

PHARMACY BULLETIN

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Pharmacy Department Hospital Canselor Tuanku Muhriz



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PALLIATIVE TERMINAL INJECTIONS POLICY: SUPPLY AND MANAGEMENT

The newly approved policy for **supplying injectable medications to terminal palliative patients** in JKU Meeting 2/2025, effective October 2025 ensures the safe and regulated provision of symptom control drugs in compliance with the Dangerous Drugs Act 1952.

PURPOSE

Administration of medications with the intent to relieve patient distress using sedative doses of anxiolytics or opioids for terminal care at home.



GENERAL PRINCIPLES

- HCTM Palliative Team identifies patient suitable for terminal discharge with crisis medications.
- Supply duration: 3 to maximum 7 days only, during weekday operating hour only
- New prescription required for repeat supply after reassessment by Palliative Care Specialists or Hospis Malaysia.
- Drugs will be dispensed to Palliative Care Nurse by Outpatient pharmacists and subsequently supplied to patients in ready-to-use syringe.

ANTICIPATORY MEDICATIONS & THEIR INDICATION

MEDICATION	ROUTE	INDICATION
Morphine	SC	Pain
Fentanyl	SC	Pain (Alternative to morphine)
Midazolam	SC	Anxiety, restlessness
Buscopan	SC	Bowel colic, excessive secretion
Haloperidol	SC	Hallucination, nausea/vomiting

Polisi Pembekalan Ubat Suntikan untuk Pesakit Paliatif di Fasa Terminal is accessible via Pharmacy HCTM Website



DISPENSING WORKFLOW

1 Documentation

Palliative Specialist to issue **Crisis Medication Release Letter**.

To provide two (2) copies:

- For Patient.
- For Jabatan Farmasi (DDA compliance under Dangerous Drugs Act 1952).

Palliative Specialists to indent medications via Pharmacy System.



2 Receiving Medications

Palliative nurse obtain the injections from Discharge: **Ward floor stock**

Outpatients: **Main Outpatient Pharmacy**

Max supply for injection: 7 days



3 Preparing Medications

Palliative nurse to prepare ready-to-use syringes with correct amount and doses.

Provide necessary equipment:

SC needle, SC port & elastomeric pump (if needed)

4 Caregiver Education

Palliative nurse to educate patient's caregiver on

- (a) Administration technique
- (b) Proper storage & handling
- (c) Proper disposal



5 Return of Unused Medications

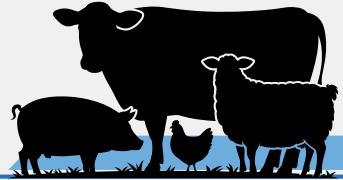
Return unused medications to **Main Outpatient Pharmacy** for proper disposal together with **administration chart** and **counselling form**.

6 Follow-up

Palliative Team to follow-up with the patient for reassessment.



MEDICINES OF ANIMAL ORIGIN: A REFERENCE GUIDE



The publication of **Medicines With Animal Origins Booklet** serves a reference guideline to help doctors and pharmacists to support patients who wish to avoid animal-derived products in their medication due to religious, cultural, or ethical reasons. This enables patients to make informed decisions about their treatment and care.

Why this matters?

Group	Concern example
Islam	Prohibition of porcine products
Hinduism	Avoidance of bovine products
Vegans	Avoidance of animal products
Allergies	Reactions to eggs, shellfish, dairy

While Islam encourages halal pharmaceuticals, note that religions such as Judaism, Hinduism, and Islam may permit medicines derived from pigs or beef in life-saving situations or if no suitable alternative exists.

Many common excipients are derived from animals, which can trigger allergic reactions in sensitive patients.



Medicines With Animal Origins Booklet

The booklet is assessible via Pharmacy HCTM website at <https://hctm.ukm.my/farmasi/penerbitan/>

6.2 Appendix B – Injections

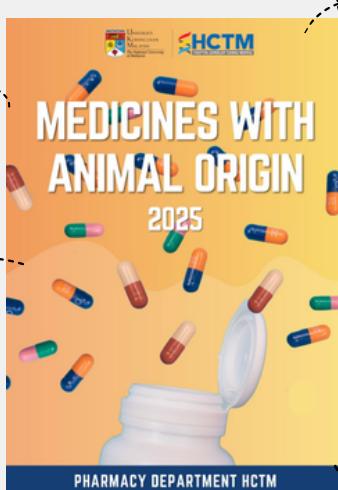
No	Generic Name & strength	Current Brand Available	Animal Source	Comment
1.	Adalimumab 40mg Pre-Filled Pen	Hymoz®. Novartis Pharmaceutical Manufacturing GmbH		Produced in Chinese Hamster Ovary (CHO) cells ⁴⁷
2.	Antivenin Cobra 10ml Inj	Malayan Pit Viper Antivenin (Purified); Queen Saovabha		Main ingredient: purified equine immunoglobulin (horse) ⁴⁸
3.	Beractant Intratracheal Susp.	Survanta®. Abivbe		Contains bovine lung extract ⁴⁹
4.	Bevacizumab 100mg/4ml Inj	Avastin®. F. Hoffmann		Produced in CHO cells ⁵⁰

6.3 Appendix C – Capsules

No	Generic Name & strength	Brand Name, Manufacturer	Animal Source	Comment
1.	Acitretin 10mg Cap.	Neotigason®, Actavis		Source of capsule: Bovine ⁴⁷
2.	Acitretin 25mg Cap.	Neotigason®, Actavis		Source of capsule: Bovine ⁴⁸
3.	Alfacalcidol 0.25µg Cap.	Medi-Alpha 0.25®, Mega Lifesciences		Source of capsule: Bovine ⁴⁹
4.	Alfacalcidol 1µg Cap.	Medi-Alpha 1®, Mega Lifesciences		Source of capsule: Bovine ⁵⁰
5.	Alverine 60mg, Simethicone 300mg Cap.	MeteoSpasm®, Laboratoires Mayoly Spindler		Source of capsule: Bovine ⁵¹
6.	Amoxycillin 250mg Cap.	Betamox, Duopharma		Source of capsule: Bovine ⁵²

6.4 Appendix D – Tablets

No	Generic Name & strength	Brand Name	Animal Source	Comment
1.	Amantadine Sulfate 100mg Tab.	PK-Merz®. Merz Pharma GmbH & Co. KGAA		Source of gelatin: Bovine ⁵³
2.	Amorphous Aescin 20 mg Tab.	Reparil, Madyas GmbH		Contains white beeswax ⁵⁴
3.	Ampicillin Sodium & Subacetam Sodium 375mg Tab.	Unasyn®, Pfizer Malaysia		Excipient: Lactose hydrate (bovine milk) and magnesium stearate (tallow oil) ⁵⁴
4.	Asenapine 5mg Sublingual Tab.	Saphris®, Organon Malaysia		Excipient: freeze dried matrix of gelatin (bovine hide) ⁵²
5.	Asenapine 10mg Sublingual Tab.	Saphris®, Organon Malaysia		Excipient: freeze dried matrix of gelatin (bovine hide) ⁵³



6.5 Appendix E – Others

No	Generic Name & strength	Brand Name	Animal Source	Comment
1.	Amino Acid, Glu & Fat Emulsion With Fish Oil 625ml Bag	Nutriflex® Omega Special, B. Braun		Excipient: contain egg lecithin ⁵⁵
2.	Glucone, Lipid Emulsion and Amino Acid Solution 1500ml	PERIOLIME NAE, Baxter		Excipient: contain egg lecithin ⁵⁵
3.	Smofabiven Central (Amino Acid, Glu & Fat Emulsion Plus Soya Bean Oil, Mct, Olive Oil & Fish Oil) 960ml	Smofabiven® Central, Fresenius Kabi		Main ingredient: contain fish oil in its lipid emulsion ⁵⁶ Excipient: contain egg lecithin ⁵⁷
4.	Smofabiven Electrolyte Free Central (Amino Acids, Glu & Fat Emulsion Plus Soya Bean Oil, Mct, Olive & Fish Oil) 960ml	Smofabiven® EF Central, Fresenius Kabi		Main ingredient: contain fish oil in its lipid emulsion ⁵⁷ Excipient: contain egg lecithin ⁵⁷

Patient consent form

PATIENT NAME		SECTION A: PATIENT INFORMATION	
		IDENTITY CARD NUMBER	DEPARTMENT/WARD/UNIT
		MRN NO.	GENDER
		AGE	
SECTION B: PATIENT'S CONSENT STATEMENT			
<p>I HAVE BEEN INFORMED BY THE DOCTOR AND UNDERSTAND THE USE OF THE MEDICATION AND TREATMENT THAT WILL BE GIVEN TO ME AS FOLLOWING:</p> <p>1. The medication used for the treatment is derived from the animal origin as mentioned.</p> <p>2. The medication is an alternative to my treatment.</p> <p>3. I take full responsibility for all risks throughout the use of this medication and the treatment to be carried out.</p> <p>4. I have been given the opportunity to ask about the use of this medication in this treatment.</p>			
SECTION C: TREATMENT INFORMATION		PLEASE TICK (✓)	
NAME OF MEDICATION		ORIGIN OF ANIMAL	
RISK/SIDE EFFECT OF TAKING THE MEDICATION			
RISK OF NOT TAKING THE MEDICATION			

JABATAN FARMAZI	
BORANG KEIZINAN UNTUK MENJALANI RAWATAN MENGGUNAKAN UBAT YANG MENGANDUNG UNSUR HAIWAN	
BAHAGIAN A: MAKULMAT PESAKIT	
NAMA PESAKIT	NO. KAD PENGENALAN
MR. / MRS. / MISS	JABATAN/WARD/UNIT
NO. MRN	JANTINA
UMUR	
BAHAGIAN B: PERNYATAAN KEIZINAN DARIPADA PESAKIT	
SAYA TELAH DISERTAIKAN DOKTOR DAN DIA TAHUH TENTANG PENGGUNAAN UBAT DAN RAWATAN YANG AKAN DISERIAKAN KEPADA SAYA SEPERTI BERKAT.	
1. Ubat digunakan untuk rawatan saya berdasarkan dari unsur hewan yang direkabentuk.	
2. Ubat digunakan untuk rawatan saya berdasarkan dari unsur hewan yang direkabentuk.	
3. Saya bertanggungjawab sepenuhnya terhadap segala risiko sejajar penggunaan ubat ini dan rawatan yang akan dilaksanakan.	
4. Saya telah diberi peluang untuk berbantahan tentang penggunaan ubat tersebut dalam rawatan ini.	
BAHAGIAN C: MAKULMAT RAWATAN	
NAMA UBAT	UNJUR HARIAN
RISIKO/KESAN SAMPINGAN UBAT	

In line with **MSQH Standard** to support safe & effective service delivery, mutual agreement on the treatment plan involving medicines containing animal traces should be achieved. **Consent form** must be signed in front of the healthcare provider and kept in the patient's file for documentation.

References:

1. Faith & Food: A Guide to Religious Dietary Requirements. Queensland Faith Communities Council (QFCC). 2011.
2. Chouraqui J, Turck D, Briend A, Darmaun D, Bacquet A, Feillet F Et Al. Religious dietary rules and their potential nutritional and health consequences. International Journal of Epidemiology. 2020;50(1):12-26.
3. Pharmaceutical Services Programme, Ministry of Health Malaysia, 2017. Panduan Penggunaan Ubat-Ubatan yang Mengandungi Unsur Tidak Halal kepada Pesakit Muslim di Kementerian Kesihatan Malaysia.
4. Pharmaceutical Services Programme, Ministry of Health Malaysia, January 2018. Panduan Penggunaan Ubat-Ubatan dari Perspektif Islam.

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