

Surname	Forename	District Nurse
Date of Birth	NHS Number	GP Surgery
Address		ALLERGIES

Prescribe FIVE AMPOULES of each drug option to cover each of the 4 core symptoms (use the blank box if the core drugs are not suitable)
 Complete this sheet and the Out of Hours Service special patient form for Bay Urgent Care or CHOC. Review the PRN opioid doses regularly and always when regular oral doses are changed. If a syringe driver becomes necessary, discontinue this sheet and use the Community Nurse Record - Authorisation Sheet for Syringe Driver. Prescribers may specify a safe, limited dose range if appropriate. Nurses should **ALWAYS** administer the lowest dose initially and should seek specialist advice from the second on call system regarding using higher doses if needed.
 If any drugs are required repeatedly consider the use of a syringe driver – Use SYRINGE DRIVER – Authorisation sheet (Community Nursing Record)

Date	Indication	Medication See notes overleaf	Dose See notes overleaf	Frequency See notes overleaf	Route	Prescriber signature and REG No	Signature and date stopped
	Opioid analgesic for pain or breathlessness	Either MORPHINE		Stat and 1 hourly PRN	S/C		
		Or _____		Stat and 1 hourly PRN	S/C		
	Anti-emetic	Either CYCLIZINE	50mg (maximum 150mg daily by any route)	Stat and 8 hourly PRN	S/C		
		Or LEVOMEPRMAZINE	2.5mg to 5mg	Stat and 6 hourly PRN	S/C		
	Terminal agitation or breathlessness	MIDAZOLAM (use 10mg/2ml ampoules)	2.5mg to 5mg	Stat up to 1 hourly PRN	S/C		
	Excessive secretions	GLYCOPYRRONIUM	200microgram	Stat and 4 hourly PRN	S/C		
	Other						
	Other						
		WATER FOR INJECTION 10ml		For flushing/anticipation of use of syringe driver			

Recommended Review of Medications and current clinical situation is 6/12 for those patients who have NOT required JIC Medications

NOTES: Lancashire and South Cumbria Consensus Guidance (August 2017) Clinical Practice Summary

OPIOIDS

- Morphine is the first choice injectable opioid (unless there is a previous intolerance or caution for use).
- Prescribe 2.5mg to 5mg S/C stat initially if patient is opioid naïve/elderly. Assess the response. A further dose may be given if required after 60 minutes. Higher doses may be needed for patients already taking opioids (including codeine, tramadol etc.) – see BNF or table below or prescribing guidelines for equivalent morphine doses.
- Calculate the total oral morphine dose taken over the last 24 hours (including PRN doses). Divide by 2 to give the equivalent S/C daily morphine requirement. Prescribe ONE SIXTH of this S/C as the Just in Case (JiC) dose.
- Prescribe 5 ampoules of an appropriate strength morphine injection (10mg in 1ml, 30mg in 1ml, 60mg in 2ml). N.B. the injection volume for an S/C bolus should not exceed 2ml.
- If higher doses are needed than given in the table below, contact the Specialist Palliative Care team for advice
- If the patient cannot tolerate morphine or is already taking an alternative opioid refer to the table below for equivalent doses. Seek advice from the Specialist Palliative Care team if needed.
- Fentanyl or buprenorphine patches should be continued, renewing the patch as per prescription. Any additional opioid S/C doses are used to top up this background dose.

APPROXIMATE EQUIVALENT DOSES (N.B. you must use clinical judgment in addition to looking up the doses.)

Oral Morphine		Oral Oxycodone		Transdermal Buprenorphine		Transdermal Fentanyl	Subcutaneous Morphine		Subcutaneous Oxycodone		
4-hr dose (mg)	12-hr SR dose (mg)	4-hr dose (mg)	12-hr SR dose (mg)	BuTrans (mcg/hr) <i>change every seven days</i>	Transtec (mcg/hr) <i>change every four days</i>	Fentanyl (mcg/hr) <i>change every three days</i>	4-hr dose (mg)	24-hr CSCI dose (mg)	4-hr dose (mg)	24-hr CSCI dose (mg)	
1.25	5	-	-	5	-	-	0.5	-	-	-	
2.5	10	-	-	10	-	-	1.25	5	-	-	
5	15	2.5	10	15	-	12	2.5	15	1.25	10	
10	30	5	15	25	-	25	5	30	2.5	15	
15	45	10	30	35	35	37	7.5	45	5	30	
20	60	15	45	-	52.5	50	10	60	7.5	45	
SPECIALIST REVIEW				SPECIALIST REVIEW							
30	90	20	60	-	70	75	15	90	10	60	
40	120	25	75	-	105	100	20	120	12.5	75	
50	150	30	90	-	122.5	125	25	150	15	90	
60	180	40	120	-	140	150	30	180	20	120	

- ANTI-EMETICS:** **Cyclizine** 50mg PO/SC 8 hourly prn – maximum dose by any route is 150mg- watch for additional oral doses. Contraindicated in severe heart failure, caution in renal and hepatic failure.
Levomepromazine 2.5-5mg SC hourly prn – widely used in palliative care, useful if a sedating effect is required.
Haloperidol – 500microgram S/C 8 hourly prn is an alternative
- AGITATION:** **Midazolam** -Use the concentrated preparation (10mg in 2ml). Dose: 2.5-5mg SC hourly prn Manage other possible causes of agitation –pain, urinary retention, faecal impaction.
- SECRETIONS:** **Glycopyrronium** 200microgram SC 4 hourly prn
Hyoscine butylbromide (Buscopan) 20mg S/C is an alternative.
Hyoscine hydrobromide 400microgram S/C is sedating and can cause paradoxical agitation, so is no longer a first line choice.