

First Name: _____
 Last Name: _____
 Date of Birth: _____
 NHS Number: _____

DIAMORPHINE AS REQUIRED PRESCRIPTION

Primary care	Y/N
When completing this as an anticipatory prescribing form for 'just in case' medications, please indicate in the box to the right if you require the community nurse to contact your surgery or out of hours service, to discuss the prescribed doses, prior to administration.	

Please ensure dosing instructions are clear and legible

****EOL plan, ReSPECT form and Shropdoc OOHs information leaflet are to travel with patient****

Use in conjunction with symptom control sheets

AS REQUIRED PRESCRIPTION SHEET (PRN)

DATE dd/mm/yy	DOSE WRITE or tick required dose	FREQUENCY (up to every 'x' hours)	MAXIMUM DOSE in 24 Hours (mg) (excluding syringe driver)	ROUTE	REVIEW DATE dd/mm/yy	Prescriber's Signature NAME (capitals) GMC / Reg number
Pain: Administer only if symptom present – breakthrough dose is 1/6 th of 24 hour dose.						
Diamorphine Hydrochloride injection	2.5mg	Up to 1-2 hourly		Subcut		
	5mg					
Nausea/Vomiting: Administer only if symptom present						
Levomopromazine injection	6.25mg	ONE repeat dose after 1 hr when required	12.5mg	Subcut		
	12.5mg					
Restlessness/Agitation: Administer only if symptom present						
Midazolam injection	2.5mg	Up to hourly	30mg	Subcut		
	5mg					
Respiratory Tract Secretions: Administer only if symptom present						
Hyoscine butylbromide injection	20mg	Up to TWO hourly	60mg	Subcut		
Diluent: - Diamorphine is stable with water for injection, the remaining preparations above are premixed for injection – For information on other medications please contact Severn Hospice – see details below						
Water for injection				Subcut		
Other Medications:						

Note: mg = milligram. Further advice on medication available from Severn Hospice, 01952 221350 / 01743 236565
 Or refer to the hospice website and go to the sections for Healthcare Professionals: <https://www.severnospice.org.uk/>

Contact Details:

Shropdoc Professional Line - Tel 01743 454903 ('out of hours') or 01743 454900 ('in hours')
 District Nurses via Single Point Referral (M-F 8am to 6pm, weekends & BHs 8am to 5pm) Tel. 0333 358 4584