

First Name	ALLERGIES/ADVERSE REACTIONS
Last Name	
Date of Birth	
NHS Number	

**PATIENT SPECIFIC DIRECTION AUTHORITY TO ADMINISTER  
SYRINGE PUMP (CSCI) MORPHINE INJECTION PAGE 1 OF 2 v06.2024**

**ADVICE TO PRESCRIBERS: THIS FORM (PAGE 1 & PAGE 2) SHOULD NOT BE PRINTED WITH THE JIC PRN FORM IN ANTICIPATION OF NEED.**

This form should only be completed by a prescriber if CSCI treatment is needed immediately or likely within the next week. Thereafter the community nurse must contact a prescriber to discuss the prescribed doses prior to first administration.

**BEST PRACTICE is to prescribe a specific dose unless a dose range is considered appropriate.** Any dose range must take account of total dose required in previous 24 hours. The PRN 'break through' dose for opioids is approximately 1/6 total opioid dose required in previous 24 hours. If a dose range is appropriate, consider keeping it to 30% e.g.30-45mg. This is approximately equivalent to 3 PRN doses. For prescribing advice refer to the hospice website and go to the section for Health Care Professionals: [www.severnhospice.org.uk](http://www.severnhospice.org.uk)

**Use the 2nd box at the bottom of this page for morphine dose review or to continue prescribing. ENSURE PREVIOUSLY PRESCRIBED DOSES ARE CROSSED OFF TO AVOID ERRORS IN ADMINISTRATION**

**ADVICE TO NURSES: ONLY ADMINISTER MEDICINE FOR CURRENT SYMPTOMS.**

If it is more than 1 week from date prescribed (see below) the community nurse will contact a prescriber to discuss the prescribed doses prior to first administration.

**If a dose review has been prescribed ONLY administer this dose.**

If a dose range is prescribed, start at lowest dose in the range but consider increasing (taking account of PRNs needed over past 24 hours) if indicated symptoms are still present and patient has required 2 or more PRN doses over the last 24 hours. or seek advice from a prescriber/Shropdoc/specialist palliative care (01743 236565/01952 221350)

**If continued prescribing is required onto another form the NURSE should contact a prescriber for a WHOLE new page and cross through the old page to ensure there is no confusion with current dose.**

DOCTOR/NMP SECTION		NURSE ADMINISTRATION SECTION													
<b>DRUG Morphine Sulfate injection</b> <b>Indications Pain/Breathlessness</b>	<b>Dose/24hours</b>	Date													
		Time													
		Date													
Signature _____ Reg No _____ Name _____		Given by													
<b>DRUG Morphine Sulfate injection</b> <b>Indication Dose Review</b>	<b>Dose/24hours</b>	Date													
		Time													
		Date													
Signature _____ Reg No _____ Name _____		Given by													
Sodium Chloride 0.9% Diluent Signature _____		To be used for medicines administration													

