## PLEASE NOTE:

This is an **example** chart for an OPIOID NAÏVE patient with RENAL IMPAIRMENT 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.

Reference: Sussex Kidney Unit (SKU) Guideline on the End of Life Medicines for the Renal Patient (RSG042) and BSUH Instructions for the use of Injectable Medicines for Community Palliative Care Patients v3 October 2013. Created by Fiona Rees August 2018. Checked by: Summer Ibrahim, Dr Andreas Hiersche, Dr Ollie Minton. Template authorised by DTC: April 2018. Review required: August 2019

This is an EXAMPLE CHART for an OPIOID NAÏVE patient with RENAL IMPAIRMENT 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 Instructions for the use of Injectable Medicines for COMPLETE OR ATTACH PATIENT ID LABEL: 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 / N 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 +/- Alfentanil 0.5 – 1.5 mg DrFONE Oxycodone 1.25-2.5 mg every 4 to 6 hours PRN Dr F One 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 xx/xx/xx Nausea / Vomiting DrFOne 0.5 - 1.5 mg every 4 hours PRN Dr F One +/- Haloperidol Haloperidol 1.5 – 5 mg Dose Range/24 hour Date Drug Signature Date Drug **Dose & Frequency** Signature xx/xx/xx xx/xx/xx Anxiety, Delirium +/- Midazolam 5 - 30 mgDrFONE Midazolam 2.5 - 5 mg TDS PRN DrFOne & Agitation Dose Range/24 hour **Dose & Frequency** Date Drug Signature Date Drug Signature xx/xx/xx xx/xx/xx **Noisy Respiratory** +/- Glycopyrronium 0.6 - 1.2 mgDrFOne Glycopyrronium 0.2mg QDS PRN DrFOne 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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