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

NHS
Palliative Care
<b>Patient Specific Direction</b>
(Authority to Administer)

## **MORPHINE AS REQUIRED PRESCRIPTION**

**ROUTE** 

**REVIEW** 

Prescriber's

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

**FREQUENCY** 

**MAXIMUM** 

DOSE

**DATE** 

	dd/mm/yy	Write or tick required dose	(up to every 'x' hours)	DOSE in 24 Hours (mg) (excluding syringe driver)		DATE dd/mm/yy	Signature NAME (capitals) GMC / Reg number			
Pain: Administer only if symptom present – breakthrough dose is 1/6 <sup>th</sup> of 24 hour dose.										
Morphine Sulfate injection		5mg	Up to 1-2 hourly		Subcut					
		10mg								
Nausea/Vomiting: Administer only if symptom present										
Levomepromazine injection		6.25mg 12.5mg	ONE repeat dose after 1 hr when required	12.5mg	Subcut					
Restlessness/Ag	itation:	Admir	nister only if sy	mptom pres	ent					
Midazolam injection		2.5mg 5mg	Up to hourly	30mg	Subcut					
Respiratory Tract Secretions: Administer only if symptom present										
Hyoscine butylbromide injection		20mg	Up to TWO hourly	60mg	Subcut					
Other Medications:										

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

## **Contact Details:**

**REQUIRED PRESCRIPTION SHEET (PRN)** 

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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

Approved by the Shropshire Area Prescribing Committee for use by organisations within the Local Health Economy