

# SUBCUTANEOUS 'AS REQUIRED' & SYRINGE PUMP PRESCRIPTION & ADMINISTRATION RECORD (SPAR)

## Incorporating the JUST IN CASE 4 CORE DRUGS (JiC4CD) Anticipatory Medications

### Patient Details

(Please complete details below)

<b>Patients Name</b>	
<b>Address</b>	
<b>Telephone</b>	
<b>Date of Birth</b>	
<b>NHS Number</b>	
<b>Hospital Number</b>	

### Important Contacts

<p style="text-align: center;"><b><u>General Practitioner</u></b></p> <p>Name:- Address:-</p> <p>Telephone:-</p>	<p style="text-align: center;"><b><u>Next of Kin</u></b></p> <p>Name:- Address:-</p> <p>Telephone:-</p>
<p style="text-align: center;"><b><u>District Nurse</u></b></p> <p>Name:- Address:-</p> <p>Telephone:-</p>	<p style="text-align: center;"><b><u>Specialist Palliative Care Advice Line</u></b></p> <p style="text-align: center;"><b>For Blackpool, Fylde and Wyre</b> Trinity Hospice on 01253 359359 (24 Hours)</p> <p style="text-align: center;"><b>For Lancaster, Morecambe and Carnforth</b> St John's Hospice on 01524 382538</p>

SPAR version 3.0 (September 2013) Review due September 2014
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<b><u>PRESCRIPTION RECORDS</u></b>		
<b><u>PAGE</u></b>	<b><u>DRUG</u></b>	<b><u>TICK</u></b>
6-7	Diamorphine	
8-9	Levomepromazine	
10-11	Midazolam	
12-13	Glycopyrronium	
14-15	Water for Injection	
Pages left blank for second line / other medications		
16-17		
18-19		
20-21		
22-23		

<b><u>JUST IN CASE 4 CORE DRUGS</u></b>		
<b><u>DRUG</u></b>	<b><u>QUANTITY SUPPLIED</u></b>	<b><u>QUANTITY CHECKED</u></b>
DIAMORPHINE 10mg amp	10	
LEVOMEPRMAZINE 25mg/1mL	5	
MIDAZOLAM 10mg/2mL	10	
GLYCOPYRRONIUM 0.2mg/1mL	10	
WATER FOR INJECTION 10mL	10	
When pack opened, state if any discrepancies found between supplied and checked quantities, and reasons for discrepancy		
Date JiC4CD Bag opened & contents checked		
District Nurse Signature & Print Name		

**Patients Allergies**

<b><u>ALLERGEN</u></b>	<b><u>TYPE OF REACTION</u></b>

**Opioid Medication History**

<b><u>CURRENT MEDICATION</u></b>	<b><u>DOSE</u></b>	<b><u>DATE DISCONTINUED</u></b>

## First Line 'Just in Case 4 Core Drugs' (JiC4CD) Anticipatory Medications Prescribing Guide

These guidelines are the recommended starting doses for first line JiC4CD anticipatory medications.

Higher starting doses and/or PRN frequencies can be used if assessed as clinically appropriate.

Doses should be titrated up if symptoms persist.

Drug	Formulation	Size of Ampoule	** Amount to Prescribe	Usual PRN Stat Dose	Usual 24 Hour Dose Via CSCI	Recommended Max Dose
<b>DIAMORPHINE</b> For Pain	10mg amp		If opioid naïve: 10 amps * If previously on opioids: ** 5 days supply	If opioid naïve: 2.5-5mg 1 hourly Subcut	If opioid naïve: 10-20mg	Contact Specialist Palliative Care (SPC) Advice Line when >100mg in 24 hours
<b>LEVOMEPRMAZINE</b> For nausea & vomiting	25mg/1mL	1mL amps	5 amps	6.25mg 8 hourly Subcut	6.25-12.5mg	Contact SPC Advice Line when ≥25mg in 24 hours
<b>MIDAZOLAM</b> For agitation & restlessness	5mg/mL (=10mg/2mL) As per NPSA alert take care with these high strength amps	2mL amps	10 amps	2.5-5mg 4 hourly Subcut	10-20mg	Contact SPC Advice Line when ≥30mg in 24 hours (Max dose 60mg)
<b>GLYCOPYRRONIUM</b> For respiratory tract secretions	0.2mg/1mL (=200mcg/1mL)	1mL amps	10 amps	0.2mg (200mcg) 4 hourly Subcut	0.6-1.2mg	Maximum dose 1.2mg over 24 hours
<b>WATER FOR INJECTION</b> Diluents		10mL amps	10 amps			

- Note:**
- \* For patients previously on opioids, follow guidance on page 5 for conversion of oral to equivalent subcutaneous dose. For patients on buprenorphine or fentanyl patches, follow guidance on page 5 and discuss with Specialist Palliative Care Service for advice regarding further analgesia (see page 1 for contact numbers).
  - \*\* These quantities have been designed to cover the longest possible scenario of being needed over a bank holiday weekend, so please ensure adequate amount prescribed to ensure supply for 5 days (usually at least enough for 2 doses per day)
  - Patients may be prescribed different end of life drugs anticipatory medications if they are intolerant of these recommended first line medications, or if they are discharged from University Hospitals of Morecambe Bay NHS Foundation Trust. For further information, please contact local Specialist Palliative Care Team for advice.

### OTHER DRUGS USED IN CSCIs (Continuous Subcutaneous Syringe Pumps)

Drug	Dose	Indication
Morphine	If opioid naïve: 10-20mg/24hr * If previously on opioids: see notes above	pain
Oxycodone	If opioid naïve: 5-10mg/24hr * If previously on opioids: see notes above	pain
Hyoscine Butylbromide	40-160mg/24hr	abdominal colic
Metoclopramide (pro-kinetic)	30-90mg/24hr	nausea & vomiting
Haloperidol	2.5-5mg/24hr (max 10mg/24hr)	nausea & vomiting
Cyclizine	100-150mg/24hr (max 150mg/24hr)	nausea & vomiting
Octreotide ( <i>specialist use only</i> )	300-900mcg/24h	obstructive vomiting
Hyoscine Hydrobromide	1.2-2.4mg/24hr (max 2.4mg/24hr)	respiratory secretions
Normal Saline	<i>not with cyclizine</i>	diluent

### Drugs NOT to be used in Syringe Pumps

Chlorpromazine	Diazepam	Prochlorperazine
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### Conversion from ORAL to SUBCUTANEOUS Opioids

3mg PO Morphine =	1.5mg SC Morphine =	1mg SC Diamorphine	3mg PO Morphine =	1.5mg PO Oxycodone =	0.75mg SC Oxycodone
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### Compatibility of Medicines in a Syringe Pumps

- The 'Just in Case 4 Core Drugs' recommended in this guidance are compatible to be used together in a syringe pump
- Other drugs may or may not be compatible for use together
- An online syringe pump compatibility tool is available at: <http://book.pallcare.info/index.php?op=plugin&src=sdrivers>

## 'Just in Case 4 Core Drugs' for the End of Life

### Indication for Use

One of the major causes of distress in the last days of life occurs when patients can no longer swallow their oral medication and there is a delay in accessing the appropriate parenteral medication. In many instances, the symptoms that occur are ones that could have been anticipated and planned for.

Examples include:

- A patient has pain that was well controlled on oral medication, deteriorates and is unable to swallow their usual medication.
- A patient has end stage respiratory disease, becomes weaker and develops troublesome respiratory secretions because they cannot cough.

Using knowledge of the disease along with common potential problems, the doctor is able to safely prescribe drugs in anticipation and authorise their administration by the appropriately trained nurses.

### End of life drugs

#### **Principles:**

- Only use **injectable** forms of the drug as most patients lose their ability to swallow safely at the end of life.
- Always give **stat doses subcutaneously**.
- Set up a continuous sc infusion (CSCI) using a syringe pump if the patient has required 2 or more stat injections. When commencing a CSCI for the first time, it will take at least 4 hours to reach a steady state, so it is important to cover the intervening period of time by giving appropriate stat doses simultaneously.
- Always ensure there is enough medication to make up 48 hours of syringes; more if a bank holiday is approaching.
- Ensure that a member of the healthcare team reviews the patient on at least a daily basis to ensure symptoms remain controlled.
- Always ensure there are **appropriate breakthrough doses** of medication available and prescribed to cover the common symptoms listed below.
- The drugs, doses and PRN frequencies recommended are the **starting** doses for **first line** JiC4CD end of life anticipatory medications. Different drugs may be prescribed if they are intolerant of these recommended first line medications, or if they are discharged from University Hospitals of Morecambe Bay NHS Foundation Trust. Higher starting doses and/or PRN drugs can be used if assessed as clinically appropriate. Doses should be titrated up if symptoms persist.
- The Specialist Palliative Care Service is available to be contacted for advice whenever necessary.

#### **Specialist Palliative Care Advice Line for Health Professionals**

- **For Blackpool, Fylde & Wyre** Trinity Hospice, Blackpool  
01253 359359 (24 hours)
- **For Lancaster, Morecambe & Carnforth** St John's Hospice, Lancaster  
01524 382538

### **For Pain**

It is unusual for patients to develop a new set of pains at the end of life. However, it is common for pre-existing pain to be more troublesome, and for patients to become stiff exacerbating muscular-skeletal pain.

#### **Use Diamorphine**

##### **In a opioid naïve patient**

- Prescribe diamorphine 2.5-5mg SC stat injection 1 hourly PRN for breakthrough pain.
- Consider commencing diamorphine 10-20mg over 24 hours via a CSCI using a syringe pump if symptomatic.
- If the patient is very frail, or there is a concern about renal failure, use diamorphine 2.5mg SC stat and a starting dose of diamorphine 5mg over 24 hours via a CSCI. Consider discussing such patients with the specialist palliative care team.

##### **If the patient is already on opioids**

- Convert current dose of daily oral morphine to diamorphine SC by dividing by 3, and prescribe this dose of diamorphine over 24 hours via a CSCI.
- Ensure breakthrough analgesia prescribed e.g. 1/6 total daily dose diamorphine SC stat 1 hourly PRN.

##### **If the patient is on a buprenorphine patch or fentanyl patch**

- Leave the patch in situ and change as usual
- Discuss with the Specialist Palliative Care Service for advice regarding further analgesia.

***Always discuss with the Specialist Palliative Care Service if you are unsure, or the dose of diamorphine exceeds 100 mg over 24 hours.***

### **For Nausea and Vomiting**

#### **Use Levomepromazine**

- Prescribe PRN antiemetic of levomepromazine 6.25mg SC stat injection 8 hourly PRN.
- Consider commencing levomepromazine 6.25-12.5mg over 24 hours via a CSCI using a syringe pump if symptomatic.
- ***If the symptoms are not controlled on levomepromazine 25mg over 24 hours, contact the Specialist Palliative Care Service for advice.***

### **For Agitation and Terminal Restlessness**

Always check to see if the patient is in urinary retention or if constipation is a problem. If appropriate, this should be managed before medications are introduced or altered. If the patient is a smoker, consider nicotine replacement therapy.

#### **Use Midazolam**

- Prescribe PRN anxiolytic of midazolam 2.5-5 mg SC stat injection 4 hourly PRN.
- Consider commencing midazolam 10-20mg over 24 hours via a CSCI using a syringe pump if symptomatic.
- Maximum recommended dose is 60mg over 24 hours.
- ***If patient remains restless on midazolam 30mg over 24 hours, contact the Specialist Palliative Care Service for advice.***

### **For Respiratory Tract Secretions**

#### **Use Glycopyrronium**

- Prescribe PRN antisecretory of glycopyrronium 0.2mg SC stat injection 4 hourly PRN.
- And, concurrently, commence glycopyrronium 0.6-1.2mg over 24 hours via a CSCI using a syringe pump.
- Maximum dose is 1.2mg over 24 hours.
- ***If secretions are not settling, contact the Specialist Palliative Care Service for advice.***

Patient Name:

Patient NHS Number:

Patient Date of Birth:

### CONTROLLED DRUG PRESCRIPTION RECORD

#### For usage as required only

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
	<b>DIAMORPHINE (Just in Case Prescription)</b>	<b>If opioid naïve: 2.5 – 5mg</b>	<b>Hourly STAT PRN for pain</b>	<b>SUBCUT</b>			
	<b>DIAMORPHINE</b>			<b>SUBCUT</b>			
	<b>DIAMORPHINE</b>			<b>SUBCUT</b>			
	<b>DIAMORPHINE</b>			<b>SUBCUT</b>			
	<b>DIAMORPHINE</b>			<b>SUBCUT</b>			

#### For continuous subcutaneous infusion via syringe pump

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
	<b>DIAMORPHINE (Just in Case Prescription)</b>	<b>If opioid naïve: 10 – 20mg</b>	<b>24 HRS</b>	<b>SUBCUT</b>			
	<b>DIAMORPHINE</b>		<b>24 HRS</b>	<b>SUBCUT</b>			
	<b>DIAMORPHINE</b>		<b>24 HRS</b>	<b>SUBCUT</b>			
	<b>DIAMORPHINE</b>		<b>24 HRS</b>	<b>SUBCUT</b>			
	<b>DIAMORPHINE</b>		<b>24 HRS</b>	<b>SUBCUT</b>			

### CONTROLLED DRUG ADMINISTRATION RECORD

Date	Time	Stock (Strength & Amount)	Name of Drug	Dosage Given	Route & Site	Stock Left (Strength & Amount)	Nurse Signature & Print Name	Batch Number & Exp Date
			<b>DIAMORPHINE</b>					
			<b>DIAMORPHINE</b>					
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Patient Name: \_\_\_\_\_

Patient NHS Number: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

**DRUG PRESCRIPTION RECORD****For usage as required only**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
	<b>LEVOMEPRMAZINE (Just in Case Prescription)</b>	<b>6.25 mg</b>	<b>8 hourly STAT PRN for nausea &amp; vomiting</b>	<b>SUBCUT</b>			
	LEVOMEPRMAZINE			SUBCUT			
	LEVOMEPRMAZINE			SUBCUT			
	LEVOMEPRMAZINE			SUBCUT			
	LEVOMEPRMAZINE			SUBCUT			

**For continuous subcutaneous infusion via syringe pump**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
	<b>LEVOMEPRMAZINE (Just in Case Prescription)</b>	<b>6.25 - 12.5mg</b>	<b>24 HRS</b>	<b>SUBCUT</b>			
	LEVOMEPRMAZINE		24 HRS	SUBCUT			
	LEVOMEPRMAZINE		24 HRS	SUBCUT			
	LEVOMEPRMAZINE		24 HRS	SUBCUT			
	LEVOMEPRMAZINE		24 HRS	SUBCUT			

**DRUG ADMINISTRATION RECORD**

Date	Time	Stock Amount	Name of Drug	Dosage Given	Route & Site	Stock Left	Nurse Signature & Print Name	Batch Number & Exp Date
			LEVOMEPRMAZINE					
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Patient Name:

Patient NHS Number:

Patient Date of Birth:

**CONTROLLED DRUG PRESCRIPTION RECORD****For usage as required only**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
	MIDAZOLAM (Just in Case Prescription)	2.5 -5 mg	4 hourly STAT PRN for agitation & restlessness	SUBCUT			
	MIDAZOLAM			SUBCUT			
	MIDAZOLAM			SUBCUT			
	MIDAZOLAM			SUBCUT			
	MIDAZOLAM			SUBCUT			

**For continuous subcutaneous infusion via syringe pump**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
	MIDAZOLAM (Just in Case Prescription)	10 – 20 mg	24 HRS	SUBCUT			
	MIDAZOLAM		24 HRS	SUBCUT			
	MIDAZOLAM		24 HRS	SUBCUT			
	MIDAZOLAM		24 HRS	SUBCUT			
	MIDAZOLAM		24 HRS	SUBCUT			

**CONTROLLED DRUG ADMINISTRATION RECORD**

Date	Time	Stock	Name of Drug	Dosage Given	Route & Site	Stock Left	Nurse Signature & Print Name	Batch Number & Exp Date
			MIDAZOLAM					
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Patient Name: \_\_\_\_\_

Patient NHS Number: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

**DRUG PRESCRIPTION RECORD**

For usage as required only

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
	<b>GLYCOPYRRONIUM (Just in Case Prescription)</b>	<b>0.2 mg (= 200 mcg)</b>	<b>4 hourly STAT PRN for respiratory secretions</b>	<b>SUBCUT</b>			
	<b>GLYCOPYRRONIUM</b>			<b>SUBCUT</b>			
	<b>GLYCOPYRRONIUM</b>			<b>SUBCUT</b>			
	<b>GLYCOPYRRONIUM</b>			<b>SUBCUT</b>			
	<b>GLYCOPYRRONIUM</b>			<b>SUBCUT</b>			

For continuous subcutaneous infusion via syringe pump

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
	<b>GLYCOPYRRONIUM (Just in Case Prescription)</b>	<b>0.6 – 1.2 mg</b>	<b>24 HOURS</b>	<b>SUBCUT</b>			
	<b>GLYCOPYRRONIUM</b>		<b>24 HOURS</b>	<b>SUBCUT</b>			
	<b>GLYCOPYRRONIUM</b>		<b>24 HOURS</b>	<b>SUBCUT</b>			
	<b>GLYCOPYRRONIUM</b>		<b>24 HOURS</b>	<b>SUBCUT</b>			
	<b>GLYCOPYRRONIUM</b>		<b>24 HOURS</b>	<b>SUBCUT</b>			

**DRUG ADMINISTRATION RECORD**

Date	Time	Stock Amount	Name of Drug	Dosage Given	Route & Site	Stock Left	Nurse Signature & Print Name	Batch Number & Exp Date
			<b>GLYCOPYRRONIUM</b>					
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<b>Patient NHS Number:</b> _____	<b>Patient Name:</b> _____	<b>Patient Date of Birth:</b> _____
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Date	Time	Stock Amount	Name of Drug	Dosage Given	Route & Site	Stock Left	Nurse Signature & Print Name	Batch Number & Exp Date
			GLYCOPYRRONIUM					
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Patient Name:

Patient NHS Number:

Patient Date of Birth:

**DRUG PRESCRIPTION RECORD**

**For usage as required only**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
	<b>WATER FOR INJECTIONS</b>	<b>AS REQUIRED</b>	<b>AS REQUIRED</b>	<b>SUBCUT</b>			

**For continuous subcutaneous infusion via syringe pump**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
	<b>WATER FOR INJECTIONS</b>	<b>AS REQUIRED</b>	<b>24 HOURS</b>	<b>SUBCUT</b>			

**DRUG ADMINISTRATION RECORD**

Date	Time	Stock Amount	Name of Drug	Dosage Given	Route & Site	Stock Left	Nurse Signature & Print Name	Batch Number & Exp Date
			WATER FOR INJECTIONS					
			WATER FOR INJECTIONS					
			WATER FOR INJECTIONS					
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			WATER FOR INJECTIONS					



Patient Name: \_\_\_\_\_

Patient NHS Number: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

**CONTROLLED DRUG PRESCRIPTION RECORD**

**For usage as required only**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
				SUBCUT			
				SUBCUT			
				SUBCUT			
				SUBCUT			
				SUBCUT			

**For continuous subcutaneous infusion via syringe pump**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
			24 HOUR	SUBCUT			
			24 HOUR	SUBCUT			
			24 HOUR	SUBCUT			
			24 HOUR	SUBCUT			
			24 HOUR	SUBCUT			

**CONTROLLED DRUG ADMINISTRATION RECORD**

Date	Time	Stock Amount	Name of Drug	Dosage Given	Route & Site	Stock Left	Nurse Signature & Print Name	Batch Number & Exp Date



**Patient NHS Number:**

\_\_\_\_\_

**Patient Name:**

\_\_\_\_\_

**Patient Date of Birth:**

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Date	Time	Stock Amount	Name of Drug	Dosage Given	Route & Site	Stock Left	Nurse Signature & Print Name	Batch Number & Exp Date

Patient Name: \_\_\_\_\_

Patient NHS Number: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

**CONTROLLED DRUG PRESCRIPTION RECORD**

**For usage as required only**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
				SUBCUT			
				SUBCUT			
				SUBCUT			
				SUBCUT			
				SUBCUT			

**For continuous subcutaneous infusion via syringe pump**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
			24 HOUR	SUBCUT			
			24 HOUR	SUBCUT			
			24 HOUR	SUBCUT			
			24 HOUR	SUBCUT			
			24 HOUR	SUBCUT			

**CONTROLLED DRUG ADMINISTRATION RECORD**

Date	Time	Stock Amount	Name of Drug	Dosage Given	Route & Site	Stock Left	Nurse Signature & Print Name	Batch Number & Exp Date



Patient Name:  
\_\_\_\_\_

Patient NHS Number:  
\_\_\_\_\_

Patient Date of Birth:  
\_\_\_\_\_

**DRUG PRESCRIPTION RECORD**

**For usage as required only**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
				<b>SUBCUT</b>			
				<b>SUBCUT</b>			
				<b>SUBCUT</b>			
				<b>SUBCUT</b>			
				<b>SUBCUT</b>			

**For continuous subcutaneous infusion via syringe pump**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
			<b>24 HOUR</b>	<b>SUBCUT</b>			
			<b>24 HOUR</b>	<b>SUBCUT</b>			
			<b>24 HOUR</b>	<b>SUBCUT</b>			
			<b>24 HOUR</b>	<b>SUBCUT</b>			
			<b>24 HOUR</b>	<b>SUBCUT</b>			

**DRUG ADMINISTRATION RECORD**

Date	Time	Stock Amount	Name of Drug	Dosage Given	Route & Site	Stock Left	Nurse Signature & Print Name	Batch Number & Exp Date

<b>Patient NHS Number:</b> <hr/>	<b>Patient Name:</b> <hr/>	<b>Patient Date of Birth:</b> <hr/>
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Date	Time	Stock Amount	Name of Drug	Dosage Given	Route & Site	Stock Left	Nurse Signature & Print Name	Batch Number & Exp Date

Patient Name: \_\_\_\_\_

Patient NHS Number: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

**DRUG PRESCRIPTION RECORD**

**For usage as required only**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
				SUBCUT			
				SUBCUT			
				SUBCUT			
				SUBCUT			
				SUBCUT			

**For continuous subcutaneous infusion via syringe pump**

Date	Medication	Dosage	Frequency	Route	Print Name	Signature	Discontinued Signature & Date
			24 HOUR	SUBCUT			
			24 HOUR	SUBCUT			
			24 HOUR	SUBCUT			
			24 HOUR	SUBCUT			
			24 HOUR	SUBCUT			

**DRUG ADMINISTRATION RECORD**

Date	Time	Stock Amount	Name of Drug	Dosage Given	Route & Site	Stock Left	Nurse Signature & Print Name	Batch Number & Exp Date



## Community Pharmacies Participating in Anticipatory Supply of Jic4CD in Tamper-Evident Bag

<b><u>Blackpool</u> Cohens Pharmacy</b>	Moor Park Health Centre Bristol Avenue Blackpool FY2 0JG Telephone 01253 354988	<b><u>Blackpool</u> MedicX Pharmacy</b>	Whitegate Primary Care Centre 150 Whitegate Drive Blackpool FY3 9ES Telephone 01253 807808
<b><u>Blackpool</u> Co-op Pharmacy</b>	9-11 All Hallows Road Bispham Blackpool FY2 0AS Telephone 01253 355699	<b><u>Blackpool</u> Lytham Road Pharmacy</b>	South Shore Primary Care Centre Lytham Road Blackpool FY4 1TJ Telephone 01253 403038
<b><u>Cleveleys/ Thornton</u> Boots Pharmacy</b>	39 Victoria Road Cleveleys FY5 1BS Telephone 01253 853168	<b><u>Kirkham</u> Co-op Pharmacy</b>	5 Market Square Kirkham PR4 2SE Telephone 01772 686118
<b><u>Fleetwood</u> Warburtons Chemist</b>	84-86 Lord Street Fleetwood FY7 6JZ Telephone 01253 874849	<b><u>Poulton / Carleton</u> Carleton Pharmacy</b>	5 Poulton Road Carleton FY6 7NH Telephone 01253 896878
<b><u>Freckleton</u> Co-op Pharmacy</b>	Trinity Medical Centre Douglas Drive Freckleton PR4 1RY Telephone 01772 632347	<b><u>St Anne's / Lytham</u> MedicX Pharmacy</b>	Lytham Health Centre Warton Street Lytham FY8 5EE Telephone 01253 737695
<b><u>Great Ecclestone</u> Great Ecclestone Health Centre Pharmacy</b>	Raikes Road Great Ecclestone PR3 0ZA Telephone 01995 672925	<b><u>Hambleton</u> Hambleton Pharmacy</b>	Kiln Lane Hambleton FY6 9AH Telephone 01253 702219

### Out Of Hours Access to End of Life Drugs (for use in EMERGENCIES only)

<b>Fylde Coast Medical Services</b> via Urgent Care Centre at Blackpool Teaching Hospital 01253 956488	<b>Preston Primary Care Centre</b> 01772 788058
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