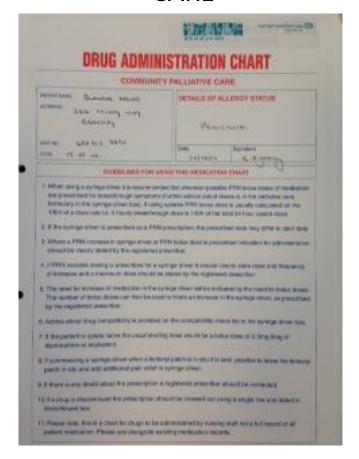
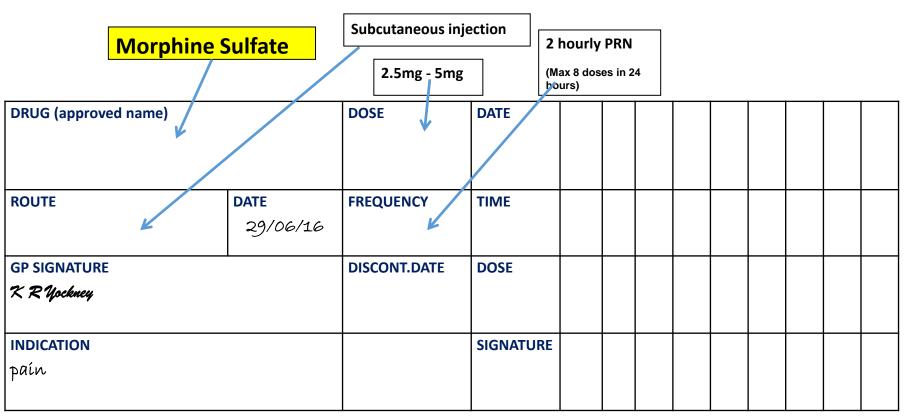
# DRUG ADMINISTRATION CHART

# COMMUNITY PALLIATIVE CARE



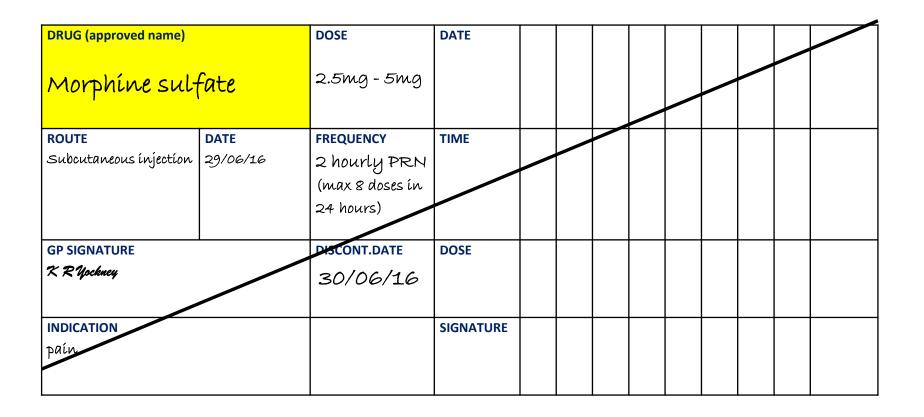
### PRN/Regular medication prescription

Patient's Name	Details of Allergy Status	
Blanche Mouse	(It is mandatory for this section to be completed)	Medication to be administered by
Unit No.	Níl known	the nurse -
123 4 <i>56 7</i> 890		as required prescriptions (PRN)
		or regular medication
D.O.B.		
14/07/36		



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.



(Opiod naïve dose)

DRUG (approved name	e)	DOSE	DATE					
Morphine	sulfate	2.5mg - 5mg	<b>8</b>					
ROUTE	DATE	FREQUENCY	TIME					
Subcutaneous	30/06/16	2 hourly						
Ínjectíon		PRN (Max 8						
		doses in 24 hours	)					
GP SIGNATURE		DISCONT.DATE	DOSE					
K R Yockney								
INDICATION			SIGNATURE					
paín								
		1 66	.	<u> </u>				

And if a different opioid is needed ......

DRUG (approved name	)	DOSE	DATE					
		1.25mg -						
Oxycodone		2.5mg						
ROUTE	DATE	FREQUENCY	TIME					
Subcutaneous	30/06/16	2 hourly						
injection		PRN (max 8						
		doses in 24 hours)						
GP SIGNATURE		DISCONT.DATE	DOSE					
X R Yockney								
INDICATION			SIGNATURE					
paín								

DRUG (approved name	DRUG (approved name)		DATE					
المامة مراجعا	Haloperídol							
Haloperla	racopercaol							
ROUTE	DATE	FREQUENCY	TIME					
Subcutaneous	29/06/16		THVIE					
injection	2)/00/10	4 hourly PRN						
GP SIGNATURE	· ·	DISCONT.DATE	DOSE					
X R Yockney								
INDICATION			SIGNATURE					
Nausea and vom	ítíng							
1 <sup>st</sup> line delirium								

#### And if haloperidol is not available then an alternative .......

DRUG (approved name	e)	DOSE	DATE					
levomeprom	azine	6.25mg						
ROUTE	DATE	FREQUENCY	TIME					
Subcutaneous	29/06/16	4 hourly PRN						
injection								
GP SIGNATURE		DISCONT.DATE	DOSE					
X R Yockney								
INDICATION			SIGNATURE					
Nausea and vomi	ting/delirium							

DRUG (approved name)		DOSE	DATE				
Mídazolam		2.5mg – 5mg					
ROUTE	DATE	FREQUENCY	TIME				
Subcutaneous	29/06/16	1 hourly PRN					
injection		(max 8 doses in					
		24 hours)					
GP SIGNATURE		DISCONT.DATE	DOSE				
X R Yockney							
INDICATION			SIGNATUR				
1 <sup>st</sup> line agitation/res	tlessness		E				
DRUG (approved name)		DOSE	DATE				
Hyoscine butį	ylbromíde	20mg					
ROUTE	DATE	FREQUENCY	TIME				
Subcutaneous	29/06/16	2 hourly PRN					
injection							
GP SIGNATURE		DISCONT.DATE	DOSE				
X R Yockney							
INDICATION			SIGNATUR				
Respiratory tract	secretíons		E				

## Syringe driver (CME T34) prescription chart

Patient's Name Blanche Mouse	Details of Allergy Status (It is mandatory for this section to be	Subcutaneous Syringe Driver Medication
Unit No.	completed) Níl known	Syringe driver No.
123 456 7890		
		Infusion Fluid
		water
D.O.B.		Duration
14/07/36		24 hours

#### Syringe driver (CME T34) prescription chart

DRUG			DOSE	DURATION	DATE
Morphine sulfate	e		10mg	24 HOURS	
GP SIGNATURE &&400 CXNS4	<b>DATE</b> 26/06/16	START DATI 26/06/16	E DISCONT. DATE	ROUTE subcutaneous	TIME
Can be increased by 5m		hours accu	ordína to DRN use	INDICATION	RATE SET
Maximum dose 30mg/2			or o	Paín	DOSE
GP SIGNATURE			E DISCONT. DATE		SIGNATURE
DRUG			DOSE	DURATION	DATE
Oxycodone			5mg	24 HOURS	
GP SIGNATURE	DATE 26/06/16	START DATI 26/06/16	E DISCONT. DATE	ROUTE subcutaneous	TIME
Can be increased by 2.5mg.	-5mg every 24 hour	s according t	to PRN use.	INDICATION	RATE SET
Can be increased by 2.5mg. Maximum dose 15mg/24 h	- 0	s according t	co PRN use.	INDICATION Paín	DOSE
<b>y</b> -	- 0	s according t			

OR

Syringe driver (CME T34) prescription chart

DOSE DURATION

DRUG

OR

Ditoo			D 0 3 L	-	DOMATION	DAIL
Haloperídol			2.	5mg	24 HOURS	
				_		
GP SIGNATURE	DATE	START DAT	E	DISCONT. DATE	ROUTE	TIME
kRy00CKNSY	26/06/16	26/06/16			subcutaneous	
					INDICATION	RATE SET
					INDICATION	RAIE SEI
					Nausea and	
					vomiting	DOSE
GP SIGNATURE	DATE	START DAT	Έ	DISCONT. DATE		SIGNATURE
kR400CKNEY	26/06/16	26/06/16				
			1		1	
DRUG			DOSI		DURATION	DATE
levomepromazine	(if haloperidol not	: avaílable)	12	.5mg	24 HOURS	
·						
GP SIGNATURE	DATE	START DAT	E	DISCONT. DATE	ROUTE	TIME
hR400 CXNEU	26/06/16	26/06/16			subcutaneous	
					INDICATION	RATE SET
					INDICATION	RAIE SEI
					Nausea and	
					vomiting	DOSE
GP SIGNATURE	DATE	START DAT	F	DISCONT. DATE		SIGNATURE
	DATE	JIAKI DAI	_			SIGNAL
kR400CKNEU	26/06/16	26/06/16				SIGNATORE

DATE

**Syringe driver (CME T34) prescription chart** 

Mídazolam			dose dependant on total sc prn use in previous 24 hrs.	24 hours	DATE	
GP SIGNATURE	DATE	START DATE	DISCONT. DATE	ROUTE	TIME	
kR40 CKNEY	26/06/16			subcutaneous		
can be increased b <sub>į</sub>	1 5m a-10m a 6		nours accordina	INDICATION	RATE SET	
	g string some i	very z i v	ibuci 3 ulocoli ulovog	Agitation	DOSE	
to prn use.				Agitation Restlessness		
Maximum dose 301	ng/24 hours t	:hen reviev	V	1, 555 575557 1555		
GP SIGNATURE	DATE	START DATE	DISCONT. DATE	1	SIGNATURE	
kRYO CKNEY	26/06/16					

DRUG			DOSE	DURATION	DATE	
Hyoscine butylbroi	níde		60mg	24 HOURS		
GP SIGNATURE	DATE	START DATE	DISCONT. DATE	ROUTE	TIME	
kRy0 CKNEU	26/06/16			subcutaneous		
can be increased by 201	ng-60mg	accordíu	ng to prn use.	INDICATION  Respiratory	RATE SET	
				Tract	DOSE	
Maximum dose of 120m	g/24hour	s then re	eview	Secretions		
GP SIGNATURE	DATE	START DATE	DISCONT. DATE		SIGNATURE	
kR40 CXNEU	26/06/16					