3. CRISIS/EMERGENCY AND REGULAR INJECTIONS AUTHORISATION AND ADMINISTRATION CHART V5 This document should remain with the patient.

These charts are only for inje-		. Tick th	is box i	f another		ty Drug (Chart is in use	e.g. for Patch	es, Enem	as etc. \square	
Palliative Care Team Contact Details:			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 alle								
NHS No: 222222222			List Medicine/Substance and Reaction: Penicillin = rash Print, Sign & Date: Dr X YZ 01/01/2025 Tailor prescribing to your patient likely crises.								
Weight (for children):									300.		
CRISIS / E	MERGENCY S	UBCUT	ANEC			USCUL					
Indication: SEIZURE				Administration record:		Administration record:		Administration record:			
Medication: MIDAZOLAM				Date:			Date:		Date:		
				Time:		Time:		Time:			
Dose: 10mg	Route: im		Dose:	Dose:		Dose:		Dose:			
Max 24hour dose: 60mg	Frequency: F mins if neede	quency: Rpt after 15 is if needed									
Special instructions: If seizure.				Sign:			Sign:		Sign:		
Authoriser sign, print & date: Dr X YZ 01/01/2025											
Indication: IF STRIDOR or IF MASSIVE BLEED			Administration record:			Administration record:		Administration record:			
				Date:		Date:		Date:			
Medication: MIDAZOLAM				Time:	me: Time:		Time:		Time:		
Dose: 10mg	Route: im			Dose:			Dose:		Dose:		
Max 24hour dose: 60mg Frequency: Rpt after 15 mins if needed		Sign:		Sign:							
Special instructions: to relieve distress by sedation						Sign:					
Authoriser sign, print & date: Dr X YZ 01/01/2025											
				SE SUB	CUTANEO	US INJE	CTIONS			1	
IDDICATION: IF CAN'I MANAGE ORAL DEX 8mg		Date: 01/01/									
Medication: DEXAMETHASONE		u o	09.00)							
Dose: 6.6mg s/c		trati									
Frequency: Once daily (if oral unmanageable)		dminis times									
Special instructions: For brain tumour (headache) as oral dex so helpful		Enter administration times									
Authoriser sign, print & date: Dr X YZ 01/01/2025		Ente									
Indication:		Date:									
Medication:		on									
Dose:		trati									
Frequency:		Enter administration times									
Special instructions:		agm									
		ter &									
Authoriser sign, print & date:		En									

