## 1. 'AS REQUIRED' (PRN) SUBCUTANEOUS INJECTIONS **AUTHORISATION AND ADMINISTRATION CHART V5**



Please indicate here □ if there is more than one 'as required' authorisation and administration chart in use

This document should remain with the patient.	hese charts are only for injectable medicines.
Tick this box if another Community Drug Chart	s in use e.g. for Patches, Enemas etc. □
Palliative Care Team Contact Details: Saint Francis Hospice 01708 758643	Authorising clinician name and GMC/NMC/GPhC number: Dr X YZ GMC no 111111
Patient Information	Allergies and Adverse Reactions
Patient Name: Mr MICKEY MOUSE	No Known Allergies: ☐ Known Allergies ☑ If required, seek source of allerg List Medicine/Substance and Reaction: Penicillin = rash
NHS No: 2222222222	
D.O.B: <b>17/07/1903</b>	
Weight (for children):	Print, Sign & Date: Dr X YZ 01/01/2025
heck if there is an analgesic transdermal pa	tch: Y□N ☑ Drug name: Dose:

IB: Max 24hour dose below = PRN medications only (i.e. does not include medication administered via syringe pump)													
Pain / Breathlessness		Date:											
Medication: Oxycodone		Time:											
Date: 01/01/2025	12mg Authoriser sign & print:	Dose:											
Dose Range: 1mg to 2mg		Sign:											
Frequency: 1 to 2 hourly max	Dr X YZ												
Nausea / Vomiting		Date:											
Medication: Haloperidol		Time:											
Date: 01/01/2025	Max 24hour dose: 5mg	Dose:											
Dose Range: 0.5mg to 1.5mg Frequency: 2 hourly max	Authoriser sign & print: Dr X YZ	Sign:											
-		D 1											
Agitation / Distress		Date:											
Medication: Midazolar		Time:											
Date: 01/01/2025  Dose Range: 1.25mg to 2.5mg	Max 24hour dose: 15mg  Authoriser sign & print:	Dose:											
Frequency: 1 to 2 hourly max	Dr X YZ												
Respiratory secretions		Date:											
Medication: Glycopyrronium		Time:											
Date: 01/01/2025	Max 24hour dose: 1.2mg Authoriser sign & print: Dr X YZ	Dose:											
Dose Range: 200micrograms  Frequency: 1 to 2 hourly max		Sign:											
Other indication:		Date:											
Medication:		Time:											
Date:	Max 24hour dose:	Dose:											
Dose Range:	Authoriser sign & print:	Sign:											
Frequency:													