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

PATIENT SPECIFIC DIRECTION AUTHORITY TO ADMINISTER

SYRINGE PUMP (CSCI) OXYCODONE PAGE 1OF 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

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														
DRUG OXYCODONE injection Indications **Pain/Breathlessness**	**Dose/24hours**	Date														
Subcut via csci/24hours		Time														
Date		Dose														
Signature Reg No. Name		Given by														
DRUG OXYCODONE injection Indication **Dose Review**	**Dose/24hours**	Date														
Subcut via csci/24 hours		Time														
Date		Dose														
Signature Reg No. Name		Given by														
Sodium Chloride 0.9% Diluent Signature		To be used for medicines administration														

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PATIENT SPECIFIC DIRECTION AUTHORITY TO ADMINISTER

SYRINGE PUMP (CSCI) v06.2024 PAGE 2 OF 2

DOCTOR/NMP SECTION		NURSE ADMINISTRATION SECTION													
DRUG Hyoscine Butylbromide Indication **Secretions / Colic** **Subcut via csci/24hours** Date Signature Name	**Dose/24hours** 60mg ☐ 120mg ☐ ☐	Date													
		Time													
		Dose													
		Given by													
DRUG Levomepromazine injection Indication **Nausea/Vomiting /Agitation** **Subcut via csci/24hours** Date Signature Name	**Dose/24hours** 6.25mg ☐ 12.5mg ☐ 25mg ☐ ☐	Date													
		Time													
		Dose													
		Given by													
DRUG Midazolam Indication **Agitation / Anxiety / Seizures** **Subcut via csci/24hours** Date Signature Reg No. Name	**Dose/24hours** 10mg ☐ 15mg ☐ 20mg ☐ ☐	Date													
		Time													
		Dose													
		Given by													