

Anticipatory Medicines: Just in Case (JIC)

Consider prescribing JIC medicines for patients being discharged in the last weeks or days of life → **Required: 4 drugs + diluent/flush + Kardex**

1. Opioid for pain and/or breathlessness

Morphine sulphate injection 10mg/mL

2 to 5mg SC up to hourly as required

Supply 10 (ten) ampoules of 10mg/mL strength

2. Anxiolytic sedative for anxiety, agitation or breathlessness

Midazolam injection 10mg/2mL

2 to 5mg SC up to hourly as required

Supply 10 (ten) ampoules of 10mg/2mL strength

3. Antisecretory for thin, upper respiratory secretions

Hyoscine butylbromide injection 20mg/mL

20mg SC up to hourly as required, maximum of 120mg in 24 hours

Supply one box of ampoules

4. Anti-emetic for nausea and vomiting

Levomepromazine injection 25mg/mL

2.5 to 5mg SC up to 12 hourly as required

Seek advice from PCAS if symptoms persist

Supply one box of ampoules

5. Diluent/flush plus Kardex

Water for injection 20 x 10mL ampoules to be used as diluent/flush as directed

Flush with 0.2mL SC as required

Please supply a Kardex with JIC medicines prescribed in the 'as required (PRN)' section → this enables DNs to administer promptly

→ Remember: if patient is taking regular oral opioid, a SC breakthrough dose of the same opiate (one sixth to one tenth of the 24 hourly dose) should be prescribed in the JIC box

→ Remember: convert dosage from oral to SC route

→ More detailed advice, including dose equivalences and prescribing in renal impairment, can be found in the Scottish Palliative Care Guidelines available here:

→ Complex patients should be referred to PCAS
nhsh.pcas@nhs.scot



Example Kardex Rx:

Drug (Approved Name)

Morphine Sulphate Injection

Dose	Route	Frequency/Comments
2mg	SC	
Start date	Stop Date	up to hourly if required for pain or breathlessness
01.11.24	Initial	
Signature	Name	
Palliative Care	Dr P.Care	

Example IDL Rx:

→ Remember: you can free type in the IDL!

Drug	Dose	Frequency	Days	Route	GP continue
Morphine sulphate Injection 10mg/ml	2mg	Up to hourly if required for pain or breathlessness	28	SC	Yes
Indication: Please supply 10 (ten) ampoules of 10mg/ml strength. Just in case medication.					

Abbreviations: DN: District Nurse | SC: Subcutaneous | PCAS: Palliative Care Advisory Service

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