

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

Palliative Care Patient Specific Direction
 (Authority to Administer)

MORPHINE 24 HOUR SYRINGE PUMP (McKinley T34)

| 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****
Refer to symptom control sheets

| | Date dd/mm/yy | Dose over 24 hours tick or write required dose (words and figures) | Route | Review Date dd/mm/yy | Prescriber's Signature NAME (capitals) GMC / Reg number | |
|---|---|---|---|---|---|--|
| 24 HOUR SYRINGE PUMP (McKinley T34) | Pain: Administer only if symptom present | | | | | |
| | Morphine Sulfate injection | | | Subcutaneously via syringe pump over 24 hours | | |
| | Nausea/Vomiting: Administer only if symptom present | | | | | |
| | Levomepromazine injection | | 6.25 mg | Subcutaneously via syringe pump over 24 hours | | |
| | | | 12.5 mg | | | |
| | | | 25 mg | | | |
| | Restlessness/Agitation: Administer only if symptom present | | | | | |
| | Midazolam injection | | 10mg | Subcutaneously via syringe pump over 24 hours | | |
| | | | 20mg | | | |
| | | | 40mg | | | |
| | Respiratory Tract Secretions: Administer only if symptom present | | | | | |
| | Hyoscine Butylbromide injection | | 60mg | Subcutaneously via syringe pump over 24 hours | | |
| | | 120mg | | | | |
| Diluent: | | Water for injection | | | | |
| Other Medication: Administer only if symptom present | | | | | | |
| | | | Subcutaneously via syringe pump over 24 hours | | | |
| | | | Subcutaneously via syringe pump over 24 hours | | | |

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

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