First Name:		
Last Name:	 	
Date of Birth:	 	
NHS Number:	 	



## **Palliative Care Patient Specific Direction**

(Authority to Administer)

## **MORPHINE 24 HOUR SYRINGE PUMP (McKinley T34)**

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.	

## Please ensure dosing instructions are clear and legible

\*\*EOL plan, ReSPECT form and Shropdoc OOHs information leaflet are to travel with patient\*\* Refer to symptom control sheets

		Date dd/mm/yy	Dose over 24 hou tick or write requir dose (words and figures)	ed	Review Date dd/mm/yy	Prescriber's Signature NAME (capitals) GMC / Reg number		
	Pain: Administer only if symptom present							
34)	Morphine Sulfate injection			Subcutaneously via syringe pump over 24 hours				
<del> </del>	Nausea/Vomiting: Administer only if symptom present							
Kinley	Levomepromazine injection		6.25 mg 12.5 mg 25 mg	Subcutaneously via syringe pump over 24 hours				
≧	Restlessness/Agit	Restlessness/Agitation: Administer only if symptom present						
PUMP (McKinley T34)	Midazolam injection		10mg 20mg 40mg	Subcutaneously via syringe pump over 24 hours				
	Respiratory Tract Secretions: Administer only if symptom present							
SYRINGE	Hyoscine Butylbromide injection		60mg 120mg	Subcutaneously via syringe pump over 24 hours				
	Diluent: Water for injection							
HOUR	Other Medication: Administer only if symptom present							
24 HC				Subcutaneously via syringe pump over 24 hours				
				Subcutaneously via syringe pump over 24 hours				

Note: mg = milligram. Further advice on medication available from Severn Hospice, 01952 221350 / 01743 236565 Or refer to the hospice website and go to the sections for Healthcare Professionals: https://www.severnhospice.org.uk/

## **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