

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

PATIENT SPECIFIC DIRECTION (AUTHORITY TO ADMINISTER)



SYRINGE PUMP (CSCI) OXYCODONE INJECTION PAGE 1 OF 2 v11.2025

This form should only be completed by a prescriber if CSCI treatment is needed immediately or likely within the next week. If more than 1 week has elapsed from the 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 dose range is considered appropriate. Any dose range must take account of total dose required in previous 24 hours. The PRN 'break through' dose for opioids is approximately 1/6 total opioid dose required in previous 24 hours. If a dose range is appropriate, consider keeping it to 30% e.g.30-45mg. This is approximately equivalent to 3 PRN doses. For prescribing advice scan the QR overleaf, visit www.severnhospice.org.uk or www.westmidspallcare.co.uk/wmpcp/guide Use the 2nd box at the bottom of this page for Oxycodone dose review or to continue prescribing. ENSURE PREVIOUSLY PRESCRIBED DOSES ARE CROSSED OFF TO AVOID ERRORS IN ADMINISTRATION

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

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