

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



PATIENT SPECIFIC DIRECTION
(AUTHORITY TO ADMINISTER)

SUBCUTANEOUS SYRINGE PUMP PARECOXIB (Dynastat®) FORM v.05.2024

ADVICE TO PRESCRIBERS: Parecoxib is only to be prescribed on the advice of a Severn Hospice consultant. This form should only be printed when asked by Severn Hospice consultant to continue the prescribing of parecoxib for a patient who is responding well to this treatment.

- This is an off-licence use of a licensed medicine used in palliative care. Parecoxib is used as an adjuvant analgesic in palliative care.
- **The GP MUST NOT change the dose of parecoxib without written or verbal communication from the Hospice consultant/specialist.** If this happens a new form with the new dose must be provided for the nurses in a timely manner, with instructions for the nurses to cross through the old form so that there is no confusion with the dose to be given.
- Parecoxib is the only COX-2 inhibitor which can be given via a syringe pump in the community setting and is used for palliative care patients who fail to respond well to morphine or other μ -opioid receptor agonists, or to reduce the amount of opioid required for pain relief.

ADVICE TO NURSES: If it is more than 1 week from date prescribed the community nurse will contact the prescriber to discuss the prescribed doses prior to first administration.

- Parecoxib must not be mixed with any other drugs in a syringe pump - a separate syringe pump is required for parecoxib.
- If no solvent is supplied with the parecoxib ampoule, then the diluent used must be normal saline.
- If there is a dose increase a new form must be provided by the doctor and the old form crossed through to ensure there is no confusion with the dose to be given.
- If parecoxib continues to be needed and prescribing is required onto another form, the NURSE should contact the prescriber for a new page and cross through the old page when starting the new one.

DOCTOR/NMP SECTION		NURSE ADMINISTRATION SECTION														
DRUG Parecoxib	Dose/24hours	Date														
Indication pain		Time														
Subcut via csci		Dose														
Date																
Signature	Registration No.	Given by														
Name (capitals)																
Sodium Chloride 0.9% Diluent		To be used for medicines administration														
Signature																