

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

Best care by the best people

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

<b>NHS NO:</b> 222222222		<b>Patient name:</b> Mr MICKEY MOUSE		<b>GP:</b> MANDATORY FIELD		<b>Transdermal patch in situ?:</b>	No
<b>DOB:</b> 17/07/1903	<b>Drug allergies:</b> Penicillin -> rash					<b>Due date of next transdermal patch change</b>	

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	<b>Pain</b> <b>Morphine Sulfate</b>	1.25mg to 2.5mg	This is a PRN Dose	Sub cut	One hourly (max 15mg in 24hrs)	1111111	Print Name: Dr XYZ *Signature:
01.01.2025	<b>Nausea/ vomiting</b> <b>Levomepromazine</b>	3.125mg to 6.25mg	This is a PRN Dose	Sub cut	Two Hourly (max 25mg in 24 hours)	1111111	Print Name: Dr XYZ *Signature:
01.01.2025	<b>Agitation/ restlessness/confusion</b> <b>Midazolam</b>	1.25mg to 2.5mg	This is a PRN Dose	Sub cut	One hourly (max 15mg in 24 hours)	1111111	Print Name: Dr XYZ *Signature:
01.01.2025	<b>Respiratory secretions</b> <b>Glycopyrronium</b>	200 micrograms	This is a PRN Dose	Sub cut	One hourly (max 1.2mg in 24 hours)	1111111	Print Name: Dr XYZ *Signature:
	<b>Other</b>		This is a PRN Dose				Print Name: Dr XYZ *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 SystemOn