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

SURNAME	NHS No:	ALLERGIES:	"JUST IN CASE"
FORENAME	D.O.B.		ANTICIPATORY 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 <u>www.derbyshire.eolcare.uk</u> – symptom management)

DATE/TIME	DRUG	DOSE	FREQUENCY	PRESCRIBER SIGNATURE/ DESIGNATION
Breathlessness/ Pain	Morphine		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 if stable pain	Fentanyl patch		Replace every 48 hours	
Agitated / delirium ***delete as	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	
required				
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				
	Midazolam	2.5mg s/c	Up to hourly for anxiety or breathlessness if more than 4 doses in 24 hours 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.

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