**AS REQUIRED’ (PRN) SUBCUTANEOUS INJECTIONS**

**AUTHORISATION AND ADMINISTRATION CHART V4**

**Please indicate here  if there is more than one ‘As required’ authorisation and administration chart in use**

|  |  |
| --- | --- |
| **This document should remain with the patient. These charts are only for injectable medicines.**  **Tick this box if another Community Drug Chart is in use e.g. for Patches, Enemas etc.** | |
| **Palliative Care Team Contact Details:**  Saint Francis Hospice 01708 758643 | **Authorising clinician name and GMC/NMC/GPhC number:**  Dr X YZ GMC no 111111 |
| **Patient Information** | **Allergies and Adverse Reactions** |
| Patient Name:  Mr MICKEY MOUSE | No Known Allergies: Known Allergies  If required, seek source of allergy  List Medicine/Substance and Reaction: **e.g. Penicillin = rash**  Print, Sign & Date: Dr X YZ 01/01/2025 |
| NHS No: 2222222222  D.O.B 17/07/1903 |
| Weight (for children): |

**Check if there is an analgesic transdermal patch: Y  N  Drug name: Dose:**

**NB: Max 24hour dose below = *PRN medications only* (i.e. does not include medication administered via syringe pump)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pain +/or Breathlessness** | | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication: MORPHINE SULFATE** | | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 01/01/2025  Dose Range: **2.5mg to 5mg**  Frequency: **1 hourly max** | Max 24hour dose:  **30mg**  Authoriser sign & print:  Dr X YZ | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Nausea / Vomiting** | | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication: LEVOMEPROMAZINE** | | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 01/01/2025  Dose Range: **6.25mg to 12.5mg**  Frequency: **2 hourly max** | Max 24hour dose:  **25mg**  Authoriser sign & print:  Dr X YZ | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Agitation / Distress** | | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication: MIDAZOLAM** | | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 01/01/2025  Dose Range: **2.5mg to** **5mg**  Frequency: **1 hourly max** | Max 24hour dose:  **30mg**  Authoriser sign & print:  Dr X YZ | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Respiratory secretions** | | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication: GLYCOPYRRONIUM** | | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 01/01/2025  Dose Range: **200micrograms**  Frequency: **1 hourly max** | Max 24hour dose:  **1.2mg**  Authoriser sign & print:  Dr X YZ | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other indication:** | | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication:** | | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date:  Dose Range:  Frequency: | Max 24hour dose:  Authoriser sign & print: | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |