


# Palliative Care Workshop


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PHARMACIST)**



# Overview

- 1. Brief Introduction to Palliative Care**
  - 2. Pain & opioid medications QUIZ**
  - 3. Demonstration of syringe driver**
  - 4. Facilitating palliative discharges**
  - 5. Summary & Questions**
- 



# Learning Objectives

- 1. Recognise which patients benefit from palliative care**
- 2. Describe how Hospice supports palliative care patients**
- 3. Recognise the main pharmacological subcutaneous treatment options for symptoms encountered in palliative care**
- 4. Define the indications for use of opioids, and demonstrate how they should be prescribed**
- 5. Demonstrate how to deliver subcutaneous medications using a syringe driver**
- 6. Develop a process to facilitate complex palliative care patient discharges**

# Understanding Palliative Care

WHO definition:

“An approach that improves the quality of life of patients and their families facing the problems associated with a life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.”





# Understanding Palliative Care

Health New Zealand - Te Whatu Ora describes palliative & end-of-life care as providing:

“people facing life-limiting conditions with holistic support & services based on the needs of the person & their family...it is appropriate at any stage in a serious illness & can be provided alongside curative treatment”



# Who Benefits from Palliative Care?



- Provide relief from distressing symptoms
- Improve quality of life
- Provide support to help patients continue to live the life they wish
- Neither hasten nor postpone death

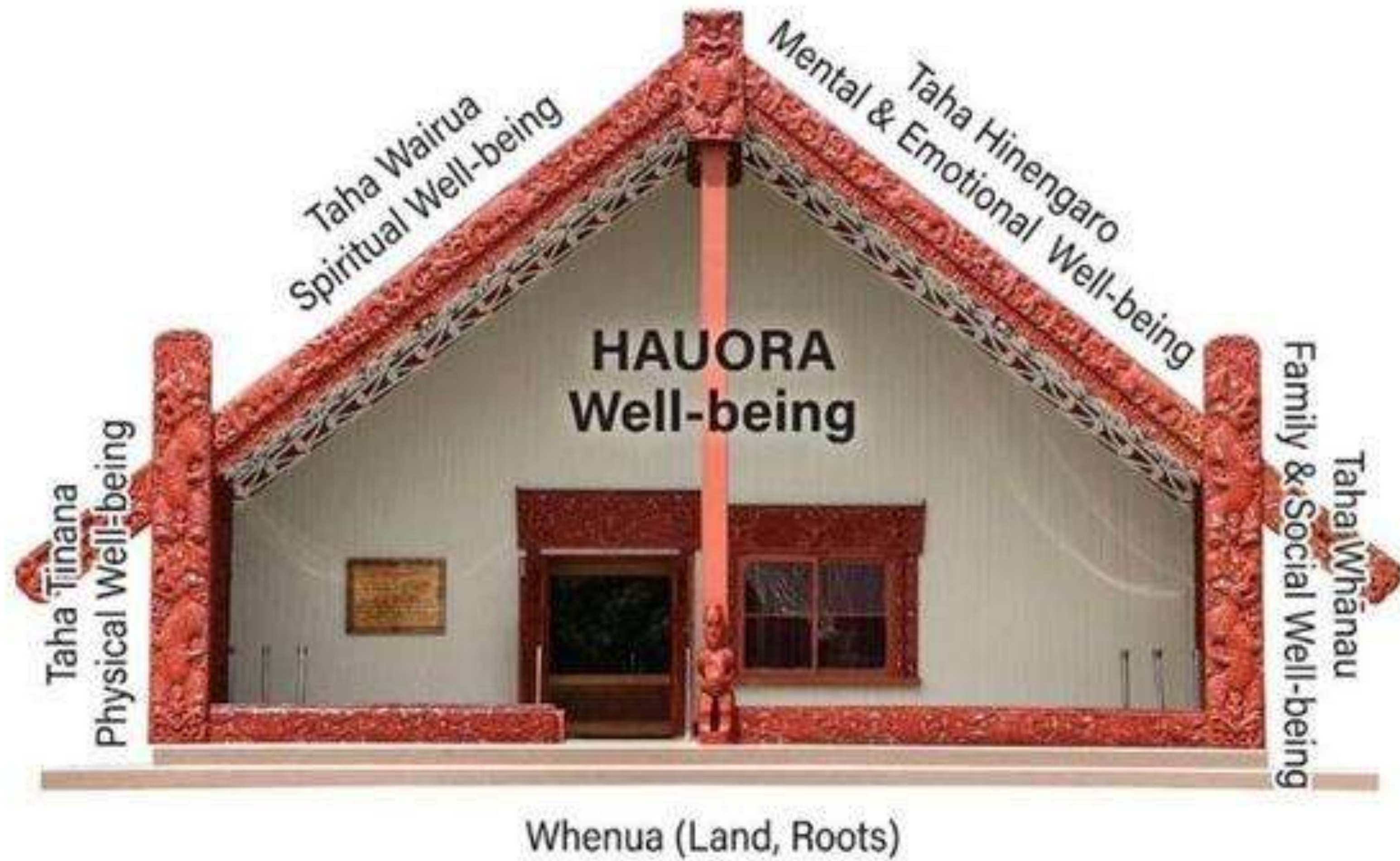


- Providing support to the **patient's family** during the illness and bereavement
- Multidisciplinary approach - doctors, nurses, pharmacists to social workers, therapists & counsellors
- Encompasses both psychological & spiritual aspects



- Introduced early as a concept
- Can be provided alongside life-prolonging therapies
- Disease trajectory may require different levels of support at different times
- Life-limiting illnesses: cancer, renal disease, liver disease, COPD, heart failure, dementia





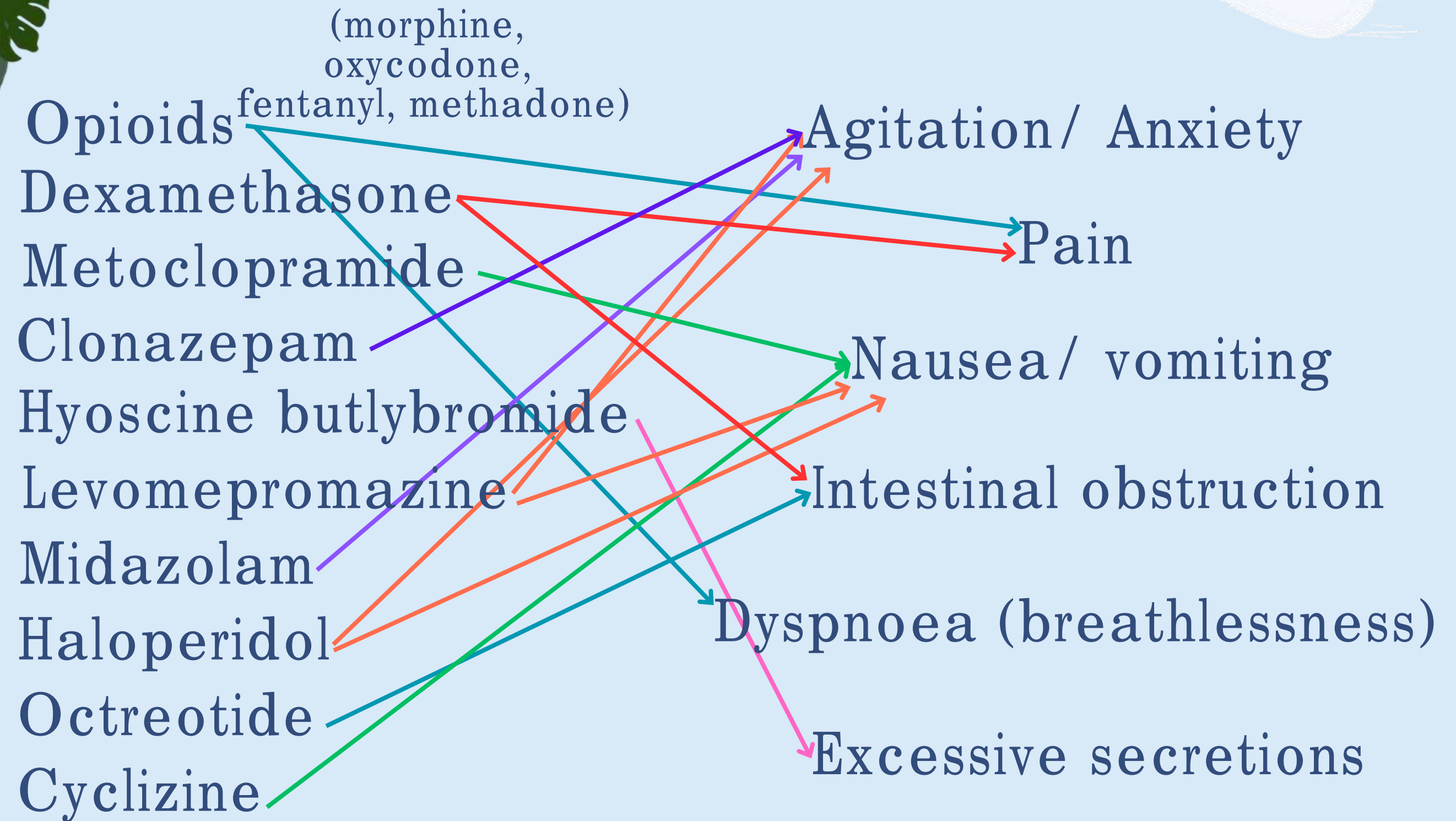
Māori Health Model: Te Whare Tapa Whā, developed by Mason Durie.



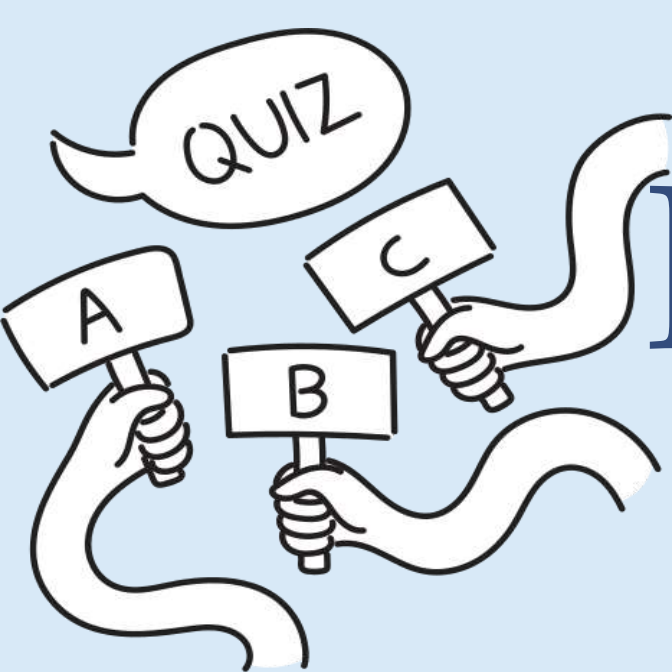


# Subcutaneous Medicines for Symptom Management

**Match the symptoms to the medications**







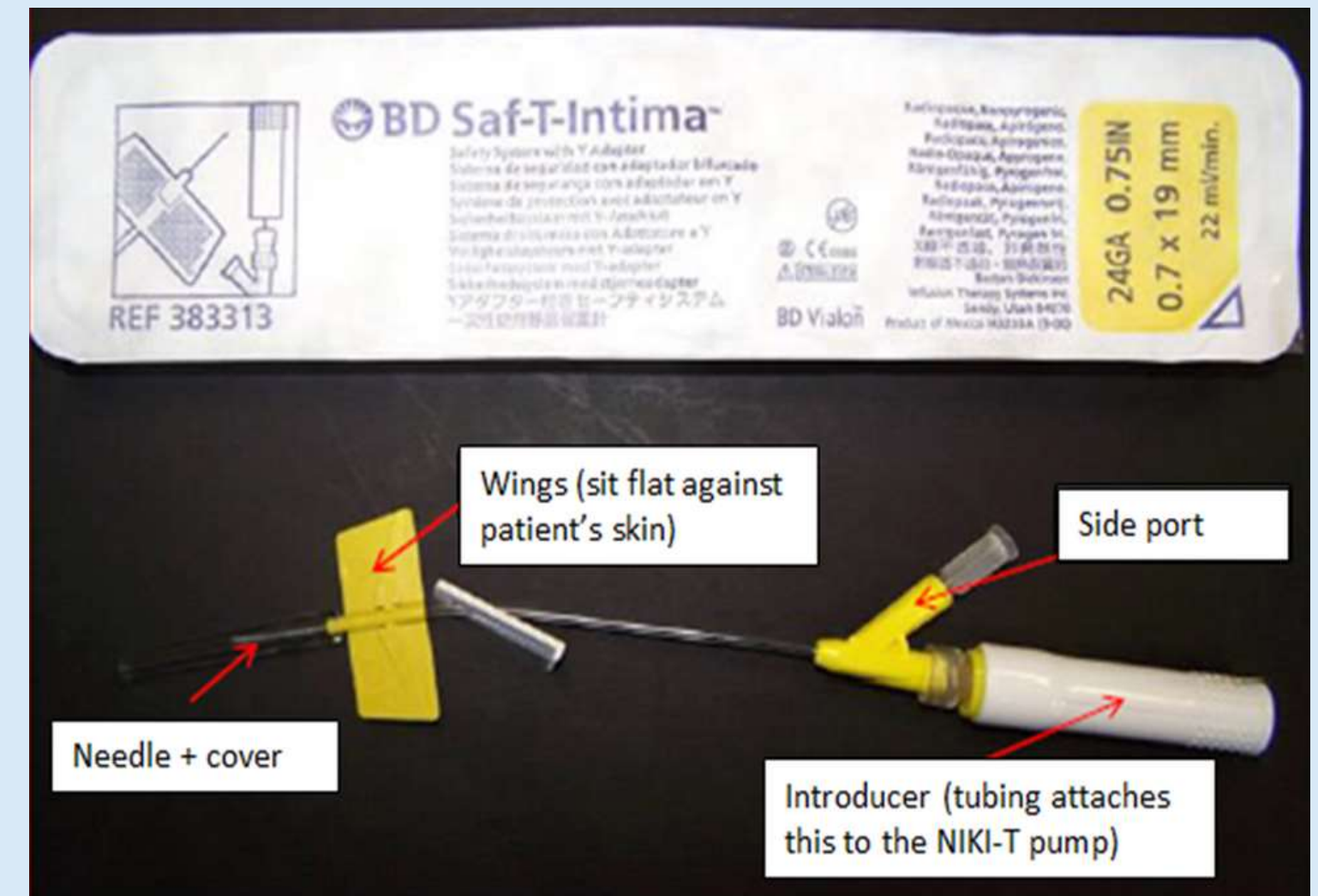
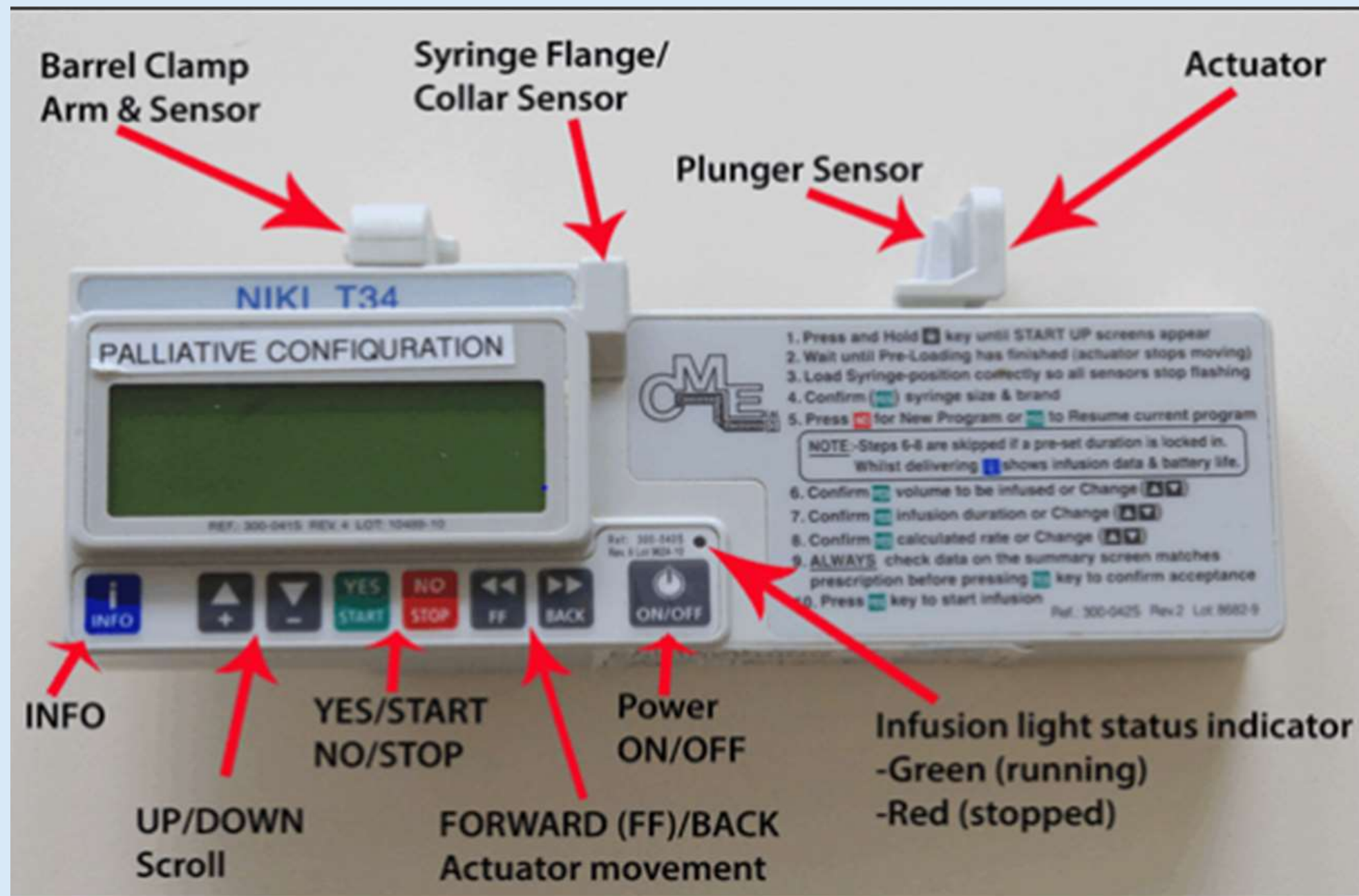
# Pain & Opioid Medications QUIZ

**To access the online quiz:**  
**menti.com**

**Take ONE piece of paper per person**

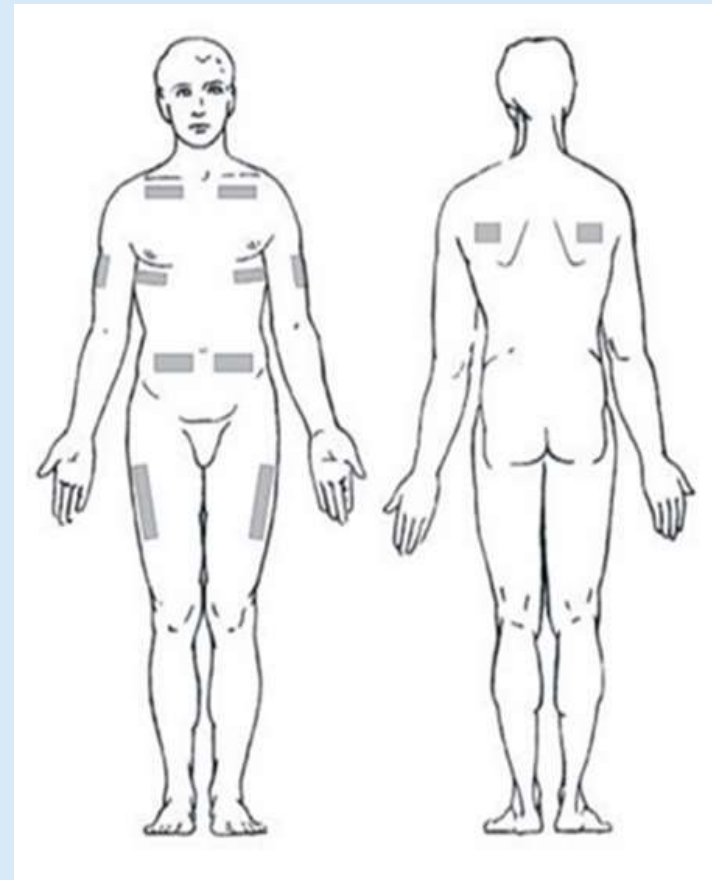


# Syringe Driver Demonstration





# Discharge Planning for Patients on Subcutaneous Medicines

A photograph of a Ministry of Health Controlled Drug Prescription Form. The form includes fields for patient name (MICKEY MOUSE), address (1A FLORIDA LANE, DISNEYLAND), date of birth (12/10/18), and date of issue (12/10/18). It also includes a section for the maximum TNO items per form (MORPHINE TWO AND A HALF MILLIGRAMS 3-4CHTANENSU EVERY ONE HOUR PEN FOR PAIN) and a section for the patient's signature and registration number. The form is labeled "SECTOR SERVICES COPY" and "MEDICINE CONTROL COPY".

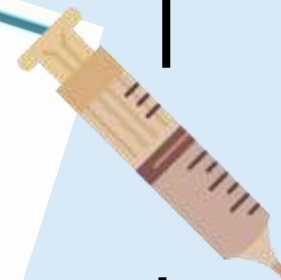
# Considerations



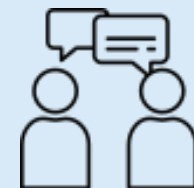
Patient & family/carer(s) education



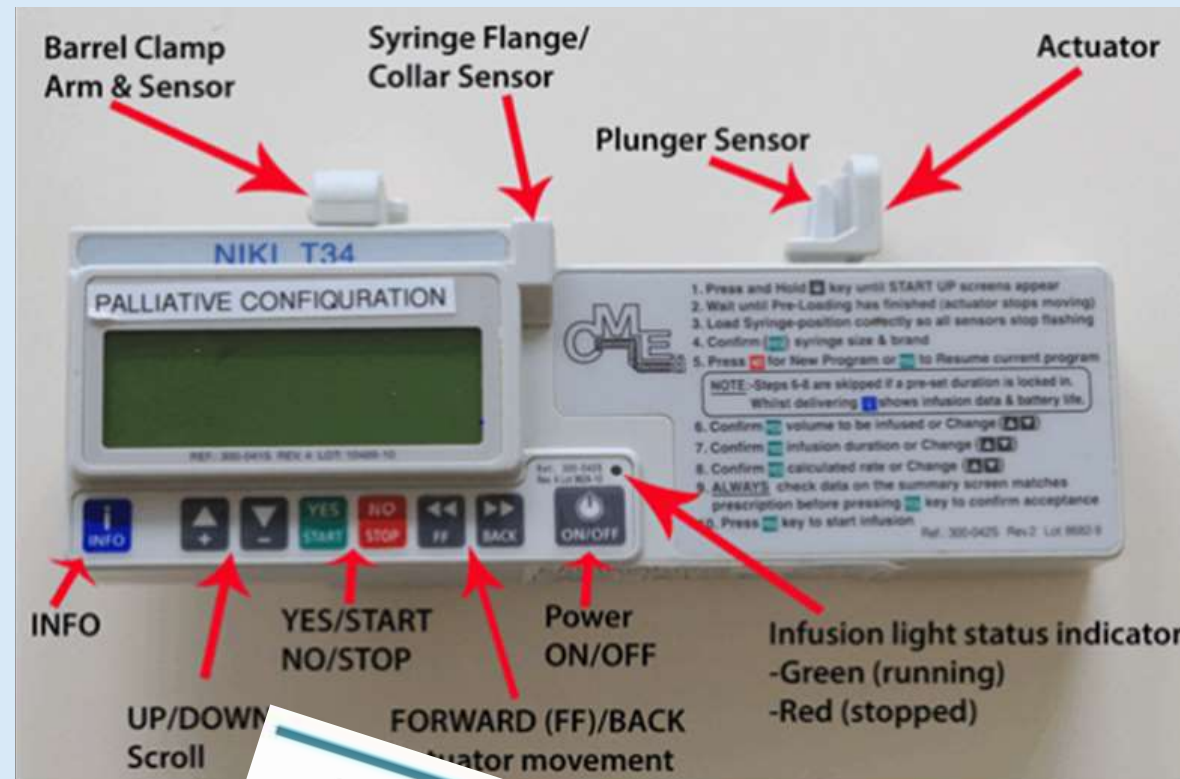
Prescriptions



Consumables



Patient & family/carer(s) counselling



Prescription Form

PLEASE CIRCLE

A4 (Adult - over 18 years)

J4 (Junior - 11 to 17 years)

NS (Not subsidised)

Name of Patient

MR MASTER MRS MISS MS (Circle One)

Full Residential Address of Patient

Date of Birth (mandatory)

Period Quantity Disp. Pharmacy Stock

Signature of Prescriber

Date 10.7.25

CHANGING THE BATTERY

The driver requires a 9V alkaline non-rechargeable battery.

For example:

The battery is located behind the side panel back of the driver.

If you require assistance with your Syringe Driver at any time, day or night, please call:

Harbour Hospice  
North Shore  
8am-4.30pm  
Ph: 09 486 1688

or

After Hours & Weekends  
Ph: 09 486 1688

SYRINGE DRIVER USE AT HOME

Information for patients and caregivers

A Syringe Driver may be used to give prescribed medication when a patient is unable to take or absorb medicine by mouth.

The NIKI T34 Syringe Driver consists of a syringe containing fluid medication attached to a battery-driven box or "driver" or "pump" which ensures that the medication is delivered over a given period of time, usually 24 hours. Attached to the Syringe Driver is a piece of tubing with a cannula (needle) at the end. This is gently inserted just under the skin and secured in place by an adhesive covering.

The visiting Hospice nurse, on commencing the Syringe Driver, will explain to you and show you all you need to know about the driver and will call daily to renew the medication.

You need to have 2 x 9 Volt Alkaline non-rechargeable batteries available at home like the one used in the



# Patient & family/carer(s) education

- Identify WHO will be administering subcutaneous medications
- Ideally start education well before planned discharge
  - checklist
  - written education materials for patient & family/carer(s)

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## Community Continuous Subcutaneous Infusion (CSCI) / As Needed Medication Administration Education Checklist

Family member's name:	
Training completed (date):	
RN conducting training:	

*Please note:*

- Photograph of completed checklist emailed to Clinical Alerts for scanning to Palcare if unable to scan copy at office. Original to be left with Designated Care
- A separate checklist needs to be completed for administration and their names recorded in PalCare.

**1. 'As Needed' Medication Administration:**

	Training area
1.	Patient is willing for nominated family member or medication
2.	Nominated person(s) is willing to administer the
3.	Patient and/or nominated person can identify number
4.	Patient and/or nominated person: 1) understand the reasons for 'As needed' me 2) aware of how many times to administer hospice nurse for further advice 3) understands the importance of recording Community Regular or As Needed Subcut
5.	Nominated person(s) demonstrated com system.

**CHANGING THE BATTERY**

The driver requires a 9V alkaline non-rechargeable battery.

For example:



The battery is located behind the slide panel on the back of the driver.

- Change the battery
- Press and hold the ON button until the light on the display comes on
- Wait until the picture of the syringe on the display appears
- Press YES to confirm the syringe brand and size
- Press YES to resume infusion
- Press YES to confirm remaining volume, duration and rate of infusion
- Press YES to start the infusion

Don't worry if you have incorrectly inserted the battery as this will not damage the driver. Just remove it and re-align it correctly.

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Updated June 2017 - Review June 2019

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**Harbour Hospice North Shore**  
8am-4.30pm  
Ph: 09 486 1688

or

**After Hours & Weekends**  
Ph: 09 486 1688



### Checklist: Discharging patient home with subcutaneous medications to Community Hospice Care

Please note – there are TWO community hospice teams that care for palliative patients in the community – Totara Hospice and Franklin Hospice. Please check the patients discharge address and which is the correct Hospice to direct referrals to. If the patient is discharging outside of the South Auckland area please contact the palliative care team.

Contact details:

Totara Hospice – 09 6400025     [clinicaladmin@hospice.co.nz](mailto:clinicaladmin@hospice.co.nz)

Franklin Hospice – 09 2389376     [nurses@franklinhospice.org.nz](mailto:nurses@franklinhospice.org.nz)

Medical Staff – Day of discharge	
Task	Notes and Resources
<b>Medication prescriptions:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Syringe driver medications (prefilled syringes)</li><li><input type="checkbox"/> PRN Medications (prefilled syringes, oral drops or sprays).</li></ul>	Patients discharged home with community hospice support require: <ul style="list-style-type: none"><li>• 3 x prefilled syringes for the Niki t syringe driver with two repeats</li><li>• 10 x prefilled syringes of each subcut PRN medication with two repeats (this is usual guide – may differ).</li></ul>
<b>GP update:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Update the GP that the patient is going home with a syringe driver and if expected to die, discuss plan for death certification.</li></ul>	For advice on medication prescribing please see the Palliative Care page on Paanui or contact team pharmacist (contact details can be found on Paanui/Phone List/Ward Pharmacist Contacts)
<b>EDS:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Complete EDS including updated medication list</li></ul>	For controlled drugs a triplicate paper controlled drug script is preferred for accuracy, to reduce errors and to enable a pharmacist to review before sending.
Pharmacist – Day of discharge/day before	
<ul style="list-style-type: none"><li><input type="checkbox"/> Update medication list in EDS</li><li><input type="checkbox"/> Complete a medication card and provide a PRN medication administration record sheet where appropriate</li><li><input type="checkbox"/> Counsel patient/family on medication changes made during admission</li><li><input type="checkbox"/> Preferred community pharmacy confirmed with patient/whanau:</li></ul> <p>Name of pharmacy: _____</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Prescriptions emailed and cc'd to Hospice nursing teams (see above for email addresses) and Specialist Community Health Service</li><li><input type="checkbox"/> Original prescriptions posted to community pharmacy</li><li><input type="checkbox"/> Call community pharmacy to ensure that prescriptions received, can be dispensed, what time they will be ready</li></ul>	<ul style="list-style-type: none"><li>• Community pharmacies normally require at least four hours to prepare prefilled syringes for subcut administration.</li><li>• If discharging to a rest home or private hospital confirm which community pharmacy to send the prescriptions to and if they can make up prefilled syringes.</li><li>• If discharging to Totara Hospice Inpatient Unit no prescriptions are required – only an updated EDS.</li><li>• If discharging to Franklin or Pukekohe Hospitals then a TTO may be required – contact Inpatient Dispensary.</li></ul> <p>Please call the community pharmacy ahead of discharge particularly:</p> <ul style="list-style-type: none"><li>• If the discharge is late on Friday, on a weekend/public holiday</li></ul> <p>OR</p> <ul style="list-style-type: none"><li>• If the prescriptions are urgently required.</li></ul>

and who to call/text when they are ready	
NURSE- Days Prior & Day of Discharge	
Discharge Planning	Day of Discharge
Education – patient and whanau: <ul style="list-style-type: none"><li><input type="checkbox"/> Demonstrate how to change the syringe</li><li><input type="checkbox"/> Practical teaching on how to give SC PRN medications</li><li><input type="checkbox"/> What each medication is used for.</li></ul>	<ul style="list-style-type: none"><li>• Please print off instructions and QR codes for families demonstrating syringe change and PRN SC administration – can be found on the Palliative Care website on Paanui.</li></ul>
E -Referrals sent to: <ul style="list-style-type: none"><li><input type="checkbox"/> Relevant Hospice</li><li><input type="checkbox"/> Specialist Community Health Service for wound/palliative continence products if required. (Sent to Community Central via e-ref in clinical portal).</li></ul>	Check Niki T34 pump and sites: <ul style="list-style-type: none"><li><input type="checkbox"/> Saf-T intima SC lines x 2, with appropriate bungs on both ports</li><li><input type="checkbox"/> Sites checked (change if necessary)</li><li><input type="checkbox"/> New medication syringe inserted just before patient leaves the ward and battery changed at this time.</li><li><input type="checkbox"/> Niki T34 lockbox unlocked and secured with a rubber band</li><li><input type="checkbox"/> Provide family with following supplies:<ul style="list-style-type: none"><li>• 1 x Saf-T intimas</li><li>• 2 x tegaderm</li><li>• 1 extension set (100cm)</li><li>• 15 alcohol wipes</li><li>• 1 x 9 V battery</li><li>• 2 x 10ml posi-flush saline syringes</li><li>• 6 luer locks</li><li>• 1 x Luer lock valve (luer access device)</li></ul></li></ul>
Phone call to appropriate Hospice to: <ul style="list-style-type: none"><li><input type="checkbox"/> Provide an update</li><li><input type="checkbox"/> Check referral status – received?</li><li><input type="checkbox"/> Confirm timing of first visit by Hospice</li></ul> <ul style="list-style-type: none"><li>• If going to residential care, contact the facility to ensure that they have a syringe driver available, and to arrange return of the Te Whatu Ora syringe driver once patient has transferred.</li></ul>	

PHARMACIES: SOUTH AUCKLAND AREA			
Pharmacy	Phone number	Email address	Physical and postal address
Manurewa Medical Centre Pharmacy	2669044	<a href="mailto:manurewamedpharmacy@gmail.com">manurewamedpharmacy@gmail.com</a>	157 Great South Rd Manurewa, 2102
Unichem Papatoetoe Pharmacy	2787613	<a href="mailto:unichem@papatoetoeopharmacy.co.nz">unichem@papatoetoeopharmacy.co.nz</a>	63 St. George Str. Papatoetoe, 2025
Life Pharmacy Papakura (Guys Pharmacy)	2985615	<a href="mailto:dispensary@guyspharmacy.co.nz">dispensary@guyspharmacy.co.nz</a>	Roselands Shopping Centre, 96 Great South Rd, Papakura, 2110
Unichem John Savory Pharmacy Howick	5348262	<a href="mailto:disp@pharmacyisl.co.nz">disp@pharmacyisl.co.nz</a>	78 Vincent Street Howick, 2014
Juliet Avenue Pharmacy	5342206	<a href="mailto:Juliet.ave.pharmacy@outlook.co.nz">Juliet.ave.pharmacy@outlook.co.nz</a>	59 Juliet Ave, Howick, 2014
PHARMACIES: FRANKLIN AREA			
Pharmacy	Phone number	Email address	Physical and postal address
Pukekohe Unichem Pharmacy	092387690	<a href="mailto:dispensary@unichempukekohe.co.nz">dispensary@unichempukekohe.co.nz</a>	PO Box 129 Pukekohe 16 West Street Pukekohe
Tuakau Unichem Pharmacy	092368014	<a href="mailto:Tuakaudispensary@gmail.com">Tuakaudispensary@gmail.com</a>	PO Box 14 Tuakau 51 George Street.
Unichem Waiuku	092359307	<a href="mailto:Waiuku.dispensary@unichem.co.nz">Waiuku.dispensary@unichem.co.nz</a>	PO Box 187 Waiuku 40 Queen Street.



# Discharge Prescriptions

- Amount of medication to be delivered over 24 hours written together on CD prescription
- Delivery via continuous subcutaneous infusion OR via CSCI OR via syringe driver
- When required (PRN) CD & non-CD medication for breakthrough symptoms
- The number of syringes/ampoules dispensed each time is determined by the number of doses the patient is using a day
- Some examples...



## Prescription Form

North Shore Hospice  
7 Shea Terrace,  
Takapuna  
Phone (09) 486 1688  
Fax (09) 486 1230

Hibiscus Coast Hospice  
2A John Dee Crescent,  
Red Beach  
Phone (09) 421 9180  
Fax (09) 426 7506

Pharmacy Use Only

Item Count

PLEASE CIRCLE

A4 (Adult - over 18 years)

J4 (Junior - 13 to 17 years)

NS (Not subsidised)

Name of Patient

☒ MR MASTER MRS MISS MS (Circle One)

B Well

Full Residential Address of Patient

14 Symptom Control Street  
Auckland

Date of Birth

(mandatory)

NHI Number

Period

Quantity

Disp.

Pharmacy

Sticker

R <sub>x</sub> Midazolam 2.5mg prefilled syringe 2.5mg up to every HOUR when required for restlessness, distress or respiratory	1st	
	2nd	
	3rd	
R <sub>x</sub> distress mitte: 8 syringes + 1 repeat	1st	
	2nd	
	3rd	
R <sub>x</sub> Levomepromazine 25mg prefilled syringe 25mg up to every TWO hours when required for delirium, nausea + vomiting	1st	
	2nd	
	3rd	
R <sub>x</sub> mitte: 8 syringes + 1 repeat	1st	
	2nd	
	3rd	

Generic substitution permitted unless specified  
in writing by indicating "no generic substitution"

XXXXX

Signature of Prescriber

Date 10 / 7 / 25

H 572

481246

MINISTRY OF HEALTH  
CONTROLLED DRUG PRESCRIPTION FORM

Circle Y J A P 1 2 3 4 5

Prescription Date: 10 / 7 / 25

Patient: Mr B Well

Address: 14 Symptom Control St  
Auckland

Item Count

PHARMACY STAMP

Only

ABC 123

Age (under 12 years)

YY

MM

Maximum TWO items per form please

Morphine 20mg  
Levomopromazine 100mg  
Midazolam 15mg  
via CSCI over 24 hours

mitte: 3 syringes + 2 repeats

Morphine 2.5mg Q 1 hour  
prn for pain

mitte: 6 prefilled syringes  
+ 2 repeats

Practitioner's Signature: XXXX

Please use rubber stamp on all copies

Registration No.

Practitioner's Name: Dr. Caring

Pin No: XXXX

Address: Harbour Hospice North Shore  
7 Shea Tce, Auckland

PHARMACY  
COPY

SECTOR SERVICES COPY

INCLUDES CONTROL FORM



Reg #: [REDACTED] North Shore Hospice  
7 Shea Terrace  
Takapuna 0622  
Phone #: 09 486 1688

[REDACTED]

Dob: [REDACTED] NH: [REDACTED] Code: A4



28KW2K8CG9KJRKV2Q7

### morphine sulfate 10 mg/mL injection, ampoule

Direction: 20mg . Syringe Driver - 24 Hour

Route: (SC) Subcut

Supply: 2 days

Quantity: 2 syringe

Indication and Instructions: pain

### levomepromazine 25 mg/mL injection

Direction: 100mg . Syringe Driver - 24 Hour

Route: (SC) Subcut

Supply: 2 days

Quantity: 2 syringe

Indication and Instructions: delirium

### midazolam 15 mg/3 mL injection

Direction: 15mg . Syringe Driver - 24 Hour

Route: (SC) Subcut

Supply: 2 days

Quantity: 2 syringe

Indication and Instructions: restlessness

Reg #: [REDACTED] North Shore Hospice  
7 Shea Terrace  
Takapuna 0622  
Phone #: 09 486 1688

[REDACTED]

Dob: [REDACTED] NH: [REDACTED] Code: A4



28KW2K29T7H45J2J1

### morphine sulfate 5 mg/mL injection, ampoule

Direction: 2.5 mg Hourly as needed

Route: (SC) Subcut

Supply: 2 days

Quantity: 8 syringe and 1 repeats

Indication and Instructions: pain

Reg #: [REDACTED] North Shore Hospice  
7 Shea Terrace  
Takapuna 0622  
Phone #: 09 486 1688

[REDACTED]

Dob: [REDACTED] NH: [REDACTED] Code: A4



28KW2K29T7H45J2J1

### midazolam 15 mg/3 mL injection

Direction: 2.5 mg Hourly as needed

Route: (SC) Subcut

Supply: 2 days

Quantity: 8 syringe and 1 repeats

Indication and Instructions: restlessness, distress, or respiratory distress

Reg #: [REDACTED] North Shore Hospice  
7 Shea Terrace  
Takapuna 0622  
Phone #: 09 486 1688

[REDACTED]

Dob: [REDACTED] NH: [REDACTED] Code: A4



28KW2K29T7H45J2J1

### levomepromazine 25 mg/mL injection

Direction: 25 mg (2H as needed)

Route: (SC) Subcut

Supply: 2 days

Quantity: 8 syringe and 1 repeats

Indication and Instructions: delirium, nausea, vomiting

# Discharge Prescriptions

- Regions with aseptic dispensing contracts = prefilled syringes
  - Auckland pharmacies providing this service can be found on the Community Health Pathways:  
*<https://aucklandregion.communityhealthpathways.org/files/Resources/SyringeDrivers-PharmaciesinAucklandRegion.pdf>*
- Regions without aseptic dispensing contracts = ampoules only
- Send prescription to the pharmacy the day before discharge so medication can be ordered
- Contact pharmacy to confirm they can fill the order & ensure any changes to discharge plan are communicated



Pharmacies with an Aseptic Service Contract (able to make pre-filled syringes)									
Name	Region	Address	Phone	Fax	Email (for prescriptions)				
Grafton Pharmacy	CENTRAL	29 Park Road, Grafton	307 1330	307 1329	<a href="mailto:disp@graftonrx.co.nz">disp@graftonrx.co.nz</a>				
Westmere Pharmacy	CENTRAL	156 Garnet Road, Westmere	378 6027	376 5900	<a href="mailto:prescriptions@westmerepharmacy.co.nz">prescriptions@westmerepharmacy.co.nz</a>				
Walls and Roche Pharmacy	CENTRAL	792 Manukau Road, Royal Oak	625 7488	625 7691	<a href="mailto:scripts@wallsandroche.co.nz">scripts@wallsandroche.co.nz</a>				
Eastmed Pharmacy	CENTRAL	188 St Heliers Bay Road, St Heliers	575 9208	575 9479	<a href="mailto:dispensary@eastmedpharmacy.co.nz">dispensary@eastmedpharmacy.co.nz</a>				
Cox's 7 Day Pharmacy	CENTRAL	2 Mayfair Plc & CNR Line Road, Glen Innes	528 5117	528 9134	<a href="mailto:coxspharmacy@totem.nz">coxspharmacy@totem.nz</a>				
Glenavon Pharmacy	CENTRAL	268 Blockhouse Bay Road, Blockhouse Bay	828 7282	828 7282	<a href="mailto:glenavon@kiwichemist.co.nz">glenavon@kiwichemist.co.nz</a>				
New Windsor Pharmacy	CENTRAL	275 New Windsor Road, New Windsor	627 9833	627 9872	<a href="mailto:new.wpharmacy@gmail.com">new.wpharmacy@gmail.com</a>				
The Medication Management Hub	CENTRAL	382 Manukau Road, Epsom	281 3099	281 3103	<a href="mailto:thehub@pharmacyservices.co.nz">thehub@pharmacyservices.co.nz</a>				
3 Kings Plaza Pharmacy	CENTRAL	536 Mount Albert Road, T	Unichem Papatoetoe Pharmacy		SOUTH	63 St George Street, Papatoetoe	278 7613	278 7615	<a href="mailto:unichem@papatoetoepharmacy.co.nz">unichem@papatoetoepharmacy.co.nz</a>
Unichem Neill's Pharmacy	CENTRAL	295 Penrose Road, Mt V	Life Pharmacy Papakura (Guys Pharmacy)		SOUTH	Roselands Shopping Centre, 102 Great South Road, Papakura	298 5615	298 4184	<a href="mailto:dispensary@guyspharmacy.co.nz">dispensary@guyspharmacy.co.nz</a>
Unichem Grey Lynn Pharmacy	CENTRAL	580 Great North Road, C	Manurewa Medical Centre Pharmacy		SOUTH	157 Great South Road, Manurewa	266 9044	267 4704	<a href="mailto:manurewamedpharmacy@gmail.com">manurewamedpharmacy@gmail.com</a>
Healthcare Pharmacy Rosedale	NORTH	17/94 Rosedale Road, I	Juliet Ave Pharmacy		SOUTH	59 Juliet Avenue, Howick	534 2206	534 7914	<a href="mailto:juliet.ave.pharmacy@outlook.co.nz">juliet.ave.pharmacy@outlook.co.nz</a>
Pharmacy on Shakespeare Ltd	NORTH	Ground Floor, 213 Shakes Takapuna	Unichem Pukekohe Pharmacy		SOUTH - FRANKLIN	16 West Street, Pukekohe	238 7690	238 7603	<a href="mailto:dispensary@unichempukekohe.co.nz">dispensary@unichempukekohe.co.nz</a>
Birkdale Pharmacy	NORTH	164 Birkdale Road, B	Unichem Tuakau Pharmacy		SOUTH - FRANKLIN	51 George Street, Tuakau	236 8014	236 9603	<a href="mailto:tuakaudispensary@gmail.com">tuakaudispensary@gmail.com</a>
Northcross Pharmacy	NORTH	855 East Coast Road, N	Unichem Waiuku Pharmacy		SOUTH - FRANKLIN	40 Queen Street, Waiuku	235 9307	237 0054	<a href="mailto:waiuku.dispensary@unichem.co.nz">waiuku.dispensary@unichem.co.nz</a>
Milford Nutritional Pharmacy	NORTH	2/119 Kitchener Road, M	Unichem Golf Road Pharmacy		WEST	174 Golf Road, Titirangi	817 7053	817 3981	<a href="mailto:golfroadpharmacy@gmail.com">golfroadpharmacy@gmail.com</a>
Unichem Milford Pharmacy	NORTH	174a Kitchener Road, M	Allens Village Pharmacy		WEST	Kumeu Village, 88 Main Road, Kumeu	412 8389	412 9186	<a href="mailto:allensvillage@live.com">allensvillage@live.com</a>
Unichem Browns Bay Pharmacy	NORTH	66 Clyde Road, Brow	Unichem All Seasons Pharmacy		WEST	288 Te Atatu Rd, Te Atatu South	834 3067	834 7741	<a href="mailto:allseasonspharmacy@xtra.co.nz">allseasonspharmacy@xtra.co.nz</a>
Unichem Torbay Pharmacy	NORTH	1040 Beach Road, T	Unichem Helensville Pharmacy		WEST	50 Commercial Road, Helensville	420 8861	420 7390	<a href="mailto:unichemhelensvillepharmacy@outlook.co.nz">unichemhelensvillepharmacy@outlook.co.nz</a>
Harts Pharmacy Ltd	NORTH	27-35 Queen Street, W	Unichem Massey Pharmacy		WEST	396 Don Buck Road, Massey	833 7239	833 7235	<a href="mailto:Rx@masseyunichem.co.nz">Rx@masseyunichem.co.nz</a>
Unichem Northern Clinic Pharmacy	NORTH	212 Wairau Rd, Waira	Unichem Peninsula Pharmacy		WEST	550 Te Atatu Road, Te Atatu Peninsula	834 6303	834 6702	<a href="mailto:dispensary@mypharmacy.co.nz">dispensary@mypharmacy.co.nz</a>
Life Pharmacy Orewa	NORTH	8 Tamariki Ave, Or	Waimauku Village Pharmacy		WEST	8 Waimauku Station Road, Waimauku	411 9666	411 9674	<a href="mailto:prescriptions@waimaukupharmacy.co.nz">prescriptions@waimaukupharmacy.co.nz</a>
Unichem Manly Pharmacy	NORTH	53B Rawhiti Road, M	Westgate Pharmacy		WEST	Westgate Shopping Centre, 1-5 Fernhill Drive, Westgate	831 0256	831 0257	<a href="mailto:pharmacist@westgatepharmacy.co.nz">pharmacist@westgatepharmacy.co.nz</a>
Unichem John Savory Pharmacy	SOUTH	78 Vincent Street, H	Unichem Hobsonville Pharmacy		WEST	124 Hobsonville Road, Hobsonville	416 8277	416 8979	<a href="mailto:pharmacist@hobsonvillepharmacy.co.nz">pharmacist@hobsonvillepharmacy.co.nz</a>
			Titirangi Pharmacy		WEST	408 Titirangi Road, Titirangi	817 7658	817 6087	<a href="mailto:titirangipharmacy@gmail.com">titirangipharmacy@gmail.com</a>
			Chemist Warehouse Westgate		WEST	32 Maki St, Westgate	941 4905	281 2391	<a href="mailto:westgate2@chemistwarehouse.co.nz">westgate2@chemistwarehouse.co.nz</a>



# Consumables

- Alcohol wipes
- Flushes
- Replacement lines & extension sets
  - BD Saf-T-Intima





# Patient & family/carer(s) counselling

Need to cover the following:

- Where to collect prescriptions from
- How often will medication need to be collected (prefilled syringes have a 3 day expiry)
- How to store prefilled subcutaneous syringes
- How to obtain new prescriptions
- Where to obtain replacement consumables
- Confirm patient / family carer understands the indication(s) for each syringe type
  - Yellow Card/ Medication Card
- Explain where / how administrations are to be recorded
- Who to contact if they have any problems / concerns



## Te Kōhu Poiruri mai i Takarunga ki Te Hono

## Community Regular / As Needed Subcut Medication Administration Chart

Allergies / Adverse Drug Reactions		No <input type="checkbox"/>	Patient Name: <i>Fix patient label!</i> A#: _____ DOB: _____
Known Allergies / Reactions checked on MediMap		<input type="checkbox"/>	
Known Allergies / Reactions confirmed with patient		<input type="checkbox"/>	
Initials: _____	Date: _____		

### AS REQUIRED MEDICATIONS

[illegible]

Medication	Date	Time	Dose	Sign	Date	Time	Dose	Sign
Indication								

[illegible]

Medication	Date	Time	Dose	Sign
Indication				

[illegible]



# Resources

- Hospice New Zealand website:
  - list of Hospice's around the country
  - Te Ara Whakapiri - principles & guidance for last days of life
  - ANZSPM Aotearoa Specialist Adult Palliative Care Guidelines (2023)
  - Syringe Driver Compatibility Chart
  - Te Puka Manaaki Pairuri o Aotearoa - Putanga Tuatahi (The Palliative Care Handbook New Zealand - First Edition)
- BPAC Palliative Care suite of articles (2023) [<https://bpac.org.nz/category.aspx?CategoryId=26>]
- Community Health Pathways - Auckland region
- Palliative Care Formulary [PCF] (Subscription required - access through Medicines Complete)
- PallCare Matters [<https://www.pallcare.info/index.php>]
- Scottish Palliative Care Guidelines [<https://rightdecisions.scot.nhs.uk/scottish-palliative-care-guidelines/>]
- MoH (2009) Guidelines for Syringe Driver Management in Palliative Care in NZ [<https://www.tewhatuora.govt.nz/assets/Publications/Palliative/syringe-guidelines-jul09.pdf>]

# Questions?

