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Appendix 5: Adult palliative care anticipatory medicines direction to administer: AS REQUIRED (PRN) Medicines

Sheet ....1.... of ....1.....

Patient Name: ANN JOLLY
Address: 5 STAR LANE, M13 8AY
D.O.B: 16/5/62
NHS No: 000000000
GP: DR HEAL Tel no: 0161 276 6166
GP Practice: BUMP SURGERY
Allergies and Intolerances: NKDA

- *Medicines on this form should* ***only be administered when the patient is experiencing the symptoms indicated***
- ***Where dose range is given always*** *start with the* ***lowest*** *dose unless instructed otherwise by a prescriber*
- *This direction to administer is only* ***valid for 28 days***
- *This* ***form*** *should be* ***reviewed*** *by a prescriber* ***every 14 days or as clinically appropriate*** *and must be removed and archived* ***28 days*** *after writing .*
- **Contact the Community Specialist Palliative Care Team for advice as appropriate**
- **Refer to GMMMG Palliative Care Pain and Symptom Control Guidelines for Adults** *(www.gmmmg.nhs.uk)*

Is there a transdermal opioid patch in use? Y/N Drug name: BUPRENORPHINE Dose: 5 MICROGRAMS /HR
Transdermal opioid patches should be continued. Consider patch when calculating breakthrough analgesic dose.

SYMPTOM	DATE	AS REQUIRED (PRN) MEDICINES				
		Drug name /dose or dose range	Route	Frequency	Maximum dose in 24 hours	Prescriber's signature and PRINT name and registration number
Pain/ Breathlessness (insert appropriate opioid)	22/2/24	MORPHINE SULPHATE 2.5MG *For dose conversions from oral to SC refer to GMMMG guidance*	SC	~~2~~ hourly PRN	10MG	A Purewal PUREWAL 6162501
Nausea / Vomiting Continue current anti-emetic if effective otherwise consider levomepromazine	22/2/24	CYCLIZINE 50MG	SC	~~8~~ hourly PRN	150MG	A Purewal PUREWAL 6162501
Respiratory secretions Use glycopyrronium OR continue current antimuscarinic such as hyoscine butylbromide (Buscopan®)	22/2/24	Glycopyrronium 200 micrograms	SC	4 hourly PRN	1200 micrograms	A Purewal PUREWAL 6162501
Agitation / Restlessness (circle dose or dose range required)	22/2/24	Midazolam 2.5mg – 5mg	SC	~~2~~ hourly PRN	Maximum of 3 doses in 8 hours unless on specialist advice.	A Purewal PUREWAL 6162501
Diluent	22/2/24	Water for injection	SC	N/A	N/A	A Purewal PUREWAL 6162501

Other medications (including REGULAR):

SYMPTOM	DATE	Drug name / dose	Route	Frequency	Maximum dose in 24 hours	Prescriber's signature and PRINT name and registration number
HEADACHE 2° ↑ ICP	22/2/24	DEXAMETHASONE 6.6MG	SC	MORNING	—	A Purewal PUREWAL 6162501