**Palliative Care   
Patient Specific Direction**

(Authority to Administer)

**MORPHINE AS REQUIRED PRESCRIPTION**

|  |  |
| --- | --- |
| **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, ReSPECT form and Shropdoc OOHs information leaflet are to travel with patient\*\***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ­ | **DATE dd/mm/yy** | **DOSE**  **Write or tick required dose** | | | **FREQUENCY (up to every**  **‘*x’* hours)** | **MAXIMUM DOSE in 24 Hours (mg) (excluding syringe driver)** | **ROUTE** | **REVIEW DATE**  **dd/mm/yy** | **Prescriber’s Signature**  **NAME (capitals)**  **GMC / Reg number** |
| **AS REQUIRED PRESCRIPTION SHEET (PRN)**  **Pain:** Administer only if symptom present – breakthrough dose is 1/6 of 24 hour dose | | | | | | | | | |
| Morphine injection |  | 5mg |  | |  |  | Subcut |  |  |
| 10mg |  | |
|  |  | |
| **Nausea/Vomiting:** Administer only if symptom present | | | | | | | | | |
| Levomepromazine  injection |  | 6.25mg | |  |  |  | Subcut |  |  |
| 12.5mg | |  |
|  | |  |
| **Restlessness/Agitation:** Administer only if symptom present | | | | | | | | | |
| Midazolam injection |  | 2.5mg | |  |  |  | Subcut |  |  |
| 5mg | |  |
|  | |  |
| **Respiratory Tract Secretions:** Administer only if symptom present | | | | | | | | | |
| Hyoscine  butylbromide  injection |  | 20mg | |  |  |  | Subcut |  |  |
| **Diluent:** - Morphine is stable with water for injection, the remaining preparations above are premixed for injection – For information on other medications please contact Severn Hospice – see details below | | | | | | | | | |
| Water for injection |  |  | | |  |  | Subcut |  |  |
| **Other Medications:** | | | | | | | | | |
|  |  |  | | |  |  |  |  |  |
|  |  |  | | |  |  |  |  |  |

Note: mg = milligram. Further advice on medication available from Severn Hospice, 01952 221350 / 01743 236565

and in the appendix of the Shropshire EOL Care Plan which can be viewed or downloaded from: <https://www.severnhospice.org.uk/for-healthcare-professionals/gp-info-hub/eol-care-plan/>

**Contact Details:**

Shropdoc Professional Line - Tel 01743 454903 (‘out of hours’) or 01743 454900 (‘in hours’)

District Nurses via Single Point Referral (M-F 8am to 6pm, weekends & BHs 8am to 5pm) Tel. 0333 358 4584