

**COMMUNITY NURSING PALLIATIVE CARE MEDICINES
ADMINISTRATION ORDER VIA SYRINGE DRIVER**

NB. ONLY PRESCRIBE THOSE MEDICATIONS CLINICALLY INDICATED

DELETE medicines not clinically indicated or discontinued with a single line, add signature and date.

*Adjustments within a prescribed dose range to be justified by symptoms and any previous medicines administered. Please record these in the Community Notes.

Patient's Name: _____ D.O.B: _____ NHS No: _____ Address: _____ Telephone: _____ GP: _____ Practice: _____	1st Choice to be amended according to symptoms (See The Palliative Care Handbook – 8th Edition)			CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE DRIVER EVERY 24 HOURS	
	Date Administration Authorised	Name of Drug Form of Preparation Strength of Drug	SYRINGE DRIVER Dose or Dose Range / 24hrs*	SYRINGE DRIVER	Authorising Signature + PRINT once legibly
	MORPHINE SULFATE INJ. (For pain and breathlessness)				
	HALOPERIDOL INJ. 5mg / ml (For nausea and vomiting) <i>(Levomepromazine alternative if Haloperidol inj not available)</i>	1.5 – 5mg			
	HYOSCINE BUTYLBROMIDE INJ.[Buscopan®] 20mg / ml (For bronchial secretions)	30 - 60mg			
	MIDAZOLAM INJ. 10mg / 2mls (For anxiety and agitation)				
	WATER FOR INJECTION	AS DILUENT			
	LEVOMEPRMAZINE INJ. 25mg / ml <i>(alternative if Haloperidol not available)</i>	6.25 - 12.5mg			
Drug Allergies / Special Instructions:			HOSPITAL DISCHARGES: CONTACT PATIENT'S GP ON DAY OF DISCHARGE TO ENSURE EFFECTIVE TRANSFER OF CARE		
November 2015			Pharmacist Clinical Check	Initials & Date	