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# Fifty Reasons to Love Your Palliative Care Pharmacist

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**Abstract**

Pharmacists have much to offer in caring for patients with an advanced illness. To celebrate the role of pharmacists in palliative care, we wanted to share 50 excellent reasons to love your pharmacist. This list was compiled by 3 pharmacists specializing in end-of-life care spanning from inpatient palliative care to home-based hospice. Our goal is to increase awareness among other hospice and palliative care practitioners by recognizing the skills pharmacists contribute in caring for patients at the end of life. We divided the list into categories: provision of pharmaceuticals, optimizing medication regimens, education and drug information, patient safety, and administration/formulary management.

**Keywords**

palliative care, hospice, pharmacist, medication, drug information, terminal care, formulary

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If you are a pharmacist, this article may help you realize new skills to develop in your current practice setting. If you are not a pharmacist, there is a good chance you did not realize all the things pharmacists can provide to make your life easier and to enhance patient care. If you are really lucky, you already knew these 50 reasons to love your hospice or palliative care pharmacist and could probably think of 50 more!

## Provision of Pharmaceuticals

1. Stock and dispense medications in the strengths and formulations needed by this unique patient population.
2. Compound noncommercially available dosage formulations and strengths to meet specific patient needs.
3. Determine which medications can be administered via feeding tube or crushed and sprinkled on soft food.
4. Develop policies and procedures to ensure safe storage and proper disposal of medications when discontinued or at the time of patient death.
5. Provide expert advice on compatibility and stability for the use of multiple drugs if required for intravenous (IV) or subcutaneous (SQ) administration.
6. Coordinate patient access to durable medical equipment and supplies for medication administration such as nebulizers, IV infusion pumps, and tubing.
7. Alert staff and recommend management strategies for medication recalls or medication/dosage formulation shortages.
8. Develop protocols for after-hours distribution of emergency medications.

## Optimizing Medication Regimens

9. Evaluate a symptomatic complaint and recommend appropriate drug therapy. In some cases, pharmacists may provide collaborative practice services (eg, prescribing) to treat pain and symptoms.
10. Perform accurate opioid conversion calculations (eg, from one dosage formulation to another, from one opioid to another).

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11. Make recommendations on how quickly an opioid dose can be repeated, increased, or reduced.
12. Recommend a starting dose of methadone in an opioid-naive patient, recommend an appropriate dose when switching to methadone from a different opioid, and monitor patient response and adjust therapy accordingly.
13. Recommend appropriate dosing strategies when switching medications within the same therapeutic class (eg, from one antidepressant to another antidepressant).
14. Identify alternate routes of medication administration for patients with difficulty swallowing or loss of consciousness (ie, rectal administration of MS Contin).
15. Recommend compliance aids (eg, pill boxes) to increase adherence to patients' medication regimen.
16. Review the medication regimen to identify potential medication-related problems and determine which medications are no longer appropriate given the patient's status.
17. Determine which medications can be stopped abruptly and which need to have the dosage tapered down, giving specific directions on how quickly to taper down and what to monitor during this process (eg, signs or symptoms of withdrawal or disease exacerbation).
18. Guide drug therapy selection and individualize dosing using expert knowledge of drug pharmacokinetics (eg, onset and duration of action, metabolism, and excretion).
19. Recommend dosage adjustment based on knowledge of the patient's renal or hepatic status (including use of dialysis or discontinuation of dialysis).
20. Interpret drug serum levels and adjust therapy appropriately. For example, pharmacists can interpret ''free'' and ''total'' phenytoin serum concentrations and adjust therapy accordingly.
21. Monitor therapeutic response to warfarin therapy, interpreting international normalized ratio (INR) values and adjusting warfarin therapy.
22. Differentiate between a drug-induced adverse effect and a drug-induced allergic reaction, and propose a corrective clinical course if appropriate.
23. Detect and counsel staff about drug/drug, drug/herbal supplement, and drug/food or enteral feed interactions.
24. Identify cost-effective alternatives to effectively manage symptoms for patients with financial concerns.
25. Document pharmaceutical care plan in medical record to communicate drug therapy recommendations to other health care providers.
26. Assess the need to make referrals for additional patient services (eg, physical therapy, chaplain, and dietician).

## Education and Drug Information

27. Update staff on new clinical practice guidelines and help to interpret guidelines as they apply to patients with advanced illness.
28. Educate staff on palliative care pharmacotherapeutic principles.
29. Advise medical providers on off-label use of medications and the evidence base to support the use in specific conditions.
30. Educate staff about newly approved prescription and nonprescription medications and their role in palliative care.
31. Inform staff, patients, and caregivers on the use of complementary/alternative medicine and assess the risks and benefits of their use in the palliative care setting.
32. Educate patients, families, and caregivers about the appropriate use and administration of medications, such as inhalers, nebulized medications, transdermal patches, transmucosal administration, and others. Develop patient education tools such as worksheets and instructional guides.
33. Counsel patients, families, caregivers, and staff on fears regarding the risk of addiction, drug abuse, drug diversion, and overdose related to opioid use.
34. Participate in family meetings to address medication concerns, myths, and misconceptions.
35. Provide medication counseling to patients and caregivers when transferring location of care or upon discharge.
36. Precept pharmacy students, pharmacy residents, and other health care practitioners during learning experiences.
37. Provide continuing education to health care practitioners about hospice and palliative care and the role of the pharmacist in caring for end-of-life patients.

## Patient Safety

38. Investigate medication errors and analyze trends to develop both patient-specific and programmatic plans for prevention, correction, and resolution.
39. Instruct staff on the importance of recognizing, reporting, documenting, and responding to actual or potential medication errors.
40. Perform medication reconciliation (MR), and educate/audit staff on effective medication reconciliation practices. This includes MR on admission, during the course of care and upon discharge or transfer if applicable.
41. Develop a process to screen for potential drug abuse and diversion, and implement strategies to help staff manage these situations.

## Administrative/Formulary Management

42. Develop and maintain a medication formulary based on current literature, best practice, and cost considerations.
43. Chair/participate on a Pharmacy and Therapeutics committee. This includes preparing both drug monographs and drug-use evaluations.
44. Implement medication-related quality improvement projects to evaluate measures such as antibiotic usage, bowel regimens, and polypharmacy.
45. Develop pain and symptom management protocols to optimize medication use.
46. Determine whether a specific medication is related to the admitting terminal diagnosis.

47. Perform a literature review to evaluate the appropriateness of using medications for a "palliative" purpose (eg, chemotherapeutic agents).
48. Develop medication-related policies and procedures as well as tools to help carry out policies and procedures. This includes the creation of forms (eg, medication history) and documentation systems.
49. Conduct research related to effectiveness of medication use and palliative care interventions.
50. Communicate with regulatory/licensing agencies, and work with staff to assure adherence to local, state, and federal guidelines regarding medication management. This also includes helping the hospice organization maintain compliance with the Medicare Conditions of Participation for Hospice.

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