**‘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**

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| --- |
| **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 123456 |
| **Patient Information** | **Allergies and Adverse Reactions**  |
| Patient Name:Mr MICKEY MOUSE | No Known Allergies:[ ]  Known Allergies [x] If required, seek source of allergy List Medicine/Substance and Reaction: Penicillin = RashPrint, Sign & Date: Dr X YZ 01/01/2025 |
| NHS No: 2222222222D.O.B 17/07/1903 |
| Weight (for children): |

**Check if there is an analgesic transdermal patch: Y** [ ]  **N** [x]  **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: Oxycodone**  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 01/01/2025Dose Range: **1mg to 2mg** Frequency: **1 to 2 hourly max**  | Max 24hour dose:**12 mg**Authoriser sign & print:Dr X YZ | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Nausea / Vomiting** | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication: Haloperidol** | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 01/01/2025Dose Range: **0.5mg to 1.5mg** Frequency: **2 hourly max**  | Max 24hour dose:**5 mg** Authoriser sign & print:Dr X YZ | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Agitation / Distress**  | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication: Midazolam**  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 01/01/2025Dose Range: **1.25mg to 2.5mg** Frequency: **1 to 2 Hourly** | Max 24hour dose:**15 mg**Authoriser sign & print:Dr X YZ | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Respiratory secretions** | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication: Glycopyrronium**  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date: 01/01/2025Dose Range: **200 micrograms** Frequency: **1 to 2 hourly** | Max 24hour dose:**1.2 mg** 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: |  |  |  |  |  |  |  |  |  |  |  |  |