

## Last Days of Life Medicines Authorisation & Administration Booklet

### Section 1: Demographics and instructions for use of booklet

<b>DEMOGRAPHIC INFORMATION</b>				
Surname	Booklet ____ of ____			
Forename	GP			
Date of birth	GP practice			
NHS number	GP tel.			
Address	District nurse tel.			
	Eve/night district nurse tel.			
	Palliative Care CNS/ Macmillan CNS			
	Tel.			
	Community pharmacist			
	Tel.			
<b>ALLERGIES AND SENSITIVITIES</b>				
Trigger	Reaction			
<b>CONTROLLED DRUGS (not administered by nurses)</b>				
<i>Medicine e.g. fentanyl patch, morphine liquid</i>	Dose	Frequency	Route	Usually administered by:

This document must only be used when the patient has been assessed and they are considered to be in their last days of life.

Anticipatory medication should only be initiated after assessment of the patient and their individual symptoms in the last days of life.

Following administration of medication the patient should be reviewed and the care plan and medication adjusted as needed. If the patient is not deteriorating and deemed not to be in the last days of life then they should be reviewed to ensure the specific medications are still appropriate.

<b>INSTRUCTIONS FOR USE OF CHART</b>
<b>Medicines authorisation</b>
<ol style="list-style-type: none"> <li>1. All anticipatory medicine authorisations must be signed and dated by an authorised prescriber</li> <li>2. Write legibly in black ink, avoid abbreviations</li> <li>3. Do not amend medication authorisations – always rewrite as a new medication authorisation</li> <li>4. All medication must have an indication documented</li> </ol>
<b>Medicines administration</b>
<ol style="list-style-type: none"> <li>1. Anticipatory medicines should only be commenced when the symptom is present</li> <li>2. The lowest effective dose should be used</li> <li>3. The administration record must be completed each time a medication is administered</li> <li>4. Record time using 24 hour clock</li> <li>5. Omitted medication should be recorded with the following: (1) Refused, (2) Nil by mouth, (3) Nausea &amp; Vomiting, (4) No access, (5) Not required, (6) Other treatment in progress, (7) Medicine not available, (8) Awaiting medical advice, (9) Self-administration, (10) Inappropriate/unclear prescription.</li> </ol>

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### Section 2: Medicines Authorisation and administration

AS REQUIRED MEDICINES (p.r.n.)		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug (appropriate opioid)	Route <b>SC</b>								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.) ..... hourly p.r.n.									
Indication <b>Pain / *Breathlessness</b>									
Prescriber's signature	Date	<b>Special instructions</b> SC and ORAL doses are not equivalent When a dose is given for breathlessness – annotate dose box with a *, e.g *5mg							
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug <b>Midazolam</b>	Route <b>Either SC or buccal</b>								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.) ..... hourly p.r.n.									
Indication <b>Agitation / restlessness</b>									
Prescriber's signature	Date	<b>Special instructions</b> Usual starting dose = midazolam 2.5mg SC 1 hourly. If more than 4 doses are required in 24 hours seek specialist advice							
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug (appropriate antiemetic)	Route <b>SC</b>								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.) ..... hourly p.r.n.									
Indication <b>Nausea / vomiting</b>									
Prescriber's signature	Date	<b>Special instructions</b> If already on effective antiemetic continue, otherwise use levomepromazine 5 mg SC 4 hourly prn (max of 25mg /24 hrs)							
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug (appropriate opioid)	Route <b>SC</b>								
Dose <b>200 micrograms</b>	Max. dose in 24 hrs <b>1.2mg</b>								
Frequency (insert max. freq.) <b>6 hourly p.r.n</b>									
Indication <b>Respiratory tract secretions</b>									
Prescriber's signature	Date	<b>Special instructions</b> If requiring p.r.n. doses commence a continuous subcutaneous infusion at earliest opportunity							

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**It is normal practice to flush SC lines with water for injection**

AS REQUIRED MEDICINES (p.r.n.)		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date								
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date								
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug (appropriate antiemetic)	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date								
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug (appropriate opioid)	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date								

For all controlled drugs complete stock balance chart on page 8

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AS REQUIRED MEDICINES (p.r.n.)									
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug (appropriate opioid)	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date	<b>Special instructions</b>							
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date	<b>Special instructions</b>							
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug (appropriate antiemetic)	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date	<b>Special instructions</b>							
		Date	Time	Dose	Given by	Date	Time	Dose	Given by
Drug (appropriate opioid)	Route								
Dose	Max. dose in 24 hrs								
Frequency (insert max. freq.)									
Indication									
Prescriber's signature	Date	<b>Special instructions</b>							

For all controlled drugs complete stock balance chart on page 8

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## Last Days of Life Medicines Authorisation & Administration Booklet

### REGULAR MEDICINES ADMINISTERED BY NURSES

Date / month										
Drug		Time	Specify time	<b>Nurse initials</b>						
Dose	Route	0800-1000								
		1200-1400								
Indication		1700-1900								
		2100-2300								
Prescriber's signature										
Date		Special instructions								
Drug		Time	Specify time	<b>Nurse initials</b>						
Dose	Route	0800-1000								
		1200-1400								
Indication		1700-1900								
		2100-2300								
Prescriber's signature										
Date		Special instructions								
Drug		Time	Specify time	<b>Nurse initials</b>						
Dose	Route	0800-1000								
		1200-1400								
Indication		1700-1900								
		2100-2300								
Prescriber's signature										
Date		Special instructions								
Drug		Time	Specify time	<b>Nurse initials</b>						
Dose	Route	0800-1000								
		1200-1400								
Indication		1700-1900								
		2100-2300								
Prescriber's signature										
Date		Special instructions								

For all controlled drugs complete stock balance chart on page 8

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## Last Days of Life Medicines Authorisation & Administration Booklet

A maximum of 3 medicines are recommended in the syringe pump. If more than 3 medicines are needed contact the specialist palliative care team or hospice advice line for advice

**Compatibility information at** <http://book.pallcare.info/index.php>

CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP												
Syringe pump ____ of ____			Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
Equipment no.												
Drugs	Indication											
1		Dose		Dose		Dose		Dose		Dose		
		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		
2		Dose		Dose		Dose		Dose		Dose		
		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		
3		Dose		Dose		Dose		Dose		Dose		
		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		
Diluent		Line change Y / N										
<b>Water for injection</b>		Rate										
Prescriber's signature		Date		Site check (tick)								
				Battery life remaining %								

CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP												
Syringe pump ____ of ____			Date	Time	Date	Time	Date	Time	Date	Time	Date	Time
Equipment no.												
Drugs	Indication											
1		Dose		Dose		Dose		Dose		Dose		
		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		
2		Dose		Dose		Dose		Dose		Dose		
		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		
3		Dose		Dose		Dose		Dose		Dose		
		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		Nurse Signature		
Diluent		Line change Y / N										
<b>Water for injection</b>		Rate										
Prescriber's signature		Date		Site check (tick)								
				Battery life remaining %								

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### CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP

Syringe pump ___ of ___			Date	Time	Date	Time	Date	Time	Date	Time	Date	Time	
Equipment no.													
Drugs	Indication												
1		Dose			Dose			Dose			Dose		
		Nurse Signature			Nurse Signature			Nurse Signature			Nurse Signature		
2		Dose			Dose			Dose			Dose		
		Nurse Signature			Nurse Signature			Nurse Signature			Nurse Signature		
3		Dose			Dose			Dose			Dose		
		Nurse Signature			Nurse Signature			Nurse Signature			Nurse Signature		
Diluent		Line change Y / N											
<b>Water for injection</b>		Rate											
Prescriber's signature	Date	Site check (tick)											
		Battery life remaining %											

### CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP

Syringe pump ___ of ___			Date	Time	Date	Time	Date	Time	Date	Time	Date	Time	
Equipment no.													
Drugs	Indication												
1		Dose			Dose			Dose			Dose		
		Nurse Signature			Nurse Signature			Nurse Signature			Nurse Signature		
2		Dose			Dose			Dose			Dose		
		Nurse Signature			Nurse Signature			Nurse Signature			Nurse Signature		
3		Dose			Dose			Dose			Dose		
		Nurse Signature			Nurse Signature			Nurse Signature			Nurse Signature		
Diluent		Line change Y / N											
<b>Water for injection</b>		Rate											
Prescriber's signature	Date	Site check (tick)											
		Battery life remaining %											

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### Last Days of Life Medicines Authorisation & Administration Booklet

#### Section 3: Stock Balance

##### CONTROLLED DRUG STOCK BALANCE

Drug			Strength			Formulation		
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		Received from pharmacy			Administration			
Date	Time	Quantity	Batch no.	Expiry	Administered	Discarded	Stock balance	Signature

Drug			Strength			Formulation		
------	--	--	----------	--	--	-------------	--	--

		Received from pharmacy			Administration			
Date	Time	Quantity	Batch no.	Expiry	Administered	Discarded	Stock balance	Signature

Drug			Strength			Formulation		
------	--	--	----------	--	--	-------------	--	--

		Received from pharmacy			Administration			
Date	Time	Quantity	Batch no.	Expiry	Administered	Discarded	Stock balance	Signature

## Last Days of Life Medicines Authorisation & Administration Booklet

### Section 4: Conversion charts & prescribing information

#### OPIOID CONVERSION CHARTS

- If there are no contraindications morphine or diamorphine should be used first line
- A 'when required' (prn) dose should usually be calculated as 1/6th – 1/10th of the total daily dose of opioid
- The conversion tables do not indicate incremental steps
- An increase in regular opioid should usually be made in 33-50% steps. Do not increase total 24 hour opioid dose by more than 50%.
- Transdermal opioid patches should usually be continued as background analgesia in the last days of life
- If a patient with transdermal opioid patch requires an increase in total opioid dose - contact specialist palliative care team or hospice advice line for advice

#### Anticipatory Subcutaneous Doses

**Table 1**

The patient is still taking oral morphine but needs anticipatory subcutaneous 'when required' dose of opioid prescribing (morphine or diamorphine) for if they become unable to take oral morphine.

Route	Total ORAL dose in 24 hours	SUBCUTANEOUS 'WHEN REQUIRED' DOSE (2-4 hourly)	
Drug	<b>Morphine (mg)</b>	<b>Morphine (mg)</b>	<b>Diamorphine (mg)</b>
Dose	20	2.5	1
	30	2.5	2.5
	60	5	5
	90	7.5	5
	120	10	5
	150	12.5	7.5
	180	15	10
	240	20	12.5

**Table 2**

The patient is still taking oral oxycodone but needs anticipatory subcutaneous 'when required' dose of oxycodone prescribing for if the patient becomes unable to take oral oxycodone.

Total ORAL dose in 24 hours	SUBCUTANEOUS 'WHEN REQUIRED' DOSE (2-4 hourly)
<b>Oxycodone (mg)</b>	<b>Oxycodone (mg)</b>
10	1
20	2.5
30	2.5 – 5
40	5
60	5 – 7.5
80	10
100	12.5
120	15

*(Doses have been rounded to convenient sizes)*

**Last Days of Life Medicines Authorisation & Administration Booklet****Continuous Subcutaneous Infusions****Table 3**

The patient is unable to take regular oral morphine and needs a continuous subcutaneous infusion (CSCI) of opioid via a syringe pump.

Route	Total ORAL dose in 24 hours	CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP (over 24 hours)	
Drug	Morphine (mg)	Morphine (mg)	Diamorphine (mg)
Dose	20	10	7.5
	30	15	10
	60	30	20
	90	45	30
	120	60	40
	150	75	50
	180	90	60
	240	120	80

*(Doses have been rounded to convenient sizes)*

**Table 4**

The patient has been taking but is no longer able to take regular oral oxycodone and needs a continuous subcutaneous infusion (CSCI) of oxycodone via a syringe pump.

Total ORAL dose in 24 hours	CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP (over 24 hours)
Oxycodone (mg)	Oxycodone (mg)
10	5
20	12.5
30	20
40	25
60	40
80	50
100	80

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### Transdermal Patch Subcutaneous P. R. N. Opioid Doses

**Table 5** – The patient has been using transdermal **Buprenorphine patches**. Prescribe a ‘when required’ (p.r.n.) of subcutaneous of opioid for if they become unable to take oral opioids p.r.n..

Buprenorphine patch (microgram/hour)	Approximate equivalent dose of ORAL morphine in 24 hours	SUBCUTANEOUS ‘WHEN REQUIRED’ DOSE (2-4 hourly)	
		Morphine (mg)	Diamorphine (mg)
Patch changed <b>weekly</b>			
5	12	1	1
10	24	2.5	1
15	36	2.5	2.5
20	48	5	2.5
Buprenorphine patch (microgram/hour)	Approximate equivalent dose of ORAL morphine in 24 hours	SUBCUTANEOUS ‘WHEN REQUIRED’ DOSE 2-4 hourly	
		Morphine (mg)	Diamorphine (mg)
Patch changed <b>every four days</b>			
35	84	7.5	5
52.5	126	10	7.5
70	168	15	10

**Table 6** – The patient has been using transdermal **fentanyl patches**. Prescribe a ‘when required’ (p.r.n.) dose of subcutaneous opioid for if they become unable to take oral opioids p.r.n.

Fentanyl patch (microgram/hour)	Approximate equivalent dose of ORAL morphine in 24 hours	SUBCUTANEOUS ‘WHEN REQUIRED’ DOSE (2-4 hourly)		
		Morphine (mg)	Diamorphine (mg)	Oxycodone (mg)
12	<44	2.5	1.25	1.25
25	45-89	5	2.5	2.5
37	90-114	7.5	5	5
50	115-149	10	5	5
62	150-174	12.5	7.5	7.5
75	175-209	15	10	10
100	210-269	20	12.5	12.5

If the patient requires repeated ‘when required’ doses of subcutaneous opioids contact the specialist palliative care team or hospice advice line for advice.

Opioid conversion ratios can be found at <http://www.gmeccsn.nhs.uk/index.php/networks/palliative-and-end-of-life-care/information-for-health-and-social-care-professionals/resource-library>

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**Table 7** Recommended starting dose for prn use and pack size information

<b>Pain / Breathlessness</b>			
Drug	Usual starting dose - subcutaneous 'when required'	Strengths available	Pack size
Morphine	See opioid conversion charts	10mg/ml ampoule	10
		30mg/ml ampoule	10
		60mg/2ml ampoule	10
Diamorphine	See opioid conversion charts	5mg ampoule	5
		10mg ampoule	5
		30mg ampoule	5
Oxycodone	See opioid conversion charts	10mg/ml ampoule	5
		20mg/2ml ampoule	5

<b>Agitation</b>			
Drug	Usual starting dose - subcutaneous 'when required'	Strengths available	Pack size
Midazolam	Usual starting dose 2.5mg 1 hourly prn	10mg/2ml ampoule	10

<b>Nausea / vomiting</b>			
Drug	Usual starting dose - subcutaneous 'when required'	Strengths available	Pack size
Levomepromazine	5mg SC 6 hourly prn	25mg/ml ampoule	10
Haloperidol	500micrograms – 1.5mg SC once daily	5mg/ml ampoule	10
Cyclizine	50mg SC 8 hourly prn	50mg/ml ampoule	5
Metoclopramide	10mg SC 8 hourly prn	10mg/2ml ampoule	10

<b>Respiratory tract secretions</b>			
Drug	Usual starting dose - subcutaneous 'when required'	Strengths available	Pack size
Glycopyrronium	200 micrograms SC 6 hourly prn	200microgram/ml 1ml & 3ml ampoules	10

<b>Diluent</b>			
Water for injection			Pack size
			20

## Section 5: Prescribing Algorithms

**SYMPTOM: PAIN****PATIENT UNABLE TO SWALLOW AND NOT ALREADY ON REGULAR STRONG OPIOIDS?  
(e.g. no regular morphine, oxycodone or fentanyl)**

If the patient is known to be intolerant to morphine or morphine not effective,  
**SEEK SPECIALIST ADVICE**

Is the patient in pain?

YES

NO

**PRN S/C Morphine**

- Give morphine 2.5–5mg SC 4 hourly p.r.n
- If repeat doses required **and** morphine is effective review and consider continuous SC morphine

**Pre-Emptive Prescribing**

Prescribe morphine  
2.5–5mgs SC 4 hourly p.r.n  
**in case** pain occurs

**Continuous SC Morphine**

Start a CSCI via a syringe pump over 24 hours

- Start at 10–20mg over 24 hours
- Calculate p.r.n. 'breakthrough' dose by dividing total 24 hour dose of SC morphine by 6
- Prescribe p.r.n. dose of morphine 4 hourly p.r.n.

**Review Pain At Each Visit**

- Is morphine effective?
- If the patient needed more than 2 p.r.n doses in 24 hours consider if the 24 hour CSCI dose needs increasing
- Recalculate CSCI dose by adding p.r.n doses to amount in CSCI (**Do not increase CSCI dose by more than 50%**)
- If patient needs more than 3 p.r.n doses or morphine not effective **seek specialist advice**

**KEY MESSAGES – PAIN**

- ▶ Alternative strong opioids may be prescribed according to local guidelines, e.g. diamorphine 2.5–5mg SC 4 hourly p.r.n
- ▶ Consider and eliminate reversible causes for pain (constipation, urinary retention, spiritual and psychological causes)
- ▶ Would a pain chart be of benefit?
- ▶ Refer to the opioid conversion charts in section 4 of SCN Pain and Symptom Control Guidelines, Appendix 2 for information
- ▶ When calculating CSCI increase based on prn use, exclude doses used for incident pain



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CSCI = Continuous Subcutaneous Infusion

**SYMPTOM: PAIN**

**PATIENT USING FENTANYL PATCHES AND IS NOW UNABLE TO SWALLOW**

**IMPORTANT**

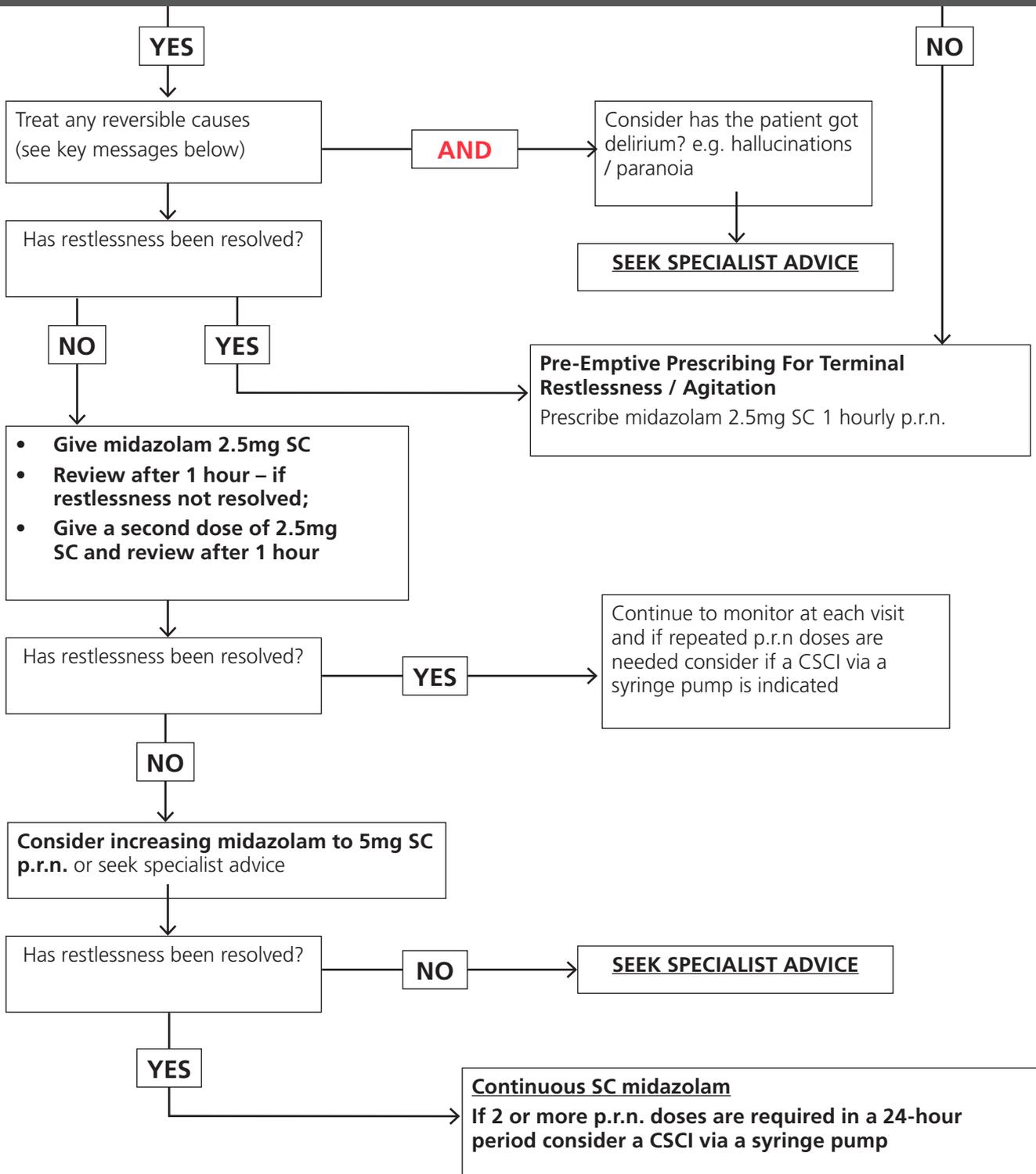
**CONTINUE TO USE AND CHANGE PATCH EVERY 72 HOURS AS PREVIOUSLY PRESCRIBED**

**Pre-Emptive Prescribing**

- Use SC morphine for breakthrough pain.
- Calculate or consult section 4 of SCN Pain and Symptom Control Guidelines, (Appendix 2) as a guide for the p.r.n. dose of SC morphine that is relevant for the strength of patch
- Alternative strong opioids may be prescribed according to local guidelines.
- Prescribe the dose 4 hourly p.r.n. in case pain occurs

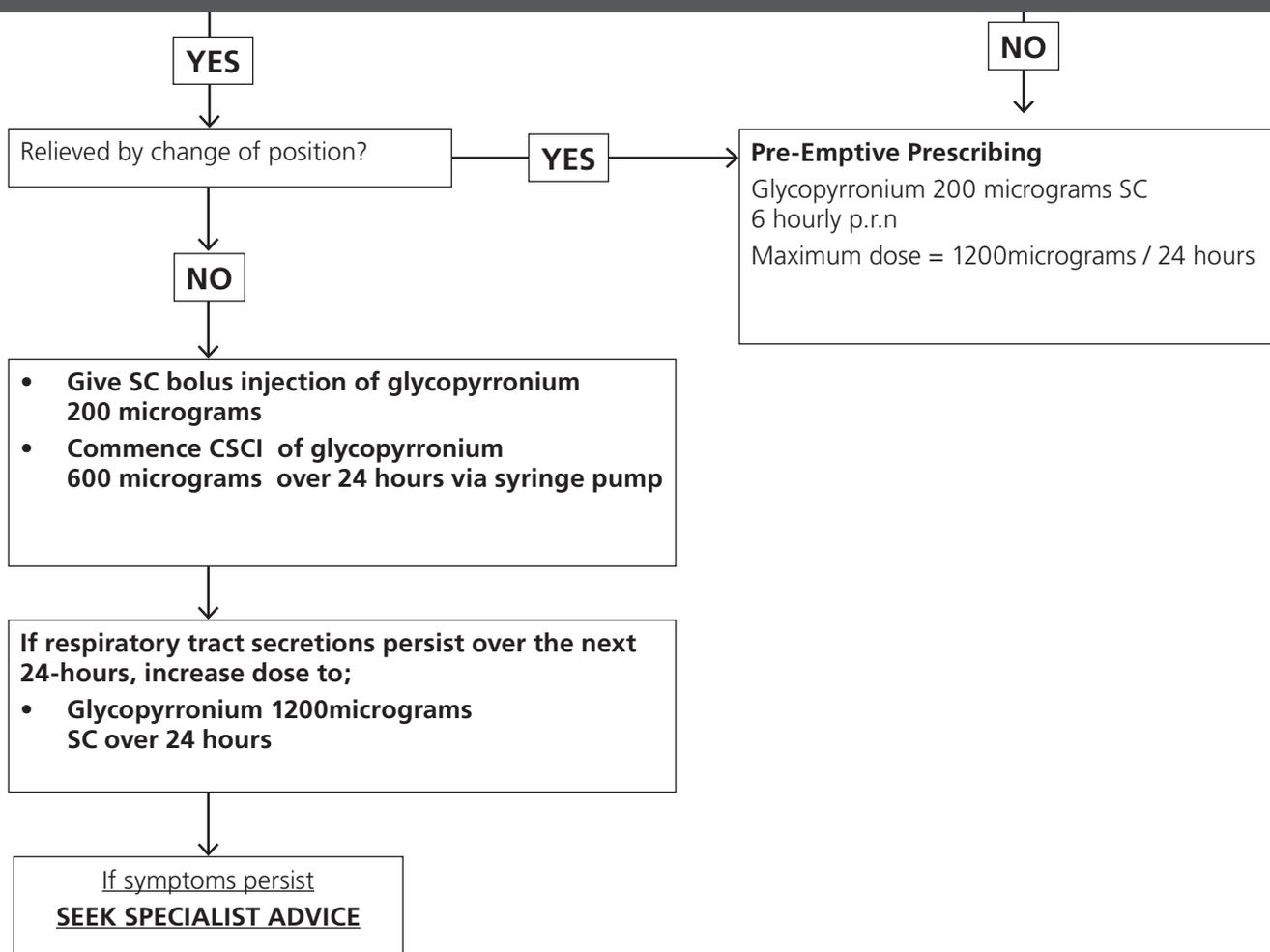
**If pain not controlled or if needing more than 2 p.r.n doses over 24 hours seek specialist advice**

## IS THE PATIENT EXPERIENCING TERMINAL RESTLESSNESS AND / OR AGITATION?

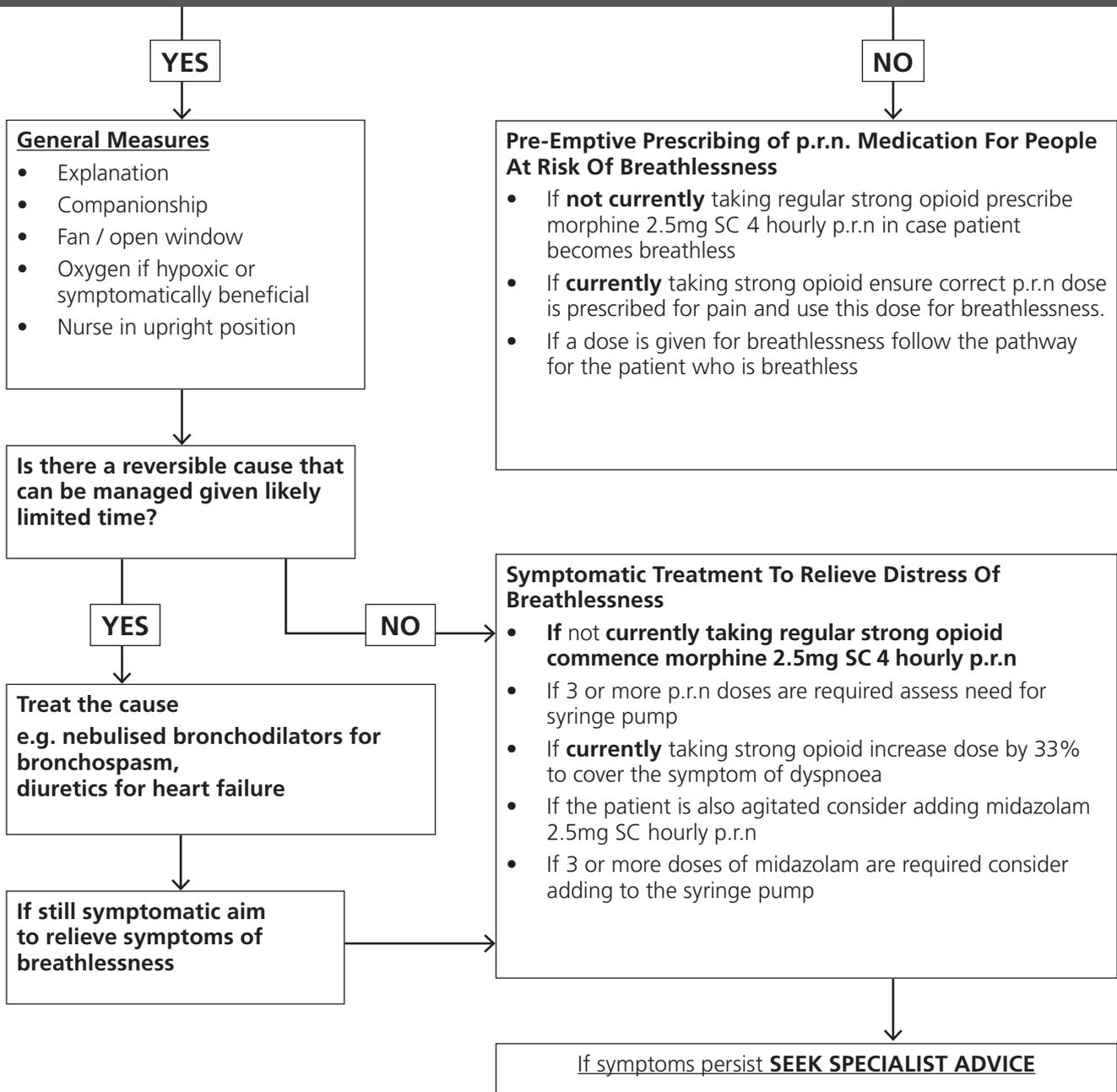


### KEY MESSAGES – TERMINAL RESTLESSNESS AND AGITATION

- ▶ Document that reversible causes of agitation have been considered (pain, constipation, urinary retention, overheating, infection, nicotine withdrawal, high calcium levels)
- ▶ If requiring 3 or more p.r.n doses within 8 hours seek urgent specialist advice
- ▶ Consider adding any p.r.n doses given in previous 24 hours to syringe pump dose
- ▶ The p.r.n dose of midazolam should be the amount in the syringe pump divided by 6

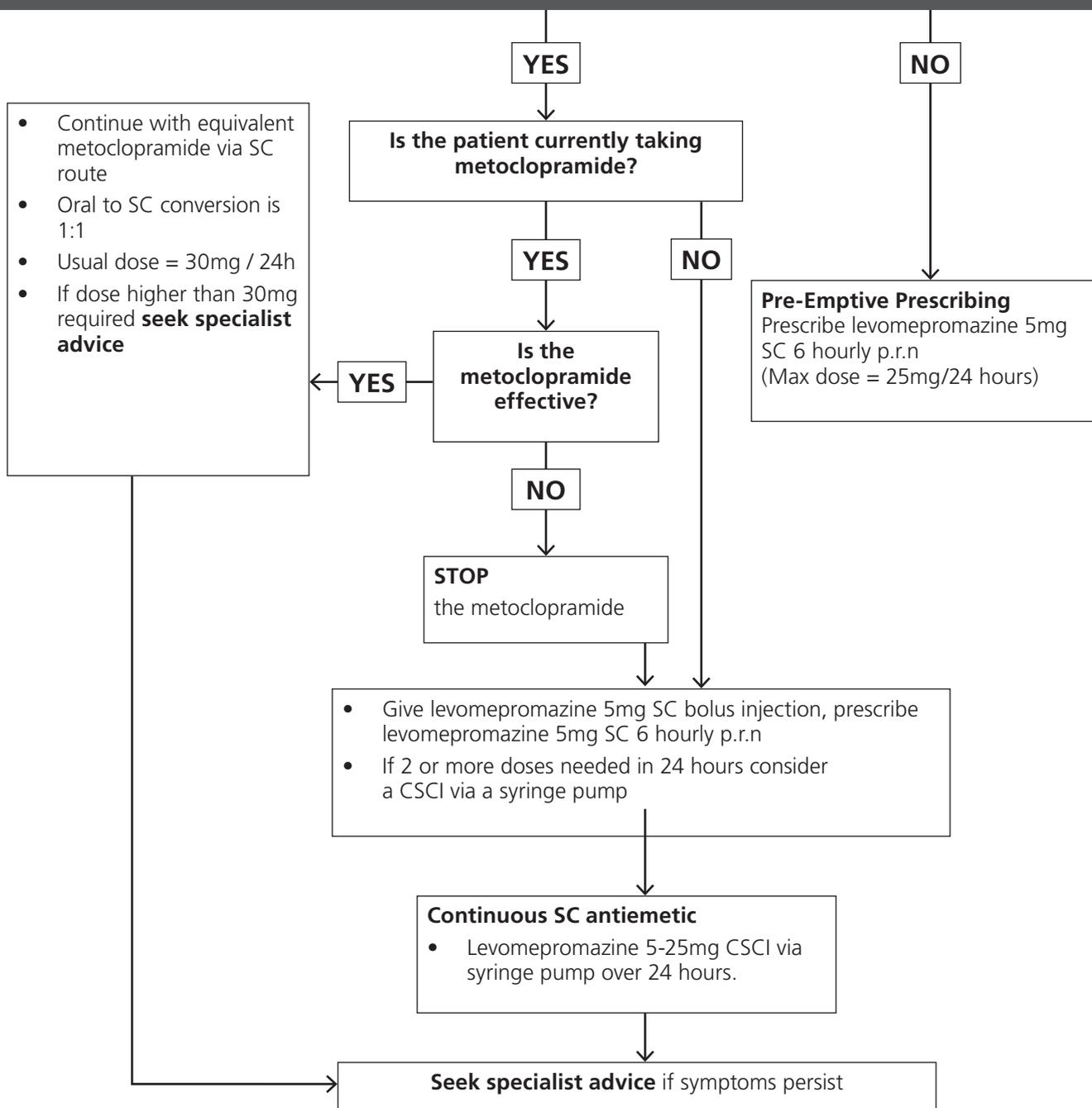
**ARE TROUBLESOME RESPIRATORY TRACT SECRETIONS PRESENT?****KEY MESSAGES - RESPIRATORY TRACT SECRETIONS**

- ▶ Treatment must be commenced at onset of secretions. Medication will prevent new secretions being produced but will not remove secretions already present
- ▶ If there is a delay in commencing a syringe pump when appropriate, administer regular glycopyrronium 200micrograms 6 hourly until syringe pump available.
- ▶ Alternative antimuscarinic drugs can be used according to local guidelines, e.g. hyoscine butylbromide (Buscopan®) 20mg SC 4 hourly p.r.n., 60-120mg CSCI or hyoscine hydrobromide 400micrograms SC 4 hourly p.r.n, 1.2mg – 2.4mg CSCI over 24 hours
- ▶ Terminal respiratory secretions may be most upsetting for family and those close to the patient. Discussion of these symptoms with them is important.
- ▶ Palliative treatment with antibiotics may be appropriate if they are likely to help reduce purulent secretions and increase the comfort of the patient

**IS THE PATIENT BREATHLESS?****KEY MESSAGES – BREATHLESSNESS**

- ▶ Treatment for reversible causes of breathlessness include; bronchodilators, diuretics, and antibiotics
- ▶ Simple measures such as a calm environment, a fan or open window can be just as effective as medication
- ▶ Alternative opioids can be prescribed according to local guidelines, e.g. diamorphine 2.5 –5mg SC 4 hourly p.r.n.
- ▶ If 3 or more p.r.n doses are required within 8 hours **seek specialist advice**

## IS THE PATIENT EXPERIENCING NAUSEA AND / OR VOMITING?



### KEY MESSAGES – NAUSEA AND VOMITING

- ▶ Patients with complete bowel obstruction and nausea or vomiting should not receive metoclopramide
- ▶ Alternative antiemetics may be prescribed according to local guidelines, e.g. cyclizine 50mg SC 8 hourly p.r.n. or 150mg by CSCI over 24 hours (not recommended in heart failure, use water for injection if diluent needed); or haloperidol 500micrograms – 1.5mg stat, 1.5 – 5mg CSCI
- ▶ Metoclopramide and cyclizine should not be prescribed simultaneously
- ▶ For patients with Parkinsonism or Parkinson’s Disease seek specialist advice
- ▶ Simple measures such as treating constipation and keeping the patient away from strong food smells may also help

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## REGULAR MEDICINES ADMINISTERED BY NURSES

Drug		Date / month									
		Time	Specify time	Nurse initials							
Dose	Route	0800-1000									
		1200-1400									
Indication		1700-1900									
		2100-2300									
Prescriber's signature											
Date		Special instructions									
Drug		Time	Specify time	Nurse initials							
Dose	Route	0800-1000									
		1200-1400									
Indication		1700-1900									
		2100-2300									
Prescriber's signature											
Date		Special instructions									
Drug		Time	Specify time	Nurse initials							
Dose	Route	0800-1000									
		1200-1400									
Indication		1700-1900									
		2100-2300									
Prescriber's signature											
Date		Special instructions									
Drug		Time	Specify time	Nurse initials							
Dose	Route	0800-1000									
		1200-1400									
Indication		1700-1900									
		2100-2300									
Prescriber's signature											
Date		Special instructions									

For all controlled drugs complete stock balance chart on page 8