:**
ALLERGIES/SENSITIVITIES:	**WEIGHT (IF APPROPRIATE)**	
Name of Prescriber (Print Name)	**Contact Details of Prescriber**	
Please complete all relevant section in BLOCK CAPITALS. Ensure instructions for administration are consistent with the anticipatory clinical plan. Doses must be written in whole numbers (e.g. 500 mg not 0.5 g and write micrograms in full not mcg). NB Consider opiate naïve patients.		

DATE	QUANTITY	MEDICATION	DOSE	CLINICAL INDICATION	ROUTE	FREQUENCY	PRESCRIBER
	x 10mg/1ml ampoules	MORPHINE SULPHATE		For pain or breathlessness	s/c bolus		
	2x 25 mg / ml	LEVOMEPROMAZINE	6.25 mg	For nausea or vomiting	s/c bolus		
	3x 10 mg / 2 ml	MIDAZOLAM	2.5-5 mg	For anxiety and agitation and restlessness	s/c bolus		
	2x 5 mg / ml	HALOPERIDOL	1.5-3 mg	For hallucinations and agitation	s/c bolus		
	3x 400 micrograms / ml	HYOSCINE HYDROBROMIDE	400 micrograms	For terminal secretions and “rattle”	s/c bolus		
	2x 10 ml	WATER FOR INJECTION			s/c bolus		

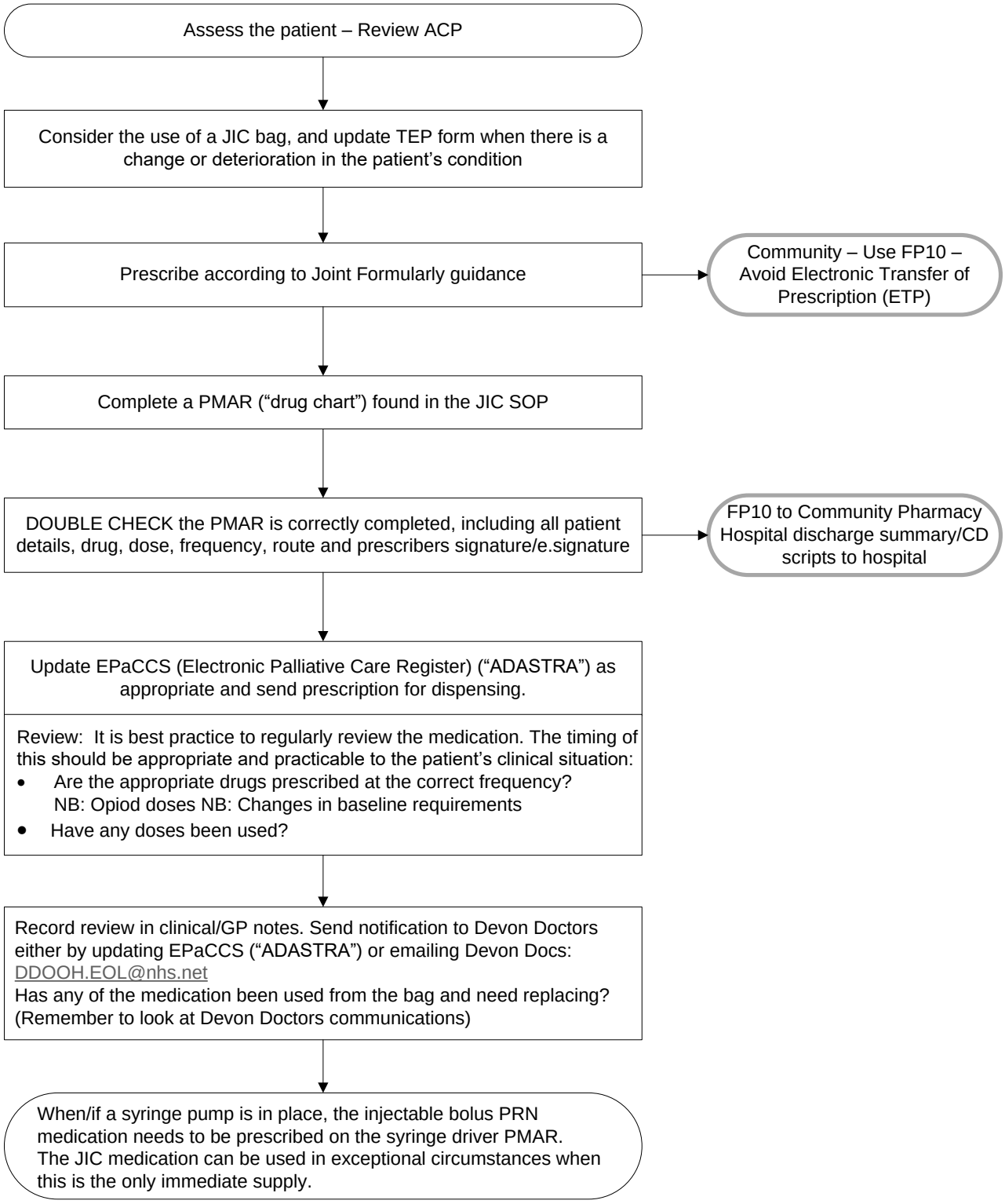
PRESCRIPTION
MEDICATION ADMINISTRATION RECORD

Date	Time	Name of Medication	Dose	Site	Batch Number	Expiry Date	Quantity remaining	Signature

Appendix B

FLOWCHART FOR PRESCRIBERS

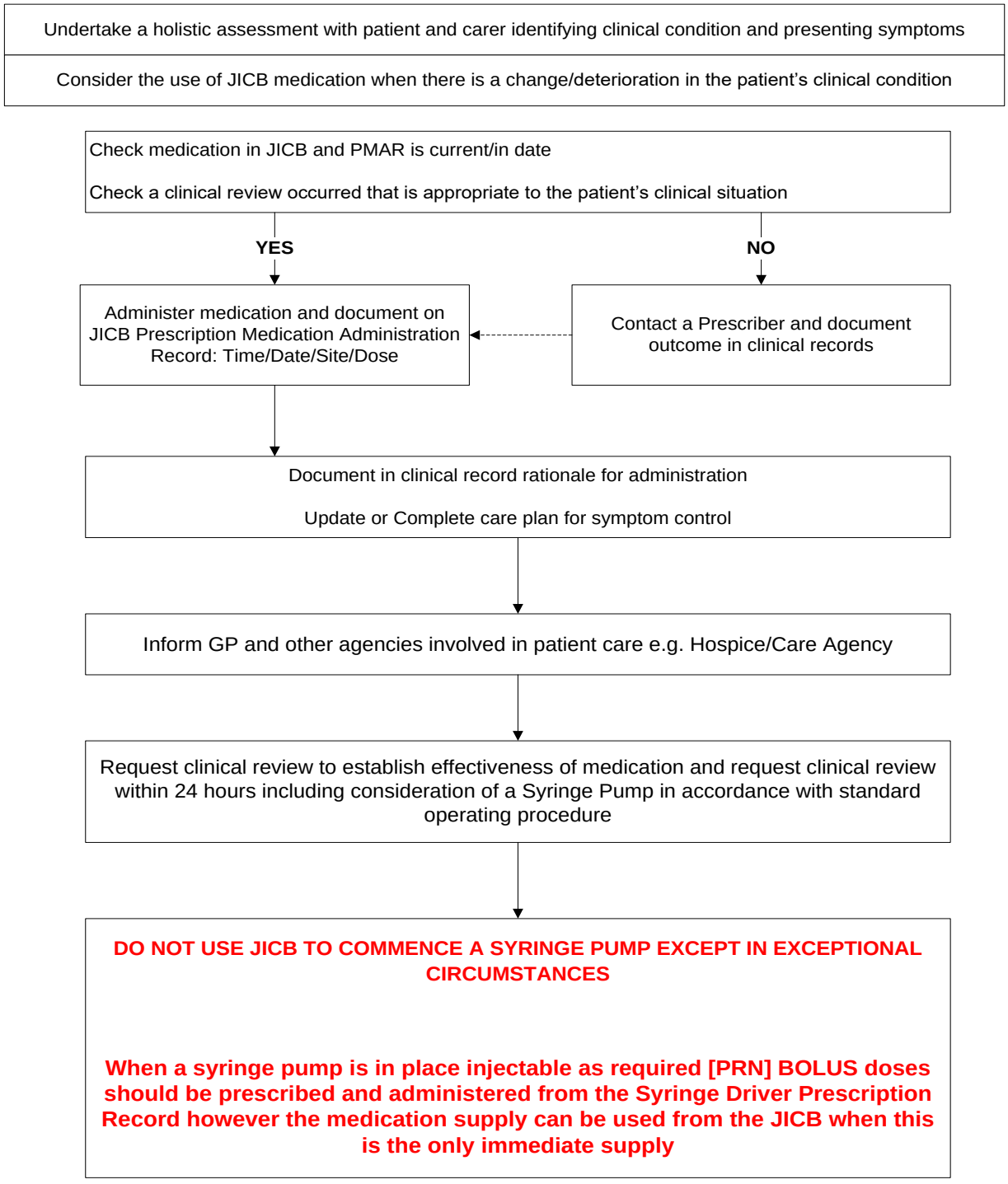
Linked to DDOOH.EOL@nhs.net



Appendix C

JUST IN CASE BAG (JICB) – FLOWCHART FOR HEALTHCARE PROFESSIONALS

A Just in Case Bag supply is initiated following an holistic assessment by the prescriber and in consultation with the multi-disciplinary team, patient, family and carers where appropriate. The prescribed and dispensed medication is the property of the named patient. Patients/family/carer should collect the JICB medication from an identified pharmacy/practice where possible and return the JICB if assessed by prescriber that it is no longer appropriate



Appendix D

COMMUNICATION PLAN

The following action plan will be enacted once the document has gone live.

Staff groups that need to have knowledge of the guideline/SOP	Prescribers and staff administering JICB medication in all TSDFT sites, including Acute site, Community Hospitals and in Community settings. Ward pharmacists and dispensary.
The key changes if a revised document	*Changes made to the SOP:* Updated in line with Devon JICB SOP
The key objectives	To provide a framework to healthcare professionals employed by Torbay and South Devon NHS Foundation Trust for the initiation and use of medication from "Just In Case Bags" for use in end of Life Care in adults, over the age of 18 years and in the care of the organization.
How new staff will be made aware of the procedure/guideline and manager action	Cascade by email from manager, Induction process EOL Newsletter ICON
Specific Issues to be raised with staff	
Training available to staff	Support available from Community Nursing Senior Nurses TSDFT EoL education team Palliative Care Specialists
Any other requirements	
Location of electronic copy of the document	ICON policy 1994

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	1944		
Document title:	Just in Case Bags for use in End of Life Care		
Purpose of document:	To provide a framework to healthcare professionals employed by Torbay and South Devon Foundation Trust for the initiation and use of medication from "Just In Case Bags" for use in end of Life Care in adults, over the age of 18 years and in the care of the organisation		
Date of issue:	12 March 2021	**Next review date:**	12 March 2024
Version:	5	**Last review date:**	January 2021
Author:	Consultant in Palliative Care		
Directorate:	Organisation Wide		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Governance Pharmacist and Medication Safety Officer COVID-19 Approval Team		
Date approved:	2 March 2021		
Links or overlaps with other policies:	0806 Trust Medicines Policy		

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes ☐	
	Yes	*Please select No*
Does this document have implications regarding the Care Act? *If yes please state:*	☒	☐

Does this document have training implications? *If yes please state:*	☐	☐
Does this document have financial implications? *If yes please state:*	☐	☐
Is this document a direct replacement for another? *If yes please state which documents are being replaced:*	☒	☐

Date	Version no.	Amendment summary	Ratified by:
February 2013	1	New	Senior Manager MIU Services Nurse Consultant Emergency Care
August 2015	1.1	Protocol reviewed – no clinical changes Documentation amendment made to reflect change in Symphony IT system	Senior Manager MIU Services Nurse Consultant Emergency Care
5 January 2018	2	Revised - Trust name Reference to Emergency department practitioners	Care and Clinical Policies Group Meeting Clinical Director of Pharmacy
12 February 2018	2	Review date extended from 2 years to 3 years	
15 May 2019	3	Revised	Care and Clinical Policies Group Clinical Director of Pharmacy
15 May 2020	4	Revised	COVID-19 Approval Team Governance Pharmacist and Medication Safety Officer
12 March 2021	5	Amended – Paragraph 2.2	Consultant in Palliative Cafe Clinical Director – Pharmacy and Prescribing

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

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NHS South Devon and Torbay Clinical Commissioning Group

NHS Torbay and South Devon NHS Foundation Trust

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		**Version and Date**	
Policy Author			

An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.

Who may be affected by this document?

Patients/ Service Users ☐	Staff ☐	Other, please state… ☐

Could the policy treat people from protected groups less favourably than the general population?
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below

Age	Yes ☐ No☐	Gender Reassignment	Yes ☐ No☐	Sexual Orientation	Yes ☐ No☐
Race	Yes ☐ No☐	Disability	Yes ☐ No☐	Religion/Belief (non)	Yes ☐ No☐
Gender	Yes ☐ No☐	Pregnancy/Maternity	Yes ☐ No☐	Marriage/ Civil Partnership	Yes ☐ No☐

Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)	Yes ☐ No☐

Please provide details for each protected group where you have indicated 'Yes'.

VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion

Is inclusive language[5] used throughout?	Yes ☐ No☐ NA ☐
Are the services outlined in the policy fully accessible[6]?	Yes ☐ No☐ NA ☐
Does the policy encourage individualised and person-centred care?	Yes ☐ No☐ NA ☐
Could there be an adverse impact on an individual's independence or autonomy[7]?	Yes ☐ No☐ NA ☐

EXTERNAL FACTORS

Is the policy a result of national legislation which cannot be modified in any way?	Yes ☐ No☐

What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)

Who was consulted when drafting this policy?

Patients/ Service Users ☐	Trade Unions ☐	Protected Groups (including Trust Equality Groups) ☐
Staff ☐	General Public ☐	Other, please state… ☐

What were the recommendations/suggestions?

Does this document require a service redesign or substantial amendments to an existing process? ***PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below***	Yes ☐ No☐

ACTION PLAN: Please list all actions identified to address any impacts

Action	Person responsible	Completion date

AUTHORISATION: By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form		**Signature**	
Validated by (line manager)		**Signature**	

Please contact the Equalities team for guidance:
For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net
This form should be published with the policy and a signed copy sent to your relevant organisation.

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes ☐ No ☐

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our GDPR page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdft@nhs.net,
- See TSDFT's Data Protection & Access Policy,
- Visit our Data Protection site on the public internet.