

Best care by the best people

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

<b>NHS NO:</b> 2222222222		<b>Patient name:</b> Mr MICKEY MOUSE		<b>GP:</b> MANDATORY FIELD  DR X YZ		<b>Transdermal patch in situ?</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>DOB:</b> 17/07/1903	<b>Drug allergies:</b> AMOXICILLIN					<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	
			This is a PRN Dose				Print Name:	*Signature:
01/01/2025	Pain <b>Oxycodone</b>	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 <b>Haloperidol</b>	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 <b>Midazolam</b>	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 <b>Glycopyrronium</b>	200 micrograms	This is a PRN Dose	SUB-CUT	2 hourly (Max 1.2mg in 24 hours)	1111111	Print Name: DR X YZ	*Signature:
	<b>Other</b>		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 SystemOne