1. 'AS REQUIRED' (PRN) SUBCUTANEOUS INJECTIONS AUTHORISATION AND ADMINISTRATION CHART V5

NHS

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:	**Authorising clinician name and GMC/NMC/GPhC number:**
Saint Francis Hospice 01708 758643	**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: **Penicillin = rash**
NHS No: **2222222222** D.O.B: **17/07/1903**	
Weight (for children):	Print, Sign & Date: **Dr X YZ 01/01/2025**

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 / Breathlessness		Date:												
Medication: MORPHINE SULFATE		Time:												
Date: 01/01/2025 Dose Range: **1.25mg to 2.5mg** Frequency: **1 hourly max**	Max 24hour dose: **15mg** Authoriser sign & print: Dr X YZ	Dose:												
		Sign:												
Nausea / Vomiting		Date:												
Medication: LEVOMEPROMAZINE		Time:												
Date: 01/01/2025 Dose Range: **3.125mg to 6.25mg** 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: **1.25mg to 2.5mg** Frequency: **1 hourly max**	Max 24hour dose: **15mg** 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:												