

Supplementary Document 1: Study Data Extraction Fields V.1.5									
Anticipatory Prescribing in Terminal Care (APT) Study Data Extraction Fields - GP and community nursing records - V.1.5									
This document lists the data to be extracted from GP SystmOne Records using an eCRF accessed through a piece of custom-built electronic software. The data fields needing brief textual comment rather than numeric data will be extracted by one researcher (Ben Bowers) from their relevant text in the patient records from text consultations will be abridged. Dates of events will be converted into a numerical (number of days) timeline relative to the date of death when entered into the software, rather than storing the absolute identifiable dates.									
Data field									
APT Study number									
Sex (male / female)									
Age in years at death									
Date of death									
Time of death as recorded on SystmOne (using 24 hour clock)									
Ethnicity (code recorded on SystmOne)									
Immediate cause of death (indicated under 1a on the medical certificate of cause of death)									
Underlying cause (lowest of 1a / 1b / 1c on medical certificate of cause of death)									
Number of practice Quality and Outcome Framework disease registers that patient is on									
Patient usual place of residence prior to death (own home / residential home)									
Place of death (hospital / own home / hospice / residential home / nursing home / other)									
Saw specialist palliative care services? (yes / no)									
On practice end of life care register? (yes / no)									
Recorded preferred place of care at end of life (not stated / hospital / own home / hospice /									
Recorded preferred place of death (not recorded / hospital / own home / hospice / residential home /									
(yes / no)									
Anticipatory injectable medications for end of life symptom control prescribed? (yes / no)									
If NO do not continue data extraction									
Date injectable medications first prescribed									
Summary of clinical events / circumstances preceding prescribing (within 7 days prior to prescribing)									
making									
Person who first requested the drugs were prescribed (Patient / Community Nurses / Residential home staff / Specialist palliative care / hospital doctor / Out of hours services / Family members / friend / different GP in the practice / GP based paramedic / GP based nurse practitioner / not applicable as prescriber decided / not stated)									
Person who first prescribed the drugs (GP / Community Nurses / Residential home staff / Specialist palliative care / Out of hours GP / hospital doctor / GP based paramedic / GP based nurse practitioner / not stated)									
Drug prescribed (name)									
What symptom was the drug prescribed for									
Date prescribed									
Time prescribed (using 24 hour clock)									
Dose prescribed									
Route of administration (subcutaneous / intravenous / intramuscular / syringe driver)									
Abridged free text consultation									
Number of drug vials issued									
Strength of drug vials issued									
Prescriber: GP / Community Nurses / Residential home staff / Specialist palliative care / Out of hours GP / hospital doctor / GP based paramedic / GP based nurse practitioner / not stated)									
NOTE - Repeat chronologically as above for all drugs issued (starting with the first date of drug issues)									
Drug administered (name)									
What symptom was the drug administered for									
Date given									
Time administered (using 24 hour clock)									
Dose administered									
Route of administration (subcutaneous / intravenous / intramuscular / syringe driver)									
Abridged free text consultation									
Administer by (Community nurse / GP / Out of Hours Doctor / Paramedic / Specialist palliative care team / family / patient / other)									
Drug administered relieved the symptoms? (Yes / No / to a limited extent / not stated)									
(community nurse / GP / Out of Hours Doctor / Paramedic / Specialist palliative care team)									
Date and time (using 24 hour clock) a healthcare professional next assessed the patient to review symptoms after the drug was administered									
Type of assessment (visit or phone call)									
Did they administer another drug (Yes / No / not stated)									
NOTE - Repeat chronologically as above for all drugs administered (starting with the first date drugs issues)									
Syringe driver prescribed? (Yes / No)									
Date first prescribed (using 24 hour clock)									
Syringe driver started? (Yes / No)									
Date first started (using 24 hour clock)									
If syringe driver was started, was it continued until death? (Yes / No)									