OPIOID NAIVE EGFR >30

DAILY INJECTIONS

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

Date (Day/Month)

MEDICATION GIVEN AS REQUIRED

(Use this page first. See Page 2 for syringe driver prescriptions, Page 6 for Daily injections/Patches)

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

APPROVED DRUG NAME: MORPHINE SULFATE — **DOSE:** 2.5 - 5mg

ROUTE (One Only)	MAX DOSE IN 24 HOURS	MINIMUM TIME BETWEEN DOSES	INDICATION
SC	15mg	1°	Pain / SOB

SIGN and PRINT: A Doctor — START DATE: 25/6/25 — REVIEW DATE: ongoing

ADDITIONAL INSTRUCTIONS (including Diluent if appropriate) — STOPPED BY, AND REASON (CODE) — Stop Date

APPROVED DRUG NAME: MIDAZOLAM — **DOSE:** 2.5 - 5mg

ROUTE (One Only)	MAX DOSE IN 24 HOURS	MINIMUM TIME BETWEEN DOSES	INDICATION
SC	15mg	1°	Anxiety

SIGN and PRINT: A Doctor — START DATE: 25/6/25 — REVIEW DATE: ongoing

ADDITIONAL INSTRUCTIONS (including Diluent if appropriate) — STOPPED BY, AND REASON (CODE) — Stop Date

APPROVED DRUG NAME: GLYCOPYRRONIUM — **DOSE:** 200 micrograms

ROUTE (One Only)	MAX DOSE IN 24 HOURS	MINIMUM TIME BETWEEN DOSES	INDICATION
SC	1.2mg	2°	Resp secretions

SIGN and PRINT: A Doctor — START DATE: 25/6/25 — REVIEW DATE: ongoing

ADDITIONAL INSTRUCTIONS (including Diluent if appropriate) — STOPPED BY, AND REASON (CODE) — Stop Date

APPROVED DRUG NAME: LEVOMEPROMAZINE — **DOSE:** 2.5-5mg

ROUTE (One Only)	MAX DOSE IN 24 HOURS	MINIMUM TIME BETWEEN DOSES	INDICATION
SC	25mg	3°	N+V

SIGN and PRINT: A Doctor — START DATE: 25/6/25 — REVIEW DATE: ongoing

ADDITIONAL INSTRUCTIONS (including Diluent if appropriate) — STOPPED BY, AND REASON (CODE) — Stop Date

DATE	TIME	DOSE	GIVEN BY	DATE	TIME	DOSE	GIVEN BY

Prescription review/rewrite now

EXEMPLAR

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