

D.o.B.: Age

NHS No.: Trust Id:

eSummary ADULT

For queries contact

Patient's Permanent Address

Full address appears here

Medication	Dose Instructions & Duration	Drug Status	Reason for Change	Dispensing Status
MORPHINE 10MG/1ML INJECTION	Give 2.5-10mg (0.25-1mL) by s/c injection up to 1 hourly PRN for pain or dyspnoea OR use to prepare a syringe pump as per instruction chart. Please supply 100mg (one hundred milligrams).	N New - to CONTINUE	If morphine 10mg out of stock use the MORPHINE 30MG/1ML INJECTION Give 3-7.5mg (0.1-0.25mL) by s/c injection up to 1 hourly PRN for pain or dyspnoea OR use to prepare a syringe pump as per instruction chart. Please supply 300mg (three hundred milligrams).	JAC CODE: EOLMN <i>Dispensary: Check 'mL' volume and change if needed on label</i>
MIDAZOLAM 10MG/2ML INJECTION	Give 2.5-5mg (0.5-1mL) s/c injection up to 1 hourly PRN for restlessness and agitation OR use to prepare a syringe pump as per instruction chart. Please supply 100mg (one hundred milligrams).	N New - to CONTINUE NB: if patient on oral anticonvulsants review appropriate doses of midazolam (see microguide)		JAC CODE: EOLM <i>Dispensary: Check 'mL' volume and change if needed on label</i>
HALOPERIDOL 5MG/1ML INJECTION	Give 0.5-1.5mg (0.1-0.3mL) by s/c injection every 4 hours PRN (max. 5mg/24h) for the relief of nausea OR use to prepare a syringe pump as per instruction chart. Please supply 10 amps.	N New - to CONTINUE		JAC CODE: HALO <i>Dispensary: Check 'mL' volume and change if needed on label</i>
GLYCOPYRRONIUM BROMIDE 200micrograms/1ML INJECTION	Give 0.2-0.3mg (1-1.5mL) by s/c injection QDS PRN for respiratory secretions OR use to prepare a syringe pump as per instruction chart. Please supply 10 amps.	N New - to CONTINUE		JAC CODE: GLYCO <i>Dispensary: Check 'mL' volume and change if needed on label</i>
WATER FOR INJECTION 20ML	For use as a diluent PRN. Please supply 1 OP.	N New - to CONTINUE		JAC CODE: DIL

MEDICATION

Please be aware that medications may be split over two pages if patient is on many drugs

Please sign BOTH pages if this is the case

Pharmacy (Internal Use Only)

Screened By / Date	Dispensed By / Date	Checked by / Date
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Prescriber's Details

Signature	Date	Contact Bleep
Print Name		

DISCHARGE CONTACT INFORMATION

Discharge Consultant DR O. N. COLOGIST	Contact Name Dr F One	Contact Bleep
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