

DRUG ADMINISTRATION CHART

Community palliative care

Drug administration chart

NHS
South West
Yorkshire Partnership
2013 Foundation Trust

Community palliative care

Patient name:
Address:
Med No:
DOB:

Details of allergy status:
Date:
Signature:

Guidelines for using this medication chart

1. When using a syringe driver it is recommended that wherever possible PRN bolus doses of medication are prescribed for breakthrough symptoms (further advice about doses is in the palliative care formulary). If using equianalgesic PRN bolus dose is usually calculated on the 110:1 of a dose rule i.e. 4 hourly breakthrough dose is a 110th of the total 24 hour opiate dose.
2. If the syringe driver is prescribed as a pre-emptive prescription, the prescribed date may differ to start date.
3. Where a dose increase in syringe driver or PRN bolus dose is prescribed indication for administration should be clearly stated by the registered prescriber.
4. If variable dosing is prescribed for a syringe driver it should clearly state dose and frequency of increase and a maximum dose should be stated by the registered prescriber.
5. The need for increase of medication in the syringe driver will be indicated by the need for bolus doses. The number of bolus doses can then be used to titrate an increase in the syringe driver, as prescribed by the registered prescriber.
6. If the patient is opiate naïve the usual starting dose would be a bolus dose of 2.5mg-5mg of morphine or equivalent.
7. If commencing a syringe driver when a fentanyl patch is in situ it is best practice to leave the fentanyl patch in situ and add additional pain relief in syringe doses.
8. If there is any doubt about the prescription a registered prescriber should be contacted.
9. If a drug is discontinued the prescription should be crossed out using a single line and dated in discontinued box.
10. Please note, this is a chart for drugs to be administered by nursing staff not a full record of all patient medication. Please use alongside existing medication records.

PRN/Regular

medication

**When stopping the medication, write date discontinued and cross medication out using a single line.
 If the new dose differs from the original, this will need to be rewritten and the original discontinued.**

Drug (approved name) Morphine Sulfate	DATE PRESCRIBED 05/11/2021	DATE							
DOSE 2.5mg to 5mg Max 8 doses in 24 hours	ROUTE Subcutaneous injection	TIME							
PRESCRIBER SIGNATURE <i>K R Yockney</i>	FREQUENCY 1 hourly prn	DOSE							
INDICATION Pain	DISCONT. DATE 08/11/2021	SIGNATURE							

Samples for writing PRN medications

Drug (approved name) Morphine Sulfate	DATE PRESCRIBED 05/11/2021	DATE							
DOSE 2.5mg to 5mg Max 8 doses in 24 hours	ROUTE Subcutaneous injection	TIME							
PRESCRIBER SIGNATURE <i>K R Yockney</i>	FREQUENCY 1 hourly prn	DOSE							
INDICATION Pain	DISCONT. DATE	SIGNATURE							

Opiate naïve dose

And if an alternative opiate is needed

Drug (approved name) Oxycodone	DATE PRESCRIBED 05/11/2021	DATE							
DOSE 1.25mg to 2.5mg Max 8 doses in 24 hours	ROUTE Subcutaneous injection	TIME							
PRESCRIBER SIGNATURE <i>K R Yockney</i>	FREQUENCY 1 hourly prn	DOSE							
INDICATION Pain	DISCONT. DATE	SIGNATURE							

	injection									
PRESCRIBER SIGNATURE <i>K R Yockney</i>	FREQUENCY 4 hourly prn	DOSE								
INDICATION Nausea and vomiting Delirium	DISCONT. DATE	SIGNATURE								

Drug (approved name) Midazolam	DATE PRESCRIBED 05/11/2021	DATE								
DOSE 2.5mg to 5mg Seek advice over 30mg/24 hours	ROUTE Subcutaneous injection	TIME								
PRESCRIBER SIGNATURE <i>K R Yockney</i>	FREQUENCY 1 hourly prn	DOSE								
INDICATION 1st line agitation/restlessness/fear	DISCONT. DATE	SIGNATURE								

Drug (approved name) Hyoscine butylbromide	DATE PRESCRIBED 05/11/2021	DATE								
DOSE	ROUTE	TIME								

20mg Seek advice over 120mg/24 hours	Subcutaneous injection										
PRESCRIBER SIGNATURE <i>K R Yockney</i>	FREQUENCY 1 hourly prn	DOSE									
INDICATION Respiratory tract secretions	DISCONT. DATE	SIGNATURE									
Patient's name <i>Balance Mouse</i>	Details of allergy status <i>(it is mandatory for this section to be completed)</i>		Subcutaneous syringe driver medication								
NHS No.	Nil known		Syringe driver no.								

Syringe pump (CME/BD T34 or BodyGuard T) prescription chart

Sample prescription

Please use the Palliative Care Formulary as your guide or the algorithms in My Care Plan or on BEST website.

<i>123 456 7890</i>		
D.O.B <i>14/07/1935</i>		Infusion fluid <i>water</i>
		Duration <i>24 hours</i>

DRUG Morphine sulfate	DOSE 10mg	DURATION 24 hours		DATE		
PRESCRIBER SIGNATURE <i>K R Hockney</i>	DATE 08/11/2021	START DATE 08/11/2021	DISCONT. DATE	ROUTE subcutaneous	TIME	
TREATMENT CHANGE Can be increased by 5mg to 10mg every 24 hours according to PRN use.				INDICATION	RATE SET	

<i>Maximum dose 30mg/24 hours then review</i>				Pain	DOSE	
					SIGNATURE	
PRESCRIBER SIGNATURE <i>K R Hockney</i>	DATE 08/11/2021	START DATE 08/11/2021	DISCONT.DATE			
<u>OR</u>						
DRUG Oxycodone	DOSE 5mg		DURATION 24 hours		DATE	
PRESCRIBER SIGNATURE <i>K R Hockney</i>	DATE 08/11/2021	START DATE 08/11/2021	DISCONT. DATE	ROUTE subcutaneous	TIME	
TREATMENT CHANGE <i>Can be increased by 2.5mg to 5mg every 24 hours according to PRN use.</i> <i>Maximum dose 15mg/24 hours then review</i>				INDICATION Nausea and vomiting	RATE SET	
					DOSE	
					SIGNATURE	
PRESCRIBER SIGNATURE <i>K R Hockney</i>	DATE 08/11/2021	START DATE 08/11/2021	DISCONT.DATE			
DRUG Haloperidol	DOSE 2.5mg		DURATION		DATE	
PRESCRIBER SIGNATURE <i>K R Hockney</i>	DATE 08/11/2021	START DATE 08/11/2021	DISCONT. DATE	ROUTE	TIME	
TREATMENT CHANGE <i>Can be increased by 500micrograms to 2.5mg/ 24 hours according to prn use</i>				INDICATION	RATE SET	

<i>Maximum dose 5mg/24 hours then review</i>					DOSE	
					SIGNATURE	
PRESCRIBER SIGNATURE <i>K R Yockney</i>	DATE 08/11/2021	START DATE 08/11/2021	DISCONT.DATE			
<u>OR</u>						
DRUG Levomepromazine	DOSE 12.5mg			DURATION	DATE	
PRESCRIBER SIGNATURE <i>K R Yockney</i>	DATE 08/11/2021	START DATE 08/11/2021	DISCONT. DATE	ROUTE	TIME	
TREATMENT CHANGE				INDICATION	RATE SET	
					DOSE	
					SIGNATURE	
PRESCRIBER SIGNATURE <i>K R Yockney</i>	DATE	START DATE	DISCONT.DATE			
DRUG midazolam	DOSE Dose dependent on total sc prn use in previous 24 hrs			DURATION 24 hours	DATE	
PRESCRIBER SIGNATURE <i>K R Yockney</i>	DATE 08/11/2021	START DATE 08/11/2021	DISCONT. DATE	ROUTE subcutaneous	TIME	
TREATMENT CHANGE				INDICATION	RATE SET	
<i>Can be increased by 5mg to 10mg every 24 hours according to PRN use.</i>						

<i>Maximum dose 30mg/24 hours then review</i>				Agitation Restlessness	DOSE	
					SIGNATURE	
PRESCRIBER SIGNATURE <i>K R Hockney</i>	DATE 08/11/2021	START DATE 08/11/2021	DISCONT.DATE			
DRUG Hyoscine butylbromide	DOSE 60mg	DURATION 24 hours	DATE			
PRESCRIBER SIGNATURE <i>K R Hockney</i>	DATE 08/11/2021	START DATE 08/11/2021	DISCONT. DATE	ROUTE subcutaneous	TIME	
TREATMENT CHANGE				Respiratory tract secretions Colic	RATE SET	
<i>Can be increased by 20mg to 60 every 24 hours according to PRN use.</i>					DOSE	
<i>Maximum dose 120mg/24 hours then review</i>					SIGNATURE	
PRESCRIBER SIGNATURE <i>K R Hockney</i>	DATE 08/11/2021	START DATE 08/11/2021	DISCONT.DATE			

There is now a signature sheet on the back next to the STOCK CHECK, please sign

Signature sheet

Name (print)	Signature	Initials	Qualification	Date