|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ‘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: | | | | | | | | |
| |  |  | | --- | --- | | **Prescriber contact details:** |  | | | | | | | | | | | | | | | |
| Pain | | | | Date: | |  |  |  |  | |  |  |  |  |
| Medication: **Morphine Sulphate** | | | | Time: | |  |  |  |  | |  |  |  |  |
| Dose range**: 2.5mg to 5mg** | | Max frequency: **1 Hourly PRN** | Subcut | Dose: | |  |  |  |  | |  |  |  |  |
| Prescriber sign, print & date: | | | | Sign: | |  |  |  |  | |  |  |  |  |
| Nausea / Vomiting | | | | Date: | |  |  |  |  | |  |  |  |  |
| Medication: **Haloperidol** | | | | Time: | |  |  |  |  | |  |  |  |  |
| Dose range: **1.5mg to 3mg** | | Max frequency: **1 Hourly PRN** | Subcut | 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 | 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 | Dose: | |  |  |  |  | |  |  |  |  |
| Max 24hr dose: **120mg** |
| Prescriber sign, print & date: | | | | Sign: | |  |  |  |  | |  |  |  |  |

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