**As required medication (PRN) authorisation form (Essex Only)**

**Note for NELFT Community Nurses: please ensure all previous authorisations are removed from the home when a new one is received.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NHS NO:**  | **Patient name:** | **GP:** | Transdermal patch in situ?  | Yes  No X |
| 2222222222 | Mr MICKEY MOUSE |  MANDATORY FIELDDR X YZ   |
| **DOB:** | **Drug allergies:** | Due date of next transdermal patch change |  |
| 17/07/1903 | AMOXICILLIN  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Medication (prescribe diluent as appropriate)****(For S/C PRN doses only)** | **Dose** | **Route** | **Frequency** | **Prescriber’s Registration Number** | **\*\*Prescriber’s name** **and Signature** |
| 01/01/2025 | **Pain****Oxycodone**  | **1 to 2 mg**  | **This is a PRN Dose** | SUB-CUT | 1 hourly.(Max 12mg in 24 hours) | 1111111 | **Print Name:** DR X YZ |
| \*Signature:  |
| 01/01/2025 | **Nausea/ vomiting****Haloperidol** | **0.5mg to 1.5mg** | **This is a PRN Dose** | SUB-CUT | 2 hourly. (Max 5mg in 24 hours)  | 1111111 | **Print Name:** DR X YZ |
| \*Signature:  |
| 01/01/2025 | **Agitation/ restlessness/confusion****Midazolam**  | **1.25mg to 2.5mg**  | **This is a PRN Dose** | SUB-CUT | 1 hourly (Max 15mg in 24 hours) | 1111111 | **Print Name:** DR X YZ |
| \*Signature:  |
| 01/01/2025 | **Respiratory secretions****Glycopyrronium**  | **200****micrograms**  | **This is a PRN Dose** | SUB-CUT | 2 hourly(Max 1.2mg in 24 hours) | 1111111 | **Print Name:** DR X YZ |
| \*Signature:  |
|  | **Other** |  | **This is a PRN Dose** |  |  |  | **Print Name:**  |
| \*Signature:  |

Note: for NELFT Community Nurses: If you are unsure about this medication contact your senior nurse or palliative care team
\*\*Please ensure compliance with agreed criteria where **printed** **prescriber name and registration** number are supplied

instead of a physical (wet) signature when sending via SystmOne