

Medication Prescription Chart

For integrated care pathway for the end of life

Name:

Date of Birth: DD /MM /YYYY

MRN Number:

NHS Number:

(or affix hospital label here)

| Known Allergies + Reactions | Doctors – Please Read | Nursing Staff - Please Read |
|-----------------------------|--|--|
| | <ol style="list-style-type: none"> 1. Sign name and fill in date to legalise prescription. 2. Write CLEARLY using approved names. BLOCK LETTERS and metric doses. 3. Circle dosage symbol or write an alternative in space provided. 4. No amendments to prescriptions are allowed. Clearly cancel prescriptions and re-write. 5. Discontinue a drug thus: with your initials and date of cancellation. 6. Write frequency in Direction Box. Nurse will assign times. 7. Allergy section must contain details of known allergies on admission and those occurring during treatment. | <ol style="list-style-type: none"> 1. Initial all doses given. 2. If a drug is not administered, please enter code in Administration Record. |

Further prescribing and administration information is given in the trust's Policy on Ordering Prescription and Administering Medicines (POPAM)

| | |
|-------|------------------|
| Ward: | GP / Consultant: |
|-------|------------------|

Medication as required, in addition to regular and syringe driver medication as per guidelines

| Drugs | Approved Name Please Print | Date | Time | Dose Route | Sig. | Date | Time | Dose Route | Sig. |
|--------------------|----------------------------|-------------------|------------------------------------|------------|------|------|------|------------|------|
| DIAMORPHINE | | | | | | | | | |
| Dose PRN | Other e.g. mL | Maximum Frequency | Additional Instructions | | | | | | |
| microgram | (mg) g | 75 minutes | FOR PAIN (See guidelines for dose) | | | | | | |
| Start Date | Signature | Route S/C | Bleep | | | | | | |
| Pharmacy Use | | | | | | | | | |

| Drugs | Approved Name Please Print | Date | Time | Dose Route | Sig. | Date | Time | Dose Route | Sig. |
|------------------|----------------------------|-------------------|-----------------------------|------------|------|------|------|------------|------|
| CYCLIZINE | | | | | | | | | |
| Dose PRN | Other e.g. mL | Maximum Frequency | Additional Instructions | | | | | | |
| 50 | | 8 hourly | FOR NAUSEA/ VOMITING | | | | | | |
| Microgram | (mg) g | Route S/C | Maximum 150mg Over 24 hours | | | | | | |
| Start Date | Signature | Bleep | | | | | | | |
| Pharmacy Use | | | | | | | | | |

| Codes for non administration of prescribed medications | | | |
|--|---|-----------------------------------|---|
| Patient Refuses | A | Asleep/comatosed/drowsy | G |
| Patient Not Present On Ward | B | Unable to Swallow | H |
| Medicine Not Available | C | Cannula Not In Situ Or Not Patent | L |
| Instructions Not Clear Or Legal | D | Vomiting/nausea | J |
| Patient Self Administering Medication | E | Times Vaired On Dr's Instructions | K |
| Nil By Mouth | F | Other (Specify In Review Notes | M |

Medication as required, in addition to regular and syringe driver medication as per guidelines

| Drugs Approved Name Please Print | | | | Date | Time | Dose Route | Sig. | Date | Time | Dose Route | Sig. |
|----------------------------------|---------------|---------------------------------|---|------|------|------------|------|------|------|------------|------|
| MIDAZOLAM | | | | | | | | | | | |
| Dose PRN 2.5 - 5 | Other e.g. mL | Maximum Frequency 30 minutes | Additional Instructions FOR AGITATION Review after 30mg / 24 hours | | | | | | | | |
| microgram | (mg) g | Route S/C | | | | | | | | | |
| Start Date | Signature | | Bleep | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | |

| Drugs Approved Name Please Print | | | | Date | Time | Dose Route | Sig. | Date | Time | Dose Route | Sig. |
|----------------------------------|---------------|------------------------------|---|------|------|------------|------|------|------|------------|------|
| GLYCOPYRROLATE INJECTION | | | | | | | | | | | |
| Dose PRN 200-400 | Other e.g. mL | Maximum Frequency 2-4 hourly | Additional Instructions FOR "RATTLE" Maximum 1.2mg in 24 hours | | | | | | | | |
| (microgram) | mg g | Route S/C | | | | | | | | | |
| Start Date | Signature | | Bleep | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | |

| Drugs Approved Name Please Print | | | | Date | Time | Dose Route | Sig. | Date | Time | Dose Route | Sig. |
|----------------------------------|---------------|-------------------|-------------------------|------|------|------------|------|------|------|------------|------|
| Dose PRN | Other e.g. mL | Maximum Frequency | Additional Instructions | | | | | | | | |
| microgram | mg g | Route | | | | | | | | | |
| Start Date | Signature | | Bleep | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | |

| Drugs Approved Name Please Print | | | | Date | Time | Dose Route | Sig. | Date | Time | Dose Route | Sig. |
|----------------------------------|---------------|-------------------|-------------------------|------|------|------------|------|------|------|------------|------|
| Dose PRN | Other e.g. mL | Maximum Frequency | Additional Instructions | | | | | | | | |
| microgram | mg g | Route | | | | | | | | | |
| Start Date | Signature | | Bleep | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | |

| Drugs Approved Name Please Print | | | | Date | Time | Dose Route | Sig. | Date | Time | Dose Route | Sig. |
|----------------------------------|---------------|-------------------|-------------------------|------|------|------------|------|------|------|------------|------|
| Dose PRN | Other e.g. mL | Maximum Frequency | Additional Instructions | | | | | | | | |
| microgram | mg g | Route | | | | | | | | | |
| Start Date | Signature | | Bleep | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | |

Medication Prescription for Syringe Driver

| Drugs | | | | Approved Name Please Print | | | | Date | Time | Dose Route | Sig. | Date | Time | Dose Route | Sig. | |
|--------------|--|---------------|--|----------------------------|--|-------------------------|--|------|------|------------|------|------|------|------------|------|--|
| Dose PRN | | Other e.g. mL | | Maximum Frequency | | Additional Instructions | | | | | | | | | | |
| microgram | | mg g | | Route | | | | | | | | | | | | |
| Start Date | | Signature | | | | Bleep | | | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | | | | | | |

| Drugs | | | | Approved Name Please Print | | | | Date | Time | Dose Route | Sig. | Date | Time | Dose Route | Sig. | |
|--------------|--|---------------|--|----------------------------|--|-------------------------|--|------|------|------------|------|------|------|------------|------|--|
| Dose PRN | | Other e.g. mL | | Maximum Frequency | | Additional Instructions | | | | | | | | | | |
| microgram | | mg g | | Route | | | | | | | | | | | | |
| Start Date | | Signature | | | | Bleep | | | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | | | | | | |

| Drugs | | | | Approved Name Please Print | | | | Date | Time | Dose Route | Sig. | Date | Time | Dose Route | Sig. | |
|--------------|--|---------------|--|----------------------------|--|-------------------------|--|------|------|------------|------|------|------|------------|------|--|
| Dose PRN | | Other e.g. mL | | Maximum Frequency | | Additional Instructions | | | | | | | | | | |
| microgram | | mg g | | Route | | | | | | | | | | | | |
| Start Date | | Signature | | | | Bleep | | | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | | | | | | |

| Drugs | | | | Approved Name Please Print | | | | Date | Time | Dose Route | Sig. | Date | Time | Dose Route | Sig. | |
|--------------|--|---------------|--|----------------------------|--|-------------------------|--|------|------|------------|------|------|------|------------|------|--|
| Dose PRN | | Other e.g. mL | | Maximum Frequency | | Additional Instructions | | | | | | | | | | |
| microgram | | mg g | | Route | | | | | | | | | | | | |
| Start Date | | Signature | | | | Bleep | | | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | | | | | | |

| Drugs | | | | Approved Name Please Print | | | | Date | Time | Dose Route | Sig. | Date | Time | Dose Route | Sig. | |
|--------------|--|---------------|--|----------------------------|--|-------------------------|--|------|------|------------|------|------|------|------------|------|--|
| Dose PRN | | Other e.g. mL | | Maximum Frequency | | Additional Instructions | | | | | | | | | | |
| microgram | | mg g | | Route | | | | | | | | | | | | |
| Start Date | | Signature | | | | Bleep | | | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | | | | | | |

Other Prescribed Regular Medication

| | | | | Time | Date | | | | | | | |
|--------------|----------------------------|------------|-------------------------|------|------|---|---|---|---|---|---|---|
| | | | | | / | / | / | / | / | / | / | / |
| Drugs | Approved Name Please Print | | | | | | | | | | | |
| Dose | Other e.g. mL | Directions | Additional Instructions | | | | | | | | | |
| | | Route | | | | | | | | | | |
| microgram | mg | g | | | | | | | | | | |
| Start Date | Stop Date | Signature | Bleep | | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | | |

| | | | | Time | Date | | | | | | | |
|--------------|----------------------------|------------|-------------------------|------|------|---|---|---|---|---|---|---|
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| Drugs | Approved Name Please Print | | | | | | | | | | | |
| Dose | Other e.g. mL | Directions | Additional Instructions | | | | | | | | | |
| | | Route | | | | | | | | | | |
| microgram | mg | g | | | | | | | | | | |
| Start Date | Stop Date | Signature | Bleep | | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | | |

| | | | | Time | Date | | | | | | | |
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| Drugs | Approved Name Please Print | | | | | | | | | | | |
| Dose | Other e.g. mL | Directions | Additional Instructions | | | | | | | | | |
| | | Route | | | | | | | | | | |
| microgram | mg | g | | | | | | | | | | |
| Start Date | Stop Date | Signature | Bleep | | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | | |

| | | | | Time | Date | | | | | | | |
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| Drugs | Approved Name Please Print | | | | | | | | | | | |
| Dose | Other e.g. mL | Directions | Additional Instructions | | | | | | | | | |
| | | Route | | | | | | | | | | |
| microgram | mg | g | | | | | | | | | | |
| Start Date | Stop Date | Signature | Bleep | | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | | |

| | | | | Time | Date | | | | | | | |
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| | | | | | / | / | / | / | / | / | / | / |
| Drugs | Approved Name Please Print | | | | | | | | | | | |
| Dose | Other e.g. mL | Directions | Additional Instructions | | | | | | | | | |
| | | Route | | | | | | | | | | |
| microgram | mg | g | | | | | | | | | | |
| Start Date | Stop Date | Signature | Bleep | | | | | | | | | |
| Pharmacy Use | | | | | | | | | | | | |