

Palliative Prescribing on EPMA

⇒ Prescribing PRN medications:

1- After accessing the patient's drug chart on EPMA, click **ADD DRUG**.

WellSky Medicines Management v2020.4SP3 Live

Dr Dina Alimari My Account Logout

Home Inpatient Finder

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Communication zone

Address [redacted] Hospital No. [redacted] Allergy Status No known drug allergies

Consultant [redacted] Ward [redacted] Body Surface Area [redacted] Weight [redacted] Height [redacted]

Inpatient Rx Discharge Rx Discontinued Rx

Sort items by: Order Add/Modify date A-Z BNF Chapter Order start date Order Type View Legend

REGULAR

metronidazole 400 mg Tablets

Dose 400 mg Rx on 25-Apr-2022 16:29 Route Oral Directions at 08:00 and 12:00 and 18:00

REGULAR

amoxicillin 500 mg Capsules

Dose 500 mg Rx on 25-Apr-2022 16:29 Route Oral Directions at 06:00 and 14:00 and 22:00

REGULAR

enoxaparin (Inhixa) 120 mg in 0.8 mL Injection PFS

Dose 120 mg Rx on 25-Apr-2022 16:27 Route Subcutaneous injection Directions at 08:00 and 18:00

PRN

oxycodone hydrochloride 10 mg in 1 mL Injection

Dose 5 mg Rx on 24-Apr-2022 10:57 Route Subcutaneous injection Last administration 26-Apr-2022 08:44 PRN order Administration History

Always remember to check for allergies before prescribing (in EPMA however, you will get a warning if you were to prescribe an allergen)

2- Click Protocol

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Treatment Search

Communication zone

Drug Protocol Infusion

Search Clear Show all Help More search options

3- Start typing the word ‘Palliative’ and then choose PRN palliative meds.

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Palliative Care - PRN Meds

Communication zone

PROTOCOL SEARCH CLINICAL DRUG INFORMATION HELP

Drug Notes Formulary Drug Conflicts Order Entry Confirmation

Select a drug (for each single protocol) to proceed:

Drug Name	Frequency	Route	Formulary Status	Drug Notes	Comments
.Palliative Care Opiates - PRN					
MORPHINE SULFATE 10 MG IN 1 ML INJEC...	every HOUR	Subcutaneous i...	Formulary	View notes	<input type="button" value="CD"/>
OXYCODONE HYDROCHLORIDE 10 MG IN ...	every FOUR hours	Subcutaneous i...	Formulary	View notes	<input type="button" value="CD"/>
.Palliative Care Vomiting - PRN					
HALOPERIDOL 5 MG IN 1 ML INJECTION	every FOUR hours	Subcutaneous i...	Formulary	View notes	
LEVOMEPRMAZINE 25 MG IN 1ML INJEC...	every FOUR hours	Subcutaneous i...	Formulary		
METOCLOPRAMIDE HYDROCHLORIDE 10 ...	every EIGHT hours	Subcutaneous i...	Formulary		
CYCLIZINE 50 MG IN 1 ML INJECTION	every EIGHT hours	Subcutaneous i...	Formulary		
.Palliative Care Secretions - PRN					
GLYCOPYRRONIUM BROMIDE 200 MICRO...	every SIX hours	Subcutaneous i...	Formulary	View notes	
HYOSCINE HYDROBROMIDE 600 MICROG...	every SIX hours	Subcutaneous i...	Formulary		
.Palliative Care Agitation - PRN					
MIDAZOLAM 10 MG IN 2 ML INJECTION	every HOUR	Subcutaneous i...	Formulary	View notes	<input type="button" value="CD"/>
LEVOMEPRMAZINE 25 MG IN 1ML INJEC...	every FOUR hours	Subcutaneous i...	Formulary		

* required order information.

Cancel

ntId=P941262#tabs-drug-notes Medicines Management v2020.4 SP3

4- In Formulary, choose one medication for each respective section.

Palliative Care - PRN Meds

Communication zone

PROTOCOL SEARCH

CLINICAL DRUG INFORMATION

HELP

Drug Notes

Formulary

Drug Conflicts

Order Entry

Confirmation

Select a drug (for each single protocol) to proceed:

Drug Name	Frequency	Route	Formulary Status	Drug Notes	Comments
.Palliative Care Opiates - PRN					
MORPHINE SULFATE 10 MG IN 1 ML INJEC...	every HOUR	Subcutaneous i...	Formulary	View notes	CD
OXYCODONE HYDROCHLORIDE 10 MG IN ...	every FOUR hours	Subcutaneous i...	Formulary	View notes	CD
.Palliative Care Vomiting - PRN					
HALOPERIDOL 5 MG IN 1 ML INJECTION	every FOUR hours	Subcutaneous i...	Formulary	View notes	
LEVOMEPRMAZINE 25 MG IN 1ML INJEC...	every FOUR hours	Subcutaneous i...	Formulary		
METOCLOPRAMIDE HYDROCHLORIDE 10 ...	every EIGHT hours	Subcutaneous i...	Formulary		
CYCIZINE 50 MG IN 1 ML INJECTION	every EIGHT hours	Subcutaneous i...	Formulary		
.Palliative Care Secretions - PRN					
GLYCOPYRONIUM BROMIDE 200 MICRO...	every SIX hours	Subcutaneous i...	Formulary	View notes	
HYOSCINE HYDROBROMIDE 600 MICROG...	every SIX hours	Subcutaneous i...	Formulary		
.Palliative Care Agitation - PRN					
MIDAZOLAM 10 MG IN 2 ML INJECTION	every HOUR	Subcutaneous i...	Formulary	View notes	CD
LEVOMEPRMAZINE 25 MG IN 1ML INJEC...	every FOUR hours	Subcutaneous i...	Formulary		

* required order information.

Cancel

Next

5- Address any conflicts.

Communication zone

ADD DRUG

ALL ORDERS

PREVIOUS CARE EPISODE

BULK CHANGE

DRUG CLINICAL INFORMATION

PATIENT NOTES

HELP

Palliative Care - PRN Meds

Select an override rationale, cancel this order, or cancel the existing order to proceed.

PROTOCOL SEARCH

CLINICAL DRUG INFORMATION

HELP

Drug Notes

Formulary

Drug Conflicts

Order Entry

Confirmation

The following conflicts have been identified

Patient is already receiving Oxycodone hydrochloride 10mg/1ml injection which is a therapeutic duplicate of Morphine sulfate 10mg/1ml injection.

Type

PHARMACEUTICAL EQUIVALENT

Component

oxycodone hydrochloride 10 mg in 1 mL Injection

Rationale

Choose rationale

Discontinue Existing Order

* required order information.

Cancel

Next

6- Adjust doses according to the patient's individual needs, then confirm the prescription.

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Palliative Care - PRN Meds

Select an override rationale, cancel this order, or cancel the existing order to proceed.

PROTOCOL SEARCH DELETE ORDER ADD ORDER NOTE CLINICAL DRUG INFORMATION HELP

Drug Notes ✓ Formulary ✓ Drug Conflicts ⚠ Order Entry ✓ Confirmation ⚠

.PALLIATIVE CARE OPiates - PRN

morphine sulfate 10 mg in 1 mL Injection
Subcutaneous injection

.PALLIATIVE CARE VOMITING - PRN

haloperidol 5 mg in 1 mL Injection
Subcutaneous injection

.PALLIATIVE CARE SECRETIONS - PRN

glycopyrronium bromide 200 micrograms in 1 mL Injec...
Subcutaneous injection

.PALLIATIVE CARE AGITATION - PRN

midazolam 10 mg in 2 mL Injection
Subcutaneous injection

PRN Order

Dose 0.5 x 1 mL ampoule [Dose calculator](#)

Frequency * 1H - every HOUR [Other frequency](#)

Route * Subcutaneous ii

Start on * 26-Apr-2022 13:27

Days of treatment

Doses of treatment

Stop on dd-MMM-yyyy

PRN notes For pain/ breathlessness

PRN notes Range: 2.5 - 5 mg

Medicines Management

* required order information.

Cancel Next

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You can change the dosing and frequency according to the patient's needs

Communication zone

PROTOCOL SEARCH CLINICAL DRUG INFORMATION HELP

Drug Notes ✓ Formulary ✓ Drug Conflicts ✓ Order Entry ✓ Confirmation ✓

The following orders will be added [View Opening](#) [Pharmacy Open](#)

PRN

morphine sulfate 10 mg in 1 mL Injection		PRN order	
Dose	5 mg		
Route	Subcutaneous injection		
Frequency	1H - every HOUR		
Rx on	26-Apr-2022 13:27		
Stop on			
BNF	Opioid analgesics	Prescriber	Dr Dina Allimari

This order was prescribed as part of protocol: Palliative Care - PRN Meds

PRN

haloperidol 5 mg in 1 mL Injection		PRN order	
Dose	1.5 mg		
Route	Subcutaneous injection		
Frequency	4H - every FOUR hours		
Rx on	26-Apr-2022 13:27		
Stop on			
BNF	Antipsychotic drugs	Prescriber	Dr Dina Allimari

This order was prescribed as part of protocol: Palliative Care - PRN Meds

PRN

glycopyrronium bromide 200 micrograms in 1 mL Injection		PRN order	
Dose			
Route			
Frequency			
Rx on			
Stop on			
BNF		Prescriber	

* required order information.

Cancel Confirm & prescribe another Confirm

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Confirm the prescription

⇒ Prescribing syringe drivers:

- 1- Follow the same steps in Prescribing PRN medications up until point 3 – find and choose ‘palliative care syringe driver’ - taking Opiates as an example - , you will be

prompted to choose the route, choose ‘syringe driver – subcutaneous’ rather than ‘Subcutaneous injection’

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Treatment Search

There were 5 protocols found.

Drug Protocol Infusion

Search Clear Show all Help More search options

Treatment Protocol Name	Components	Route	Formulary Status	Drug Notes	Comments
Palliative Care Agitation - Syringe Driver (Single Selection Protocol)	MIDAZOLAM 10 MG IN 2 ML INJECTION	Syringe Driver - S...	Formulary	View notes	CD
Palliative Care Opiates - Syringe Driver (Single Selection Protocol)	LEVOMEPRAMAZINE 25 MG IN 1ML INJE...	Syringe Driver - S...	Formulary	View notes	CD
	MORPHINE SULFATE 10 MG IN 1 ML INJE...	Syringe Driver - S...	Formulary	View notes	CD
	OXYCODONE HYDROCHLORIDE 10 MG I...	Syringe Driver - S...	Formulary	View notes	CD
	ALFENTANIL 1 MG IN 2 ML INJECTION	Syringe Driver - S...	Formulary	View notes	CD
Palliative Care Secretions - Syringe Driver (Single Selection Protocol)	GLYCOPYRRONIUM BROMIDE 200 MICRO...	Syringe Driver - S...	Formulary	View notes	
	HYOSCINE HYDROBROMIDE 600 MICROG...	Syringe Driver - S...	Formulary	View notes	
Palliative Care Vomiting - Syringe Driver (Single Selection Protocol)	HALOPERIDOL 5 MG IN 1 ML INJECTION	Syringe Driver - S...	Formulary	View notes	
	LEVOMEPRAMAZINE 25 MG IN 1ML INJE...	Syringe Driver - S...	Formulary	View notes	
	METOCLOPRAMIDE HYDROCHLORIDE 10 ...	Syringe Driver - S...	Formulary	View notes	
	CYCLIZINE 50 MG IN 1 ML INJECTION	Syringe Driver - S...	Formulary	View notes	

NON-PRIORITY PROTOCOLS
HIGH ALERT PROTOCOLS

WellSky Medicines Management v2020.4 SP3

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Treatment Search

Communication zone

Drug Protocol Infusion

Search Clear Show all Help More search options

Treatment Protocol Name	Components	Route	Formulary Status	Drug Notes	Comments
Palliative Care Agitation - Syringe Driver (Single Selection Protocol)				View notes	CD
Palliative Care Opiates - Syringe Driver (Single Selection Protocol)				View notes	CD
Palliative Care Secretions - Syringe Driver (Single Selection Protocol)				View notes	CD
Palliative Care Vomiting - Syringe Driver (Single Selection Protocol)				View notes	

Choose Route

This drug is available with one or more route, please select

Subcutaneous injection

Select route

Intramuscular

Subcutaneous injection

Intravenous slow bolus injection

Syringe Driver - Subcutaneous

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2- Address any conflicts.

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

MORPHINE SULFATE 10 MG IN 1 ML INJECTION

Communication zone

DRUG SEARCH CLINICAL DRUG INFORMATION HELP

Drug Notes ✓ Formulary ✓ **Drug Conflicts ✓** Order Entry ✓ Confirmation ⓘ

The following conflicts have been identified

Patient is already receiving Oxycodone hydrochloride 10mg/1ml injection which is a therapeutic duplicate of Morphine sulfate 10mg/1ml injection.

Type PHARMACEUTICAL EQUIVALENT Component oxycodone hydrochloride 10 mg in 1 mL Injection

Rationale

Associated STAT dose

Choose rationale

- Additional monitoring requested
- Allergy history amended
- Associated STAT dose
- Aware - will deselect from protocol
- Benefits outweigh risk
- Continuing course Prescribed
- Dose and/or frequency adjusted
- Patient informed of risk
- Sensitivity rather than allergy
- Side effect rather than allergy

* required order information.

Cancel Next

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3- Choose the dose over twenty-four hours and confirm the prescription.

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

MORPHINE SULFATE 10 MG IN 1 ML INJECTION

Communication zone

DRUG SEARCH ADD ORDER NOTE CLINICAL DRUG INFORMATION HELP

Drug Notes ✓ Formulary ✓ Drug Conflicts ✓ **Order Entry ✓** Confirmation ⓘ

Regular Order

Dose * mg x 1 ml ampoule [Dose calculator](#)

Frequency * 24H - every TWENTY FOUR hours [Other frequency](#)

Route * Subcutaneous ii

Start on * 26-Apr-2022 13:29 First Administration 26-Apr-2022 13:29

Days of treatment

Doses of treatment

Stop on dd-MMM-yyyy Last Administration

Medicines Management

☐ Admitted on this drug

* required order information.

Cancel Next

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Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

MORPHINE SULFATE 10 MG IN 1 ML INJECTION

Communication zone

DRUG SEARCH CLINICAL DRUG INFORMATION HELP

Drug Notes Formulary Drug Conflicts Order Entry Confirmation

REGULAR

morphine sulfate 10 mg in 1 mL Injection

Dose 10 mg Route Subcutaneous injection

Frequency 24H - every TWENTY FOUR hours

Rx on 26-Apr-2022 13:29 Stop on

BNF Opioid analgesics Prescriber Dr Dina Alimari

Date

April 2022

May 2022

Day

26

27

28

29

30

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

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20

21

22

13:29

!

View Opening

Pharmacy Open

* required order information.

Cancel

Confirm & prescribe another

Confirm

⇒ Checking the frequency of PRN meds administration.

1- Find the medication you want to check – in this case, PRN oxycodone. Click Administration history in the right lower corner. A screen with the administration history will show up – please see below.

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Inpatient Rx Discharge Rx Discontinued Rx

Monitoring & Assessment Conflict Log Administration

Sort items by: Order Add/Modify date A-Z BNF Chapter Order start date Order Type View: Legend

REGULAR

metronidazole 400 mg Tablets

Dose 400 mg Rx on 25-Apr-2022 16:29 Route Oral Directions at 08:00 and 12:00 and 18:00

REGULAR

amoxicillin 500 mg Capsules

Dose 500 mg Rx on 25-Apr-2022 16:29 Route Oral Directions at 06:00 and 14:00 and 22:00

REGULAR HIGH ALERT

enoxaparin (Inhixa) 120 mg in 0.8 mL Injection PFS

Dose 120 mg Rx on 25-Apr-2022 16:27 Route Subcutaneous injection Directions at 08:00 and 18:00

PRN

oxycodone hydrochloride 10 mg in 1 mL Injection

Dose 5 mg Rx on 24-Apr-2022 10:57 Route Subcutaneous injection Directions every FOUR hours

Last administration 26-Apr-2022 08:44

PRN order

Administration History

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Administration History: oxycodone hydrochloride 10 mg in 1 mL Injection

Date & Time	Dose / Rate Administered	Dose / Rate Administered	Non-Administered Reason	User Responsible
26-Apr-2022 @ 08:44	5 mg	0.5 x 1 ml ampoule		
26-Apr-2022 @ 02:11	5 mg	0.5 x 1 ml ampoule		
25-Apr-2022 @ 22:05	5 mg	0.5 x 1 ml ampoule		
25-Apr-2022 @ 18:07	5 mg	0.5 x 1 ml ampoule		
25-Apr-2022 @ 13:16	5 mg	0.5 x 1 ml ampoule		
25-Apr-2022 @ 08:20	5 mg	0.5 x 1 ml ampoule		
24-Apr-2022 @ 17:43	5 mg	0.5 x 1 ml ampoule		

Close

⇒ Miscellaneous prescriptions:

1 – Biotene Oral Gel for mouth care: Type the medication name in the search box – similar to any other prescription, dose can be up to 1 application four times a day.

The screenshot shows the 'Treatment Search' window in a medical software interface. The search box contains the text 'bio'. Below the search box, there are tabs for 'Drug', 'Protocol', and 'Infusion'. The search results are displayed in a table with columns: Drug Name, Route, Formulary Status, Drug Notes, and Comments. The results are categorized into 'PRIORITY DRUGS', 'NON-PRIORITY DRUGS', and 'HIGH ALERT DRUGS'. The first result under 'NON-PRIORITY DRUGS' is 'Biotene Oralbalance Oral Gel' with a route of 'Oral' and a formulary status of 'Formulary'. The second result is 'Biotin 5 mg Tablets' with a route of 'Oral' and a formulary status of 'Non Formulary'. There is a 'UnL' button next to the 'Biotin 5 mg Tablets' entry.

Drug Name	Route	Formulary Status	Drug Notes	Comments
PRIORITY DRUGS				
NON-PRIORITY DRUGS				
Biotene Oralbalance Oral Gel	Oral	Formulary		
Biotin 5 mg Tablets	Oral	Non Formulary		UnL
NON-PRIORITY DRUGS				
HIGH ALERT DRUGS				

2- Nystatin for oral candidiasis: Type the medication name in the search box. Dose is 100.000 units four times a day for 7 days.

The screenshot shows the 'Treatment Search' window in a medical software interface. The search box contains the text 'nystat'. Below the search box, there are tabs for 'Drug', 'Protocol', and 'Infusion'. The search results are displayed in a table with columns: Drug Name, Route, Formulary Status, Drug Notes, and Comments. The results are categorized into 'PRIORITY DRUGS', 'NON-PRIORITY DRUGS', and 'HIGH ALERT DRUGS'. The first result under 'NON-PRIORITY DRUGS' is 'nystatin 100,000 units in 1 mL Suspension' with a route of 'Oral' and a formulary status of 'Formulary'. There is a message above the table stating 'There was 1 drug found.'

Drug Name	Route	Formulary Status	Drug Notes	Comments
PRIORITY DRUGS				
NON-PRIORITY DRUGS				
nystatin 100,000 units in 1 mL Suspension	Oral	Formulary		
NON-PRIORITY DRUGS				
HIGH ALERT DRUGS				

3- Buccal midazolam for catastrophic bleeding or uncontrolled seizures: start typing midazolam in the search section then press search. Choose 'midazolam 10mg in 1ml Buccal Liquid'.
NOTE: After prescribing, please make sure to add a note specifying that this medication is for one time use only in the case of catastrophic bleeding or uncontrolled seizures to avoid over administration.

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Treatment Search There were 8 drugs found.

Drug Protocol Infusion

midaz Search Clear Show all Help More search options

Drug Name	Route	Formulary Status	Drug Notes	Comments
midazolam 10 mg in 2 mL Injection	Subcutaneous injection	Formulary		CD
midazolam 2 mg in 2 mL Injection	Intravenous slow bolus injection	Formulary		CD
midazolam 5 mg in 5 mL Injection	Intravenous slow bolus injection	Formulary		CD
NON-PRIORITY DRUGS				
midazolam 10 mg in 1 mL Buccal Liquid	Buccal	Formulary		Unl CD
midazolam Oromucosal Solution 10mg Pre-Filled Syringe	Buccal	Formulary		CD
midazolam Oromucosal Solution 2.5 mg Pre-Filled Syringe	Buccal	Formulary		CD
midazolam Oromucosal Solution 5 mg Pre-Filled Syringe	Buccal	Formulary		CD
midazolam Oromucosal Solution 7.5 mg Pre-Filled Syringe	Buccal	Formulary		CD
NON-PRIORITY DRUGS				
HIGH ALERT DRUGS				

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4- Insulin: If the patient is on insulin, always remember to consult with the diabetes team. The general rule of thumb is to continue long-acting insulin (e.g., LANTUS) with reduction in dose, and Novorapid PRN for high blood sugars >20mmol.

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Lantus insulin 100 units/ mL Inj (3mL Solostar PF Pen)

Communication zone

DRUG SEARCH ADD ORDER NOTE CLINICAL DRUG INFORMATION HELP

Drug Notes Formulary Drug Conflicts **Order Entry** Confirmation

Regular Order

Dose * 0 unit

Frequency * Select a frequency Other frequency

Route * Subcutaneous i

Start on * 26-Apr-2022 13:46

Days of treatment

Doses of treatment

Stop on dd-MMM-yyyy

Medicines Management

☐ Admitted on this drug

* required order information.

Cancel Next

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Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

NovoRAPID insulin 100 units/ mL Injection (3mL Flexpen)

It is not mandatory to provide a frequency, but it is recommended.

User(s) who left the record

DRUG SEARCH ADD ORDER NOTE CLINICAL DRUG INFORMATION HELP

Drug Notes Formulary Drug Conflicts **Order Entry** Confirmation

PRN Order

Dose * 0 unit

Frequency * Select a frequency Other frequency

Route * Subcutaneous i

Start on * 26-Apr-2022 13:46

Days of treatment

Doses of treatment

Stop on dd-MMM-yyyy

PRN notes if blood glucose > 20mmol/L

PRN notes

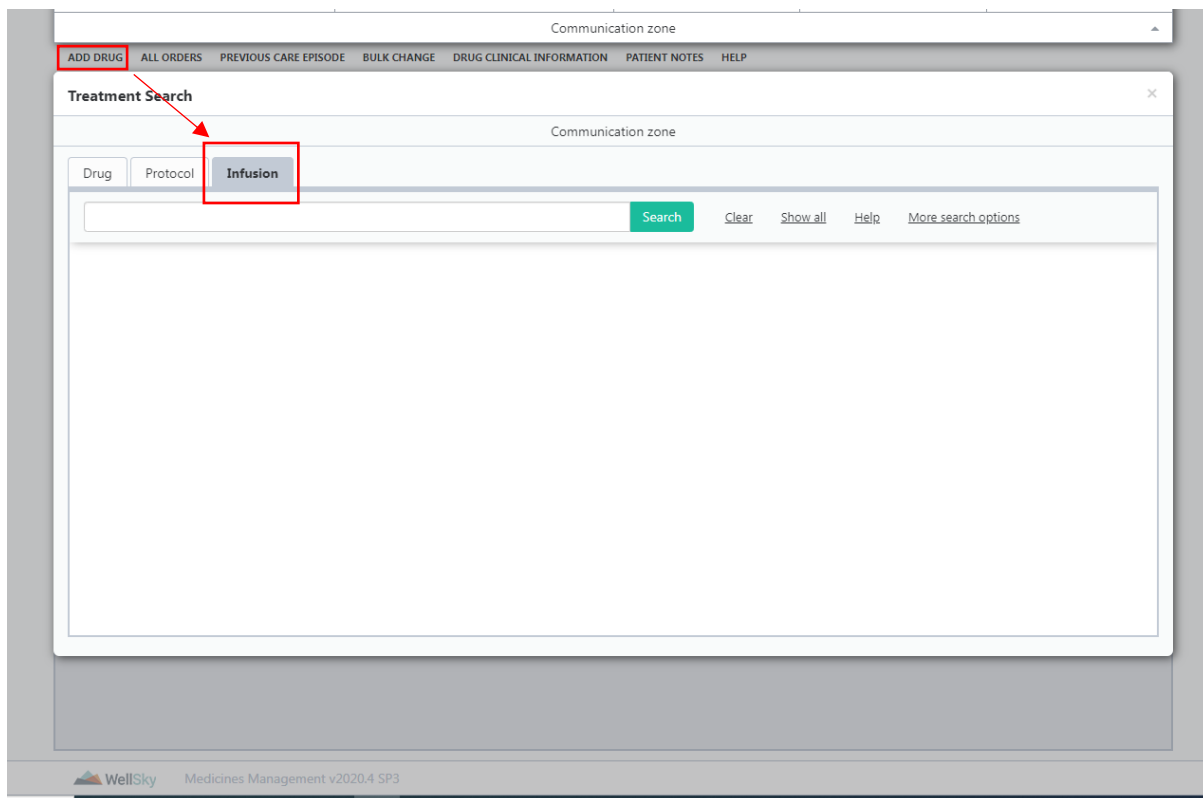
* required order information.

Cancel Next

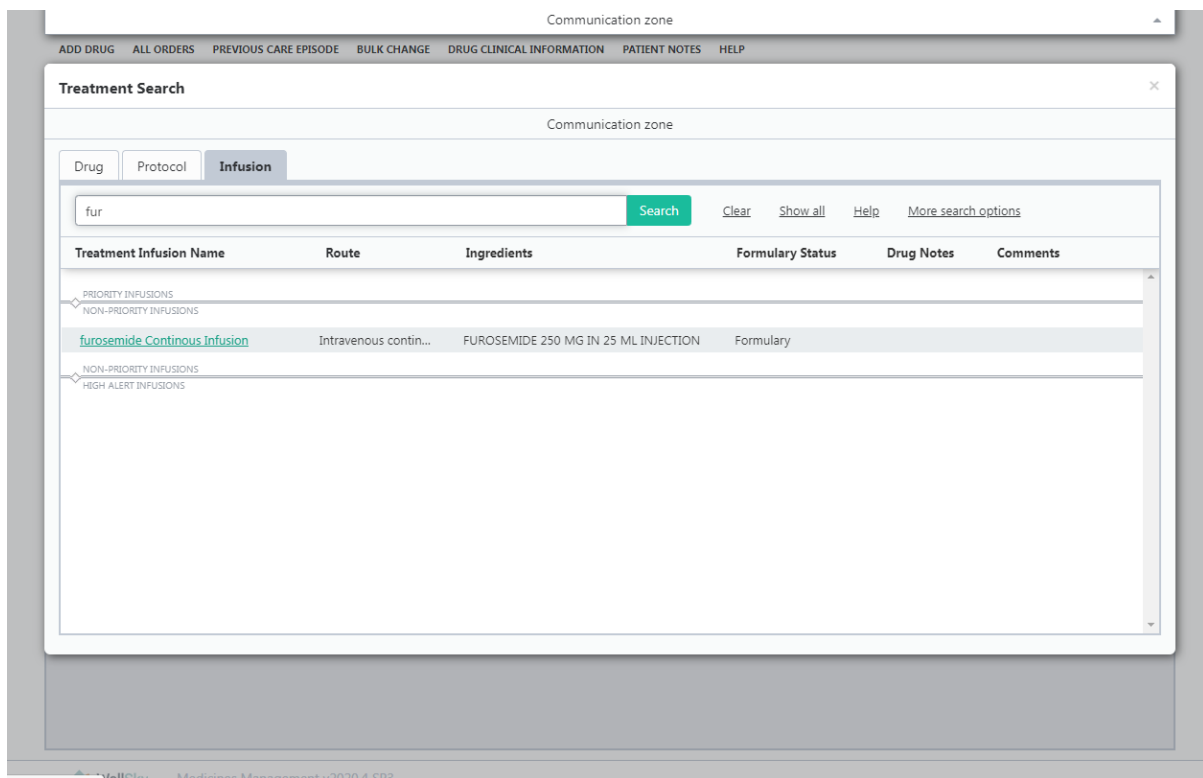
WellSky Medicines Management v2020.4 SP3

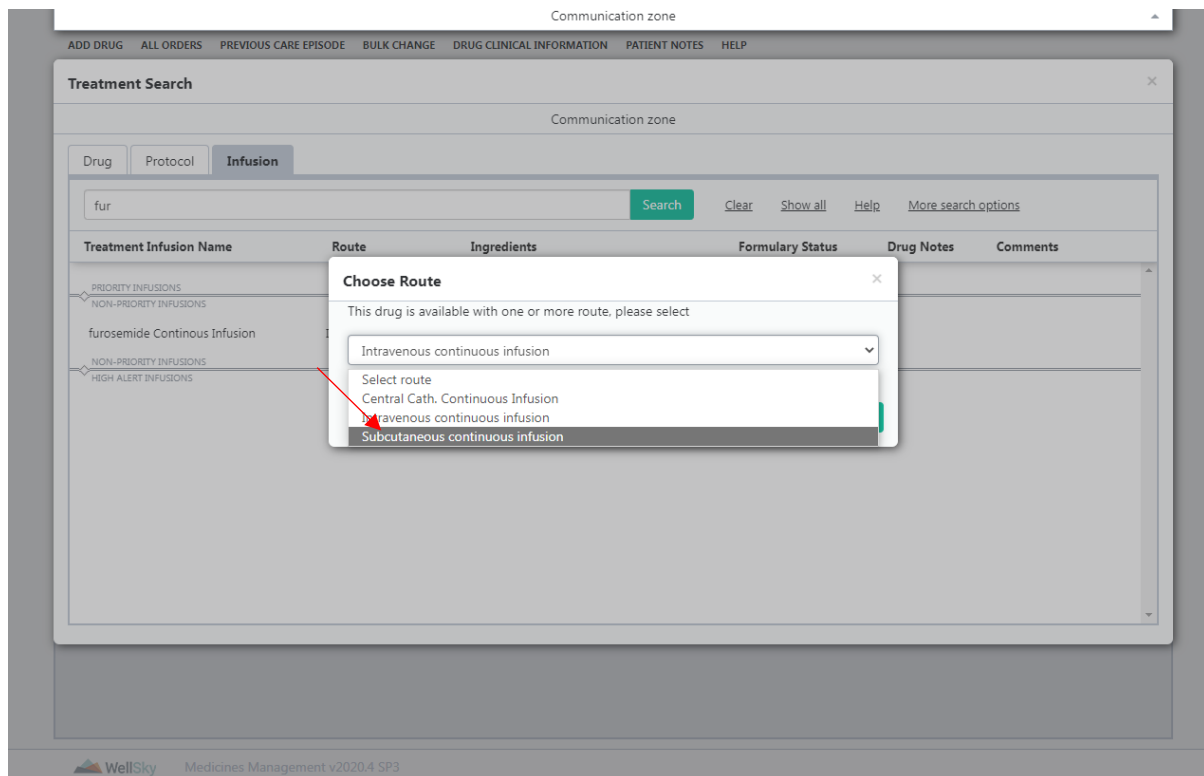
5- Furosemide infusions for symptomatic relief of end stage heart failure:

- Start by clicking Add drug, then click 'infusion' as shown below:



- Start typing furosemide in the search box, select 'furosemide continuous infusion', then select subcutaneous continuous infusion





- Enter the dose in the red box – Note that the usual dose is 80 – 120mg per twenty-four hours, however this differs according to each individual case.

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

furosemide Continous Infusion

Communication zone

INFUSION SEARCH CLINICAL DRUG INFORMATION HELP

Drug Notes ✓ Formulary ✓ Drug Conflicts ✓ Ingredients ⓘ Order Entry ⓘ Confirmation ⓘ

Ingredient	Dose		Total volume 0 mL	
furosemide 250 mg in 25 mL Injection	Qty	mg	x 25 mL ampoule	Vol mL
	ⓘ		ⓘ 0	0

* required order information.

CancelNext

WellSky Medicines Management v2020.4 SP3

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

furosemide Continous Infusion

Communication zone

INFUSION SEARCH CLINICAL DRUG INFORMATION HELP

Drug Notes ✓ Formulary ✓ Drug Conflicts ✓ Ingredients ✓ Order Entry ✓ Confirmation ⓘ

Ingredient	Dose		Total volume 12 mL	
furosemide 250 mg in 25 mL Injection	Qty	mg	x 25 mL ampoule	Vol mL
	120		0.48	12

If you fill the dose in the dose in mg, the number of ampoules will automatically appear

* required order information.

CancelNext

WellSky Medicines Management v2020.4 SP3

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

furosemide Continous Infusion

Communication zone

INFUSION SEARCH ADD ORDER NOTE CLINICAL DRUG INFORMATION HELP

Drug Notes Formulary Drug Conflicts Ingredients Order Entry Confirmation

Regular Order

Total dose * 120 mg = 0.48 x 25 ml am...

Dose rate * 0.5 mL/hour = 0.5 mL/hour

Volume rate * 0.5 mL/hour

Infusion time * **24 hours**

Route * Subcutaneous

Start on * 26-Apr-2022 13:51

Days of treatment

Doses of treatment

Stop on dd-MMM-yyyy

First Administration 26-Apr-2022 13:51

Last Administration

Medicines Management

* required order information.

Cancel Next

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

furosemide Continous Infusion

Communication zone

INFUSION SEARCH CLINICAL DRUG INFORMATION HELP

Drug Notes Formulary Drug Conflicts Ingredients Order Entry Confirmation

The following orders will be added

CONTINUOUS NON STOCK		Date	26-Apr-2022	27-Apr-2022
furosemide Continous Infusion		Date	26-Apr-2022	27-Apr-2022
Total Dose	120 mg	Hour	13 14 15 16 17 18 19 20 21 22 23	00 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20
Dose rate	0.5 mL/hour	Progress	1	
Volume rate	0.5 mL/hour			
Infusion time	24 hours			
Frequency	Continuous infusion			
Min Rate				
Max Rate				
Route	Subcutaneous continuous i...	Prescriber	Dr Dina Alimari	
Rx on	26-Apr-2022 13:51	Stop on		
BNF	Loop diuretics			

* required order information.

Cancel Confirm & prescribe another Confirm

6 – Hyoscine Butylbromide subcutaneous infusion for bowel obstruction: Start typing Hyoscine Butylbromide.

From the options, choose Hyoscine Butylbromide 20mg in 1ml injection. Then choose Syringe driver – Subcutaneous from the resulting options. The usual dose varies and can be titrated up according to need but is usually between 40 – 120mg.

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Treatment Search

Communication zone

Drug Protocol Infusion

hyo Search Clear Show all Help More search options

Drug Name	Route	Formulary Status	Drug Notes	Comments
PRIORITY DRUGS				
NON-PRIORITY DRUGS				
hyoscine butylbromide 10 mg Tablets	Oral	Formulary		
hyoscine butylbromide 20 mg in 1 mL Injection	Intravenous slow bolus injection	Formulary		
hyoscine hydrobromide 1 mg released in 72 hours Patches	Topical	Formulary	View notes	
hyoscine hydrobromide 300 micrograms Tablets	Oral	Formulary		
hyoscine hydrobromide 400 micrograms in 1 mL Injection	Subcutaneous injection	Formulary		
hyoscine hydrobromide 600 micrograms in 1mL Injection	Subcutaneous injection	Formulary		
NON-PRIORITY DRUGS				
HIGH ALERT DRUGS				

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Treatment Search

Communication zone

Drug Protocol Infusion

hyo Search Clear Show all Help More search options

Drug Name	Route	Formulary Status	Drug Notes	Comments
PRIORITY DRUGS				
NON-PRIORITY DRUGS				
hyoscine butylbromide 10 mg Tablets				
hyoscine butylbromide 20 mg in 1 mL Injection	Intravenous slow bolus injection	Formulary		
hyoscine hydrobromide 1 mg released in 72 hours Patches			View notes	
hyoscine hydrobromide 300 micrograms Tablets				
hyoscine hydrobromide 400 micrograms in 1 mL Injection				
hyoscine hydrobromide 600 micrograms in 1mL Injection				
NON-PRIORITY DRUGS				
HIGH ALERT DRUGS				

Choose Route

This drug is available with one or more route, please select

Intravenous slow bolus injection

Select route

- Intramuscular
- Nasogastric tube
- Subcutaneous injection
- Intravenous slow bolus injection
- Oral or Enteral
- Syringe Driver - Subcutaneous**

6- Ranitidine subcutaneous infusion for bowel obstruction. Similar to Hyoscine Butylbromide.

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Treatment Search

Communication zone

Drug Protocol Infusion

rani Search Clear Show all Help More search options

Drug Name	Route	Formulary Status	Drug Notes	Comments
ranitidine 150 mg Tablets	Oral	Formulary		
PRIORITY DRUGS				
NON-PRIORITY DRUGS				
ranitidine 50 mg in 2 mL Intravenous Injection	Intravenous slow bolus injection	Formulary		
ranitidine 75 mg Tablets	Oral	Formulary		
NON-PRIORITY DRUGS				
HIGH ALERT DRUGS				

Communication zone

ADD DRUG ALL ORDERS PREVIOUS CARE EPISODE BULK CHANGE DRUG CLINICAL INFORMATION PATIENT NOTES HELP

Treatment Search

Communication zone

Drug Protocol Infusion

rani Search Clear Show all Help More search options

Drug Name	Route	Formulary Status	Drug Notes	Comments
ranitidine 150 mg Tablets				
PRIORITY DRUGS				
NON-PRIORITY DRUGS				
ranitidine 50 mg in 2 mL Intravenous Injection				
ranitidine 75 mg Tablets				
NON-PRIORITY DRUGS				
HIGH ALERT DRUGS				

Choose Route

This drug is available with one or more route, please select

Intravenous slow bolus injection

Select route

Intravenous bolus injection

Intramuscular

Intravenous slow bolus injection

Syringe Driver - Subcutaneous

7- Equally, Octreotide can be used to relieve the symptoms of unresectable hormone-secreting tumours (e.g.: diarrhoea or intractable vomiting in carcinoid tumours). the usual starting dose is 200 – 300 mcg.

The screenshot shows the 'Treatment Search' window with the search term 'oct'. The results table lists various Octreotide formulations. The row for 'octreotide 500 micrograms in 1 mL Injection' is highlighted in green.

Drug Name	Route	Formulary Status	Drug Notes	Comments
PRIORITY DRUGS				
NON-PRIORITY DRUGS				
Octenisan Lotion	Topically, body wash	Formulary		
Octenisan Nasal Gel	Nostrils, both	Formulary		
octreotide 100 micrograms in 1 mL Injection	Subcutaneous injection	Formulary		
octreotide 100 micrograms in 1 mL PF Syringe Injection	Subcutaneous injection	Formulary		
octreotide 20 mg Long Acting IM Injection	Intramuscular	Formulary		
octreotide 30 mg Long Acting IM Injection	Intramuscular	Formulary		
octreotide 500 micrograms in 1 mL Injection	Subcutaneous injection	Formulary		
NON-PRIORITY DRUGS				
HIGH ALERT DRUGS				

The screenshot shows the 'Treatment Search' window with the search term 'oct'. A 'Choose Route' modal is open, displaying a list of available routes for the selected drug. The route 'Subcutaneous injection' is selected in the modal.

Drug Name	Route	Formulary Status	Drug Notes	Comments
PRIORITY DRUGS				
NON-PRIORITY DRUGS				
Octenisan Lotion	Topically, body wash	Formulary		
Octenisan Nasal Gel	Nostrils, both	Formulary		
octreotide 100 micrograms in 1 mL Injection	Subcutaneous injection	Formulary		
octreotide 100 micrograms in 1 mL PF Syringe Injection	Subcutaneous injection	Formulary		
octreotide 20 mg Long Acting IM Injection	Intramuscular	Formulary		
octreotide 30 mg Long Acting IM Injection	Intramuscular	Formulary		
octreotide 500 micrograms in 1 mL Injection	Subcutaneous injection	Formulary		
NON-PRIORITY DRUGS				
HIGH ALERT DRUGS				

Choose Route
This drug is available with one or more route, please select
Subcutaneous injection
Select route
Subcutaneous injection
Intravenous slow bolus injection
Syringe Driver - Subcutaneous

⇒ Deleting medications:

1- Right click on the medication you intend to stop and choose 'discontinue'.

The screenshot shows the 'Medicines Management' interface with a list of medications. The 'Discontinue' option in the context menu for 'oxycodone hydrochloride 10 mg in 1 mL Injection' is highlighted. The interface includes tabs for 'Inpatient Rx', 'Discharge Rx', and 'Discontinued Rx', and a 'Sort items by' dropdown menu.

Medication	Dose	Rx on	Route	Directions
metronidazole 400 mg Tablets	400 mg	25-Apr-2022 16:29	Oral	at 08:00 and 12:00 and 18:00
amoxicillin 500 mg Capsules	500 mg	25-Apr-2022 16:29	Oral	at 06:00 and 14:00 and 22:00
enoxaparin (Inhixa) 120 mg in 0.8 mL Injection PFS	120 mg	25-Apr-2022 16:27	Subcutaneous injection	at 08:00 and 18:00
oxycodone hydrochloride 10 mg in 1 mL Injection	5 mg	24-Apr-2022 10:57	Subcutaneous injection	every FOUR hours

2- Select the reason of discontinuation from the list then click discontinue.

The screenshot shows the 'Discontinue Order' dialog box. The 'Reason' dropdown is set to 'Select reason', and the 'Discontinue On' date is 26-Apr-2022 at 13:44. The 'Discontinue' button is highlighted in green.

Reason: Select reason (dropdown menu)

Discontinue On: 26-Apr-2022 (calendar icon) 13:44 (clock icon)

Buttons: Cancel, Discontinue

PRN PRESCRIPTION CHART: Injectable Medicine as needed Sussex Community NHS Foundation Trust									
This chart is valid until indicated on the chart or 3 months if no date is recorded in the review date box.									
Last Name		First Name		DOB		NHS number			
GP & Practice name and contact details		Palliative care team and contact details		Weight (if needed)		Review date			
KNOWN ALLERGIES: (including reaction)									
Clinically assess - are symptoms being effectively controlled? Check if transdermal patch in situ. Instruction if in place Ensure the PRN dose is in line with the 24 hour dose. If three or more pm doses are needed within a 24 hour period consider review by GP or specialist palliative care team. A new instruction must be written where there is a change in dose range. Put a single line through the previous instruction with your signature and date.									
PAIN	Date	Name of Medicine	Route	Dose range	Frequency	Prescriber's name	Prescriber's signature or GMC/registration number	Comments e.g. maximum dose	
NAUSEA VOMITING	Date	Name of Medicine	Route	Dose range	Frequency	Prescriber's name	Prescriber's signature or GMC/registration number	Comments e.g. maximum dose	
ANXIETY RESTLESSNESS	Date	Name of Medicine	Route	Dose range	Frequency	Prescriber's name	Prescriber's signature or GMC/registration number	Comments e.g. maximum dose	
RESPIRATORY SECRETIONS	Date	Name of Medicine	Route	Dose range	Frequency	Prescriber's name	Prescriber's signature or GMC/registration number	Comments e.g. maximum dose	
OTHER (Please state)	Date	Name of Medicine	Route	Dose range	Frequency	Prescriber's name	Prescriber's signature or GMC/registration number	Comments e.g. maximum dose	
DILUENT	Date	Name of Diluent	Route	Volume	Frequency	Prescriber's name	Prescriber's signature or GMC/registration number	Comments e.g. maximum dose	
				As required	As required				
If this chart is emailed without a prescriber's signature it must be sent from the prescriber's personal NHS email address to be valid Chart confirmed from prescriber's NHS email and printed by: Name: _____ Signature: _____ Registration/PIN: _____ (Invalid if left blank)									

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SYRINGE DRIVER PRESCRIPTION CHART Sussex Community NHS Foundation Trust									
This chart is valid until indicated on the chart or 3 months if no date is recorded in the review date box.									
Last Name		First Name		DOB		NHS number			
GP & Practice name and contact details		Palliative care team and contact details		Weight (if needed)		Review date			
KNOWN ALLERGIES: (including reaction)									
Clinically assess - are symptoms being effectively controlled? Check if transdermal patch in situ. Instruction if in place Medicines should be used according to symptoms. Not all medicines will necessarily need to be administered at the same time. If symptoms are unstable review the 24 hour requirements and contact the GP or Specialist Palliative Care team for advice. No more than three medicines should be used in the syringe driver unless this has been agreed with, & is under the supervision of, the specialist Palliative Care team. A new instruction must be written where there is a change in dose range. Put a single line through the previous instruction with your signature and date.									
PAIN (Can also be considered for breathlessness)	Date	Name of Medicine	Route	Dose range over 24 hours		Prescriber's name	Prescriber's signature or GMC/registration number		
			Sub cutaneous						
NAUSEA VOMITING	Date	Name of Medicine	Route	Dose range over 24 hours		Prescriber's name	Prescriber's signature or GMC/registration number		
			Sub cutaneous						
ANXIETY RESTLESSNESS	Date	Name of Medicine	Route	Dose range over 24 hours		Prescriber's name	Prescriber's signature or GMC/registration number		
			Sub cutaneous						
RESPIRATORY SECRETIONS OR COLIC	Date	Name of Medicine	Route	Dose range over 24 hours		Prescriber's name	Prescriber's signature or GMC/registration number		
			Sub cutaneous						
OTHER (Please state)	Date	Name of Medicine	Route	Dose range over 24 hours		Prescriber's name	Prescriber's signature or GMC/registration number		
			Sub cutaneous						
DILUENT	Date	Name of Medicine	Route	Greater dilution reduces site reaction		Prescriber's name	Prescriber's signature or GMC/registration number		
			Sub cutaneous	Max fill 18ml for 20ml syringe Max fill 23ml for 30ml syringe					
If this chart is emailed without a prescriber's signature it must be sent from the prescriber's personal NHS email address to be valid Chart confirmed from prescriber's NHS email and printed by: Name: _____ Signature: _____ Registration/PIN: _____ (Invalid if left blank)									

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Thank you!

Dr Dina Alimari – Clinical fellow in Medicine
Supervisor: Dr Ollie Minton – Palliative care consultant