Prescribing for Symptom Control in End of Life Care

Dr Deborah Robertson
Senior Lecturer
University of Chester
#hellomynamemeis

• Dr Debs Robertson
  • Programme leader NMP
  • Nurse and pharmacologist
  • Champion of NMP
Scope of Presentation

• Nurse prescribing for symptom control: current issues
• Improving confidence in prescribing practice
• Empowering nurses to prescribe in end of life care
• Improving non medical prescribing practice
• Supporting non medical prescribers: infrastructure needed to support the safe and effective development and implementation of Non Medical Prescribing
• Developing advanced roles around non medical prescribing
• Keeping your prescribing knowledge up-to-date: accessing education, training and resources
Nurse Prescribing - Introduction

• Prescribing can be complex in any situation
• Prescribing in end of life care is often more complex
  • Consideration of the condition itself
  • Consideration of the symptoms
  • Consideration of other medications
  • Contributes to polypharmacy
  • Risk of interactions
  • Increased risk of adverse drug reactions
  • Concordance issues
Key Areas- Safe Prescribing

• Consultation and Examination
• Diagnostics
• Clinical Decision Making
• Monitoring and Review
• Pharmacological Knowledge
• Safe, Professional Prescribing
End of Life Care- What Is It?

- Marie Curie define it as

‘End of life care is an important part of palliative care for people who are nearing the end of life. End of life care is for people who are considered to be in the last year of life, but this timeframe can be difficult to predict.

End of life care aims to help people live as well as possible and to die with dignity. It also refers to care during this time and can include additional support, such as help with legal matters. End of life care continues for as long as you need it.’

https://www.mariecurie.org.uk/help/terminal-illness/diagnosed/palliative-care-end-of-life-care?gclid=ClaKulb9sMsCFabnwgod-m8K9Q
Palliative Care—Important Areas

- improves quality of life
- provides relief from pain and other distressing symptoms
- supports life and regards dying as a normal process
- doesn’t quicken or postpone death
- combines psychological and spiritual aspects of care
- offers a support system to help people live as actively as possible until death
- offers a support system to help family cope during a person’s illness and in bereavement
- uses a team approach to address the needs of the person who is ill and their families
- also applies to the earlier stages of illness, alongside other therapies that are aimed at prolonging life
Symptom Control - Current Issues

• What is Symptom Control?
  • Pain Management
  • Is that it??? Of course not!

• Infections
• Mouth Care
• Breathlessness
• Appetite and weight loss
• Bladder and Bowel Problems
• Oedema
• Nausea and vomiting
• Mobility
• Cognition
• Bedsores

• Etc etc etc

• Current Issues

• Analgesia
  • Routes of administration
  • Choice of medicines
  • Opioid dependence
  • Additional symptoms
  • Tolerance

• Infections
  • Increased risk
  • Life threatening
  • To treat?

• Nausea and Vomiting
  • Condition related
  • Medication related
Exploring the Issues

• **Analgesic Medication**
  
  “Everyone is telling us – from GPs, families and carers – that more needs to be done to improve access to specialist palliative care and pain control at home. ..“We know that effective pain management at home is an important factor that influences whether someone has a ‘good death’, and we only have one chance to get it right”

• **Imelda Redmond, Director of Policy and Public Affairs at Marie Curie**
Exploring the Issues

• WHY?
  • Time
  • Confidence
  • Limited by competence
  • Fear
  • Out of Hours
Confidence in Prescribing

- PRESCRIBE WITHIN YOUR COMPETENCE
- FULL history, but paramount are
  - PMH
  - DH- prescribed, OTC, herbal etc
  - Allergies
  - Previous ADRs
  - Current medication regimen/adherence
  - Patient involvement/education/understanding
- Holistic care v compartmentalised care?
Empowering Nurse Prescribers

• Training- appropriate prescribing qualification V100/150/300
• Specialist roles
• Responsibility in care management
• Supported by multidisciplinary team
• Value
Improving Non-Medical Prescribing Practice

- All relevant members of the palliative care team can prescribe
- Clear lines of communication between all prescribers
- Appreciation of roles and responsibilities within the team
- Ensure CPD is actively managed to maintained competence and confidence
- Support for the role
Supporting Non-Medical Prescribers

• Communication
  • Who does what!
• Clear roles and responsibilities
• Clear job descriptions
• Budget
• Appropriate support and time for CPD
Developing Advanced Roles Around Non-Medical Prescribing

• Specialist palliative care nurses/pharmacists/AHPs
• Advanced practice MSc
• Marie Curie and MacMillan Nurses
• Hospital at home
• Hospice at home
• GP involvement
Keeping Up-To-Date

- Revalidation!
- CPD
- Appraisal
- Journals
- Websites
- Textbooks!
Case Study

• Jane is 74 and is in the end of life stage of her illness. She has breast cancer and metastatic spread to lungs, liver, bones and brain.

• Her current medication includes
  • Tamoxifen 20mg once daily
  • MST Continus 200mg twice daily
  • Oramorph 10mg/5ml for breakthrough
  • Lactulose 10ml twice daily
  • Haloperidol 5mg twice daily

• She is now having difficulty swallowing and her symptoms are escalating, with her pain being a significant issue. She appears confused at times, but in lucid periods complains of nausea.

• What can you do?
Summary

• NMPs ARE prescribing in end of life care
• Symptom management is an important area
• Individual patient care planning is required
• Increase in number required
• Support in place, including budgets!
• Role for Specialist/Advanced Practice
...the top prescription is for your arthritis, but it may cause a heart attack. The second prescription should prevent a heart attack, but it could damage your liver. The third should prevent liver trouble, but it may destroy your spleen. The fourth protects the spleen but has been known to eat away the prostate. The fifth.....
Further Reading

• Current BNF www.BNF.org
• NPC/NICE site- http://www.nice.org.uk/mpc/
• Nurse Prescribing Journal - http://www.nurseprescribing.com/
• Professional Regulatory Body Websites
• Prescribing Competency Framework 2016 www.rpharms.com/prescribingframework
• Marie Curie https://www.mariecurie.org.uk/
• MacMillan http://www.macmillan.org.uk/