

DRUG ADMINISTRATION CHART

COMMUNITY PALLIATIVE CARE

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PRESCRIPTION Name: <i>Shahid, Muzib</i> Address: <i>266 Trinity way Edinburgh</i> Date: <i>14th Nov 2021</i> Age: <i>74</i>	DETAILS OF ALLERGY STATUS <i>Penicillin</i>
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GUIDELINES FOR USING THIS MEDICATION CHART

1. When using a syringe driver it is recommended that whenever possible FPM total doses of medication are prescribed for breakthrough symptoms. Further advice about doses is in the attached care leaflet in the syringe driver box. If using syringe FPM total dose is usually calculated on the basis of a dose rate i.e. if using breakthrough dose is 1/6th of the total 24 hour control dose.
2. If the syringe driver is considered as a FPM prescription, the prescriber should refer to their GPs.
3. When a FPM increase in syringe driver or FPM total dose is prescribed reduction in administration should be clearly stated by the registered prescriber.
4. If FPM soluble 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 initiated by the need for bolus doses. The number of total doses can then be used to make an increase in the syringe driver, as prescribed by the registered prescriber.
6. Advice about drug compatibility is provided on the accompanying sheet in the syringe driver box.
7. If the patient is unable to take the usual starting dose and/or a bolus dose of 2mg/kg or description of equivalent.
8. 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 driver.
9. If there is any doubt about the prescription a registered prescriber should be contacted.
10. If a drug is discontinued the prescription should be crossed out using a single line and dated in the relevant box.
11. Please note, this is a chart for drugs to be administered by nursing staff not a full record of all patient medication. Please use appropriate existing medication records.

PRN/Regular medication prescription

Patient's Name <i>Blanche Mouse</i>	Details of Allergy Status <i>(It is mandatory for this section to be completed)</i>	Medication to be administered by the nurse - as required prescriptions (PRN) or regular medication
Unit No. <i>123 456 7890</i>	<i>Nil known</i>	
D.O.B. <i>14/07/36</i>		

Morphine Sulfate

Subcutaneous injection

2 hourly PRN

2.5mg - 5mg

(Max 8 doses in 24
hours)

DRUG (approved name)		DOSE	DATE														
ROUTE	DATE <i>29/06/16</i>	FREQUENCY	TIME														
GP SIGNATURE <i>K R Yockney</i>		DISCONT.DATE	DOSE														
INDICATION <i>pain</i>			SIGNATURE														

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		DOSE 2.5mg - 5mg	DATE																
ROUTE Subcutaneous injection	DATE 29/06/16	FREQUENCY 2 hourly PRN (max 8 doses in 24 hours)	TIME																
GP SIGNATURE <i>K R Mackney</i>		DISCONT.DATE 30/06/16	DOSE																
INDICATION pain			SIGNATURE																

(Opioid naïve dose)

DRUG (approved name) Morphine sulfate		DOSE 2.5mg - 5mg	DATE															
ROUTE Subcutaneous injection	DATE 30/06/16	FREQUENCY 2 hourly PRN (max 8 doses in 24 hours)	TIME															
GP SIGNATURE <i>K R Yockney</i>		DISCONT.DATE	DOSE															
INDICATION pain			SIGNATURE															

And if a different opioid is needed

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

DRUG (approved name) Haloperidol		DOSE 0.5 mg - 1.5mg	DATE										
ROUTE Subcutaneous injection		DATE 29/06/16	FREQUENCY 4 hourly PRN	TIME									
GP SIGNATURE <i>K R Hockney</i>		DISCONT.DATE	DOSE										
INDICATION Nausea and vomiting 1 st line delirium			SIGNATURE										

And if haloperidol is not available then an alternative

DRUG (approved name) Levomepromazine		DOSE 6.25mg	DATE										
ROUTE Subcutaneous injection		DATE 29/06/16	FREQUENCY 4 hourly PRN	TIME									
GP SIGNATURE <i>K R Hockney</i>		DISCONT.DATE	DOSE										
INDICATION Nausea and vomiting / delirium			SIGNATURE										

DRUG (approved name) Midazolam		DOSE 2.5mg - 5mg	DATE														
ROUTE Subcutaneous injection	DATE 29/06/16	FREQUENCY 1 hourly PRN (max 8 doses in 24 hours)	TIME														
GP SIGNATURE <i>K R Hockney</i>		DISCONT.DATE	DOSE														
INDICATION 1 st line agitation/restlessness			SIGNATURE E														

DRUG (approved name) Hyoscine butylbromide		DOSE 20mg	DATE														
ROUTE Subcutaneous injection	DATE 29/06/16	FREQUENCY 2 hourly PRN	TIME														
GP SIGNATURE <i>K R Hockney</i>		DISCONT.DATE	DOSE														
INDICATION Respiratory tract secretions			SIGNATURE E														

Syringe driver (CME T34) prescription chart

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

Syringe driver (CME T34) prescription chart

DRUG Morphine sulfate			DOSE 10mg		DURATION 24 HOURS	DATE	
GP SIGNATURE <i>6R400CK124</i>	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE		ROUTE subcutaneous	TIME	
Can be increased by 5mg-10mg every 24 hours according to PRN use. Maximum dose 30mg/24 hours, then review					INDICATION Pain	RATE SET	
						DOSE	
GP SIGNATURE <i>6R400CK124</i>	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE			SIGNATURE	
DRUG Oxycodone			DOSE 5mg		DURATION 24 HOURS	DATE	
GP SIGNATURE <i>6R400CK124</i>	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE		ROUTE subcutaneous	TIME	
Can be increased by 2.5mg-5mg every 24 hours according to PRN use. Maximum dose 15mg/24 hours, then review					INDICATION Pain	RATE SET	
						DOSE	
GP SIGNATURE <i>6R400CK124</i>	DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE			SIGNATURE	

OR

Syringe driver (CME T34) prescription chart

DRUG Haloperidol			DOSE 2.5mg		DURATION 24 HOURS	DATE
GP SIGNATURE 6R400CKNE4			DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE	ROUTE subcutaneous
					INDICATION Nausea and vomiting	RATE SET
						DOSE
GP SIGNATURE 6R400CKNE4			DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE	SIGNATURE

OR

DRUG Levomepromazine (if haloperidol not available)			DOSE 12.5mg		DURATION 24 HOURS	DATE
GP SIGNATURE 6R400CKNE4			DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE	ROUTE subcutaneous
					INDICATION Nausea and vomiting	RATE SET
						DOSE
GP SIGNATURE 6R400CKNE4			DATE 26/06/16	START DATE 26/06/16	DISCONT. DATE	SIGNATURE

Syringe driver (CME T34) prescription chart

DRUG Midazolam			DOSE dose dependant on total sc prn use in previous 24 hrs.		DURATION 24 hours	DATE	
GP SIGNATURE <i>6R40 CKNE4</i>		DATE 26/06/16	START DATE	DISCONT. DATE	ROUTE subcutaneous	TIME	
Can be increased by 5mg-10mg every 24 hours according to prn use. Maximum dose 30mg/24 hours then review					INDICATION Agitation Restlessness	RATE SET	
						DOSE	
GP SIGNATURE <i>6R40 CKNE4</i>		DATE 26/06/16	START DATE	DISCONT. DATE		SIGNATURE	

DRUG Hyoscine butylbromide			DOSE 60mg		DURATION 24 HOURS	DATE	
GP SIGNATURE <i>6R40 CKNE4</i>		DATE 26/06/16	START DATE	DISCONT. DATE	ROUTE subcutaneous	TIME	
Can be increased by 20mg-60mg according to prn use. Maximum dose of 120mg/24hours then review					INDICATION Respiratory Tract Secretions	RATE SET	
						DOSE	
GP SIGNATURE <i>6R40 CKNE4</i>		DATE 26/06/16	START DATE	DISCONT. DATE		SIGNATURE	