First Name	ALLERGIES/ADVERSE REACTIONS
Last Name	
Date of Birth	
NHS Number	

PATIENT SPECIFIC DIRECTION AUTHORITY TO ADMINISTER SUBCUTANEOUS AS REQUIRED MEDICINES (PRN) OXYCODONE INJECTION PAGE 1 (opioids) OF 2



v. 08.2023



ADVICE TO PRESCRIBERS: This form (both pages 1&2) should be printed to accompany the 'just in case' (JIC) medication prescription and is valid for 3 months from first completion.

Use the 2nd box on page 1 for continued PRN prescribing and in the event of a dose change. Ensure previously prescribed doses are crossed off before re-prescribing to avoid errors.

ADVICE TO NURSES: ADMINISTER ONLY IF SYMPTOMS PRESENT.

- If more than 4 weeks has elapsed from date prescribed (see below) the community nurse will contact the surgery, hospice NMP or out of hours service to discuss the prescribed doses prior to first administration.
- If a dose review/change has been prescribed ONLY administer this dose.
- If a dose range is prescribed, start at lowest dose and consider increasing to next if previous 2 dose administrations have been ineffective to manage symptoms.
- If 3 doses administered in 24 hours have been ineffective in managing symptoms please contact a prescriber, or specialist palliative care, or out of hours service for advice and support.
- If two or more doses have been needed over 24 hours consider starting a CSCI

BEST PRACTICE IS TO PRESCRIBE A SPECIFIC DOSE, other than for pain and breathlessness.

If continued PRN prescribing is required onto another form the NURSE should contact a prescriber for a new form and cross through the old form to ensure there is no confusion

DOCTOR/NMP SECTION					NURSE ADMINISTRATION SECTION													
DRUG OXYCC	DONE inject	Dose 1.25mg	Date															
Indication	Frequency	Max in 24hrs	2.5mg	Time														
PAIN BREATHLESSNESS	UP TO 1-2 hourly if required	7.5mg	Subcut	Dose														
Signature Reg No Name			Date	Given by														
DRUG OXYCODONE Injection FOR DOSES ABOVE 2.5mg Or continued PRN prescribing			Dose	Date														
Indication	Frequency	Max in 24hrs		Time														
PAIN	UP TO 1-2 hourly if required		Subcut	Dose														
Signature Reg No Name			Date	Given by														

First Name	ALLERGIES/ADVERSE REACTIONS
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PATIENT SPECIFIC DIRECTION AUTHORITY TO ADMINISTER SUBCUTANEOUS AS REQUIRED MEDICINES (PRN) PAGE 2 OF 2

DOCTOR/ NMP SECTION					NURSE ADMINISTRATION SECTION													
DRUG Levo r	mepromazine	Dose 6.25mg	Date															
Indication	Frequency	Max in 24hrs	12.5mg	Time														
NAUSEA VOMTING AGITATION	UP TO 4 hourly if required	25mg inc pump	Subcut	Dose														
Signature Name		Date	Give n by															
DRUG Hyoso injection	cine Butylbro	Dose 20mg	Date															
Indication	Frequency	Max in 24hrs		Time														
SECRETIONS COLIC	UP TO hourly if required	120mg inc pump	Subcut	Dose														
Signature Name			Date	Give n by														
Divoc illianzolani injection			Dose 2.5mg	Date														
Indication	Frequency	Max in 24hrs	5mg	Time														
AGITATION ANXIETY SEIZURES	UP TO 1-2 hourly if required	30mg Inc pump	Subcut	Dose														
Signature Reg No Name			Date	Give n by														