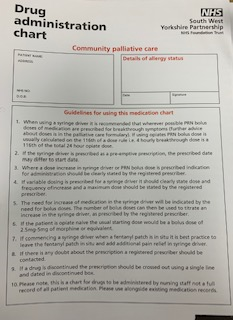
**DRUG ADMINISTRATION CHART**

Community palliative care



PRN/Regular medication prescription

|  |  |  |
| --- | --- | --- |
| 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* |  |
|  |

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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  K 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

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

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

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 SIGNATURE  K R Yockney | FREQUENCY  **4 hourly prn** | DOSE |  |  |  |  |  |  |  |  |
| INDICATION  **Nausea and vomiting**  **1st line delirium** | DISCONT. DATE | SIGNATURE |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Drug (approved name)  **Levomepromazine** | DATE PRESCRIBED  **05/11/2021** | DATE |  |  |  |  |  |  |  |  |
| DOSE  **6.25mg** | ROUTE  **Subcutaneous injection** | TIME |  |  |  |  |  |  |  |  |
| PRESCRIBER SIGNATURE  K R Yockney | 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  K R Yockney | 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  **20mg**  Seek advice over 120mg/24 hours | ROUTE  **Subcutaneous injection** | TIME |  |  |  |  |  |  |  |  |
| PRESCRIBER SIGNATURE  K 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.

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |
|  | | | | | | |
| 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**

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