

OPIOID NAIVE EGFR <30

**DAILY INJECTIONS** Patient Name: Mrs Smith Date of Birth: 24/6/48

Date (Day/Month)

**MEDICATION GIVEN AS REQUIRED** Patient Name: Mrs Smith Date of Birth: 24/6/48  
 (Use this page first. See Page 2 for syringe driver prescriptions, Page 6 for Daily injections/Patches)

APPROVED DRUG NAME				DOSE	DATE	TIME	DOSE	GIVEN BY	DATE	TIME	DOSE	GIVEN BY
MORPHINE SULFATE				1.25-2.5mg								
ROUTE (One Only)	MAX DOSE IN 24 HOURS	MINIMUM TIME BETWEEN DOSES	INDICATION									
SC	10mg	1	Pain / SOB									
SIGN and PRINT				START DATE	REVIEW DATE		Seek Prescription review/rewrite now					
A Docter				25/6/25	ongoing							
ADDITIONAL INSTRUCTIONS (including Diluent if appropriate)				STOPPED BY, AND REASON (CODE)		Stop Date						

APPROVED DRUG NAME				DOSE	DATE	TIME	DOSE	GIVEN BY	DATE	TIME	DOSE	GIVEN BY
MIDAZOLAM				1.25mg								
ROUTE (One Only)	MAX DOSE IN 24 HOURS	MINIMUM TIME BETWEEN DOSES	INDICATION									
SC	10mg	2	Agitation									
SIGN and PRINT				START DATE	REVIEW DATE		Seek Prescription review/rewrite now					
A Docter				25/6/25	ongoing							
ADDITIONAL INSTRUCTIONS (including Diluent if appropriate)				STOPPED BY, AND REASON (CODE)		Stop Date						

APPROVED DRUG NAME				DOSE	DATE	TIME	DOSE	GIVEN BY	DATE	TIME	DOSE	GIVEN BY
GLYCOPYRONIUM				200 micrograms								
ROUTE (One Only)	MAX DOSE IN 24 HOURS	MINIMUM TIME BETWEEN DOSES	INDICATION									
SC	1.2mg	2	Resp secretions									
SIGN and PRINT				START DATE	REVIEW DATE		Seek Prescription review/rewrite now					
A Docter				25/6/25	ongoing							
ADDITIONAL INSTRUCTIONS (including Diluent if appropriate)				STOPPED BY, AND REASON (CODE)		Stop Date						

APPROVED DRUG NAME				DOSE	DATE	TIME	DOSE	GIVEN BY	DATE	TIME	DOSE	GIVEN BY
LEVOMEPROMAZINE				2.5mg								
ROUTE (One Only)	MAX DOSE IN 24 HOURS	MINIMUM TIME BETWEEN DOSES	INDICATION									
SC	25mg	2	N+V									
SIGN and PRINT				START DATE	REVIEW DATE		Seek Prescription review/rewrite now					
A Docter				25/6/25	ongoing							
ADDITIONAL INSTRUCTIONS (including Diluent if appropriate)				STOPPED BY, AND REASON (CODE)		Stop Date						

ADMINISTRATION/OMISSION CODES: A Absent/away, R Refused, X Prescribed omission, V Nausea and Vomiting, SA Self Administration, N No stock, S Sleeping, O Omitted for other reason (must be recorded in patient's notes), F Family given as careplan

EXAMPLE