


Anticipatory Prescription Stat Doses	
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COVID 19 SPECIFIC IF SUB CUT ADMINISTRATION
UNAVAILABLE*

*based on Derbyshire GP alliance EOL guidance 1.4.20

Derbyshire Community Health Services 

NHS Foundation Trust

SURNAME	NHS No:	ALLERGIES: None Known
FORENAME	D.O.B.	

“JUST IN CASE”

**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
Breathlessness / pain	Oral Morphine 20mg / ml	1ml (0.5ml each cheek)	Up to two hourly for pain or breathlessness – up 4 doses in 24 hours, seek advice if needing more than this	
	Fentanyl patch	12- 25mcg/ hour	Replace every 48 hours	
Agitated / delerium	Levomepromazine	25mg po Or 12.5mg	1 tablet crushed with water once daily Half a tablet as required 4 hourly maximum 3 in 24 hours	
Respiratory secretions	Hyoscine patch	1mg / day	Replace 48 hourly	
Anxiety (or breathlessness if not held with 3 drugs)	Lorazepam	0.5mg – 1mg s/l	12 hourly	

If symptoms not controlled seek medical advice