

Administration of drugs prescribed via
an individual prescription in the event of
distress for a person receiving palliative
care

English summary

Une production de l'Institut national
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SUMMARY

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Introduction

The Ministère de la Santé et des Services sociaux (MSSS) has tasked the Institut national d'excellence en santé et en services sociaux (INESSS) with developing, updating and hosting the current national medical protocols and prescription templates. Following a prioritization exercise, the MSSS's Direction nationale des soins et services infirmiers asked INESSS to update the current version of the national medical protocol (NMP) on the administration of drugs prescribed via an individual prescription in the event of distress for a person receiving palliative care. This protocol expired in April 2020.

Methodology

INESSS updated, in accordance with its standards, the systematic review of clinical practice guidelines (CPGs), expert consensuses, consensus conference reports, guidance documents and all other items containing clinical recommendations concerning the administration of drugs prescribed via an individual prescription in the event of distress, namely, the trio consisting of a benzodiazepine, an opioid and an anticholinergic. The literature search was limited to items published between the publication, in 2016, of the national medical protocol and February 2020. The selected items concern palliative care patients 18 years of age and over who present with distress. The search parameters were the contraindications to the administrations of drugs prescribed for distress via an individual prescription, the health status assessment criteria, the physical examinations, the medication administration details, the contraindications, the adverse effects, the precautions and the drug interactions that one must know in order to administer the pharmacological treatment, and the follow-up required for this treatment.

In addition, a manual literature search was conducted by consulting the websites of North American regulatory agencies, those of health technology assessment agencies, and those of government agencies and professional associations or bodies that deal with the topic of interest. The lists of references in the selected publications were examined for other relevant items.

The data were analyzed from the perspective of contextualizing Québec practice, using mainly legislative, regulatory and organizational contextual elements specific to Québec, and the perspectives of the different stakeholders consulted.

Results

The information search yielded 1,182 items, none of which contained clinical practice recommendations on the administration details for the benzodiazepine-opioid-anticholinergic trio for treating distress in a palliative care patient. However, three clinical practice guidelines did contain clinical information on the signs and symptoms associated with distress. Two items containing contextual information were included as well, despite an insufficiently developed methodology. The paucity of clinical practice recommendations regarding the administration of drugs prescribed for distress is due to the fact that this pharmacological strategy seems to be unique to Québec. The update of Québec's national medical protocol was therefore based on scientific data from drug product monographs, contextual data, and the perspectives of the stakeholders consulted.

Updating Québec's national medical protocol enabled us to clarify the clinical situation by stipulating that the person to whom the protocol is applied must present with sudden acute distress. In addition, the signs and symptoms for recognizing a distress situation have been revised. A panic state is now the first criterion for distress. It is associated with sudden major respiratory distress, sudden-onset or rapidly increasing intolerable pain, or a massive hemorrhage. As well, a section on the treatment principle has been added. Other, minor changes were made to the national medical protocol to harmonize the documents and their contents in line with the templates currently in use at INESSS.

Conclusion

The update of this Québec's national medical protocol on the administration of drugs prescribed via an individual prescription in the event of distress for a person receiving palliative care is based on clinical information from the literature, which has been enhanced with the perspectives of different experts and clinicians and with contextual information. Triangulating the data from these different sources enabled us to update the protocol in light of the best available clinical practices.

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