**Opioid dose conversion table here**

**List of drugs that need normal saline –**

**Further information: reference Wessex guidelines, meds mgmt. team**

Palliative Care Drug Chart

Chart No.

of

Only for authorisation of injectable (PRN) and syringe pump medication and record of administration for adult patients. Any other medication to be administered by Trust staff must be prescribed on the MAR chart / electronic prescribing system.

For specialist advice, contact:

* St. Margaret’s Hospice – 0845 0708 910
* Weston Hospice – 01934 423912
* Dorothy House Hospice – 01225 722999

 **PATIENT DETAILS:**

|  |  |
| --- | --- |
| First Name: Last Name: DOB: NHS No: GP Practice:  | Allergies/Sensitivities:No known allergies |

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| Just in case (JiC) medication: supply at least 10 doses when authorising PRN drugs only. More doses will be needed if complex symptoms, frequent PRNs or if authorising syringe pump: e.g. at least 3 day’s supply.Controlled drugs needing handwriting requirements on FP10 in **bold red print**. |
|  | **Drug:** | **Subcutaneous (SC) as required (PRN) dose:**  | **Ampoule Strengths:** | **Starting dose range over 24 hours via subcutaneous syringe pump:** | **Usual total maximum dose/24 hours:** |
| **SYMPTOM 1: PAIN / DYSPNOEA** |
| If already on an opioid see back page for conversion tableIf eGFR <30 seek guidance | **Morphine 1st Line**Unless already on an alternate opioid | 2.5 - 5mg 1 hourly PRN if opioid naïve OR 1/6th 24 hour subcutaneous dose 1 hourly PRN | 10, 15, 20 or 30mg/ml in 1ml amps | 10-15mg/24hr(If opioid naïve) | No upper limit but prescriber may indicate a max dose |
| **Diamorphine** | 2.5 mg 1 hourly PRN if opioid naïve OR 1/ 6th 24 hour subcutaneous dose 1 hourly PRN | 10 or 30mg amps | 5–10mg/24hr(If opioid naïve) |
| **SYMPTOM 2: NAUSEA AND VOMITING** |
|   | Levomepromazine | 6.25mg 4hourly PRN | 25mg/ml | 6.25mg / 24hr | 25mg |
| Use if gastric stasis is suspected. Do not use if colic present | Metoclopramide | 10mg TDS | 10mg/2ml in 2ml amps | 30mg/24hr | 60mg |
| Use if toxins suspected e.g. opioids, liver or renal failure | Haloperidol | 0.5-2.5mg | 5mg/1ml in 1ml amps | 2.5mg/24hr | 5mg |
| **SYMPTOM 3: AGITATION IN LAST DAYS OF LIFE** |
|  | Midazolam1st line | 2.5-5mg 1 hourly PRN | 10mg/2ml | 10-20mg/24hr(5-15mg if lower dose indicated) | 60mg |
|  | Levomepromazine 2nd line | 12.5-25mg QDS PRN | 25mg/ml | 12.5-25mg/24hr | 100mg |
| **SYMPTOM 4: RESPIRATORY TRACT SECRETIONS IN LAST DAYS OF LIFE** |
| Noisy breathing | Hyoscine Butylbromide | 20mg 2 hourly PRN | 20mg/ml | 60-100mg/24hr | 5mg |
| Can also be used at the same doses for colic/reduce secretions in inoperable bowel obstruction |

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|  **AS REQUIRED PRN INJECTABLE DRUGS**  |

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| **PATIENTS NAME:****NHS No:** |  | **ALLERGIES:** |

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| Drug: | Date: |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indication:  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:  | Max Frequency:  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Route: **S/C** | Max in 24hrs including pump:  | Route: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature: **AS REQUIRED PRN DRUGS**  | Date:  | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug:  | Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indication: **AS REQUIRED PRN DRUGS**  | Time:**AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  | **AS REQUIRED PRN DRUGS**  |  |  |  |  |  |  |  |  |  |  |
| Dose Range: | Max Frequency | Dose |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Route: **S/C** | Max in 24hrs including pump: | Route: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug:  | Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Dose Range:  | Max Frequency:  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Route: **S/C** | Max in 24hrs including pump: | Route: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug:  | Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indication:  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:  | Max Frequency:  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Route: **S/C** | Max in 24hrs including pump: | Route: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug:  | Date: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indication:  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:  | Max Frequency:  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Route: **S/C** | Max in 24hrs including pump: | Route: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Initials: |  |  |  |  |  |  |  |  |  | **Cautions re administration of syringe pump drugs authorised as a dose range:*** Start on the lowest dose in the range, unless assessment of PRN requirements indicates the need for a higher dose. Rationale for the chosen dose should be documented.
* See prescribing table for usual maximum dose of drug in 24 hours, which includes PRN and syringe pump doses.
* Max dose may be increased following specialist advice.
* When adjusting syringe driver dose, it is likely that PRN dose also needs to change (opioids 1/6 24hr opioid dose)
 |
| Drug:  | Date: |  |  |  |  |  |  |  |  |  |
|  Indication:  | Time: |  |  |  |  |  |  |  |  |  |
| Dose Range:  | Max Frequency:  | Dose: |  |  |  |  |  |  |  |  |  |
| Route: **SC** | Max in 24hrs including pump: | Route: |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Initials: |  |  |  |  |  |  |  |  |  |

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| **PATIENTS NAME:****NHS No:** |  | **ALLERGIES:** |

**DRUGS TO BE MIXED TOGETHER IN A SYRINGE PUMP (McKINLEY T34)**

**FOR CONTINUOUS SUBCUTANEOUS**

**DILUENT IS WATER FOR INJECTION (WFI) UNLESS OTHERWISE INSTRUCTED BY PRESCRIBER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Month Year:  | DATE:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \*\* If more than one syringe pump in use, indicate A or B.**DRUGS TO BE MIXED TOGETHER IN A SYRINGE PUMP FOR CONTINUOS SUBCUTANEOUS INFUSION OVER 24 HOURS** | *Time:* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Syringe PumpA or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diluent if not WFI: |  |  |  |  |  |  |  |  |  |  |
| Indication:  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:From: To:  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  Start today [ ]  Start when needed Start dose: (refer to care plan) | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Syringe PumpA or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diluent if not WFI: |  |  |  |  |  |  |  |  |  |  |
| Indication:  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:From: To:  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  Start today [ ]  Start when needed Start dose: (refer to care plan) | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Syringe PumpA or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diluent if not WFI: |  |  |  |  |  |  |  |  |  |  |
| Indication:  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:From: To:  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  Start today [ ]  Start when needed Start dose: (refer to care plan) | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Syringe PumpA or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diluent if not WFI: |  |  |  |  |  |  |  |  |  |  |
| Indication:  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:From: To:  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  Start today [ ]  Start when needed Start dose: (refer to care plan) | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Syringe PumpA or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cautions:*** Authorisation of syringe pump drugs **in advance** is appropriate if:
* likely to be needed in a number of days;
* the patient’s deterioration is not reversible OR
* occasionally for a patient who is at high risk of a specific symptom e.g. vomiting.
* Where nursing staff do not have competency to manage syringe pumps (e.g. some nursing homes), ensure arrangements are in place before authorising syringe pump drugs **in advance** or with **dose ranges.**
* Range in the syringe pump should be no more than 2 PRN doses. Seek specialist advice if considering a wider range.
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| **PATIENTS NAME:****NHS No:** |  | **ALLERGIES:** |

**DRUGS TO BE MIXED TOGETHER IN A SYRINGE PUMP (McKINLEY T34)**

**DRUGS TO BE MIXED TOGETHER IN A SYRINGE PUMP FOR CONTINUOS SUBCUTANEOUS INFUSION OVER 24 HOURS**

**FOR CONTINUOUS SUBCUTANEOUS INFUSION OVER 24 HOURS**

**DILUENT IS WATER FOR INJECTION (WFI) UNLESS OTHERWISE INSTRUCTED BY PRESCRIBER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Month: Year:  | DATE:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| \*\* If more than one syringe pump in use, indicate A or B. | *Time:* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Syringe PumpA or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diluent if not WFI: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indication:  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:From: To:  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  Start today [ ]  Start when needed Start dose: (refer to care plan) | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Syringe PumpA or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diluent if not WFI: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indication:  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:From: To:  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  Start today [ ]  Start when needed Start dose: (refer to care plan) | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Syringe PumpA or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diluent if not WFI: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indication:  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:From: To:  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  Start today [ ]  Start when needed Start dose: (refer to care plan) | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Syringe PumpA or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diluent if not WFI: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Dose Range:From: To:  | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  Start today [ ]  Start when needed Start dose: (refer to care plan) | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature:  | Date:  | Syringe PumpA or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Cautions:*** Authorisation of syringe pump drugs **in advance** is appropriate if:
* likely to be needed in a number of days;
* the patient’s deterioration is not reversible OR
* occasionally for a patient who is at high risk of a specific symptom e.g. vomiting.
* Where nursing staff do not have competency to manage syringe pumps (e.g. some nursing homes), ensure arrangements are in place before authorising syringe pump drugs **in advance** or with **dose ranges.**
* Range in the syringe pump should be no more than 2 PRN doses. Seek specialist advice if considering a wider range.
 | **Cautions re administration of syringe pump drugs authorised as a dose range:*** Start on the lowest dose in the range, unless assessment of PRN requirements indicates the need for a higher dose. Rationale for the chosen dose should be documented.
* See prescribing table for usual maximum dose of drug in 24 hours, which includes PRN and syringe pump doses.
* Max dose may be increased following specialist advice.
* When adjusting syringe driver dose, it is likely that PRN dose also needs to change (opioids 1/6 24hr opioid dose)
 |