1. **‘AS REQUIRED’ (PRN) SUBCUTANEOUS INJECTIONS AUTHORISATION AND ADMINISTRATION CHART V5**

**Please indicate here** [ ]  **if there is more than one ‘as required’ authorisation and administration chart in use**

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| **This document should remain with the patient. These charts are only for injectable medicines.** **Tick this box if another Community Drug Chart is in use e.g. for Patches, Enemas etc.** [ ]  |
| **Palliative Care Team Contact Details:** **Saint Francis Hospice 01708 758643** | **Authorising clinician name and GMC/NMC/GPhC number:****Dr X YZ GMC no 111111** |
| **Patient Information** | **Allergies and Adverse Reactions**  |
| Patient Name:**Mr MICKEY MOUSE** | No Known Allergies:[ ]  Known Allergies [x] If required, seek source of allergy List Medicine/Substance and Reaction: **Penicillin = rash**Print, Sign & Date: **Dr X YZ 01/01/2025**  |
| NHS No: **2222222222**D.O.B: **17/07/1903**  |
| Weight (for children): |

**Check if there is an analgesic transdermal patch: Y** [ ]  **N** [x]  **Drug name: Dose:**

**NB: Max 24hour dose below = *PRN medications only* (i.e. does not include medication administered via syringe pump)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pain / Breathlessness**  | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication: Morphine Sulfate** | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 01/01/2025Dose Range: **1.25mg to 2.5mg** Frequency: **1 to 2 hourly max** | Max 24hour dose:**15mg**Authoriser sign & print:Dr X YZ  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Nausea / Vomiting** | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication: Levomepromazine** | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 01/01/2025Dose Range: **3.125mg to 6.25mg**Frequency: **2 hourly max** | Max 24hour dose:**25mg**Authoriser sign & print:Dr X YZ  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Agitation / Distress**  | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication: Midazolam** | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 01/01/2025Dose Range: **1.25mg to 2.5mg**Frequency: **1 to 2 hourly max** | Max 24hour dose: **15mg**Authoriser sign & print:Dr X YZ  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Respiratory secretions** | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication: Glycopyrronium** | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 01/01/2025Dose Range:**200micrograms**Frequency:**1 to 2 hourly max** | Max 24hour dose:**1.2mg**Authoriser sign & print:Dr X YZ  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other indication:** | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication:** | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date:Dose Range:Frequency: | Max 24hour dose:Authoriser sign & print: | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |