First Name	Given Name
Last Name	Surname
Date of Birth	Date of Birth
NHS Number	NHS Number

PATIENT SPECIFIC DIRECTION AUTHORITY TO ADMINISTER SUBCUTANEOUS AS REQUIRED MEDICINES (PRN) OXYCODONE INJECTION PAGE 1 (opioids) OF 2



ADVICE TO PRESCRIBERS: This form (both pages 1&2) should be printed to accompany the 'just in case' (JIC) medication prescription and is valid for 3 months from first completion. BEST PRACTICE IS TO PRESCRIBE A SPECIFIC DOSE, other than for pain and breathlessness.

Use the 2nd box on page 1 for continued PRN prescribing and in the event of a dose change. Ensure previously prescribed doses are crossed off before re-prescribing to avoid errors.

ADVICE TO NURSES: ADMINISTER ONLY IF SYMPTOMS PRESENT.

- If more than 4 weeks has elapsed from date prescribed (see below) the community nurse will contact the surgery, hospice NMP or out of hours service to discuss the prescribed doses prior to first administration.
- If a dose review/change has been prescribed ONLY administer this dose.

ALLERGIES/ADVERSE REACTIONS

- If a dose range is prescribed, start at lowest dose and consider increasing to next if previous 2 dose administrations have been ineffective to manage symptoms.
- If 3 doses administered in 24 hours have been ineffective in managing symptoms please contact a prescriber, or specialist palliative care, or out of hours service for advice and support.
- If two or more doses have been needed over 24 hours consider starting a CSCI

If continued PRN prescribing is required onto another form the NURSE should contact a prescriber for a new form and cross through the old form to ensure there is no confusion

DOCTOR/NMP SECTION					NURSE ADMINISTRATION SECTION													
DRUG OXYCC	DONE inject	Dose 1.25mg	Date															
Indication	Frequency	Max in 24hrs	2.5mg 🗌	Time														
PAIN BREATHLESSNESS	UP TO 1-2 hourly if required	7.5mg	Subcut	Dose														
Signature Reg No Date				Given by														
DRUG OXYCODONE Injection FOR DOSES ABOVE 2.5mg Or continued PRN prescribing			Dose	Date														
Indication	Frequency	Max in 24hrs		Time														
PAIN	UP TO 1-2 hourly if required		Subcut	Dose														
Signature Reg No Date			Given by															

First Name Given Name

ALLERGIES/ADVERSE

REACTIONS

Last Name Surname

Date of Birth Date of Birth

NHS Number NHS Number



PATIENT SPECIFIC DIRECTION AUTHORITY TO ADMINISTER

SUBCUTANEOUS AS REQUIRED MEDICINES (PRN) PAGE 2 OF 2

DOCTOR/ NMP SECTION				NURSE ADMINISTRATION SECTION													
DRUG Levomepromazine injection			Dose 6.25mg	Date													
Indication	Frequency	Max in 24hrs	12.5mg	Time													
NAUSEA VOMTING AGITATION	UP TO 4 hourly if required	25mg inc pump	Subcut	Dose													
Signature Date Name			Given by								_					_	
DRUG Hyoscine Butylbromide injection		Dose	Date														
Indication	Frequency	Max in 24hrs		Time													
SECRETIONS COLIC	UP TO hourly if required	120mg inc pump	Subcut	Dose													
Signature Date			Given by														
DRUG Midazolam injection Do 2.			Dose 2.5mg	Date													
Indication	Frequency	Max in 24hrs	- 5mg 🗌	Time													
AGITATION ANXIETY SEIZURES	UP TO 1-2 hourly if required	30mg Inc pump	Subcut	Dose													
Signature Reg No Date			Given by														