

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

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 the medications below

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		Replace every 48 hours	
Agitated / delerium	Levomepromazine  Delete as appropriate	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