

Abstract: Poster Presentation

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Palliative care at home: lessons from the hospital pharmacy

Introduction: Frequently patients admitted to the Tertiary Palliative Care Unit are discharged home, once stabilized. At discharge the patient may be taking a wide range of medications requiring monitoring by the community pharmacist.

Method: To identify areas where palliative care education for healthcare workers could be targeted, we assessed pharmacy discharge records for Grey Nuns Community Hospital (Edmonton, Alberta) palliative care patients. All charts were de-identified before analysis & ethics approval obtained.

Results: Between 2009 and 2014, 1,350 patients were admitted to the Grey Nuns Community Hospital palliative unit. Of these, 195 were discharged home. We were able to access 75 of the 195 discharge records (39%). Average age at discharge was 58.2 years (range: 30-85 years), the average length of hospital stay was 25.6 days (range 3-160 days). Patients were discharged with an average of 7.8 regular prescription medications (range 4-16) and an average of 2.7 additional prn medications (range 0-6). The vast majority of patients were discharged on opioids for pain and/or dyspnea (96%). Methadone was the most frequent agent prescribed. Morphine equivalent daily dose (MEDD) was calculated for regular opioid doses and ranged from 12.5 to 11,025 mg per day. 87% of patients were prescribed laxatives. Other common medication categories included corticosteroids (pain and inflammation), anti-emetics, anxiolytics, anti-depressants and antimicrobials. Further, some patients were discharged on chemotherapy, anti-coagulants as well as medications for co-morbidities. Trends in prescribing were observed, some of which are attributed to changes in coverage by insurers. Pharmacists became increasingly involved in the discharge process over time (12.5% in 2009 to 80% in 2014). Using this information, we were able to construct a typical discharge prescription to demonstrate its characteristics to community pharmacists.

Conclusions: There is a clear need for clarification and education regarding off-label medication use, as well as concerns related to polypharmacy (side-effects, drug-drug interactions, co-morbidities, medication scheduling) for community pharmacists and other healthcare providers involved in at-home care of palliative patients. We hope the data gathered here will provide a strategic starting point to benefit palliative patients, community-based healthcare providers, and primary caregivers.

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