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

PATIENT SPECIFIC DIRECTION (AUTHORITY TO ADMINISTER)

AS REQUIRED MEDICINES (PRN) MORPHINE INJECTION PAGE 1 OF 2 v11.2025

This form should be printed to accompany the 'just in case' (JIC) medication prescription and is valid for 3 months from first completion. If more than 4 weeks has elapsed from date prescribed the community nurse will contact the medical practice, hospice NMP or out of hours service to discuss the prescribed doses prior to first administration.

BEST PRACTICE IS TO PRESCRIBE A SPECIFIC DOSE unless a narrow dose range is considered necessary. 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.

For prescribing advice scan the QR overleaf, visit **www.severnhospice.org.uk** **or** **www.westmidspallcare.co.uk/wmpcp/guide**

ADVICE TO NURSES: See supporting information in the Syringe Driver Document Booklet.

DOCTOR/NMP SECTION				CLINICIAN ADMINISTRATION SECTION																					
DRUG **Morphine Sulfate injection**			**Dose** 2.5mg ☐ 5mg ☐	Date																					
Indication	**Frequency**	**Max in 24hrs**		Time																					
				Dose																					
PAIN BREATHLESSNESS	UP TO 1-2 hourly **if required**	Six (6) doses	**Subcut**	Given by																					
				Batch No																					
Signature: Name: Reg No:			Date:	Expiry Date																					
DRUG **Morphine Sulfate injection** FOR DOSES ABOVE 5mg Or continued PRN prescribing			**Dose**	Date																					
Indication	**Frequency**	**Max in 24hrs**		Time																					
				Dose																					
PAIN	UP TO 1-2 hourly **if required**		**Subcut**	Given by																					
				Batch No																					
Signature: Name: Reg No:			Date:	Expiry Date																					

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

PATIENT SPECIFIC DIRECTION (AUTHORITY TO ADMINISTER)

AS REQUIRED MEDICINES (PRN) PAGE 2 OF 2

Please consider current CSCI doses when prescribing prn medicines.

DOCTOR/NMP SECTION				CLINICIAN ADMINISTRATION SECTION
DRUG **Levomepromazine injection**			**Dose** 6.25mg ☐ 12.5mg ☐ ☐	Date / Time / Dose / Given by / Batch No / Expiry Date
Indication	**Frequency**	**Max in 24hrs**		
NAUSEA VOMITING	UP TO 4hourly **if required**	25mg	**Subcut**	
Signature: Name:			Date:	
DRUG **Hyoscine Butylbromide injection**			**Dose** 20mg ☐	Date / Time / Dose / Given by / Batch No / Expiry Date
Indication	**Frequency**	**Max in 24hrs**		
SECRETIONS COLIC	UP TO hourly **if required**	120mg inc pump	**Subcut**	
Signature: Name:			Date:	
DRUG **Midazolam injection**			**Dose** 2.5mg ☐ 5mg ☐ ☐	Date / Time / Dose / Given by / Batch No / Expiry Date
Indication	**Frequency**	**Max in 24hrs**		
AGITATION ANXIETY	UP TO 1-2hourly **if required**	30mg	**Subcut**	
Signature: Name: Reg No:			Date:	