

## SUPPORT INFORMATION FOR GENERAL PRACTICE

Thank you for your referral to the ISLHD Specialist Community Palliative Care Service. In an effort to better support GPs to provide the highest quality end-of-life care to patients, please find a list of support services available to you.

### 1. MEDICATIONS IN THE HOME PROJECT (aka *Driven to Change: Making Medications Work*)

This ISLHD project provides advice about standard medications which are best practice for end-of-life care. As the primary carers for their patients, it invites GPs to pre-write scripts and crisis medication orders. Scripts are kept either by the patient's pharmacy or at the patient's home until needed. Medication orders are kept in the patient's home. Our Primary Health Nurses (from Community Health) will contact you about this project and provide you with updates regarding any assessed changes in the patient's symptoms, as well as any required changes to medication orders. The aim of the project is to provide timely symptom management for the community patients we share.

Information on the four standard parenteral medications is available on the back of this page. Please call one of the Palliative Care Specialists listed below for further information or advice about changes to treatment plans and medication orders.

This project has been approved by the ISLHD Drugs and Therapeutics Committee.

### 2. PEACH – Palliative Care in-home support packages for the last week of life

Daily in-home support provided by Silver Chain nurses, can be facilitated free of charge to assist patients who wish to die at home. A comprehensive overview of the PEACH program, model of care and referral criteria can be accessed via this link: <http://www.swslhd.nsw.gov.au/peach/>. Referrals can be made in ISLHD by calling the Access and Referral Centre (ARC) on 1300 792 755.

Medication orders and having medications available in the home are essential pre-requisites for patients linked to a PEACH package.

### 3. SYMPTOM CONTROL BOOKLET by Dr Roger Cole

The 5<sup>th</sup> edition of *Symptom Control in Palliative Care*, written by local Palliative Care Specialist, Dr Roger Cole, is freely available from the Specialist Community Palliative Care Service as either a hard copy or electronic format. Please call 4223 8380 for further details.

### 4. HEALTH PATHWAYS

As a joint project between Coordinare and ISLHD, a number of on-line Health Pathways are soon to be made available to assist GPs with localised treatment guidelines and referral information.

Palliative care information will be progressively updated on the site under the **Medical** listings.

<https://illawarrashoalhaven.healthpathways.org.au/index.htm>

#### Contact details:

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## Medications in the Home Project

A small number of medications, consistent with those listed on the ISLHD End of Life plan, are recommended as part of this project. For analgesia, we chose Hydromorphone to avoid the GIT side effects of Morphine and to avoid toxicity in patients with renal failure. Midazolam is used to manage anxiety and agitation. We chose Haloperidol as an anti-emetic in view of the small volume required for injection and its broad efficacy. We are happy to discuss an alternative medication for patients with Parkinson's Disease. We have recently changed the anti-cholinergic drug from Glycopyrrolate to Buscopan, as GPs are more familiar with Buscopan. We have avoided Hyoscine Hydrobromide to prevent potential problems with delirium.

A letter will be sent to you by the Primary Health Nurses with more detailed information and a Medication Order form for the following medications:

Medication	Route	Dose	Frequency
<b>HYDRomorphone</b>	SCI	0.5mg-2mg	4 hourly PRN
INDICATIONS: For acute pain and dyspnoea	INFORMATION: 1. Hydromorphone is 5 times stronger than morphine 2. Opioid-naïve clients start at lower dose i.e. 0.5mg		
<b>Haloperidol</b>	SCI	1.5mg	BD PRN
INDICATIONS: For nausea and confusion	INFORMATION: Used for metabolic, opioid and drug induced nausea		
<b>Midazolam</b>	SCI	2.5mg-5mg	4 hourly PRN
INDICATIONS: For agitation Can also be used for seizures	INFORMATION: If symptoms are mild or client is Benzodiazepine naive start at lower dose, i.e. 2.5mg		
<b>Buscopan</b>	SCI	20mg	tds PRN
INDICATIONS: Respiratory secretion and moist breathing Abdominal cramping	INFORMATION: Less likely to cause drowsiness		

Yours sincerely



Greg Barclay  
Director, ISLHD Palliative Care Services