

First Name: _____

Last Name: _____

Date of Birth: _____

NHS Number: _____

Palliative Care
Patient Specific Direction
 (Authority to Administer)
Syringe Pump (McKinley T34)

| Secondary Care/Hospice - When patient is being discharged into the community, please notify:- | | |
|---|---|--|
| 1 | Shropdoc Professional Line - Tel 01743 454903 ('out of hours') or 01743 454900 ('in hours') | |
| 2 | Patient's GP Surgery - to request review of medication within 2 working days of discharge | |
| 3 | District Nurses via Single Point Referral (M-F 8am to 6pm, weekends & BHs 8am to 5pm) Tel. 0333 358 4584 | |

| Primary care | Y/N |
|--|-----|
| When completing this as an anticipatory prescribing form for 'just in case' medications, please indicate in the box to the right if you require the community nurse to contact your surgery or out of hours service, to discuss the prescribed doses, prior to administration. | |

****EOL plan, DNA CPR form and Shropdoc OOHs information leaflet are to travel with patient****

| | Date dd/mm/yy | Dose over 24 hours tick or write required dose (words and figures) | Route | Review Date dd/mm/yy | Doctor's Signature Name in capitals GMC number |
|---|------------------|---|---|-----------------------------|--|
| Pain: Administer only if symptom present – Please cross out preparation that is not being used | | | | | |
| Diamorphine injection | | | Subcutaneously via syringe pump over 24 hours | | |
| Oxycodone injection | | | Subcutaneously via syringe pump over 24 hours | | |
| Nausea/Vomiting: Administer only if symptom present | | | | | |
| Levomepromazine (Nozinan) injection | | 6.25 mg | Subcutaneously via syringe pump over 24 hours | | |
| | | 12.5 mg | | | |
| | | 25 mg | | | |
| | | Other | | | |
| Restlessness/Agitation: Administer only if symptom present | | | | | |
| Midazolam injection | | 10mg | Subcutaneously via syringe pump over 24 hours | | |
| | | 20mg | | | |
| | | 40mg | | | |
| | | Other | | | |
| Respiratory Tract Secretions: Administer only if symptom present | | | | | |
| Hyoscine Butylbromide injection | | 60mg | Subcutaneously via syringe pump over 24 hours | | |
| | | 120mg | | | |
| Diluent: Tick required diluent ** | | Water for injection | | Normal saline for injection | |
| **Advisory – Depending on the combination of drugs used in the syringe driver, one or other of water for injection or normal saline, as the diluent, may be indicated – If uncertain, please contact Severn Hospice for guidance, as below. Precipitation of the drugs, out of solution, may occur if the incorrect diluent is used. | | | | | |
| Other Medication: Administer only if symptom present | | | | | |
| | | | Subcutaneously via syringe pump over 24 hours | | |
| | | | Subcutaneously via syringe pump over 24 hours | | |
| | | | Subcutaneously via syringe pump over 24 hours | | |

mg = milligram. Medication advice available from Severn Hospice 01952 221350 / 01743 236565 and Shropshire EOL Care Plan at www.severnospice.org.uk/for-healthcare-professionals/gp-info-hub/eol-care-plan

Approved by the Shropshire Area Prescribing Committee for use by organisations within the Local Health Economy including: Shropshire Clinical Commissioning Group, Telford and Wrekin Clinical Commissioning Group, Shrewsbury and Telford Hospital, Robert Jones and Agnes Hunt Orthopaedic Hospital and Shropshire Community Health NHS Trust.