



Northern England
Strategic Clinical Networks

COMMUNITY PRESCRIPTION CHART

Name:
Address:
DOB:
NHS Number:

All entries should be in CAPITAL letters and in indelible black ink. If medications/ doses are stopped, cross through the relevant line clearly to avoid error.

GP:

PRESCRIBER SIGNATURE LIST

Name					
Designation					
Prof. reg. no.					
Contact details					
Signature					

ALLERGIES/ SENSITIVITIES

This section must be completed before prescribing/administering any drug

DRUG/ STIMULUS				
Problem				
Signature				
Date				

No Known Allergies Signature _____ Date _____

REGULAR MEDICATION REQUIRING ADMINISTRATION

DRUG	Date	Freq	Time	DOSE words and figures	Route	Signature
DRUG						
	Indication				Stopped- Sig/ Date	
DRUG						
	Indication				Stopped- Sig/ Date	
DRUG						
	Indication				Stopped- Sig/ Date	
DRUG						
	Indication				Stopped- Sig/ Date	
DRUG						
	Indication				Stopped- Sig/ Date	



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AS REQUIRED (PRN) MEDICATION						
DRUG		Date	DOSE words and figures	Freq	Signature	Stopped sig/date
DRUG						
Indication PAIN/ DYSPNOEA	Route		Change in dose			
Special Instructions eg max dose 24hrs			Change in dose			
			Change in dose			
DRUG						
Indication AGITATION/ DYSPNOEA	Route		Change in dose			
Special Instructions eg max dose 24hrs			Change in dose			
			Change in dose			
DRUG						
Indication NAUSEA/ VOMITING	Route	Special Instructions eg max dose 24hrs				
DRUG						
Indication RESPIRATORY SECRETIONS	Route	Special Instructions eg max dose 24hrs				
DRUG						
Indication	Route	Special Instructions eg max dose 24hrs				



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AS REQUIRED (PRN) MEDICATION						
DRUG		Date	DOSE words and figures	Freq	Signature	Stopped sig/date
DRUG						
Indication	Route	Special Instructions eg max dose 24hrs				
DRUG						
Indication	Route	Special Instructions eg max dose 24hrs				
DRUG						
Indication	Route	Special Instructions eg max dose 24hrs				
DRUG						
Indication	Route	Special Instructions eg max dose 24hrs				
DRUG						
Indication	Route	Special Instructions eg max dose 24hrs				
DRUG						
Indication	Route	Special Instructions eg max dose 24hrs				
DRUG						
Indication	Route	Special Instructions eg max dose 24hrs				



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Name:
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REGULAR MEDICATION- 24 HR CONTINUOUS SUBCUTANEOUS INFUSION
DILUENT SHOULD BE STERILE WATER FOR MOST DRUGS UNLESS SITE IRRITATION OCCURS

DRUG		Date	DOSE words and figures	Signature	Stopped sig/date
DRUG					
Indication	Diluent Water/ Saline		Change in dose		
Special Instructions eg. Which drugs can be mixed together			Change in dose		
			Change in dose		
DRUG					
Indication	Diluent Water/ Saline		Change in dose		
Special Instructions eg. Which drugs can be mixed together			Change in dose		
			Change in dose		
DRUG					
Indication	Diluent Water/Saline	Special Instructions eg. Which drugs can be mixed together			
DRUG					
Indication	Diluent Water/Saline	Special Instructions eg. Which drugs can be mixed together			
DRUG					
Indication	Diluent Water/Saline	Special Instructions eg. Which drugs can be mixed together			
DRUG					
Indication	Diluent Water/Saline	Special Instructions eg. Which drugs can be mixed together			

COMPATIBILITY CHART- based on PCF 4

Changes in the law state that the instruction / direction to mix medicines must be in writing. Therefore the prescriber must indicate in the Special Instruction column which other drug(s) to mix with in the syringe driver. As a general rule, only mix two drugs per syringe. If considering using 3 or more drugs, seek specialist advice.

DRUG/ INDICATION <i>Diluent: water for injection</i>	DOSE		COMPATIBILITY- 2 DRUG SYRINGE DRIVER	
	Per 24hrs Use conversion ratio if on regular opioids	PRN (Doses normally ≥ 1 hour apart, seek specialist advice if symptom control not being achieved)	YES-COMPATIBLE	NOT COMPATIBLE or QUERY COMPATIBLE
MORPHINE Pain / Dyspnoea	5mg No upper limit (increase by 30-50% at a time)	2.5 - 5mg OR 1/6 th – 1/10 th of total daily dose of morphine	Cyclizine Hyoscine butylbromide Hyoscine hydrobromide Levomopromazine Metoclopramide	-Haloperidol incompatible at high concentration equal to or > 2mg/ml -Midazolam some reports incompatible at high doses (mixes at usual concentrations)
OXYCODONE Pain / Dyspnoea	5mg, no upper limit (increase dose by 30-50% at a time)	2.5 - 5mg OR 1/6 th – 1/10 th of total daily dose of oxycodone	Haloperidol Hyoscine butylbromide Hyoscine hydrobromide Levomopromazine Metoclopramide Midazolam	-Cyclizine (Oxycodone + Cyclizine is a problematic combination therefore be cautious, dilute to 23mls and monitor). -Oxycodone ≤ 60mg – max Cyclizine is 150mg/23mls -Oxycodone > 60mg – max Cyclizine is 50mg/23ml
ALFENTANIL Pain / Dyspnoea	0.5mg No upper limit (increase by 30-50% at a time)	250 – 500 microg OR 1/6 th – 1/10 th of total daily dose of alfentanil	Haloperidol Hyoscine butylbromide Levomopromazine Metoclopramide Midazolam	-Cyclizine (Alfentanil high concentration) -Hyoscine hydrobromide no data
DIAMORPHINE Pain / Dyspnoea	5mg, no upper limit (increase dose by 30-50% at a time)	2.5 - 5mg OR 1/6 th – 1/10 th of total daily dose of diamorphine	Cyclizine Hyoscine butylbromide Hyoscine hydrobromide Levomopromazine Midazolam Metoclopramide	-Cyclizine (Diamorphine high concentration) -Haloperidol incompatible at high concentration (may precipitate if >2mg/ml) -Always inspect solution and discard if cloudy / crystallised -Beware with high doses
MIDAZOLAM Agitation	10mg No upper limit (Increase by 30-50%)	2.5 - 5mg	Alfentanil Diamorphine Haloperidol Hyoscine butylbromide Hyoscine hydrobromide Levomopromazine Metoclopramide Oxycodone	-Morphine some reports incompatible at high doses of Midazolam (mixes at usual concentration) -Cyclizine some reports incompatible
MIDAZOLAM Seizures	> 30mg	10mg		
CYCLIZINE Nausea and vomiting	150mg Dilute as much as possible with water (skin irritation)	50mg	Diamorphine (low concentration) Haloperidol Hyoscine hydrobromide Morphine	-Alfentanil high concentration incompatible -Diamorphine high concentration incompatible -Hyoscine butylbromide incompatible -Levomopromazine not recommended -Metoclopramide not recommended -Midazolam some reports incompatible -Oxycodone (see oxycodone section)
METOCLOPRAMIDE Nausea & vomiting	30 - 120mg (Dilute high doses as much as possible)	10mg	Alfentanil Diamorphine Midazolam Morphine Oxycodone	-Cyclizine not recommended -Hyoscine butylbromide not recommended -Hyoscine hydrobromide not recommended -Levomopromazine not recommended -Haloperidol no data
HALOPERIDOL Nausea & vomiting	1.5 - 5mg	1.5mg	Alfentanil Cyclizine	-Diamorphine (see diamorphine section) -Levomopromazine not recommended
HALOPERIDOL Agitation	5-30mg	1.5mg	Hyoscine hydrobromide Hyoscine butylbromide Midazolam Oxycodone	-Metoclopramide no data -Morphine (see morphine section)
LEVOMEPRAMAZINE Nausea & vomiting	6.25 - 12.5mg	6.25mg	Alfentanil Diamorphine	-Metoclopramide not recommended -Haloperidol not recommended
LEVOMEPRAMAZINE Agitation	12.5 - 200mg (Dilute high doses as much as possible)	12.5mg	Hyoscine butylbromide Hyoscine hydrobromide Midazolam Morphine Oxycodone	-Cyclizine not recommended
HYOSCINE BUTYLBROMIDE Chest secretions / Colic pain	60 - 120mg	20mg	Alfentanil Diamorphine Haloperidol Levomopromazine Midazolam Morphine Oxycodone	-Cyclizine incompatible -Metoclopramide not recommended -Hyoscine Hydrobromide not recommended
HYOSCINE HYDROBROMIDE Chest secretions	1.2 - 2.4mg	400microg	Cyclizine Diamorphine Haloperidol Levomopromazine Midazolam Morphine Oxycodone	-Alfentanil no data -Metoclopramide not recommended -Hyoscine butylbromide not recommended