

# KENT & MEDWAY PALLIATIVE CARE COMMUNITY PRESCRIPTION CHART

Date Started:

Patient Details			
<b>Drug Sensitivities / Allergies</b> Print in Black Ink. Outline in <b>Red Ink</b> . Specify previous reactions where known.	Patient Name:		
	Address:		
	Date of Birth:	NHS Number:	
	Weight (kg):	Creatinine:	eGFR*:
Source(s) of information:	Date:	Date:	Date:
Recorded by:	Date:	Date:	Date:

\*Renal function impacts on opioid clearance; seek advice if eGFR <30mls/min

## Names of Health Professionals involved with patient care, including medical and non-medical prescribers:

Full Name	Signature	Initials	Designation	Registration No.	Base

General Practitioner	Additional support with medicines:
GP Name:	Details, e.g. compliance box:
GP Practice:	Patient's preferred Pharmacy:
Email Address:	Address:
Telephone Number:	Telephone Number:

Instructions: PRESCRIBERS	Instructions: NURSES or other HEALTHCARE STAFF
<ul style="list-style-type: none"> <li><b>Prescribing must be individualised for the patient</b></li> <li>Write all entries in black ink.</li> <li>Use approved names written in <b>BLOCK CAPITALS</b>.</li> <li>Avoid abbreviations. Write 'micrograms' in full. Write 'units' in full.</li> <li>Ensure you are familiar with the medicine and that the dose, frequency, route and duration are appropriate.</li> <li>All parenteral medicines should be prescribed by the subcutaneous (SC) route as the first line. Intramuscular (IM) administration can be considered (If not contra-indicated). If the route changes, ensure this is documented on the chart and in the patient's notes to avoid potential errors.</li> <li>When prescribing PRN (when necessary) medication, please specify the <b>indication</b> and <b>MAX dose</b> required.</li> <li>A start date must be written; otherwise, medicine will not be given.</li> <li>The duration of therapy must be stated for a course of treatment.</li> <li>Complete the Drug Sensitivities / Allergies section.</li> <li>When changing to a lower or higher dose of a medicine or changing the frequency of dosing, "cross off" the entry and re-prescribe completely. <b>Add your initials and the date. Document reason.</b> The existing entry must not be amended, nor should an additional entry for the same medicine be made, as this can lead to confusion about intention.</li> <li>Discontinue a medicine by crossing through it (top left to bottom right) and cancelling subsequent panels. Add your initials and the date. <b>Document reason.</b></li> </ul>	<ul style="list-style-type: none"> <li>For the charts to be legally valid, they <b>MUST</b> be signed by a prescriber, and this signature must be legible. Electronic/ typed signatures are accepted, provided they are paired with the prescriber's registration number. (Provide specimen signatures and initials that you will use on prescription charts).</li> <li>If more than one prescription chart is needed, ensure they are punched and tagged together.</li> <li>Ensure that the Drug Sensitivities / Allergies section is complete. Do NOT administer if this section is not filled in.</li> <li>Check every page methodically at every medicine administration.</li> <li>Initial the appropriate box immediately after administration.</li> <li>If a medicine is not administered, one of the omission codes must indicate the reason on the chart. Use the 'Special Information' section if further explanation is necessary.</li> <li>It is the responsibility of every healthcare professional to ensure that staff on subsequent shifts have enough space to record medicine administration on the chart and that there are sufficient supplies of in-date medicines.</li> </ul>

Guidance in Anticipatory Prescribing at the End of Life			
<p><b>For detailed advice, refer to the Kent &amp; Medway Symptom Control and Care of the Dying Patient: Palliative Care Guidelines.</b> <a href="https://book.pallcare.info">https://book.pallcare.info</a> and <a href="#">Scottish Palliative Care Guidelines   Right Decisions</a></p> <p><b>Use caution and seek specialist advice for patients if</b> (this list is not exhaustive). For contact details, refer to the drug chart on the back page.</p> <ul style="list-style-type: none"> <li>Complex symptom control persists despite optimising treatment</li> <li>Severe renal/hepatic impairment</li> <li>Neurological disorders such as dementia, Parkinson's, epilepsy, multiple sclerosis, motor neurone disease, etc.</li> <li>Opioid use in impaired respiratory function</li> </ul> <p><b>General Guidance:</b></p> <ul style="list-style-type: none"> <li>Prescribe proactively using the template as a guide. <b>Individualise prescribing following patient assessment.</b></li> <li>Remember to review all other medication (PRN and opioids). If the background analgesia is changed, then PRN requires review. Discontinue medicines as appropriate.</li> <li>For people starting treatment who have not previously been given medicines for symptom management, start with the lowest effective dose and titrate as clinically indicated.</li> <li><b>Starting a syringe pump:</b> A syringe pump will take a number of hours to reach therapeutic levels. Therefore, it is good practice to give a 'stat' dose of necessary medicines when starting a syringe pump. <b>It is NOT necessary for a patient to have had a certain number of 'stat' doses before starting a syringe pump. A syringe pump is set up when the patient needs it.</b></li> <li>A range of doses can be prescribed to allow dosing flexibility; however, an excessively wide range is not acceptable. <b>A range starting at zero is not recommended.</b> A person setting up the syringe pump may decide to omit medicines following patient assessment. If a dose is omitted, use a relevant omission code (see page 6) and document the reason under 'Special Information'.</li> <li><b>Calculating a 'breakthrough dose':</b> The PRN dose must be reviewed when starting a syringe pump. The guidance PRN dose would be 1/6<sup>th</sup> of the total daily opioid dose. <b>Seek further advice if necessary.</b></li> <li><b>Transdermal opioids:</b> If setting up a syringe pump in a patient using transdermal patches, continue with the patch as usual and 'top up' the analgesic requirements with the infusion. Remember to include the opioid dose equivalent within the patch as well as the syringe pump when calculating the breakthrough dose of opioids.</li> <li>The patient's individualised treatment, including a review of prescribed medicines, should be reviewed according to local policy, individual patient circumstances, and the frequency of multidisciplinary meetings. <b>There is no legal requirement to revalidate the documentation at 28 days. A review interval of no more than 6 months is recommended. If needed, please individualise the review interval for the patient.</b></li> </ul>			
Indication*	Drug	Syringe Pump dose over 24 hrs (Continuous subcutaneous infusion CSCI)	PRN 'breakthrough' dose (Subcutaneous injection)
Pain	<b>Morphine Sulphate</b> Use with caution in renal impairment	See conversion charts. Caution: opioid naïve patients.	Divide the 24-hour dose by 6 to get 4 hourly doses. Note: Alfentanil is not used PRN due to its short half-life.
	<b>Oxycodone</b> Use with caution in renal impairment		
	<b>Alfentanil</b> is the Opioid of choice for severe renal impairment		
Breathlessness	<b>Opioid</b> Use with caution in renal impairment		
<b>Nausea and Vomiting</b>  <i>Consider:</i> <ul style="list-style-type: none"> <li>Clinical toxicity (e.g. drug-related) / metabolic or biochemical upset</li> <li>Motility disorders</li> <li>Intracranial disorders</li> <li>GI irritation</li> <li>Multifactorial/unknown/refractory</li> <li>Higher centres</li> </ul> <p>Many of the antiemetic drugs prolong the QT interval – check individual drugs before prescribing if concerned.</p> <p>Please seek specialist advice in patients with Parkinson's Disease.</p>	<b>Levomepromazine</b>  <i>Multifactorial/unknown/refractory, including higher centre.</i>	Usual starting dose range 5 to 12.5 mg / 24hrs	2.5 mg to 10 mg every 6 hours (Total max 25mg in 24 hours for nausea and vomiting)
	<b>Cyclizine</b>  <i>Intracranial disorders. Avoid in severe heart failure due to tachycardia.</i>	Usual starting dose range 100 to 150 mg / 24hrs  Note: Use Water for Injection as a diluent	50 mg every 8 hours <b>Total max dose 150mg in 24 hours (including syringe pump)</b>
	<b>Metoclopramide</b>  <i>Motility disorders. The prokinetic effect of metoclopramide will be lost if prescribed with an antimuscarinic drug such as cyclizine, levomepromazine or hyoscine butylbromide (Buscopan®). Avoid long-term high-dose exposure.</i>	Usual starting dose range 30 to 60 mg / 24hrs	10 to 20 mg every 8 hours
	<b>Haloperidol</b>  <i>Metabolic / toxicity / drug related.</i>	Usual starting dose range 500 micrograms to 1.5 mg / 24hrs	0.5 to 1.5mg every 4 hours
Anxiety/Panic	<b>Midazolam</b>	10 to 60 mg	2.5 to 5 mg every 2 hours, increased to 10mg if necessary
Agitation / Confusion / Terminal Restlessness	<b>Levomepromazine</b>  10 mg/1ml (10 x 1ml ampoules) or 20 mg/2ml (10 x 2ml ampoules)	25 to 100 mg <b>Higher doses on specialist advice only.</b>	12.5 mg to 25 mg every 4 hours
	<b>Midazolam</b>  10 mg/1ml (10 x 1ml ampoules) or 20 mg/2ml (10 x 2ml ampoules)	10 to 60 mg	2.5 to 10 mg when necessary
Convulsions	<b>Midazolam</b>  10 mg/1ml (10 x 1ml ampoules) or 20 mg/2ml (10 x 2ml ampoules)	20 to 30 mg	5 to 10 mg. <b>Repeat if necessary. Max 20mg and then seek advice.</b>
Respiratory Secretions	<b>Glycopyrronium</b>  200 microgram/1ml (10 x 1ml amps) or 600 microgram/3ml (10 x 3ml amps)	600micrograms to 1.2 mg	200 micrograms every 2 to 4 hours <b>Total max dose 1.2mg in 24 hours (including syringe pump) Higher doses on specialist advice only.</b>
Suggested quantities to supply. <b>Please individualise quantities and strengths for the patient</b>			
<ul style="list-style-type: none"> <li><b>Morphine sulphate</b> 10 mg/1ml (10 x 1ml ampoules) or (30 mg/1ml if on larger doses)</li> <li><b>Oxycodone</b> 10 mg/1ml (10 x 1ml ampoules) or 20 mg/2ml (10 x 2ml ampoules)</li> <li><b>Alfentanil</b> NB Multiple strengths available. Caution advised. Refer to important safety information in the BNF.</li> <li><b>Glycopyrronium</b> 200 microgram/1ml (10 x 1ml amps) or 600 microgram/3ml (10 x 3ml amps)</li> </ul>		<ul style="list-style-type: none"> <li><b>Midazolam</b> 10 mg/2ml (10 x 2ml ampoules) <i>NB Multiple strengths available, but 10 mg/2ml is preferred.</i></li> <li><b>Levomepromazine</b> 25 mg/1ml (10 x 1ml ampoules)</li> <li><b>Cyclizine</b> 50 mg/1ml (10 x 1ml ampoules)</li> <li><b>Haloperidol</b> 5 mg/1ml (10 x 1ml ampoules)</li> <li><b>Metoclopramide</b> 10 mg/2ml (10 x 2ml ampoules)</li> <li><b>Water for Injection</b> (10 x 10ml ampoules)</li> <li><b>Sodium Chloride 0.9%</b> (10 x 10ml ampoules)</li> </ul>	

## A Guide to Equivalent Doses for Opioids

- A) The preferred option for the calculation of opioid conversions is to use the online converter or associated 'app':  
*PallCare Matters* <http://book.pallcare.info>
- B) This chart provides approximate equivalent opioid doses and only forms part of a prescribing decision. Specialist advice should be sought if there are uncertainties about how to prescribe on an individual basis (for example, when higher doses are required, renal impairment, concerns about lack of response when titrating medicines).

Morphine				
Oral			Parenteral	
24-hour total Morphine	Morphine modified release tabs/caps	Morphine solution or immediate release tabs	Morphine by syringe pump	Morphine prn SC
mg/24hrs	mg/12hrs	mg/4hrs	mg/24hrs	mg/prn
30	15	5	15	2.5
60	30	10	30	5
100	50	15	50	7.5
120	60	20	60	10
180	90	30	90	15
240	120	40	120	20
360	180	60	180	30
480	240	80	240	40
600	300	100	300	50
800	400	130	400	
1000	500	160		
1200	600	200		

Oxycodone			
Oral		Parenteral	
Oxycodone modified release tabs	Oxycodone solution or immediate release tabs/caps	Oxycodone by syringe pump	Oxycodone prn SC
mg/12hrs	mg/4hrs	mg/24hrs	mg/prn
10	2.5	10	2.5
15	5	15	2.5
25	10	25	5
30	10	30	5
45	15	45	7.5
60	20	60	10
90	30	90	15
120	40	120	20
150	50	150	30*
200	70	200	35*
250	80	250*	40*
300	100	300*	50*

Diamorphine		Alfentanil		
Parenteral		Parenteral	Transdermal**	
Diamorphine by syringe pump	Diamorphine prn SC	Alfentanil by syringe pump	Fentanyl patch	Buprenorphine patch
mg/24hrs	mg/prn	mg/24hours	micrograms/hr	micrograms/hr
10	2.5	1	12	10
20	5	2	25	20
30	5	3	37	35
40	7.5	4	50	52.5
60	10	6	75	70
80	15	8	100	105
120	20	12	150	140
160	25	16	200	
200	35	20	250	
250	40	25	325	
300	50	30	400	
400	60	40	500	

- The conversions in this table are a pragmatic mix of the 'traditional' and 'progressive' methods used in the online converter tool. Dose conversions should be individualised. They are likely to need to be adjusted according to the response. Consider a dose reduction of 25-50 % to allow for incomplete cross-tolerance.
- Higher doses of morphine are too large a volume for SC injection.
- \*Oxycodone injections beyond 20mg as a PRN dose and 200mg via a syringe pump are likely to require the oxycodone concentrated injection of 50mg/ml. It should be noted that this is expensive, and alternative opioids may be another option.
- \*\*Use caution when calculating opioid equivalence for transdermal patches. Conversions to and from fentanyl and buprenorphine patches should be checked against the manufacturer's guidance.
- For any other opioids, e.g. codeine or tramadol, please refer to the online opioid converter.

Reference: <https://book.pallcare.info>





Patient:		NHS No:		Date of Birth:		Allergies:																			
MEDICINES TO BE GIVEN REGULARLY																									
DRUG OMISSION CODING FOR PRESCRIPTION SHEET: Please enter the code number and initials in the administration box																									
1. Drug unavailable   2. Omitted (medical instruction)   3. Declined by patient   4. Unable to take 5. Instructions unclear or illegible   6. Not required   7. Other reason (please document under 'Special Information')																									
				Date Time																					
Reason for use	Drug																								
	Dose	Route	Frequency	Start Date																					
	Signature & printed name				Stop Date																				
Reason for use	Drug																								
	Dose	Route	Frequency	Start Date																					
	Signature & printed name				Stop Date																				
TRANSDERMAL PATCHES																									
Reason for use	Drug (Brand Name)				Day of week																				
	Dose	Route Transdermal	Frequency Check carefully	Start Date	Date																				
	Further information e.g. day(s) of week to apply				Stop Date	Time																			
	Application area				Dose																				
	Signature & printed name				Sign																				

Patient:		NHS No:		Date of Birth:		Allergies:											
<b>SYRINGE PUMP: Medicines to be administered over 24 hours by SC infusion</b> (If dose omitted, use relevant code and document under 'Special Information')																	
Drugs	Dose range	Reason for use	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given
Water for Injection or Sodium Chloride 0.9%*	*Delete as appropriate. Check compatibility using references.	Diluent															
Special Instructions e.g. with respect to dosage changes:		Date															
		Time set up															
		Set up by	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Signature and printed name	Date	Syringe pump checks completed															

Patient:		NHS No:		Date of Birth:		Allergies:											
<b>SYRINGE PUMP: Medicines to be administered over 24 hours by SC infusion</b> (If dose omitted, use relevant code and document under 'Special Information')																	
Drugs	Dose range	Reason for use	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given
Water for Injection or Sodium Chloride 0.9%*	*Delete as appropriate. Check compatibility using references.	Diluent															
Special Instructions e.g. with respect to dosage changes:		Date															
		Time set up															
		Set up by	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Signature and printed name	Date	Syringe pump checks completed															

Patient:		NHS No:		Date of Birth:		Allergies:											
<b>SYRINGE PUMP: Medicines to be administered over 24 hours by SC infusion</b> (If dose omitted, use relevant code and document under 'Special Information')																	
Drugs	Dose range	Reason for use	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given
Water for Injection or Sodium Chloride 0.9%*	*Delete as appropriate. Check compatibility using references.	Diluent															
Special Instructions e.g. with respect to dosage changes:		Date															
		Time set up															
		Set up by															
Signature and printed name	Date	Syringe pump checks completed															

Patient:		NHS No:		Date of Birth:		Allergies:											
<b>SYRINGE PUMP: Medicines to be administered over 24 hours by SC infusion</b> (If dose omitted, use relevant code and document under 'Special Information')																	
Drugs	Dose range	Reason for use	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given	Dose given
Water for Injection or Sodium Chloride 0.9%*	*Delete as appropriate. Check compatibility using references.	Diluent															
Special Instructions e.g. with respect to dosage changes:		Date															
		Time set up															
		Set up by															
Signature and printed name	Date	Syringe pump checks completed															



Patient:			NHS No:			Date of Birth:			Allergies:						
<b>SYRINGE PUMP CHECKS</b>															
Syringe Pump Make and Model					Edition (if appropriate):				Asset No:				Service Date:		
Date & Time	Syringe brand & size recognised correctly by pump?	Time remaining (hh:mm)	Rate on display (ml/hour)	Volume to be infused VTBI (ml)	Volume Infused VI (ml)	Is medication being infused as expected?	Battery percent %	Site of giving set	Site Check	Are syringe & line contents clear?	Number of days since giving set inserted	Is an additive label attached to the syringe?	Keypad locked? (Yes/No)	Any further action required? (Yes/No)	Signature & Printed Name
RUA – Right Upper Abdomen						RUC – Right Upper Chest						RUT – Right Upper Thigh			
LUA – Left Upper Abdomen						LUC – Left Upper Chest						LUT – Left Upper Thigh			
RLA – Right Lower Abdomen						RS – Right Scapula Region						RD – Right Deltoid			
LLA – Left Lower Abdomen						LS – Left Scapula Region						LD – Left Deltoid			

Patient:			NHS No:			Date of Birth:			Allergies:							
<b>SYRINGE PUMP CHECKS</b>																
Syringe Pump Make and Model					Edition (if appropriate):				Asset No:				Service Date:			
Date & Time	Syringe brand & size recognised correctly by pump?	Time remaining (hh:mm)	Rate on display (ml/hour)	Volume to be infused VTBI (ml)	Volume Infused VI (ml)	Is medication being infused as expected?	Battery percent %	Site of giving set	Site Check	Are syringe & line contents clear?	Number of days since giving set inserted	Is an additive label attached to the syringe?	Keypad locked? (Yes/No)	Any further action required? (Yes/No)	Signature & Printed Name	
RUA	–	Right Upper Abdomen				RUC	–	Right Upper Chest				RUT	–	Right Upper Thigh		
LUA	–	Left Upper Abdomen				LUC	–	Left Upper Chest				LUT	–	Left Upper Thigh		
RLA	–	Right Lower Abdomen				RS	–	Right Scapula Region				RD	–	Right Deltoid		
LLA	–	Left Lower Abdomen				LS	–	Left Scapula Region				LD	–	Left Deltoid		

Patient:	NHS No:	Date of Birth:	Allergies:
<b>MEDICINE RECORDS</b>			
<b>Name of Medicine</b>		<b>Formulation</b>	<b>Strength</b>

Date	Time	Quantity Received	Dose Administered	Quantity wasted	Batch Number and Expiry Date	Balance	Signature & Printed Name

<b>Compliance Statement</b>	<b>Signature</b>	<b>Date</b>
The patient and/or relatives or carers have been advised on the safe disposal of unused controlled drugs via the community pharmacy		
A plan is in place for the appropriate disposal of unused controlled drugs		







## SPECIAL INFORMATION

Please use this page to record special information e.g. medicines supplied and omitted doses in the syringe pump.

Any clinical information should be written in the patient's clinical record.

[illegible]

Medication review				
Date	Time	Signature	Printed Name	Registration Number

Contacts	
<input type="checkbox"/>	<b>Other</b>
<input type="checkbox"/>	<b>GP</b>
<input type="checkbox"/>	<b>Darent Valley Hospital</b> Telephone: 01322 428100
<input type="checkbox"/>	<b>Darent Valley Hospital Palliative Care Team</b> Telephone: 01322 428293
<input type="checkbox"/>	<b>East Kent Local Referral Unit</b> Telephone: 0300 123 4415
<input type="checkbox"/>	<b>Ellenor Hospice</b> 0900hrs to 1700hrs Telephone: 01474 320007 (If called out of hours, there is an automated switchboard option to speak to night staff for advice)
<input type="checkbox"/>	<b>HCRG Care Group Community Services (formerly Virgin Care)</b> Telephone: 0300 247 0400
<input type="checkbox"/>	<b>Heart of Kent Hospice</b> <a href="mailto:THO.ClinicalAdminHoKH@nhs.net">THO.ClinicalAdminHoKH@nhs.net</a> Telephone: 01622 792200
<input type="checkbox"/>	<b>Hospice in the Weald</b> <a href="mailto:hitw.hospice@nhs.net">hitw.hospice@nhs.net</a> Telephone: 01892 820500
<input type="checkbox"/>	<b>IC24 (Health Professional Line)</b> Telephone: 0300 5550104
<input type="checkbox"/>	<b>IC24 (Medical Support)</b> Telephone: 0300 0247111
<input type="checkbox"/>	<b>Kent &amp; Canterbury Hospital</b> Telephone: 01227 766877
<input type="checkbox"/>	<b>Maidstone and Tunbridge Wells NHS Trust</b> Telephone: 01622 729000
<input type="checkbox"/>	<b>Medway Community Healthcare (MCH) Nurse Admin</b> 0830hrs to 1630hrs Monday to Friday Telephone: 0300 123 3444
<input type="checkbox"/>	<b>Medway Maritime Hospital</b> Telephone: 01634 830000
<input type="checkbox"/>	<b>Palliative Care Line MedOCC</b> Telephone: 01634 792098
<input type="checkbox"/>	<b>Pilgrims Hospices</b> <a href="mailto:ph.pilgrimshospices@nhs.net">ph.pilgrimshospices@nhs.net</a> Telephone: 01233 504133
<input type="checkbox"/>	<b>Queen Elizabeth The Queen Mother Hospital</b> Telephone: 01843 225544
<input type="checkbox"/>	<b>West Kent Local Referral Unit</b> Telephone: 0300 123 1950
<input type="checkbox"/>	<b>William Harvey Hospital</b> Telephone: 01233 633331
<input type="checkbox"/>	<b>Wisdom Hospice</b> Telephone: 01634 830456
<b>For further guidance, please refer to:</b>	