

SURNAME: _____ FORENAMES: _____ ADDRESS: _____ _____ URN: _____ DOB: _____	GP Name	
	GP Surgery	
	GP Telephone no.	

Gold Standards Framework [GSF] code (tick)	Blue (A) <input type="checkbox"/> Year plus prognosis	Green (B) <input type="checkbox"/> Months prognosis	Amber (C) <input type="checkbox"/> Weeks prognosis	Red (D) <input type="checkbox"/> Days prognosis
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Section 1: Inclusion Criteria (tick)	Yes	No	Comments
Patient has a poor prognosis, and their condition is unpredictable or is likely to deteriorate rapidly? GSF Code of 'Deteriorating' (Amber) or 'Terminal Care' (Red)			
Based on your clinical judgement are anticipatory medications indicated for this patient?			

If YES to both questions proceed to section 2

If NO to either question discuss with multi-disciplinary team (MDT) if anticipatory medications are appropriate

Section 2: Potential risks (tick)	Yes	No	N/A	Comments
Patient/carers unwilling to participate, e.g. due to fears anticipatory medications are a provision for euthanasia? (concerns can be allayed by good communication and reassurance)				
Is there documented history or suspicion of drug misuse by the patient, family, carers or visitors to the home?				
Are there any documented concerns about the mental health/well-being of the patient, family, carers or visitors to the home (e.g. suicidal ideation)?				

If YES to any question discuss with MDT if anticipatory medications are appropriate

If NO or N/A to all questions confirm with patients GP anticipatory medications appropriate then proceed to section 3

Section 3: Patient/carer education (tick)	Yes	No	N/A	Comments
Has the purpose and benefits of anticipatory medications been discussed with the patient and/or carers?				
Has a patient information leaflet been given to the patient/carers?				
Have precautions been discussed to ensure Just in Case (JIC) box will be stored securely and cannot be accessed by a child, animal or vulnerable member of the household?				
Discussion with patient/carers to confirm that the items in JIC box are for use by healthcare professionals only?				

* Not applicable to care home settings

Completed by:

Date	Name (print)	Signature	Role