

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

**Palliative Care Patient Specific Direction**  
 (Authority to Administer)

**MORPHINE 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 – do not tick multiple dosages for same drug**  
**\*\*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
<b>Pain:</b> Administer only if symptom present – breakthrough dose is 1/6 <sup>th</sup> of 24 hour dose.							
Morphine Sulfate injection		2.5mg	Up to 1-2 hourly		Subcut		
		5mg					
<b>Nausea/Vomiting:</b> Administer only if symptom present							
Levomepromazine injection		6.25mg	ONE repeat dose after 1 hr when required	12.5mg	Subcut		
		12.5mg					
<b>Restlessness/Agitation:</b> Administer only if symptom present							
Midazolam injection		2.5mg	Up to hourly	30mg	Subcut		
		5mg					
<b>Respiratory Tract Secretions:</b> Administer only if symptom present							
Hyoscine butylbromide injection		20mg	Up to TWO hourly	60mg	Subcut		
<b>Other Medications:</b>							

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: <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

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