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|  | ‘AS REQUIRED’ (PRN) SUBCUTANEOUS INJECTIONS |  |
| **This document should remain with the patient.** |
| Patient Name: |  |  | Allergies and adverse drug reactions |
| DOB: |  |  | [ ]  no known allergies |
| NHS Number: |  |  | Medicine / substance: | Reaction: |
| Prescriber sign & print:  |
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| **Prescriber contact details:** |  |

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| Pain  | Date: |  |  |  |  |  |  |  |  |
| Medication: **Morphine Sulphate** | Time: |  |  |  |  |  |  |  |  |
| Dose range**: 2.5mg to 5mg**  | Max frequency: **1 Hourly PRN** | Subcut[x]  | Dose: |  |  |  |  |  |  |  |  |
| Prescriber sign, print & date:  | Sign: |  |  |  |  |  |  |  |  |
| Nausea / Vomiting | Date: |  |  |  |  |  |  |  |  |
| Medication: **Haloperidol**  | Time: |  |  |  |  |  |  |  |  |
| Dose range: **1.5mg to 3mg**  | Max frequency: **1 Hourly PRN** | Subcut[x]  | Dose: |  |  |  |  |  |  |  |  |
| Max 24hr dose: **5mg** |
| Prescriber sign, print & date:  | Sign: |  |  |  |  |  |  |  |  |
| Agitation / Distress | Date: |  |  |  |  |  |  |  |  |
| Medication: **Midazolam** | Time: |  |  |  |  |  |  |  |  |
| Dose range: **2.5mg to 5mg** | Max frequency: **1 Hourly PRN** | Subcut[x]  | Dose: |  |  |  |  |  |  |  |  |
| Max 24hr dose: **N/A** |
| Prescriber sign, print & date:  | Sign: |  |  |  |  |  |  |  |  |
| Respiratory tract secretions | Date: |  |  |  |  |  |  |  |  |
| Medication: **Hyoscine Butyl Bromide (Buscopan)** | Time: |  |  |  |  |  |  |  |  |
| Dose range: **20mg**  | Max frequency: **1 Hourly PRN** | Subcut[x]  | Dose: |  |  |  |  |  |  |  |  |
| Max 24hr dose: **120mg**  |
| Prescriber sign, print & date:  | Sign: |  |  |  |  |  |  |  |  |

**PALLIATIVE CARE ADVICE CAN BE OBTAINED 24/7 BY CALLING 0207 787 1062**