

Anticipatory Medication Drug Administration Chart for Community Use			Sheet number: _____	Addressograph label, or Name: DOB: CHI:		
Date/time	Name of drug	Dose to be administered and frequency	Method of administration	Prescribed by (signature)	Date stopped	Stopped by (signature)
	Morphine Sulphate Injection (10mg/ml ampoules)	() mg one hourly as required for pain or breathlessness.	Subcutaneous (S/C)			
	Midazolam Injection (10mg/2ml ampoules)	() mg one hourly as required for anxiety/distress.	Subcutaneous (S/C)			
	Hyoscine Butylbromide Injection (20mg/ml ampoules)	20 (Twenty) mg One hourly as required for respiratory secretions. (maximum 120mgs/24hrs)	Subcutaneous (S/C)			
	Levomepromazine Injection (25mg/ml ampoules)	2.5 (Two point five) mg 12 hourly as required for nausea.	Subcutaneous (S/C)			



Please refer to Scottish Palliative Care Guidelines 2019 when considering alternative or additional anticipatory prescribing.

Staff should SEEK ADVICE and review if 3 or more doses of opioid, or any other anticipatory medications are required in 24 hours, or if there is concern that the medication is not working.

Name: _____

CHI: _____

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