PLEASE NOTE:

This is an **example** chart for an OPIOID NAÏVE patient being discharged home to die. Prescriptions should be INDIVIDULAISED (alternative medications and dosing may be indicated).

You should NOT simply copy the contents of the illustration, but apply clinical judgement on the correct medication and doses for your patient. Please seek advice from pharmacist or palliative care team if unsure.

> Created by Simon Matthews Oct 2013. Reviewed by Fiona Rees August 2018 Checked by: Summer Ibrahim, Dr Andreas Hiersche, Dr Ollie Minton. Template authorised by DTC: May 2018. Review required: August 2019

This is an EXAMPLE CHART for an OPIOID NAÏVE patient being discharged home to die. Prescriptions should be INDIVIDULAISED (alternative medications and dosing may be indicated). Brighton and Sussex NHS Please seek advice from pharmacist or palliative care team if unsure. University Hospitals NHS Trust COMPLETE OR ATTACH PATIENT ID LABEL: Instructions for the use of Injectable Medicines for PLEASE WRITE IN BLOCK CAPITALS NAME: **Community Palliative Care Patients on Discharge** HOSPITAL: GP: D.O.B: 'Continuous S.C. Infusion' and 'Just in case medication' NHS NUMBER: ALLERGIES: ADDRESS: Name of patient's hospital consultant: Dr O.N. Cologist Printed number and bleep number of prescriber signing chart: Dr F One Blp 1234 Patient discharged with syringe pump containing medication detailed below (please circle): Y DRUGS FOR SYRINGE PUMP BY CONITNUOUS SUBCUTANEOUS INFUSION JUST IN CASE MEDICINES FOR PRN USE (S.C. / I.M.) NB: IF FREQUENT PRN DOSING ARE NEEDED CONSIDER REVIEW BY PRESCRIBER Date Drug Dose Range/24 hour Signature Date Drug **Dose & Frequency** Signature xx/xx/xx xx/xx/xx Pain +/- Morphine 10 – 30 mg DrFONE Morphine 2.5 – 10 mg up to 1 hourly PRN DrFONE please tick if patch is in use Seek advice if using a patch and syringe pump Date Dose Range/24 hour Signature Date **Dose & Frequency** Signature Drug Drug xx/xx/xx +/- Haloperidol xx/xx/xx Nausea / Vomiting DrFOne Dr F One Haloperidol 1.5 mg every 4 hours PRN 1.5 - 5 mgDose Range/24 hour Date Drug Signature Date Drug **Dose & Frequency** Signature xx/xx/xx xx/xx/xx Anxiety, Delirium +/- Midazolam 10 - 30 mgDrFOne Midazolam 2.5 – 5 mg up to 1 hourly PRN DrFOne & Agitation Dose Range/24 hour **Dose & Frequency** Date Drug Drug Signature Date Signature xx/xx/xx xx/xx/xx **Noisy Respiratory** +/- Glycopyrronium 0.6 – 1.2 mg DrFOne Glycopyrronium 0.2mg QDS PRN Dr F One Secretions **Dose & Frequency** Dose Range/24 hour Date Drug Signature Date Drug Signature **Other Prescribing** Diluent (please circle) Water for Injection OR Sodium Chloride 0.9%

A 120 hour (5 day) supply of these drugs should be prescribed via a TTO and kept in the patient's home

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