

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

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

_____ of _____

**Just in
Case**

Allergies / Medicine Sensitivities

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	Practice/Address		
Tel:	Tel:	Tel:	Tel:

Western Urgent Care

Enniskillen Omagh Strabane
Derry/Londonderry Limavady

Tel: 028 7186 5195
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' service 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 injectable 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 2MG – 5MG (TWO) (FIVE)	Route S/C	Frequency 2 - 4 Hourly
Special instructions GIVE HIGHER DOSE IF DISTRESSED		Max Dose in 24hrs 30MG
Prescriber's signature		Stop date

OR

Medicine/form		Start date	
OXYCODONE (INJ)			
Dose 1MG – 2MG (ONE) (TWO)	Route S/C	Frequency 2 - 4 Hourly	
Special instructions GIVE HIGHER DOSE IF DISTRESSED		Max Dose in 24hrs 12MG	
Prescriber's signature eGFR < 60		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 - discontinue if colic develops.
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 and including relevant contraindications.
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 2MG – 5MG (TWO) (FIVE)	Route S/C	Frequency 2 - 4 Hourly	
Special instructions GIVE HIGHER DOSE IF DISTRESSED		Max Dose in 24hrs 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
SECRECTIONS**

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

OR

Medicine/form		Start date
HYOSCINE BUTYLBROMIDE		
Dose	Route	Frequency
20MG	S/C	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.

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:
Cardiology	Lipid-lowering therapies: (statins, ezetimibe, bile acid sequestrants, fibrates, nicotinic acid, lomitapide and acipimox). Antihypertensives: (SBP) persistently <130 mmHg. An appropriate SBP target in frail older people is 130–160 mmHg. Anti-anginals: (specifically nitrates, nicorandil, ranolazine): None of these anti-anginal drugs have been proven to reduce cardiovascular mortality or the rate of myocardial infarction.
Coagulation	Anti-platelets: No evidence of benefit for primary (as distinct from secondary) cardiovascular prevention. Aspirin for stroke prevention in atrial fibrillation: 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.
CNS	Neuroleptic antipsychotics in patients with dementia: 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). Memantine: Discontinue and monitor in patients with moderate to severe dementia, unless memantine has clearly improved BPSD.
Gastrointestinal	Proton pump inhibitors: Reduce dose of proton pump inhibitors when used at full therapeutic dose ≥8 weeks, unless persistent dyspeptic symptoms at lower maintenance dose. H2 receptor antagonist: Reduce dose of H2 receptor antagonists when used at full therapeutic dose for ≥8 weeks, unless persistent dyspeptic symptoms at lower maintenance dose.
Respiratory	Theophylline and aminophylline: 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. Leukotriene antagonists (montelukast, zafirlukast): These drugs have no proven role in chronic obstructive pulmonary disease; they are indicated only in asthma.
Musculoskeletal	Calcium supplements: Unlikely to be of any benefit in short-term unless proven, symptomatic hypocalcaemia. Vitamin D (ergocalciferol and colecalciferol): Lack of clear evidence to support the use of vitamin D to prevent falls and fractures, cardiovascular events or cancers. Anti-resorptive/bone anabolic drugs for osteoporosis (bisphosphonates, strontium, teriparatide, denosumab) Long-term oral NSAIDs: Increased risk of side effects (e.g. peptic ulcer disease, bleeding, worsening heart failure) when taken regularly for ≥2 months. Long-term oral corticosteroids: 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.
Urogenital	Drugs for benign prostatic hyperplasia (5-alpha reductase inhibitors and alpha-blockers) in catheterised male patients: No benefit with long-term bladder catheterisation. Drugs for overactive bladder (muscarinic antagonists and mirabegron): No benefit in patients with persistent, irreversible urinary incontinence unless clear history of painful detrusor hyperactivity.
Endocrine	Anti-diabetic drugs: 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).
Miscellaneous	Multivitamin combination supplements: Discontinue when prescribed for prophylaxis rather than treatment of hypovitaminosis. Folic acid: Discontinue when treatment course is completed. The usual treatment duration is 1–4 months unless malabsorption, malnutrition or concomitant methotrexate use. Nutritional supplements: 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

Name: _____

DOB: _____

HCN: _____

Direction to administer

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 S/C	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.							
Review above dose with each pump dose adjustment				Expiry							
Medicine/form			Start date	Date							
Dose	Route S/C	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.							
Review above dose with each pump dose adjustment				Expiry							
Medicine/form			Start date	Date							
Dose	Route S/C	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.							
Review above dose with each pump dose adjustment				Expiry							

PAIN / SOB



Additional pump: supply NaCl 0.9 % / WFI diluent as appropriate

Update stock balance record sheets at the back of the booklet after each administration

A 14x14 grid with a repeating pattern. The grid is divided into four horizontal sections of 7 rows each. Each section contains a row of 14 squares, each with a diagonal line from the bottom-left to the top-right. The squares in these rows are shaded light gray. The remaining rows in each section are white. This pattern repeats four times across the entire 14x14 grid.

HCN: _____

NAUSEA / VOMITING

Recommended strength and pack size to prescribe			
Cyclizine 50mg/ml injection	Pack of 5	Haloperidol 5mg/ml injection	Pack of 10
Levomepromazine 25mg/ml injection	Pack of 10	Metoclopramide 10mg/2ml injection	Pack of 10
Ondansetron 4mg/2ml injection	Pack of 5	Additional pump: supply NaCl 0.9 % / WFI diluent as appropriate	

A 14x14 grid with three shaded horizontal bands. The first band (rows 1-2) and third band (rows 12-13) contain diagonal lines from bottom-left to top-right in the top row of each band. The second band (rows 5-6) is solid gray. The fourth band (rows 9-10) is solid gray. The fifth band (rows 13-14) contains diagonal lines from bottom-left to top-right in the top row of each band.

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

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)

ANXIETY / DELIRIUM / AGITATION

Medicine/form			Start date	Date							
Dose	Route S/C	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.							
Review above dose with each pump dose adjustment				Expiry							
Medicine/form			Start date	Date							
Dose	Route S/C	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.							
Review above dose with each pump dose adjustment				Expiry							
Medicine/form			Start date	Date							
Dose	Route S/C	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.							
Review above dose with each pump dose adjustment				Expiry							

Recommended strength and pack size to prescribe	
10 mg	10 mg tablets, 10 mg sachets, 10 mg/5 mL oral solution, 10 mg/5 mL oral suspension
20 mg	20 mg tablets, 20 mg sachets, 20 mg/5 mL oral solution, 20 mg/5 mL oral suspension
30 mg	30 mg tablets, 30 mg sachets, 30 mg/5 mL oral solution, 30 mg/5 mL oral suspension
40 mg	40 mg tablets, 40 mg sachets, 40 mg/5 mL oral solution, 40 mg/5 mL oral suspension
50 mg	50 mg tablets, 50 mg sachets, 50 mg/5 mL oral solution, 50 mg/5 mL oral suspension
60 mg	60 mg tablets, 60 mg sachets, 60 mg/5 mL oral solution, 60 mg/5 mL oral suspension
75 mg	75 mg tablets, 75 mg sachets, 75 mg/5 mL oral solution, 75 mg/5 mL oral suspension
100 mg	100 mg tablets, 100 mg sachets, 100 mg/5 mL oral solution, 100 mg/5 mL oral suspension
150 mg	150 mg tablets, 150 mg sachets, 150 mg/5 mL oral solution, 150 mg/5 mL oral suspension
200 mg	200 mg tablets, 200 mg sachets, 200 mg/5 mL oral solution, 200 mg/5 mL oral suspension
300 mg	300 mg tablets, 300 mg sachets, 300 mg/5 mL oral solution, 300 mg/5 mL oral suspension
400 mg	400 mg tablets, 400 mg sachets, 400 mg/5 mL oral solution, 400 mg/5 mL oral suspension
500 mg	500 mg tablets, 500 mg sachets, 500 mg/5 mL oral solution, 500 mg/5 mL oral suspension
600 mg	600 mg tablets, 600 mg sachets, 600 mg/5 mL oral solution, 600 mg/5 mL oral suspension
750 mg	750 mg tablets, 750 mg sachets, 750 mg/5 mL oral solution, 750 mg/5 mL oral suspension
1000 mg	1000 mg tablets, 1000 mg sachets, 1000 mg/5 mL oral solution, 1000 mg/5 mL oral suspension
1500 mg	1500 mg tablets, 1500 mg sachets, 1500 mg/5 mL oral solution, 1500 mg/5 mL oral suspension
2000 mg	2000 mg tablets, 2000 mg sachets, 2000 mg/5 mL oral solution, 2000 mg/5 mL oral suspension
3000 mg	3000 mg tablets, 3000 mg sachets, 3000 mg/5 mL oral solution, 3000 mg/5 mL oral suspension
4000 mg	4000 mg tablets, 4000 mg sachets, 4000 mg/5 mL oral solution, 4000 mg/5 mL oral suspension
5000 mg	5000 mg tablets, 5000 mg sachets, 5000 mg/5 mL oral solution, 5000 mg/5 mL oral suspension
6000 mg	6000 mg tablets, 6000 mg sachets, 6000 mg/5 mL oral solution, 6000 mg/5 mL oral suspension
7500 mg	7500 mg tablets, 7500 mg sachets, 7500 mg/5 mL oral solution, 7500 mg/5 mL oral suspension
10000 mg	10000 mg tablets, 10000 mg sachets, 10000 mg/5 mL oral solution, 10000 mg/5 mL oral suspension
15000 mg	15000 mg tablets, 15000 mg sachets, 15000 mg/5 mL oral solution, 15000 mg/5 mL oral suspension
20000 mg	20000 mg tablets, 20000 mg sachets, 20000 mg/5 mL oral solution, 20000 mg/5 mL oral suspension
30000 mg	30000 mg tablets, 30000 mg sachets, 30000 mg/5 mL oral solution, 30000 mg/5 mL oral suspension
40000 mg	40000 mg tablets, 40000 mg sachets, 40000 mg/5 mL oral solution, 40000 mg/5 mL oral suspension
50000 mg	50000 mg tablets, 50000 mg sachets, 50000 mg/5 mL oral solution, 50000 mg/5 mL oral suspension
60000 mg	60000 mg tablets, 60000 mg sachets, 60000 mg/5 mL oral solution, 60000 mg/5 mL oral suspension
75000 mg	75000 mg tablets, 75000 mg sachets, 75000 mg/5 mL oral solution, 75000 mg/5 mL oral suspension
100000 mg	100000 mg tablets, 100000 mg sachets, 100000 mg/5 mL oral solution, 100000 mg/5 mL oral suspension
150000 mg	150000 mg tablets, 150000 mg sachets, 150000 mg/5 mL oral solution, 150000 mg/5 mL oral suspension
200000 mg	200000 mg tablets, 200000 mg sachets, 200000 mg/5 mL oral solution, 200000 mg/5 mL oral suspension
300000 mg	300000 mg tablets, 300000 mg sachets, 300000 mg/5 mL oral solution, 300000 mg/5 mL oral suspension
400000 mg	400000 mg tablets, 400000 mg sachets, 400000 mg/5 mL oral solution, 400000 mg/5 mL oral suspension
500000 mg	500000 mg tablets, 500000 mg sachets, 500000 mg/5 mL oral solution, 500000 mg/5 mL oral suspension
600000 mg	600000 mg tablets, 600000 mg sachets, 600000 mg/5 mL oral solution, 600000 mg/5 mL oral suspension
750000 mg	750000 mg tablets, 750000 mg sachets, 750000 mg/5 mL oral solution, 750000 mg/5 mL oral suspension
1000000 mg	1000000 mg tablets, 1000000 mg sachets, 1000000 mg/5 mL oral solution, 1000000 mg/5 mL oral suspension
1500000 mg	1500000 mg tablets, 1500000 mg sachets, 1500000 mg/5 mL oral solution, 1500000 mg/5 mL oral suspension
2000000 mg	2000000 mg tablets, 2000000 mg sachets, 2000000 mg/5 mL oral solution, 2000000 mg/5 mL oral suspension
3000000 mg	3000000 mg tablets, 3000000 mg sachets, 3000000 mg/5 mL oral solution, 3000000 mg/5 mL oral suspension
4000000 mg	4000000 mg tablets, 4000000 mg sachets, 4000000 mg/5 mL oral solution, 4000000 mg/5 mL oral suspension
5000000 mg	5000000 mg tablets, 5000000 mg sachets, 5000000 mg/5 mL oral solution, 5000000 mg/5 mL oral suspension
6000000 mg	6000000 mg tablets, 6000000 mg sachets, 6000000 mg/5 mL oral solution, 6000000 mg/5 mL oral suspension
7500000 mg	7500000 mg tablets, 7500000 mg sachets, 7500000 mg/5 mL oral solution, 7500000 mg/5 mL oral suspension
10000000 mg	10000000 mg tablets, 10000000 mg sachets, 10000000 mg/5 mL oral solution, 10000000 mg/5 mL oral suspension
15000000 mg	15000000 mg tablets, 15000000 mg sachets, 15000000 mg/5 mL oral solution, 15000000 mg/5 mL oral suspension
20000000 mg	20000000 mg tablets, 20000000 mg sachets, 20000000 mg/5 mL oral solution, 20000000 mg/5 mL oral suspension
30000000 mg	30000000 mg tablets, 30000000 mg sachets, 30000000 mg/5 mL oral solution, 30000000 mg/5 mL oral suspension
40000000 mg	40000000 mg tablets, 40000000 mg sachets, 40000000 mg/5 mL oral solution, 40000000 mg/5 mL oral suspension
50000000 mg	50000000 mg tablets, 50000000 mg sachets, 50000000 mg/5 mL oral solution, 50000000 mg/5 mL oral suspension
60000000 mg	60000000 mg tablets, 60000000 mg sachets, 60000000 mg/5 mL oral solution, 60000000 mg/5 mL oral suspension
75000000 mg	75000000 mg tablets, 75000000 mg sachets, 75000000 mg/5 mL oral solution, 75000000 mg/5 mL oral suspension
100000000 mg	100000000 mg tablets, 100000000 mg sachets, 100000000 mg/5 mL oral solution, 100000000 mg/5 mL oral suspension
150000000 mg	150000000 mg tablets, 150000000 mg sachets, 150000000 mg/5 mL oral solution, 150000000 mg/5 mL oral suspension
200000000 mg	200000000 mg tablets, 200000000 mg sachets, 200000000 mg/5 mL oral solution, 200000000 mg/5 mL oral suspension
300000000 mg	300000000 mg tablets, 3000

Midazolam 10mg/2ml injection	Pack of 10
(preferred strength to provide low volume SC injections)	

Additional pump: supply NaCl 0.9 % / WFI diluent as appropriate

Special instructions / Additional notes

Administration record continued

Update stock balance record sheets at the back of the booklet after each administration

A 14x14 grid with a repeating pattern. The grid is divided into four horizontal sections, each 3 rows high. The first and third rows of each section are white. The second row of each section is shaded light gray. The first and third rows of each section also contain diagonal lines from the bottom-left to the top-right. The second row of each section is solid gray. This pattern repeats three times across the grid.

Name: _____

DOB: _____

HCN: _____

Direction to administer

- 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 2nd 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)

Medicine/form			Start date	Date							
Dose	Route S/C	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.							
Review above dose with each pump dose adjustment				Expiry							
Medicine/form			Start date	Date							
Dose	Route S/C	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.							
Review above dose with each pump dose adjustment				Expiry							
Medicine/form			Start date	Date							
Dose	Route S/C	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.							
Review above dose with each pump dose adjustment				Expiry							

NOISY RESPIRATORY SECRETIONS

[illegible]

Glycopyrronium Bromide 200micrograms/ml injection

Pack of 10

Hyoscine butylbromide 20mg/ml injection Pack of 10

Additional pump: supply NaCl 0.9 % / WFI diluent as appropriate

Special instructions / Additional notes

Administration record continued

A 14x14 grid with a repeating pattern. The grid is divided into four 7x7 quadrants by a horizontal line between rows 7 and 8 and a vertical line between columns 7 and 8. In each quadrant, the top row (row 1 in the top-left, row 8 in the top-right, row 15 in the bottom-left, and row 22 in the bottom-right) contains squares with a diagonal line from the bottom-left to the top-right. The remaining rows in each quadrant (rows 2-7, 9-14, 16-21, and 23-28) consist of squares that are shaded gray. This creates a repeating pattern of one row with diagonal lines followed by six rows of shaded squares.

Direction to administer

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 record (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							
S/C											
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.							
Review above dose with each pump dose adjustment				Expiry							
Medicine/form			Start date	Date							
Dose	Route	Frequency		Time							
S/C											
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.							
Review above dose with each pump dose adjustment				Expiry							
Medicine/form			Start date	Date							
Dose	Route	Frequency		Time							
S/C											
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.							
Review above dose with each pump dose adjustment				Expiry							

Recommended strength and pack size to prescribe					

Name: _____ Pack of: _____

Name: _____ Pack of: _____

Additional pump: supply NaCl 0.9 % / WFI diluent as appropriate

Special instructions / Additional notes

Administration record continued

Update stock balance record sheets at the back of the booklet after each controlled drug administration

[illegible]

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	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

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	9:30				Stock check						9	Yes No*	SDean	SDean	E.g. of stock check
21/03/24	9:30				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:	9	Family/advocate Name:	Jane Bloggs		Relationship to individual:		Daughter		Signature	Date & Sign	
Returned by Nurse/GP	Date:	Print Name:		Sign	Pharmacy Name		Pharmacist Name						

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.

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[illegible]

INDEX

[illegible]

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Palliative Medicines Community Pharmacy Contacts Western Area

Correct as of May 2026

Community Pharmacy
Network which holds
stock



Community Pharmacy
Weekend and
Bank Holiday rota



	Name	Opening hours	Tel
Belleek	Mc Guinness Pharmacy 4 Main Street	Mon – Sat: 9.00am-6.00pm	6855 8218
Castlederg	Corry's Chemist 11-12 The Diamond	Mon – Fri: 9.00am-6.00pm, Sat: 9.00am-6.00pm	8157 1974
Derry	Murphy's Chemist 165 Spencer Road	Mon – Sat: 9.00am-8.00pm, Sun: 12.30pm-1.30pm	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 Sun: 11.00am - 6.00pm	7136 7333
	Boots Crescent Link Retail Park	Mon-Fri: 9.00am - 9.00pm, Sat: 9.00am - 8.00pm, Sun: 1.00pm - 6.00pm	7134 5545
Enniskillen	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
Limavady	Gormley's Medicare Ltd 171 Irish Green Street	Mon – Fri: 9.00am-5.30pm, Sat: 9.00am-1.00pm	7772 2508
Lisnaskea	Armstrong's Pharmacy 119 Main Street	Mon – Sat: 9.00am-6.00pm	6772 1231
Omagh	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, Sun: 1.00pm - 5.00pm	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
Strabane	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)

Oral Morphine to SC Morphine - Divide by 2 e.g. 30 mg Oral Morphine = 15 mg SC Morphine
Oral Morphine to SC Alfentanil - Divide by 30 e.g. 30 mg Oral Morphine = 1 mg SC Alfentanil
Oral Oxycodone to SC Oxycodone - Divide by 2 e.g. 10 mg Oral Oxycodone = 5 mg SC Oxycodone
Oral Hydromorphone to SC Hydromorphone - Divide by 2 e.g. 4 mg Oral Hydromorphone = 2 mg SC Hydromorphone
Oral Morphine to SC Diamorphine - Divide by 3 e.g. 30 mg Oral Morphine = 10 mg SC Diamorphine
Palliative Medicine Consultant only Oral Morphine to SC Fentanyl 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.

SC (Subcutaneous) to SC

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

Transdermal to Oral

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

Buprenorphine Patch e.g. Transtec® Patch Replace patch TWICE WEEKLY (every 3 or 4 days)	
Transtec® 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

Fentanyl Patch e.g. Mezolar®, Durogesic® 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

* 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.

PO (Oral) to PO

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

Signature List

All individuals involved in the recording on this documentation must complete the details below

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