Covid 19 SPECIFIC BREAKTHROUGH ANTICIPATORY *
If syringe driver in situ. If syringe driver doses increase adjust the PRN dose.

Derbyshire Community Health Services **NHS**

*based on Derbyshire GP alliance Covid 19 EOL guidance 1.4.20

NHS Foundation Trust

SURNAME		ALLERGIES:	**"JUST IN CASE"**
.... NHS No:		None Known	
FORENAME	D.O.B.		**ANTICIPATORY PRESCRIPTION SHEET**

This form must be completed by a Clinician who is prescribing Diamorphine/Haloperidol/Hyoscine Butylbromide/Midazolam

If drug dosages adjusted in syringe driver, breakthrough analgesia doses may need to be revised. Please refer to Derbyshire Symptom Management Guidelines for last days of life (available at www.derbyshire.eolcare.uk – symptom management)

DATE/TIME	DRUG	DOSE	FREQUENCY	PRESCRIBER SIGNATURE/ DESIGNATION
Pain / breathlessness	Diamorphine	1.5mg – 5mg s/c	Up to hourly for pain or breathlessness, if more than 4 doses in 24 hours then seek medical advice. For guidance on prn dose calculation please consult PRESCRIBING SUBCUTANEOUS OPIOID IN THE LAST DAYS OF LIFE available in Derbyshire Symptom Management Guidelines.	
	Morphine	2.5mg – 5mg s/c	Up to hourly for pain or breathlessness, if more than 4 doses in 24 hours then seek medical advice. For guidance on prn dose calculation please consult PRESCRIBING SUBCUTANEOUS OPIOID IN THE LAST DAYS OF LIFE available in Derbyshire Symptom Management Guidelines.	
Delerium / agitated	Haloperidol	0.5mg- 1.5mg s/c	As required 4 hourly for nausea/agitation (maximum 4 doses in 24-hours).	
Anxiety / (breathlessness if not held with 3 drugs)	Midazolam	1.25mg – 5mg s/c	Up to hourly for anxiety or breathlessness, if more than 4 doses in 24 hours then seek medical advice.	
	Water	10ml	To re-constitute diamorphine and/or to make syringe driver up to final volume	

Patients requiring more than 4 as required doses within 24 hours seek medical advice.