COMMUNITY PALLIATIVE CARE DRUG CHART

NHS
The Rotherham
NHS Foundation Trust

Rotherham Hospice
Living Life's Wishes

For authorisation of injectable (PRN) and syringe driver medication, and record of administration for adult patients.

Page 1: Patient details, allergies/sensitivities, prescriber details, details of any person who administers medication, once only medicines (front page).
Page 2-3: Pre-emptive medication for symptom control.
Page 4-5: Syringe driver medication and cautions.
Page 6-7: Syringe driver administration and monitoring
Page 8: Community Palliative Care Prescribing Table (back page).

Chart No. of

PATIENT DETAILS:

First name:

Last name:

DOB: NHS No:

GP Practice:

Allergies/Sensitivities:

☐ No recorded allergies

PRESCRIBER DETAILS: Must be completed by all prescribers.

Name (printed)	Signature	Role	Base

DETAILS OF PERSON ADMINISTERING DRUGS: Must be completed by all administering drugs.

Name (printed)	Initials	Base

ONCE ONLY MEDICINES:

Indication	Drug (generic name)	Date prescribed	Route*	Dose	Date & Time to be given	Prescriber signature	Given by	Date/time given

*Route: IM=Instramuscular; SC = Subcutaneous; BUC = Buccal, TD = Transdermal, O = Oral

PLEASE COMPLETE IN BLOCK CAPITALS

Name:	**GP/PRESCRIBER:**	**Allergies / Sensitivities:**
NHS Number:		**Signature:** **Date:**

PRE-EMPTIVE MEDICINES FOR SYMPTOM CONTROL

Approved Name of Medicine	Dose		Date																
			Time																
			Dose																
Route	Indication		Given by																
			Date																
Min. Interval	Max. in 24 hours		Time																
			Dose																
Signature	Start Date	Stop Date	Given by																
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PLEASE COMPLETE IN BLOCK CAPITALS

SYRINGE DRIVER PRESCRIPTION

Name:	GP/PRESCRIBER:
NHS Number:	

PRESCRIPTION - To be completed by the prescriber				
APPROVED NAME OF MEDICINE	**DOSE RANGE**		**ROUTE**	
			S/C	Prescriber name (BLOCK CAPITALS)
			S/C	Prescribers signature
			S/C	
Name of Diluent: Sterile water for injections ☐ Sodium chloride 0.9% ☐	Start Date:	Stop Date:		Duration of infusion: 24hrs ☐ Other ________ hrs

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SYRINGE DRIVER ADMINISTRATION AND MONITORING

To be completed by nurse when infusion commenced and when checks performed					**OBSERVATIONS -** To be recorded by nurse AT LEAST EVERY 24 HOURS							
MEMs / BME number												
Date	Set up by:	Drug/Diluent	Batch	Expiry	Time	Rate	Dose		Volume to be infused	Volume infused	Battery level	Lock on
	Checked by:											
Date	Set up by:	Drug/Diluent	Batch	Expiry	Time	Rate	Dose		Volume to be infused	Volume infused	Battery level	Lock on
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Guidance for prescribing in Palliative Care

NHS
The Rotherham
NHS Foundation Trust

General notes

When prescribing sub cut medication prn pre-emptively these dose ranges are for guidance only and should be adjusted depending on patient needs
1) The prn dose of opiate is likely to be higher if the patient is already on background opiate medication
2) If they are taking oral oxycodone, they should be prescribed sub cut oxycodone not morphine

If in any doubt please contact Rotherham Hospice advice line on 01709 966100, who will be very happy to help with making sure the patient gets the correct medication, they have access to a doctor/CNS 7 days a week.

Guidance on Pre-emptive Prescribing

Preparation	Directions	Supply	Additional information
Morphine 10mg/1ml ampoules	2.5 to 5mg subcutaneously every hour PRN* pain / dyspnoea	5 ampoules (please state exact quantity)	Maximum 8 doses in 24 hours
[CD]Midazolam 10 mg/2mL ampoules	2.5mg - 5mg subcutaneously every hour PRN* agitation / dyspnoea	5 ampoules (please state exact quantity)	Maximum 8 doses in 24 hours
Haloperidol 5mg / 1ml ampoules	500 micrograms to 1.5mg subcutaneously every hour PRN* delirium / nausea and vomiting	5 ampoules (please state exact quantity)	Maximum 10mg in 24 hours
Hyoscine hydrobromide **400** micrograms/ mL ampoules	**400** micrograms subcutaneously every hour PRN* retained airway secretions	5 ampoules (please state exact quantity)	Maximum 2.4mg in 24 hours
Water for injections 5mL ampoules	Use as diluent	5 ampoules (please state exact quantity)	

Helpful hints

Prescribing for syringe drivers

This guidance is very general and limited and prescription of a syringe driver should only take place after a full assessment of symptoms and knowledge of the patients current medication.

Syringe drivers are indicated when either
1) a patient can no longer manage their oral medication
2) a patient has nausea and vomiting and absorption of oral drugs may not occur or for certain drugs supervised by Palliative Medicine (eg ketamine).

They are not required in an emergency and are not an urgent solution to symptom issues, and prn S/C medication should also be prescribed and used for acute issues.

When assessing patients needs, take account of the current background medication and any additonal need for medication in the last 24 hours.

It is acceptable to prescribe a syringe driver in anticipation of deterioration in the next few days after assessment (paticularly before a weekend), however it is not acceptable for this prescription to be used more than 3-4 days later without another assessment of the patients current needs.

If patient is on background opiates then the current 24 hour dose of morphine give ½ the dose of morphine s/c over 24 hours. Eg. Zomorph 30mg bd (SR morphine(is equivalent to 30mg morphine over 24 ours via a syringe driver.

This dose may need to be significantly revised if the patient has been in a lot of pain and needed a lot of extra analgesia prior to commencing the syringe driver.

For current 24 hour dose of oral oxycodone give 1/2 dose S/C Oxyodocone over 24 hour
eg Longtec 100mg bd (CR oxycodone) is equivalent to 100mg S/C Oxycodone over 24 hours via a syringe driver
This dose may need to be significantly revised if the patient has been in a lot of pain and needed a lot of extra analgesia prior to commencing the syringe driver

If on fentanyl or buprenorphine patches leave the patch in place, and continue to change as usual consider the need for additonal analgesia if it has been required in the last 24 hours

IF AT ALL UNSURE OF CORRECT DOSING PLEASE CONTACT ROTHERHAM HOSPICE ADVICE LINE 01709 966100 A DOCTOR OR CNS IS AVAILABLE 7 DAYS A WEEK AND VERY HAPPY TO HELP YOU PRESCRIBE AND HELP THE PATIENTS SYMPTOMS BE CONTROLLED.

The usual diluent is water for injections, but there are certain drugs eg Levomepromazine that should be diluted in 0.9% saline.

For advice on correct diluent and what drugs can be mixed together, please contact the hospice advice line if you are unsure.

Extract from Algorithms for Symptom Management in the Last Days of Life
The Rotherham NHS Foundation Trust - Graphic Design Ext 6352