

FORM 1 PALLIATIVE CARE - COMMUNITY ANTICIPATORY / SUPPLEMENTARY SUBCUTANEOUS MEDICINES AUTHORISATION SHEET

Name:	G.P. Name & Base:
Address:	
Date of Birth:	
NHS Number:	
Community Nurse Team Name & Base:	

Known Allergies / Alerts:

Indication	Medicine	Dose ^a	Frequency	Max total 24 hr dose of drug (prn plus CSCI*)	Route	Prescriber Signature	Date/Time Discontinued (inc. signature)
Pain					SC	Prescriber's Signature	
						Print Name	
Breathlessness					SC	Prescriber's Signature	
						Print Name	
Nausea/ Vomiting					SC	Prescriber's Signature	
						Print Name	
Agitation/ Distress					SC	Prescriber's Signature	
						Print Name	
Respiratory Tract Secretions					SC	Prescriber's Signature	
						Print Name	
Other Indication – Specify					SC	Prescriber's Signature	
						Print Name	

^a Prescribers may specify a safe, limited dose range where appropriate, but when a dose range is prescribed nurses should administer the lowest dose initially, and if uncertain about using higher doses should first seek advice from the prescriber or palliative care team

THINK	REMEMBER
<p>Is the patient on a regular opioid, including patches</p> <ul style="list-style-type: none"> • Patches should usually be left in place • Conversion charts for other opioids to morphine can be found in attached information. • To convert oral opioids to a syringe pump or to work out correct “as required” doses, see attached pain algorithm 	Rationalise regular medication. After discussion and agreement with the dying person and those important to them (as appropriate), stop any previously prescribed medicines that are not providing symptomatic benefit or that may cause harm
<p>Is the patient known to have an eGFR less than 30ml/min?</p> <ul style="list-style-type: none"> • If so seek advice from a palliative care specialist 	Consider other advance care planning needs
Are there any concerns about leaving medication in the home?	Provide an information sheet for patient and relatives (attached)
<p>If the patient is opioid naïve use “as required” doses of analgesia subcutaneously for the first 24 hours.</p> <p>If three or more doses of analgesia are required in 24 hours, consider a continuous subcutaneous infusion (CSCI) based on the doses required in the previous 24 hours</p>	Update Out of Hours service
	Use EPaCCs template on EMIS to update your records

An example of anticipatory drugs for an opioid naïve patient is given below but prescribing needs should be tailored to a person’s individual symptoms and discussed with them and those important to them. Regularly reassess, at least daily, the dying person’s symptoms to inform appropriate titration of medicine.

Indication	Medicine	Dose ^a	Route	Frequency	Max total 24 hr dose of drug (prn plus CSCI*)	Quantity to be supplied
Pain	Morphine sulfate	2.5mg	Subcutaneous	1 hourly prn	30mg	5 amps of 10 mg/mL
		1.25mg if frail or renal impairment	Subcutaneous	2 hourly prn	15mg	
Breathlessness	Morphine sulfate	2.5mg	Subcutaneous	4 hourly prn	30mg	As above
		1.25mg if frail, renal impairment or opioid naïve	Subcutaneous		15mg	
Nausea/ Vomiting	Levomepromazine	2.5 to 6.25mg	Subcutaneous	6 hourly prn	25mg	5 amps of 25mg/mL
Agitation/ Distress	Midazolam	2.5 to 5 mg	Subcutaneous	2 hourly prn	30mg	5 amps of 10mg/2mL
Respiratory Tract Secretions	Glycopyrronium	200micrograms	Subcutaneous	2 hourly prn	1.2mg	5 amps of 0.2mg/mL

*CSCI - Continuous Subcutaneous Infusion