

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

PATIENT SPECIFIC DIRECTION (AUTHORITY TO ADMINISTER)

AS REQUIRED MEDICINES (PRN) OXYCODONE 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.

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



PATIENT SPECIFIC DIRECTION (AUTHORITY TO ADMINISTER)

AS REQUIRED MEDICINES (PRN) PAGE 2 OF 2

Please consider current CSCI doses when prescribing prn medicines.