

eSummary ADULT

For queries contact

Patient's Permanent Address

FOR ALL RENALLY IMPAIRED PATIENTS PLEASE SEEK SPECIALIST PALLIATIVE CARE ADVICE, INCLUDING OUT OF HOURS

Medication	Dose Instructions & Duration	Drug Status	Reason for Change	Dispensing Status
ALFENTANIL 1MG/2ML INJECTION	For use in syringe pump if required. Give 0.5-1.5mg (1-3mL) s/c over 24hrs via syringe pump. Titrate dose as appropriate according to instruction chart. Please supply 10mg (ten milligrams).	N New - to CONTINUE Discharging Drs to discuss renal analgesia dosing with specialist palliative care team before discharge. Dose may change from what is stated on this template based on patient.	Check duration of supply and request appropriate quantity - for patients being treated at home this would normally be 5 days supply.	JAC CODE: EOLA <i>Dispensary:</i> Check 'mL' volume and change if needed on label
OXYCODONE 10MG/1ML INJECTION	Give 1.25-2.5mg (0.125-0.25mL) by s/c injection every 4 to 6 hours PRN for pain. Please supply a total of 50mg (fifty milligrams).	N New - to CONTINUE		JAC CODE: EOLO <i>Dispensary:</i> Check 'mL' volume and change if needed on label
MIDAZOLAM 10MG/2ML INJECTION	Give 2.5-5mg (0.5-1mL) s/c injection up to every 2 hours 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: EOLMR <i>Dispensary:</i> Check 'mL' volume and change if needed on label
HALOPERIDOL 5MG/1ML INJECTION	Give 0.5-1.5mg (0.1-0.3mL) by s/c injection up to every 4 hours PRN (max 5mg/24h) for the relief of nausea and vomiting OR use to prepare a syringe pump as per instruction chart. Please supply 10 amps.	N New - to CONTINUE		JAC CODE: HALOR <i>Dispensary:</i> Check 'mL' volume and change if needed on label
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:</i> Check 'mL' volume and change if needed on label
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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