**DRUG ADMINISTRATION CHART**

Community palliative care



PRN/Regular medication prescription

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| Patient’s name*Blanche Mouse* | Details of allergy status(it is mandatory for this section to be completed) | **Medication to be administered by the****nurse – as required prescriptions (PRN)****or regular medication** |
| NHS No.*123 456 7890* | *Nil known* |
| D.O.B*14/07/1935* |  |
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| 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 SIGNATUREK R Yockney | FREQUENCY**1 hourly prn** | DOSE |  |  |  |  |  |  |  |  |
| INDICATION**Pain** | DISCONT. DATE | SIGNATURE |  |  |  |  |  |  |  |  |

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| 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 SIGNATUREK R Yockney | FREQUENCY**1 hourly prn** | DOSE |  |  |  |  |  |  |  |  |
| INDICATION**Pain** | DISCONT. DATE**08/11/2021** | 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.**

Samples for writing PRN medications

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

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| 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 SIGNATUREK R Yockney | FREQUENCY**1 hourly prn** | DOSE |  |  |  |  |  |  |  |  |
| INDICATION**Pain** | DISCONT. DATE | SIGNATURE |  |  |  |  |  |  |  |  |

**And if an alternative opiate is needed ……**

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| Drug (approved name)**Haloperidol** | DATE PRESCRIBED**05/11/2021** | DATE |  |  |  |  |  |  |  |  |
| DOSE **500 micrograms to 1.5mg** Seek advice over 5mg/24 hours | ROUTE**Subcutaneous injection** | TIME |  |  |  |  |  |  |  |  |
| PRESCRIBER SIGNATUREK R Yockney | FREQUENCY**4 hourly prn** | DOSE |  |  |  |  |  |  |  |  |
| INDICATION**Nausea and vomiting****1st line delirium**  | DISCONT. DATE | SIGNATURE |  |  |  |  |  |  |  |  |

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| Drug (approved name)**Levomepromazine** | DATE PRESCRIBED**05/11/2021** | DATE |  |  |  |  |  |  |  |  |
| DOSE **6.25mg**  | ROUTE**Subcutaneous injection** | TIME |  |  |  |  |  |  |  |  |
| PRESCRIBER SIGNATUREK R Yockney | FREQUENCY**4 hourly prn** | DOSE |  |  |  |  |  |  |  |  |
| INDICATION**Nausea and vomiting****Delirium** | DISCONT. DATE | SIGNATURE |  |  |  |  |  |  |  |  |

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| 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 SIGNATUREK R Yockney | FREQUENCY**1 hourly prn** | DOSE |  |  |  |  |  |  |  |  |
| INDICATION**1st line agitation/restlessness/fear** | DISCONT. DATE | SIGNATURE |  |  |  |  |  |  |  |  |

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| Drug (approved name)**Hyoscine butylbromide** | DATE PRESCRIBED**05/11/2021** | DATE |  |  |  |  |  |  |  |  |
| DOSE **20mg** Seek advice over 120mg/24 hours | ROUTE**Subcutaneous injection** | TIME |  |  |  |  |  |  |  |  |
| PRESCRIBER SIGNATUREK R Yockney | FREQUENCY**1 hourly prn** | DOSE |  |  |  |  |  |  |  |  |
| INDICATION**Respiratory tract secretions** | DISCONT. DATE | SIGNATURE |  |  |  |  |  |  |  |  |

**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.

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| Patient’s name*Balance Mouse* | Details of allergy status(it is mandatory for this section to be completed) | Subcutaneous syringedriver medication |
| NHS No.*123 456 7890* | ***Nil known*** | Syringe driver no. |
| D.O.B*14/07/1935* |  | Infusion fluid*water* |
|  | Duration*24 hours* |

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| DRUG***Morphine sulfate*** | DOSE ***10mg*** | DURATION***24 hours*** | DATE |  |
| PRESCRIBER SIGNATURE**K R Yockney** | 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.******Maximum dose 30mg/24 hours then review*** | INDICATION***Pain*** | RATE SET |  |
| DOSE |  |
| SIGNATURE |  |
| PRESCRIBER SIGNATURE**K R Yockney** | DATE***08/11/2021*** | START DATE***08/11/2021*** | DISCONT.DATE |
| ***OR*** |
| DRUG***Oxycodone*** | DOSE***5mg*** | DURATION***24 hours*** | DATE |  |
| PRESCRIBER SIGNATURE**K R Yockney** | DATE***08/11/2021*** | START DATE***08/11/2021*** | DISCONT. DATE | ROUTE***subcutaneous*** | TIME |  |
| TREATMENT CHANGE***Can be increased by 2.5mg to 5mg every 24 hours according to PRN use.******Maximum dose 15mg/24 hours then review*** | INDICATION***Nausea and vomiting*** | RATE SET |  |
| DOSE |  |
| SIGNATURE |  |
| PRESCRIBER SIGNATURE**K R Yockney** | DATE***08/11/2021*** | START DATE***08/11/2021*** | DISCONT.DATE |

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| DRUG**Haloperidol** | DOSE  ***2.5mg*** | DURATION | DATE |  |
| PRESCRIBER SIGNATURE**K R Yockney** | DATE***08/11/2021*** | START DATE***08/11/2021*** | DISCONT. DATE | ROUTE | TIME |  |
| TREATMENT CHANGE***Can be increased by 500micrograms to 2.5mg/ 24 hours according to prn use******Maximum dose 5mg/24 hours then review*** | INDICATION | RATE SET |  |
| DOSE |  |
| SIGNATURE |  |
| PRESCRIBER SIGNATURE**K R Yockney** | DATE***08/11/2021*** | START DATE***08/11/2021*** | DISCONT.DATE |
| ***OR*** |
| DRUG***Levomepromazine*** | DOSE ***12.5mg*** | DURATION | DATE |  |
| PRESCRIBER SIGNATURE**K R Yockney** | DATE***08/11/2021*** | START DATE***08/11/2021*** | DISCONT. DATE | ROUTE | TIME |  |
| TREATMENT CHANGE | INDICATION | RATE SET |  |
| DOSE |  |
| SIGNATURE |  |
| PRESCRIBER SIGNATURE**K R Yockney** | DATE | START DATE | DISCONT.DATE |

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| DRUG***midazolam*** | DOSE ***Dose dependent on total sc prn use in previous 24 hrs*** | DURATION***24 hours*** | DATE |  |
| PRESCRIBER SIGNATURE**K R Yockney** | 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.******Maximum dose 30mg/24 hours then review*** | INDICATION***Agitation*** ***Restlessness*** | RATE SET |  |
| DOSE |  |
| SIGNATURE |  |
| PRESCRIBER SIGNATURE**K R Yockney** | DATE***08/11/2021*** | START DATE***08/11/2021*** | DISCONT.DATE |
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| DRUG***Hyoscine butylbromide*** | DOSE***60mg*** | DURATION***24 hours*** | DATE |  |
| PRESCRIBER SIGNATURE**K R Yockney** | DATE***08/11/2021*** | START DATE***08/11/2021*** | DISCONT. DATE | ROUTE***subcutaneous*** | TIME |  |
| TREATMENT CHANGE***Can be increased by 2omg to 60 every 24 hours according to PRN use.******Maximum dose 120mg/24 hours then review*** | INDICATION***Respiratory tract secretions******Colic*** | RATE SET |  |
| DOSE |  |
| SIGNATURE |  |
| PRESCRIBER SIGNATURE**K R Yockney** | 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**

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| Name (print) | Signature | Initials | Qualification | Date |
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