Anticipatory Prescription Stat Doses		
Version No	7- RAEamended	
Version Date	22.6.17	
Review Date	28.3.20	

COVID 19 SPECIFIC – opiate naïve patient NO SYRINGE DRIVER AVAILABLE * Derbyshire Community Health Services

Adjust doses if already on opiate medication

*Based on Derbyshire GP Alliance EDE document 1.4.20

SURNAME		ALLERGIES:	"JUST IN CASE"
	NHS No:		
FORENAME			ANTICIPATORY
	D.O.B.		PRESCRIPTION
			SHEET

This form must be completed by a Clinician who is prescribing Morphine/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	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 of calculating PRN dose if already on opiate / syringe driver see Derbyshire EOL toolkit	
Consider	Fentanyl patch	12mcg- 25mcg	Replace every 48 hours	
Agitated / delerium	Haloperidol Or Haloperidol	1.5mg s/c 5mg s/c	As required 4 hourly up to 4 doses in 24 hours. Once daily if limited repeated s/c injections available	
Respiratory secretions	Hyoscine butylbromide	40mg s/c	12 hourly increase to 8 hourly if symptoms persist (usual maximum dose 120mg in 24 hours)	
Anxiety (or breathlessness if not held with 3 drugs)	Lorazepam	0.5mg – 1mg s/l	12 hourly (or 0.5mg prn 6 hourly)	
OR	NA: I	0.5 /	Line to be such for application by breathless and if more than 4 doesn in 24 hours and realized orbits.	
	Midazolam	2.5mg s/c	Up to hourly for anxiety or breathlessness if more than 4 doses in 24 hours seek medical advice	
Detients we will	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.

Severe respiratory distress ** with limited access to repeat s/c injections – confirmed after consultation with GP/ANP/CM consider combination:

- 1. Morphine 2.5mg 5mg s/c
- 2. Midazolam 2.5mg 5mg s/c
- 3. Haloperidol 5mg s/c

** based on guidance from Cambridgeshire and Peterborough CCG Covid 19 EOL guidance

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