

# Direction to and Record of Administration of Subcutaneous Medicines for Breakthrough Symptoms

(Primary Care Use ONLY: Includes Controlled Drug Stock Record)

Just in Case

\_\_\_\_\_ of \_\_\_\_\_

## Allergies / Medicine Sensitives

Date of Reaction	Medicine / Allergen	Type of reaction (e.g. rash)	Signature

No known allergies (please tick)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Key Information Summary (KIS) complete**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

HCN: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## Contacts

GP Name	Community Pharmacy	District Nurse	Palliative Contact/Other
Name	Name	Name	Name
Practice/Address	Address		
Tel:	Tel:	Tel:	Tel:
<b>Western Urgent Care</b>	Enniskillen Omagh Strabane Derry/Londonderry Limavady	<b>Tel: 028 7186 5195</b> WUC Supervisor: Via switchboard or phone direct via MiCollab Ext: 219107	

## Healthcare professional administration ONLY

This document is **VALID** for as long as the dispensed medicines remain in date and the indication for anticipatory 'just in case' medicines continues to be clinically appropriate. This document must be stored securely along with the medicines.

### 'Just in Case'

The 'just in case box' contains subcutaneous medicines which may be required to manage predictable and distressing symptoms. Medicines used may include those to treat:

**Pain / SOB**

**Nausea / Vomiting**

**Anxiety / Delirium / Agitation**

**Noisy Respiratory Secretions**

If the above symptoms occur, or if oral medicines can no longer be taken or tolerated, 'just in case' ensures medicines can be given without unnecessary delay, especially outside normal working hours.

### Using this document

- If a syringe driver is commenced, a separate syringe driver prescription must be prepared and referenced on the main section of this booklet, which will remain in use for the management of breakthrough symptoms.
- Stock balances of **all controlled drugs (for breakthrough and syringe driver use)** will be recorded in this document.
- When checking stock balances, staff must confirm if the person has been **seen and treated** by a GP in the last **28 days** from the date of the stock balance check. A video consultation in which the patient has been seen, is deemed acceptable. If not, please refer to the above named GP.

### Administration guidance

- Consider a BD Saf-T-Intima device for frequent administration of SC medications.
- A combination of 2 or 3 PRN drugs may be required at the one time e.g. Morphine Sulfate (OR Oxycodone), Midazolam and Glycopyrronium could be administered at the one time if the patient had SOB, anxiety and secretions.
- Drugs may be mixed together (not exceeding the max volume of 2mls) to reduce the number of individual injections administered **(with the exception of cyclizine, which should be administered as a separate injection).**
- The maximum volume for a single SC injection is 2mls. If the volume exceeds 2mls, consider using a **second** BD Saf-T-Intima and split the injection between the 2 devices.

# Anticipatory Prescribing Guidance

For the first prescription, always commence with the lowest dose.  
Individuals may benefit from a **dose range** being prescribed to allow more flexibility for nursing staff.

## 1. ANTICIPATE SYMPTOMS and PRESCRIBE when required

**PAIN\* / SOB**

Medicine/form		Start date	
MORPHINE SULFATE (INJ)			
Dose	Route	Frequency	
2MG – 5MG (TWO) (FIVE)	<b>S/C</b>	2 - 4 Hourly	
Special instructions		Max Dose in 24hrs	
GIVE HIGHER DOSE IF DISTRESSED		30MG	
Prescriber's signature		Stop date	

OR

Medicine/form		Start date	
OXYCODONE (INJ)			
Dose	Route	Frequency	
1MG – 2MG (ONE) (TWO)	<b>S/C</b>	2 - 4 Hourly	
Special instructions		Max Dose in 24hrs	
GIVE HIGHER DOSE IF DISTRESSED		12MG	
Prescriber's signature		Stop date	

**eGFR < 60**

\*If already on current opioid or antiemetic refer to full RPMG guidance for **individualised** approach. Scan QR code. For intermittent or persistent symptoms of breathlessness refer to full RPMG for guidance on dosing.

**NAUSEA\* / VOMITING**


Drug	SC Dose	Freq	SC 24hr dose	Indication
Cyclizine	50mg	8 hrly PRN	100mg – 150mg	Non-specific nausea & vomiting Mechanical bowel obstruction. Raised intracranial pressure
Haloperidol†	500 micrograms - 1mg	6 - 8 hrly PRN	1.5mg	Chemical/metabolic causes.
Levomepromazine†	2.5mg - 5mg	4 - 6 hrly PRN	5mg - 25mg	Broad spectrum antiemetic. Sedation can occur at high doses.
Metoclopramide	10mg	6 - 8 hrly PRN (max TDS)	30mg	Gastric stasis. Prokinetic antiemetic - <b>discontinue if colic develops.</b>
Ondansetron†	4mg - 8mg	6 - 8 hrly PRN	8mg – 24mg	Intractable vomiting due to chemical, abdominal and cerebral causes. Narrow spectrum antiemetic so probably should add to levomepromazine rather than replace.

\* Choice of antiemetic should be influenced by likely underlying causes. Refer to full RPMG guidance. Lower doses are indicated in severe renal or hepatic impairment.  
† Levomepromazine, haloperidol and ondansetron can prolong QT interval but benefit likely outweighs risk in the last days of life.

**ANXIETY  
DELIRIUM  
AGITATION**

Medicine/form		Start date	
MIDAZOLAM (INJ)			
Dose	Route	Frequency	
2MG – 5MG (TWO) (FIVE)	<b>S/C</b>	2 - 4 Hourly	
Special instructions		Max Dose in 24hrs	
GIVE HIGHER DOSE IF DISTRESSED		30MG	
Prescriber's signature		Stop date	

For individuals experiencing symptoms refer to full RPMG guidance



Individuals may benefit from a **dose range** being prescribed to allow more flexibility for nursing staff.

**NOISY  
RESPIRATORY  
SECRETIONS**

Medicine/form		Start date	
GLYCOPYRRONIUM			
Dose	Route	Frequency	
200 MICROGRAMS	<b>S/C</b>	4 – 6 hourly	
Special instructions		Max Dose in 24hrs	
PRN		1200 MICROGRAMS	
Prescriber's signature		Stop date	

OR

Medicine/form		Start date	
HYOSCINE BUTYLBROMIDE			
Dose	Route	Frequency	
20MG	<b>S/C</b>	2 - 4 Hourly	
Special instructions		Max Dose in 24hrs	
		120MG	
Prescriber's signature		Stop date	

- This is a **GUIDE** to prescribing PRN subcutaneous (SC) medications.
- Please prescribe at least one drug from each category above.
- Consider drug availability when making individual drug choices for symptom management.
- Individuals may benefit from a **dose range** being prescribed to allow more flexibility for nursing staff.
- For all symptoms, **consider starting at the lower end of ranges suggested**, especially in those who are opioid-naïve, elderly or have a low BMI, and titrating up rapidly as needed (usually 30-50% every 12 hours, using clinical judgement). Reassess symptoms if the individual is not responding.
- **For patients who are very symptomatic or distressed, consider starting higher doses in the ranges suggested and titrating up rapidly if needed.** A shorter dose interval e.g. 1-2 hourly PRN with a clear maximum permissible dose in 24hrs may also allow flexibility.

Adapted from the RPMG Guidance March 2023.

## 2. REVIEW AND OPTIMISE REGULAR MEDICINES

### AIM

Establish what matters to the person with respect to their medicines

Medicines review is a cyclical process centred on 'what matters' and shared decision making. The 7-step review guide provides a structure to the review process.



Goal of care to optimise QoL and minimise risk of drug-related harm/burden i.e. difficult to administer

Activities of daily living dependency and/or severe chronic disease and/or terminal illness

Severe irreversible frailty i.e. high risk of acute complications or deterioration

Poor 1 year survival 'Surprise question'

Systems	The decision to (and process of) stopping or reducing medicines burden can be complex and time consuming however when the person meets the criteria described above you may wish to focus on one or several of the medicine examples listed below:
<b>Cardiology</b>	<b>Lipid-lowering therapies:</b> (statins, ezetimibe, bile acid sequestrants, fibrates, nicotinic acid, lomitapide and acipimox). <b>Antihypertensives:</b> (SBP) persistently <130 mmHg. An appropriate SBP target in frail older people is 130–160 mmHg. <b>Anti-anginals: (specifically nitrates, nicorandil, ranolazine):</b> None of these anti-anginal drugs have been proven to reduce cardiovascular mortality or the rate of myocardial infarction.
<b>Coagulation</b>	<b>Anti-platelets:</b> No evidence of benefit for primary (as distinct from secondary) cardiovascular prevention. <b>Aspirin for stroke prevention in atrial fibrillation:</b> Aspirin has little or no role for stroke prevention in frail older people who are not candidates for anticoagulation therapy and may significantly increase bleeding risk.
<b>CNS</b>	<b>Neuroleptic antipsychotics in patients with dementia:</b> Aim to reduce dose and discontinue these drugs in patients taking them for longer than 12 weeks if there are no current clinical features of behavioural and psychiatric symptoms of dementia (BPSD). <b>Memantine:</b> Discontinue and monitor in patients with moderate to severe dementia, unless memantine has clearly improved BPSD.
<b>Gastrointestinal</b>	<b>Proton pump Inhibitors:</b> Reduce dose of proton pump inhibitors when used at full therapeutic dose ≥8 weeks, unless persistent dyspeptic symptoms at lower maintenance dose. <b>H2 receptor antagonist:</b> Reduce dose of H2 receptor antagonists when used at full therapeutic dose for ≥8 weeks, unless persistent dyspeptic symptoms at lower maintenance dose.
<b>Respiratory</b>	<b>Theophylline and aminophylline:</b> These drugs have a narrow therapeutic index, have doubtful therapeutic benefit and require monitoring of serum levels and interact with other commonly prescribed drugs putting patients at an increased risk of ADEs. <b>Leukotriene antagonists (montelukast, zafirlukast):</b> These drugs have no proven role in chronic obstructive pulmonary disease; they are indicated only in asthma.
<b>Musculoskeletal</b>	<b>Calcium supplements:</b> Unlikely to be of any benefit in short-term unless proven, symptomatic hypocalcaemia. <b>Vitamin D (ergocalciferol and colecalciferol):</b> Lack of clear evidence to support the use of vitamin D to prevent falls and fractures, cardiovascular events or cancers. <b>Anti-resorptive/bone anabolic drugs for osteoporosis (bisphosphonates, strontium, teriparatide, denosumab)</b> <b>Long-term oral NSAIDs:</b> Increased risk of side effects (e.g. peptic ulcer disease, bleeding, worsening heart failure) when taken regularly for ≥2 months. <b>Long-term oral corticosteroids:</b> Increased risk of major side effects (e.g. fragility fractures, proximal myopathy, peptic ulcer disease) when taken regularly for ≥2 months. Consider careful dose reduction and discontinuation.
<b>Urogenital</b>	<b>Drugs for benign prostatic hyperplasia (5-alpha reductase inhibitors and alpha-blockers) in catheterised male patients:</b> No benefit with long-term bladder catheterisation. <b>Drugs for overactive bladder (muscarinic antagonists and mirabegron):</b> No benefit in patients with persistent, irreversible urinary incontinence unless clear history of painful detrusor hyperactivity.
<b>Endocrine</b>	<b>Anti-diabetic drugs:</b> De-intensify therapy. Avoid HbA1c targets (HbA1C <7.5% [58 mmol/mol] associated with net harm in this population). The goal of care is to minimise symptoms related to hyperglycaemia (e.g. excessive thirst, polyuria).
<b>Miscellaneous</b>	<b>Multivitamin combination supplements:</b> Discontinue when prescribed for prophylaxis rather than treatment of hypovitaminosis. <b>Folic acid:</b> Discontinue when treatment course is completed. The usual treatment duration is 1–4 months unless malabsorption, malnutrition or concomitant methotrexate use. <b>Nutritional supplements:</b> Discontinue when prescribed for prophylaxis rather than treatment of malnutrition.

THIS IS NOT AN EXHAUSTIVE LIST

STOPPFrail Version 2 (2020)

## 3. DISCUSS AND AGREE MEDICINE CHANGES with the person and/or family

# Direction to administer

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

DOB: \_\_\_\_\_

HCN: \_\_\_\_\_

**Doses suggested are for opioid naïve patients.**

- Contact Specialist Palliative Care Team for advice especially if renal impairment severe or if there is concern about opioid toxicity.

**For patients already on opioid medications**

- Refer to Opioid Conversion Guidance (QR code) e.g. to convert from oral to SC. Ensure where a dose increase is intended, the calculated dose is safe for the patient (e.g. generally by a third but not normally more than 50% higher than the previous dose). Use caution in higher doses.
- Adjust the breakthrough dose to **one sixth of the individual's regular total opioid dose**, but can also be given as 1/10th of the total 24 hour opioid dose.
- **Continue established analgesic patches** (e.g. Buprenorphine/Fentanyl). Note fever may increase opioid absorption. If a patient is on a high dose patch consult with Specialist Palliative Care Team for advice.

## PAIN / SOB

Consider using a BD Saf-T-Intima device for frequent administration of SC medications.

**Flush device with approximately 0.2ml NaCl 0.9% after administration.**

NaCl 0.9% prefilled flush syringes e.g. Posiflush™ is a medical device and therefore does not need prescribed.

**Administration record** (check for any recent oral administration)

Medicine/form			Start date	Date							
Dose	Route	Frequency		Time							
<b>S/C</b>											
Special instructions		Max Dose in 24hrs		Batch No. /Expiry							
Prescriber's signature		Stop date		Dose							
Print name/Prof No.		Signature		Given by							
Additional syringe pump prescription in use Date commenced:				(if required) Flush Batch No.							
<b>Review above dose with each pump dose adjustment</b>				Expiry							
Medicine/form			Start date	Date							
Dose	Route	Frequency		Time							
<b>S/C</b>											
Special instructions		Max Dose in 24hrs		Batch No. /Expiry							
Prescriber's signature		Stop date		Dose							
Print name/Prof No.		Signature		Given by							
Additional syringe pump prescription in use Date commenced:				(if required) Flush Batch No.							
<b>Review above dose with each pump dose adjustment</b>				Expiry							
Medicine/form			Start date	Date							
Dose	Route	Frequency		Time							
<b>S/C</b>											
Special instructions		Max Dose in 24hrs		Batch No. /Expiry							
Prescriber's signature		Stop date		Dose							
Print name/Prof No.		Signature		Given by							
Additional syringe pump prescription in use Date commenced:				(if required) Flush Batch No.							
<b>Review above doses with each SD dose adjustment</b>				Expiry							

PAIN / SOB



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

DOB: \_\_\_\_\_

HCN: \_\_\_\_\_

# Direction to administer

## USE WITH CAUTION:

**Levomepromazine / haloperidol / metoclopramide** in people with Parkinson's disease, extrapyramidal side effects (EPSE), Lewy Body Dementia (LBD) and history/risk of seizures (refer to BNF for full caution list).

May wish to consider **ondansetron 4mg SC TID PRN** or **cyclizine 50mg SC TID PRN** instead were appropriate.

## DUAL INDICATION USE:

State any dual indication in special instructions as shown in the example:

NAUSEA / VOMITING			
<small>(If using for dual indication, state 2<sup>nd</sup> indication use in special instructions)</small>			
Medicine/form	Start date		
LEVOMEPRIMAZINE			
Dose	Route	Frequency	
2.5mg – 5mg	S/C	4 – 6 hrly	
Special instructions		Max Dose in 24hrs	
USE 2 <sup>nd</sup> LINE FOR AGITATION			
Prescriber's signature		Stop date	
Print name/Prof No.		Signature	

## NAUSEA / VOMITING

Consider using a BD Saf-T-Intima device for frequent administration of SC medications. **Flush device with approximately 0.2ml NaCl 0.9% after administration.**

NaCl 0.9% prefilled flush syringes e.g. Posiflush™ is a medical device and therefore does not need prescribed.

**Administration record** (check for any recent oral administration)

Medicine/form	Start date		Date							
Dose	Route	Frequency	Time							
Special instructions		Max Dose in 24hrs	Batch No. /Expiry							
Prescriber's signature		Stop date	Dose							
Print name/Prof No.		Signature	Given by							
Additional syringe pump prescription in use			(if required) Flush Batch No.							
Date commenced:			Expiry							
<b>Review above doses with each pump dose adjustment</b>										
Medicine/form	Start date		Date							
Dose	Route	Frequency	Time							
Special instructions		Max Dose in 24hrs	Batch No. /Expiry							
Prescriber's signature		Stop date	Dose							
Print name/Prof No.		Signature	Given by							
Additional syringe pump prescription in use			(if required) Flush Batch No.							
Date commenced:			Expiry							
<b>Review PRN doses with each pump dose adjustment</b>										
Medicine/form	Start date		Date							
Dose	Route	Frequency	Time							
Special instructions		Max Dose in 24hrs	Batch No. /Expiry							
Prescriber's signature		Stop date	Dose							
Print name/Prof No.		Signature	Given by							
Additional syringe pump prescription in use			(if required) Flush Batch No.							
Date commenced:			Expiry							
<b>Review PRN doses with each pump dose adjustment</b>										

NAUSEA / VOMITING



# Direction to administer

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

DOB: \_\_\_\_\_

HCN: \_\_\_\_\_

- Midazolam is first line for anxiety/agitation. Levomepromazine or haloperidol may also be needed (refer to full RPMG guidance)
- **It is preferred that the 10mg/2ml ampoules are used for administration to allow for a smaller volume SC injection.**
- If Midazolam SC is not available, refer to full guidance for alternatives.

## DUAL INDICATION USE:

If using for dual indication, state 2nd indication use in special instructions

## ANXIETY / DELIRIUM / AGITATION

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NaCl 0.9% prefilled flush syringes e.g. Posiflush™ is a medical device and therefore does not need prescribed.

**Administration record** (check for any recent oral administration)

ANXIETY / DELIRIUM / AGITATION

Medicine/form			Start date	Date							
Dose	Route <b>S/C</b>	Frequency		Time							
Special instructions		Max Dose in 24hrs		Batch No. /Expiry							
Prescriber's signature		Stop date		Dose							
Print name/Prof No.		Signature		Given by							
Additional syringe pump prescription in use Date commenced:				(if required) Flush Batch No.							
<b>Review above doses with each pump dose adjustment</b>				Expiry							
Medicine/form			Start date	Date							
Dose	Route <b>S/C</b>	Frequency		Time							
Special instructions		Max Dose in 24hrs		Batch No. /Expiry							
Prescriber's signature		Stop date		Dose							
Print name/Prof No.		Signature		Given by							
Additional syringe pump prescription in use Date commenced:				(if required) Flush Batch No.							
<b>Review PRN doses with each pump dose adjustment</b>				Expiry							
Medicine/form			Start date	Date							
Dose	Route <b>S/C</b>	Frequency		Time							
Special instructions		Max Dose in 24hrs		Batch No. /Expiry							
Prescriber's signature		Stop date		Dose							
Print name/Prof No.		Signature		Given by							
Additional syringe pump prescription in use Date commenced:				(if required) Flush Batch No.							
<b>Review PRN doses with each pump dose adjustment</b>				Expiry							



# Direction to administer

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

DOB: \_\_\_\_\_

HCN: \_\_\_\_\_

- Glycopyrronium or hyoscine butylbromide (Buscopan®) are the preferred options however drug choice may depend on availability and hyoscine hydrobromide may need to be used. Early use of anti-secretory agents should be considered and can prevent accumulation of new secretions, although has limited effect in clearing those already accumulated.
- Reassure family and carers that although respiratory secretions sound uncomfortable, if the patient is deeply asleep or unconscious, they are most likely not distressed by them. They are present because the patient is not coughing or clearing their throat as they normally would. Repositioning can be beneficial.

## NOISY RESPIRATORY SECRETIONS

(If using for dual indication, state 2<sup>nd</sup> indication use in special instructions)

Consider using a BD Saf-T-Intima device for frequent administration of SC medications. **Flush device with approximately 0.2ml NaCl 0.9% after administration.**

NaCl 0.9% prefilled flush syringes e.g. Posiflush™ is a medical device and therefore does not need prescribed.

**Administration record** (check for any recent oral administration)

NOISY RESPIRATORY SECRETIONS

Medicine/form			Start date	Date							
Dose	Route	Frequency		Time							
<b>S/C</b>											
Special instructions		Max Dose in 24hrs		Batch No. /Expiry							
Prescriber's signature		Stop date		Dose							
Print name/Prof No.		Signature		Given by							
Additional syringe pump prescription in use Date commenced:				(if required) Flush Batch No.							
<b>Review above doses with each pump dose adjustment</b>				Expiry							
Medicine/form			Start date	Date							
Dose	Route	Frequency		Time							
<b>S/C</b>											
Special instructions		Max Dose in 24hrs		Batch No. /Expiry							
Prescriber's signature		Stop date		Dose							
Print name/Prof No.		Signature		Given by							
Additional syringe pump prescription in use Date commenced:				(if required) Flush Batch No.							
<b>Review PRN doses with each pump dose adjustment</b>				Expiry							
Medicine/form			Start date	Date							
Dose	Route	Frequency		Time							
<b>S/C</b>											
Special instructions		Max Dose in 24hrs		Batch No. /Expiry							
Prescriber's signature		Stop date		Dose							
Print name/Prof No.		Signature		Given by							
Additional syringe pump prescription in use Date commenced:				(if required) Flush Batch No.							
<b>Review PRN doses with each pump dose adjustment</b>				Expiry							



# Direction to administer

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

DOB: \_\_\_\_\_

HCN: \_\_\_\_\_

## Additional comments

This section can be used to prescribe injectable medications to be used **as and when required** for indications other than the key symptoms already described in this booklet.

This section is not for the prescription of **REGULAR** on-going injectable or oral medicines e.g. regular daily or twice daily administration. In this case, the dispensed medicine can be transcribed onto the community administration recorded (MAR).

## SPECIFY INDICATION

(Enter in special instructions)

Consider using a BD Saf-T-Intima device for frequent administration of SC medications.

**Flush device with approximately 0.2ml NaCl 0.9% after administration.** NaCl 0.9% prefilled flush syringes e.g. Posiflush™ is a medical device and therefore does not need prescribed.

**Administration record** (check for any recent oral administration)

SPECIFY INDICATION

Medicine/form			Start date	Date							
Dose	Route	Frequency		Time							
<b>S/C</b>											
Special instructions/indication		Max Dose in 24hrs		Batch No. /Expiry							
Prescriber's signature		Stop date		Dose							
Print name/Prof No.		Signature		Given by							
Additional syringe pump prescription in use Date commenced:				(if required) Flush Batch No.							
<b>Review above doses with each pump dose adjustment</b>				Expiry							
Medicine/form			Start date	Date							
Dose	Route	Frequency		Time							
<b>S/C</b>											
Special instructions		Max Dose in 24hrs		Batch No. /Expiry							
Prescriber's signature		Stop date		Dose							
Print name/Prof No.		Signature		Given by							
Additional syringe pump prescription in use Date commenced:				(if required) Flush Batch No.							
<b>Review PRN doses with each pump dose adjustment</b>				Expiry							
Medicine/form			Start date	Date							
Dose	Route	Frequency		Time							
<b>S/C</b>											
Special instructions		Max Dose in 24hrs		Batch No. /Expiry							
Prescriber's signature		Stop date		Dose							
Print name/Prof No.		Signature		Given by							
Additional syringe pump prescription in use Date commenced:				(if required) Flush Batch No.							
<b>Review PRN doses with each pump dose adjustment</b>				Expiry							



Name: JOE BLOGGS      DOB 15/10/1965      Health & Care No: 1111 654 123

Controlled Drug Name MORPHINE SULFATE      Strength 10MG / ML      Form AMP      Ampoule/Vial Size (if applicable) 1ML

Controlled Drug Receipt (Parenteral and transdermal Schedule 2 & 3)						Quantity Used					GP Seen & treated within last 28 days (*Refer)	Name & Signature of person making entries		Other Comments	
Date	Time (24hr clock)	Quantity received (words)	Batch No.	Expiry Date	Source Of Supply (e.g. community pharmacy, hospital)	Date Used	Time (24hr clock)	Quantity Used (e.g. mg /micrograms)	Quantity Wasted	Stock Balance (no of vials)		Print Name & Signature of authorised person taking receipt of or administering drug or discarding drug wastage	Print		Sign
										Transferred from page					
										Balance of stock					

## How to use STOCK RECORD section

02/03/24	16.30	Ten	0145637	04 /26	Boots Pharmacy					10	Yes / No* Date: 24/2/2024	SDean	SDean	E.g. of stock received
						7/3/24	12.00	2mg	8mg	9	Yes / No*	SDean	SDean	E.g. of stock used
14/03/24	09.30				Stock check					9	Yes / No*	SDean	SDean	E.g. of stock check
21/03/24	09.30				Stock check					9	Yes / No*	SDean	SDean	
28/03/24	12.30				Stock check					9	Yes / No*	SDean	SDean	Last seen on 24/2/24, Dr Jones contacted today
											Yes / No*			E.g. of GP review
											Yes / No*			
											Yes / No*			

Stock balance returned to COMMUNITY pharmacy		Quantity: <b>9</b>	Family/advocate Name: <b>Jane Bloggs</b>		Relationship to individual: <b>Daughter</b>		Signature: <b>JBloggs</b>	
Returned by Nurse/GP	Date:	Print Name:	Sign	Pharmacy Name		Pharmacist Name		Date & Sign

## Controlled Drug Guidance notes:

- There is **no requirement** to count stocks of CDs when entering or leaving a person's home.
- Stock of CDs should be counted **each time**,
  - a dose is prepared for **administration** or,
  - **a new supply** is received into the home environment, and the balance reconciled at the earliest opportunity.
- When **not actively being administered**:
  - **Weekly** stock checks should be completed to ensure stock continues to be available and in date.
  - **Monthly** stock checks can be completed after completion of a **risk assessment** where appropriate.
  - **Ad-hoc** stock checks may be completed as needed for example in response to a concern e.g. Suspected medication incident or diversion, or if a patient was being admitted to acute hospital / respite for a prolonged stay.
- Each CD should be referenced on the **INDEX page**.
- A **separate page** must be maintained for each strength and preparation of controlled drug (CD).
- Only one page should be in use at any given time. Once complete, **transfer stock balance** to a new page, indicating **page number** CD record has been transferred to.
- Each transaction of stock received or used must be recorded on a **separate line**.

## Controlled Drug Guidance notes:

The following is a list of parenteral Controlled Drugs which should be recorded.

Schedule 2 and 3

- Alfentanil
- Diamorphine
- Dihydrocodeine Injection
- Fentanyl
- Ketamine
- Methadone
- Midazolam
- Morphine Sulfate
- Oxycodone
- Pethidine

### **Care Home facilities:**

Continue to maintain stock records within the home's CD record book as per normal procedures. This section of the booklet does not need to be completed in addition to the home's records.





Controlled Drug Name \_\_\_\_\_ Strength \_\_\_\_\_ Form \_\_\_\_\_ Ampoule/Vial Size (if applicable) \_\_\_\_\_

Controlled Drug Receipt (Parenteral and transdermal Schedule 2 & 3)						Quantity Used				GP Seen & treated within last 28 days (*Refer)	Name & Signature of person making entries		Other Comments	
Date	Time (24hr clock)	Quantity received (words)	Batch No.	Expiry Date	Source Of Supply (e.g. community pharmacy, hospital)	Date Used	Time (24hr clock)	Quantity Used (e.g. mg /micrograms)	Quantity Wasted		Stock Balance (no of vials)	Print Name & Signature of authorised person taking receipt of or administering drug or discarding drug wastage		
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Returned by Nurse/GP		Date:	Print Name:		Sign		Pharmacy Name		Pharmacist Name		Date & Sign			

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**Continue with additional single counting sheets or second booklet if required**

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# Palliative Medicines Community Pharmacy Contacts Western Area

Scan to access the Community Pharmacy Weekend and Bank Holiday rota for your area



	Name	Opening hours	Tel
<b>Belleek</b>	Mc Guinness Pharmacy 4 Main Street	Mon – Sat: 9.00am-6.00pm	6855 8218
<b>Castleberg</b>	Corry's Chemist 11-12 The Diamond	Mon – Fri: 9.00am-6.00pm, Sat: 9.00am-6.00pm	8157 1974
<b>Derry</b>	Murphy's Chemist 165 Spencer Road	Mon – Sat: 9.00am-8.00pm, <b>Sun: 12.30pm-1.30pm</b>	7131 1720
	Medicare Pharmacy 43 Great James Street	Mon – Fri: 9.15am-6.15pm	7126 7004
	Belmont Health Kirby Unit 7, Culmore Road	Mon – Sat: 9.00am-7.00pm	7136 3604
	Bradley's 130 Northland Road	Mon – Fri: 9.00am - 9.00pm, Sat: 9.00am - 6.00pm <b>Sun: 11.00am - 6.00pm</b>	7136 7333
	Boots Crescent Link Retail Park	Mon-Fri: 9.00am - 9.00pm, Sat: 9.00am - 8.00pm, <b>Sun: 1.00pm - 6.00pm</b>	7134 5545
<b>Enniskillen</b>	Erne Pharmacy 12 Church Street	Mon – Fri: 9.00am-6.00pm, Sat: 9.00am-5.30pm	6632 2291
	L J Hughes 44 Belmore Street	Mon – Sat: 9.00am-5.30pm	6632 2460
<b>Limavady</b>	Gormley's Medicare Ltd 171 Irish Green Street	Mon – Fri: 9.00am-5.30pm, Sat: 9.00am-1.00pm	7772 2508
<b>Lisnaskea</b>	Armstrong's Pharmacy 119 Main Street	Mon – Sat: 9.00am-6.00pm	6772 1231
<b>Omagh</b>	Kelly's Chemist 41 High Street	Mon – Sat: 9.00am-6.00pm, (Wed: 9.00am-5.30pm)	8224 2030
	Boots 43/47 High Street	Mon-Thur: 9.00 - 5.30pm, Fri: 9.00am - 6.00pm Sat: 9.00am - 5.30pm, <b>Sun: 1.00pm - 5.00pm</b>	8224 5455
	Brookmount Health 48c Brookmount Road	Mon – Fri: 9.00am - 6.00pm, Sat: 9.00am - 5.30pm	8225 2205
	Bradley's 86b Old Mountfield Road	Mon – Fri: 9.00am - 6.00pm, Sat: 9.00am - 5.30pm	8224 0554
<b>Strabane</b>	Medicare Pharmacy 304a Ballycolman Estate	Mon – Fri: 9.00am-6.00pm	7138 2252

## Stocks of NON-CD palliative medicines are available across all 5 WUC base sites

### PO (Oral) to SC (Subcutaneous)

<b>Oral Morphine to SC Morphine</b> - Divide by 2 e.g. 30 mg Oral Morphine = 15 mg SC Morphine
<b>Oral Morphine to SC Alfentanil</b> - Divide by 30 e.g. 30 mg Oral Morphine = 1 mg SC Alfentanil
<b>Oral Oxycodone to SC Oxycodone</b> - Divide by 2 e.g. 10 mg Oral Oxycodone = 5 mg SC Oxycodone
<b>Oral Hydromorphone to SC Hydromorphone</b> - Divide by 2 e.g. 4 mg Oral Hydromorphone = 2 mg SC Hydromorphone
<b>Oral Morphine to SC Diamorphine</b> - Divide by 3 e.g. 30 mg Oral Morphine = 10 mg SC Diamorphine
<b>Palliative Medicine Consultant only</b> <b>Oral Morphine to SC Fentanyl</b> Divide by 150 e.g. 15mg PO Morphine ≈ 100micrograms SC Fentanyl SC fentanyl to PO morphine: only as stipulated by palliative medicine consultant. The conversion will be in the range 100-150.

### PO (Oral) to PO

<b>Oral Morphine to Oral Oxycodone</b> - Divide by 2 e.g. 30mg Oral Morphine = 15mg Oral Oxycodone
<b>Oral Morphine to Oral Hydromorphone</b> - Divide by 7.5 e.g. 30mg Oral Morphine = 4mg Oral Hydromorphone
<b>Oral Tapentadol<sup>‡</sup> to Oral Morphine</b> - Divide by 2.5 e.g. 50mg Oral Tapentadol = 20mg Oral Morphine
<b>Oral Tapentadol<sup>‡</sup> to Oral Oxycodone</b> - Divide by 5 e.g. 50mg Oral Tapentadol = 10mg Oral Oxycodone
<b>Oral Tramadol<sup>‡</sup> to Oral Morphine</b> - Divide by 10 e.g. 100 mg Oral Tramadol = 10 mg Oral Morphine
<b>Oral Tramadol<sup>‡</sup> to Oral Tapentadol<sup>‡</sup></b> - Divide by 4 e.g. 200mg Oral Tramadol modified release = 50mg Oral Tapentadol modified release
<b>Oral Codeine/Dihydrocodeine to Oral Morphine</b> - Divide by 10 e.g. 240 mg Oral Codeine / Dihydrocodeine = 24 mg Oral Morphine

### SC (Subcutaneous) to SC

<b>SC Morphine to SC Oxycodone</b> - Divide by 2 e.g. 20 mg SC Morphine = 10 mg SC Oxycodone Note this may differ from other available conversions
<b>SC Morphine to SC Alfentanil</b> - Divide by 15 e.g. 15mg SC Morphine = 1mg SC Alfentanil
<b>SC Morphine to SC Diamorphine</b> - Divide by 1.5 e.g. 15 mg SC Morphine = 10 mg SC Diamorphine

### Transdermal to Oral

<b>Buprenorphine Patch e.g. Butec<sup>®</sup>, BuTrans<sup>®</sup></b> Replace patch EVERY 7 DAYS			
Patch strength (micrograms per hr)	Oral dose over 24 hours (mg)		
	Morphine	Tramadol	Codeine/Dihydrocodeine
5 micrograms/hr	~10 - 12	~100	~120mg/day
10 micrograms/hr	~20 - 24	~200	~240mg/day
20 micrograms/hr	~40 - 48	~400	

<b>Buprenorphine Patch e.g. Transtec<sup>®</sup> Patch</b> Replace patch TWICE WEEKLY (every 3 or 4 days)	
Transtec <sup>®</sup> Patch (micrograms/hr)	24 hour Oral Morphine Dose
35 micrograms/hr	~ 63 - 97mg
52.5 micrograms/hr	~ 95 - 145mg
The doses below are not recommended for persistent non-malignant pain	
70 micrograms/hr	~ 126 - 193mg
140 micrograms/hr	~ 252 - 386mg

### Transdermal to Oral

<b>Fentanyl Patch e.g. Mezolar<sup>®</sup>, Durogesic<sup>®</sup></b> Replace patch every 3 days	
Fentanyl Patch (microgram/hr)	Equivalent 24 hourly Oral Morphine Dose (mg)
12	30-59
25	60-89
37	90-119
50	120-149
The doses below are not recommended for persistent non-malignant pain.	
62	150-179
75	180-239
100	240-299
125	300-359
150	360-419
175	420-479
200	480-539
225	540-599
250	600-659
275	660-719
300	720-779

<sup>‡</sup> Analgesia only partly opioid-mediated. Potential for increased opioid-related side effects when switching to other opioids.

Developed by NI Palliative Care Pharmacy Group, Regional Palliative Medicine Group and Strategic Planning and Performance Group (SPPG) March 2023. For review March 2026.

