



SAMPLE

FILE IN PATIENT'S COMMUNITY HEALTH RECORD FOLDER



SUBCUTANEOUS 'AS REQUIRED' & SYRINGE PUMP PRESCRIPTION & ADMINISTRATION RECORD (SPAR)

Abbreviations used in this document to be listed here with the full description

CSCI	Continuous subcutaneous infusion
JiCD	Just in case four core drugs
PRN	As required
PO	By mouth
S/C	Subcutaneously
SPAR	Subcutaneous 'as required' & syringe pump prescription & administration record
STAT	Immediately

Write patient details or affix Identification label

Hospital Number:
 Name:
 Address:
 Postcode:
 Date of Birth:
 NHS Number:

Syringe pump serial code:

SPAR booklet number: 1 2 3 4 5 6
 (Circle relevant number above)

Important Contacts

<p style="text-align: center;">General Practitioner</p> <p>Name: Address: Telephone number:</p>	<p style="text-align: center;">Next of Kin</p> <p>Name: Address: Telephone number:</p>
<p>RELEVANT ALLERGIES/DRUG SENSITIVITIES or STATE NO KNOWN ALLERGIES</p>	<p style="text-align: center;">Specialist Palliative Care Advice Line</p> <p>For Blackpool, Fylde and Wyre: Trinity Hospice on 01253 952566 (24 hours)</p> <p>For Lancaster, Morecambe and Carnforth: St John's Hospice, Hospice at home hub 01524 384887 (24hours)</p>

JUST IN CASE 4 CORE DRUGS (JiCD)			
DRUG	QUANTITY SUPPLIED (AMPOULES).	EXPIRY DATE	QUANTITY CHECKED BY
Water for Injection	20 x 10ml		
Morphine	10 x 10mg/1ml		
Oxycodone	10 x 10mg/1ml		
Midazolam	10 x 10mg/2ml		
Levomepromazine	5 x 25 mg/1ml		
Glycopyrronium	10 x 200mcg/1ml		
State if any discrepancies have been found between quantity supplied and quantities checked:			
Date JiCD Bag opened & contents checked			
Community Nurse Name:			
Community Nurse Signature:			

PRESCRIPTION RECORDS			
PAGE NUMBER	DRUG	DATE STARTED	DATE STOPPED
6-7	Water for Injection		
8	Morphine S/C		
9	Morphine CSCI		
10	Oxycodone S/C		
11	Oxycodone CSCI		
12	Midazolam S/C		
13	Midazolam CSCI		
14	Levomepromazine S/C		
15	Levomepromazine CSCI		
16	Glycopyrronium S/C		
17	Glycopyrronium CSCI		
18-23	Specialist Palliative Care Medication		
24-27	CSCI Monitoring Chart		

SPAR version 9.0 (February 2023)
 Review due February 2025

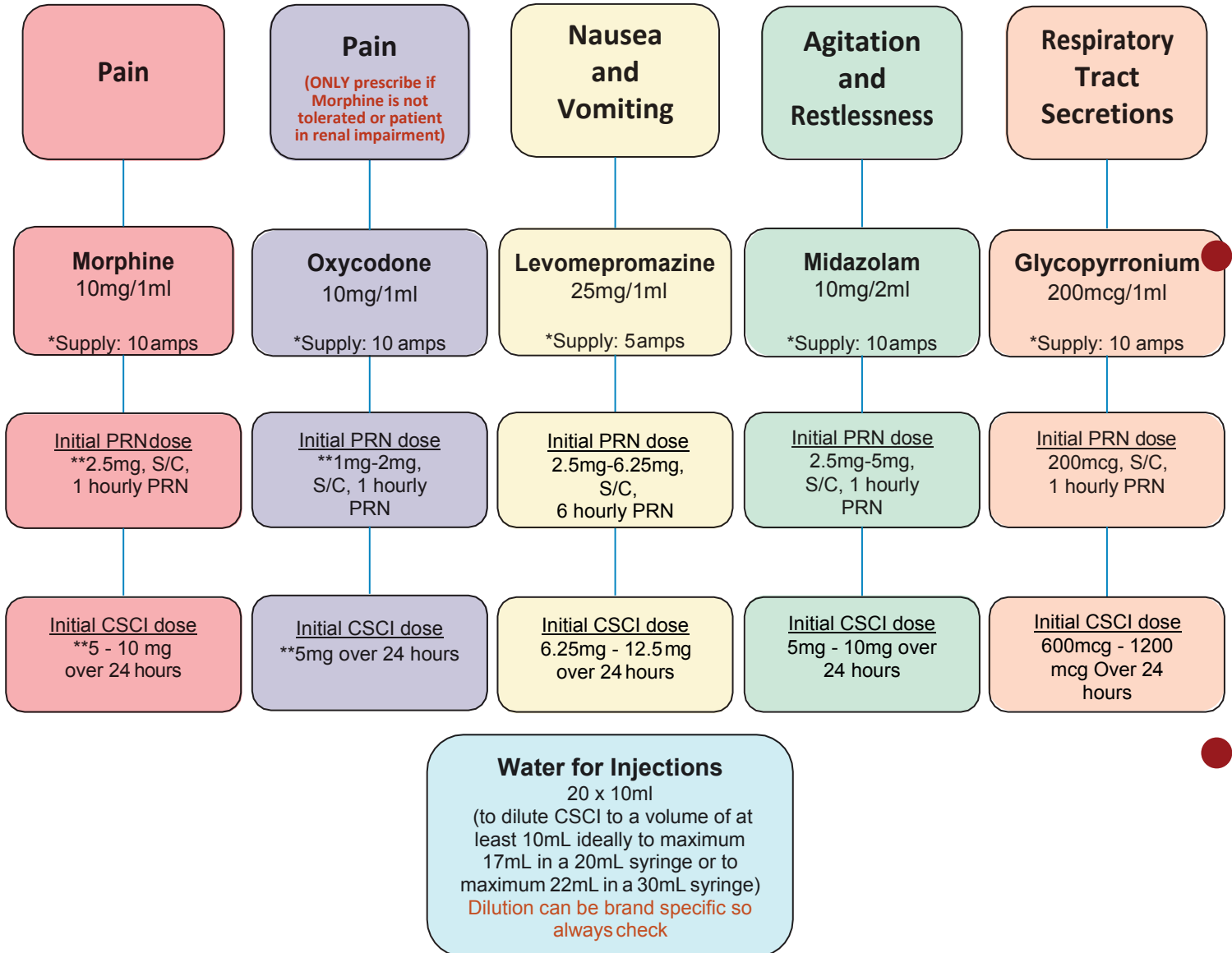
Pharmacist Name:
 Pharmacist Signature:
 Date:

SAMPLE

JUST IN CASE FOUR CORE DRUGS (JiCD)

Anticipatory Prescribing for End-of-Life Care

- The provision of JiCD at the end of life can support proactive symptom control by promoting anticipatory prescribing, which ensures common symptoms are anticipated and responded to in a timely fashion.
- Patients may be prescribed different anticipatory medications if they are intolerant of these recommended first line medications. For further information, please contact local Specialist Palliative Care Team for advice.



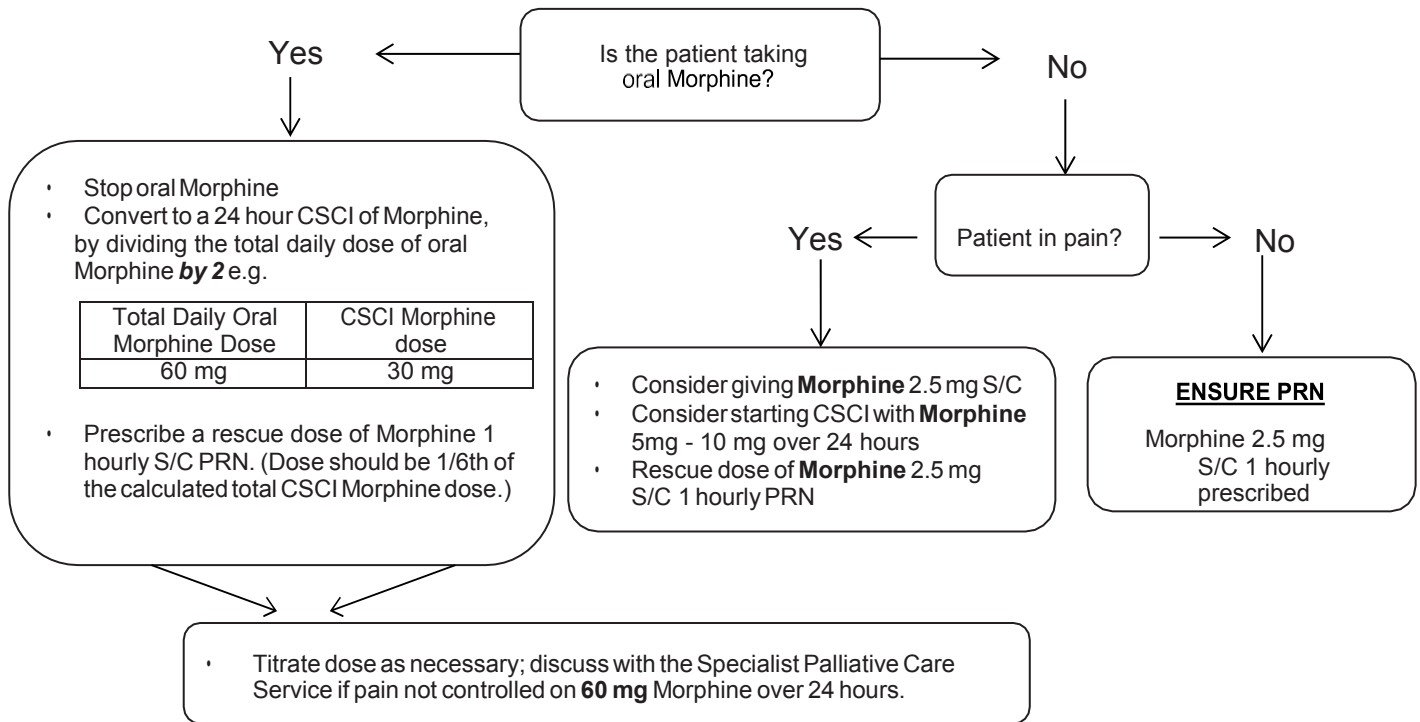
- *These quantities have been designed to cover the longest possible scenario of being needed over a bank holiday weekend, so please ensure adequate amount prescribed to ensure supply for 5 days (usually at least enough for 2 doses per day).
- ** For patients established on oral Morphine or Oxycodone, follow guidance on page 3 for conversion of oral to equivalent subcutaneous dose.**
- For patients on buprenorphine or fentanyl patches, follow guidance on page 3 and discuss with Specialist Palliative Care Service for advice regarding further analgesia (see page 1 for contact numbers). If a patient is receiving an alternative opioid, discuss with Specialist Palliative Care Service for advice.
- Dose or frequency reduction should be considered if there are concerns about tolerability/side effects/adverse effects.

SAMPLE

PAIN MANAGEMENT

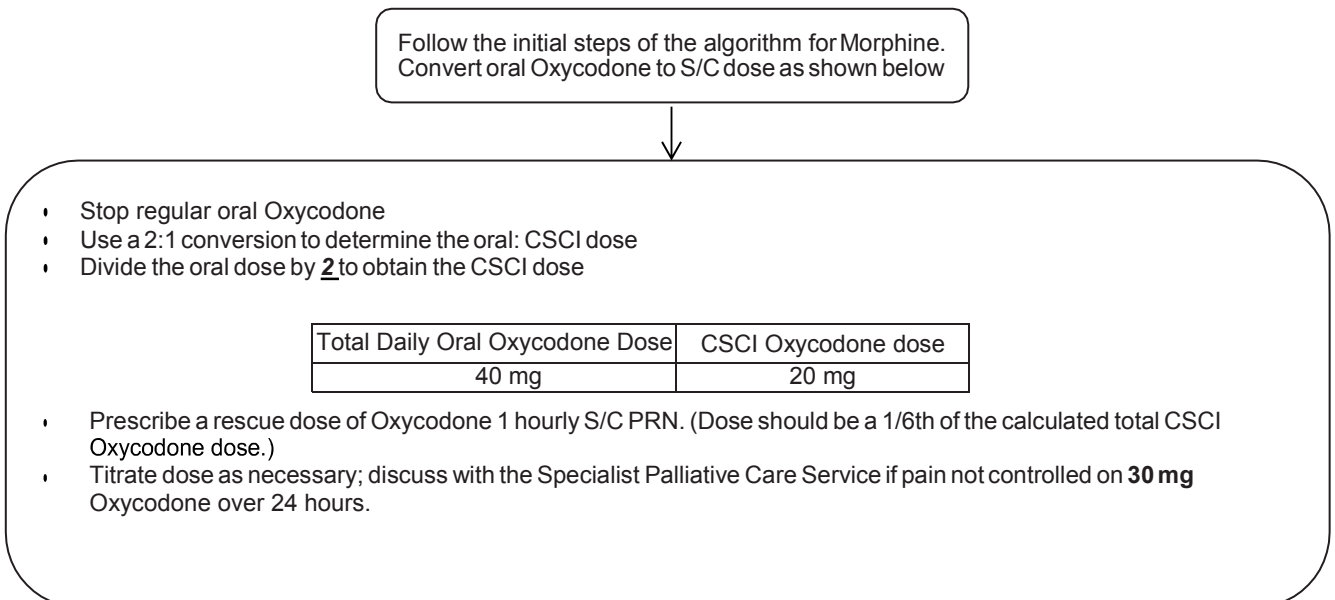
- If the patient has moderate to severe renal impairment (Chronic Kidney Disease 4 i.e. eGFR of 30mL/min or less), discuss with the Specialist Palliative Care Service for advice regarding further analgesia.
- If the patient is on a **buprenorphine** or **fentanyl** patch, **leave the patch in situ**, change as usual and discuss with the Specialist Palliative Care Service for advice regarding calculating the doses for ongoing analgesia

For opioid naïve patients or those established on oral Morphine



For patients who are opioid naïve but need Oxycodone such as those with significant renal impairment (CrCl 30ml/min or less): Use a rescue Oxycodone dose of 1mg-2mg, S/C, 1 hourly PRN and/or consider starting a CSCI with Oxycodone 5mg over 24 hours if frequent episodes of pain.

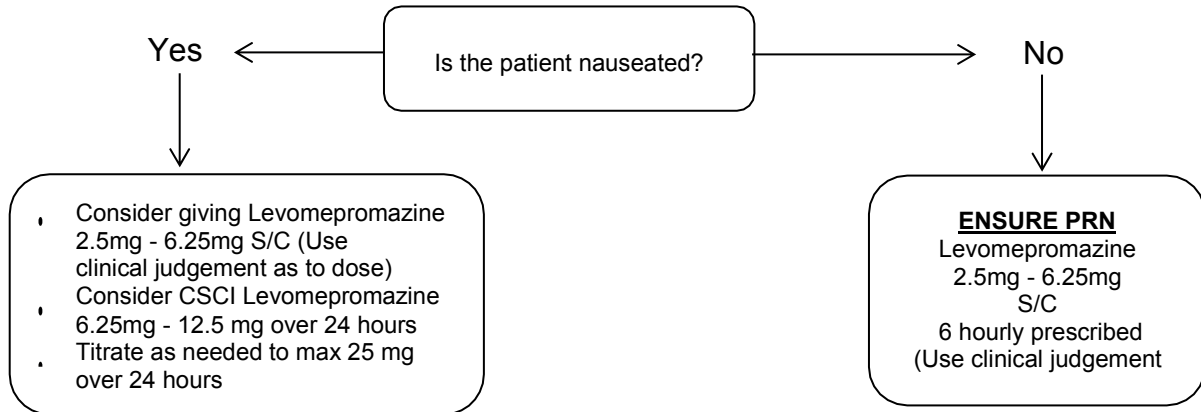
For patients established on oral Oxycodone



SAMPLE

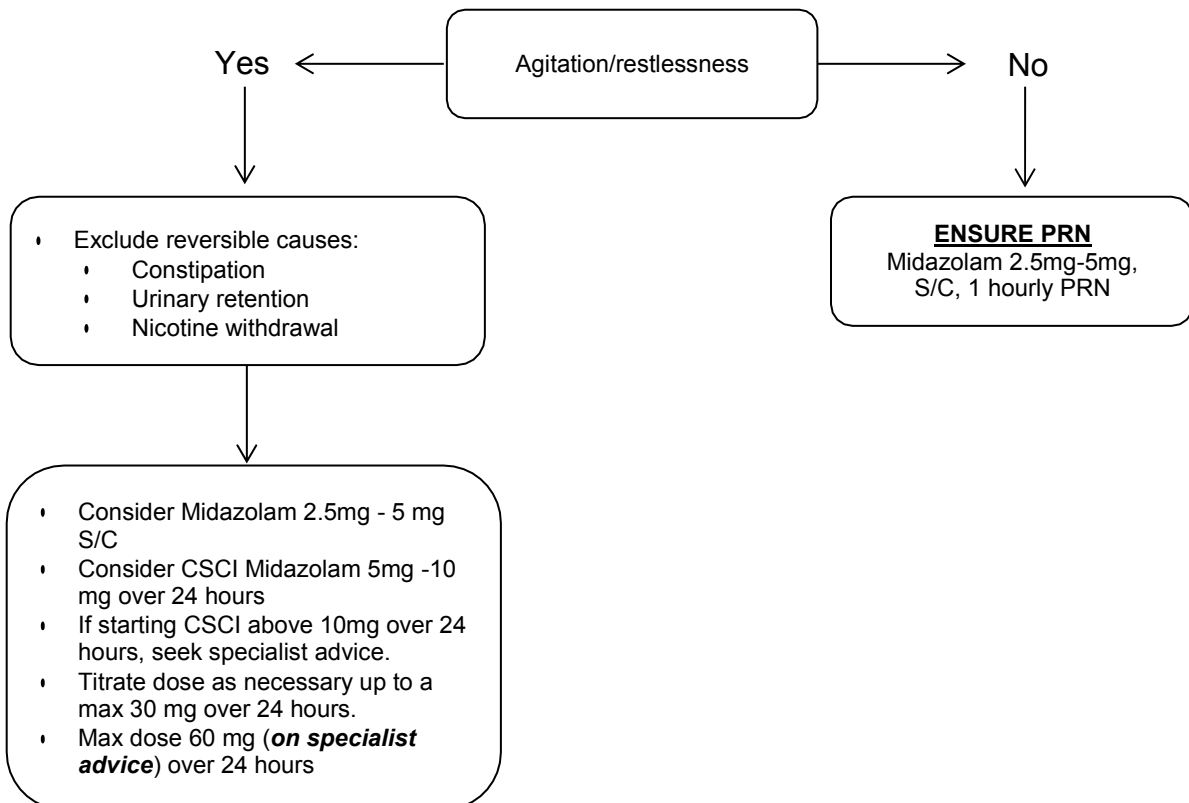
NAUSEA AND VOMITING

- If the symptoms are not controlled on Levomepromazine 25 mg over 24 hours, contact the Specialist Palliative Care Service for advice.



AGITATION AND TERMINAL RESTLESSNESS

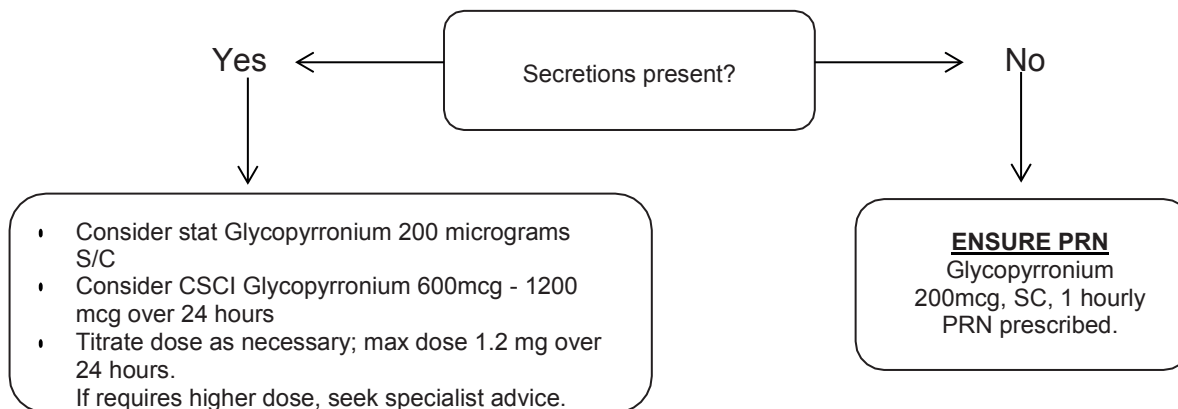
- If patient remains restless on Midazolam 30 mg over 24 hours, contact the Specialist Palliative Care Service for advice



SAMPLE

RESPIRATORY TRACT SECRETIONS

- If the symptoms are not controlled, contact the Specialist Palliative Care Service for advice.
- Treatment must be started as soon as symptoms appear. Drugs cannot remove already-present secretions. Consider positional change or use of suction.



OTHER DRUGS THAT MAY BE USED IN CSCIs LOCALLY INCLUDE:

Drug	Dose	Indication
Diamorphine	If opioid naïve: 5 - 10 mg/24 hour	Pain (reserved for high doses)
Oxycodone	If opioid naïve: 5 - 10 mg/24 hour	Pain
Hyoscine Butylbromide (Buscopan)	40 - 120 mg/24 hour (Higher doses may be used on specialist advice)	Gastrointestinal colic/respiratory tract secretions
Metoclopramide	30 mg/24 hour (Higher doses on specialist advice)	Nausea & vomiting
Haloperidol (Nausea & Vomiting)	1.5 - 5 mg/24 hour (max 10mg/24 hour)	Nausea & vomiting
Haloperidol (Agitation)	5 - 30 mg/24 hour	Agitation
Cyclizine	50 - 150 mg/24 hour (max 150 mg/24 hour)	Nausea & vomiting
Hyoscine Hydrobromide	0.8 - 1.6 mg/24 hour (max 2.4 mg/24 hour)	Respiratory tract secretions
Sodium chloride 0.9% for injection	not with Cyclizine	Diluent
THE FOLLOWING DRUGS ARE TO BE USED ONLY ON THE RECOMMENDATION OF SPECIALIST PALLIATIVE CARE		
Levomepromazine	25 - 75mg/24 hour (Higher doses may be used on specialist advice)	Agitation/Delirium
Octreotide	300 - 900 micrograms/24 hour	Obstructive vomiting
Ondansetron	8 - 24 mg/24 hour (max 32 mg/24 hour)	Refractory vomiting
Tramadol	50 - 400 mg/24 hour	Pain
Dexamethasone	2mg - 16 mg/24 hour	Multiple uses, e.g. pain, nausea
THE FOLLOWING DRUGS ARE TO BE USED ONLY WITH THE DIRECT GUIDANCE OF A SPECIALIST IN PALLIATIVE CARE		
Alfentanil		Pain
Ketorolac		
Methadone		
Levetiracetam (Keppra)		
Sodium Valproate		Epileptic Seizures

Compatibility of Medicines in a Syringe Pump

- Always base the prescription of the medication in the syringe pump on a face-to-face clinical assessment of the patient and their current symptoms. Most patients do **not** need all 4 Just in case drugs in a syringe pump in order to keep them comfortable.
- The four core drugs recommended in this guidance are compatible to be used together in a syringe pump. Other drugs as listed in the table above may or may not be compatible for use together. An online syringe pump compatibility tool is available at [Palliative Care Guidelines Plus \(pallcare.info\)](http://Palliative Care Guidelines Plus (pallcare.info))
- It is the responsibility of the prescriber and administering nurse/doctor to ensure the contents of the syringe driver are compatible.
- If unsure, please seek further advice from the local specialist palliative care team or hospice advice line.

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Identification label**

Hospital Number:
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Postcode:
Date of Birth:
NHS Number:

PLEASE SIGN FOR ALL PATIENTS IN ANTICIPATION OF THE NEED TO SET UP SUBCUTANEOUS MEDICATIONS OUT OF HOURS

DATE	MEDICATION	DOSAGE	FREQUENCY	ROUTE	PRESCRIBERS NAME AND DESIGNATION	PRESCRIBERS SIGNATURE	DISCONTINUED SIGNATURE AND DATE
	Water for Injections	As needed for use with S/C medications	PRN	S/C			
AND/OR							
	Water for Injections	As needed for use with CSCl medications	PRN	CSCl			

DATE	TIME	MEDICATION	BATCH NUMBER	EXPIRY DATE	INITIAL STOCK	DOSE GIVEN	ROUTE	SITE	REMAINING STOCK	HCP1 NAME, SIGNATURE AND DESIGNATION	HCP2 NAME, SIGNATURE AND DESIGNATION
		WATER FOR INJECTIONS									
		WATER FOR INJECTIONS									
		WATER FOR INJECTIONS									
		WATER FOR INJECTIONS									
		WATER FOR INJECTIONS									
		WATER FOR INJECTIONS									
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		WATER FOR INJECTIONS									

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DATE	TIME	MEDICATION	BATCH NUMBER	EXPIRY DATE	INITIAL STOCK	DOSE GIVEN	ROUTE	SITE	REMAINING STOCK	HCP1 NAME, SIGNATURE AND DESIGNATION	HCP2 NAME, SIGNATURE AND DESIGNATION
		WATER FOR INJECTIONS									
		WATER FOR INJECTIONS									
		WATER FOR INJECTIONS									
		WATER FOR INJECTIONS									
		WATER FOR INJECTIONS									
		WATER FOR INJECTIONS									
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PLEASE SIGN FOR ALL PATIENTS IN ANTICIPATION OF THE NEED TO SET UP SUBCUTANEOUS MEDICATIONS

DATE	MEDICATION	DOSAGE	FREQUENCY	ROUTE	PRESCRIBERS NAME AND DESIGNATION	PRESCRIBERS SIGNATURE	DISCONTINUED SIGNATURE AND DATE
	Morphine Sulphate	2.5mg	1 hourly PRN	S/C			
	Morphine Sulphate	.....mg	..... hourly PRN	S/C			

OR

DATE	TIME	MEDICATION	STRENGTH AND FORM	BATCH NUMBER	EXPIRY DATE	INITIAL STOCK	DOSE GIVEN	ROUTE	SITE	REMAINING STOCK	HCP1 NAME, SIGNATURE AND DESIGNATION	HCP2 NAME, SIGNATURE AND DESIGNATION
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				
		MORPHINE SULPHATE	10mg/1ml ampoules					S/C				

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PLEASE SIGN ONLY FOR THOSE PATIENTS REQUIRING A CSCI

DATE	MEDICATION	DOSAGE	FREQUENCY	ROUTE	PRESCRIBERS NAME AND DESIGNATION	PRESCRIBERS SIGNATURE	DISCONTINUED SIGNATURE AND DATE
	Morphine Sulphate	5mg	24 hourly	CSCI			
OR							
	Morphine Sulphate	.....mg	24 hourly	CSCI			

DATE	TIME	MEDICATION	STRENGTH AND FORM	BATCH NUMBER	EXPIRY DATE	INITIAL STOCK	DOSE GIVEN	ROUTE	SITE	REMAINING STOCK	HCP1 NAME, SIGNATURE AND DESIGNATION	HCP2 NAME, SIGNATURE AND DESIGNATION
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				
		MORPHINE SULPHATE	10mg/1ml ampoules					CSCI				

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PLEASE SIGN FOR ALL PATIENTS IN ANTICIPATION OF THE NEED TO SET UP SUBCUTANEOUS MEDICATIONS (ONLY IF MORPHINE IS NOT APPROPRIATE)

DATE	MEDICATION	DOSAGE	FREQUENCY	ROUTE	PRESCRIBERS NAME AND DESIGNATION	PRESCRIBERS SIGNATURE	DISCONTINUED SIGNATURE AND DATE
	Oxycodone	1mg-2mg	1 hourly PRN	S/C			
	Oxycodone	.....mg	..... hourly PRN	S/C			

OR

DATE	TIME	MEDICATION	STRENGTH AND FORM	BATCH NUMBER	EXPIRY DATE	INITIAL STOCK	DOSE GIVEN	ROUTE	SITE	REMAINING STOCK	HCP1 NAME, SIGNATURE AND DESIGNATION	HCP2 NAME, SIGNATURE AND DESIGNATION
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					S/C				

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DATE	MEDICATION	DOSAGE	FREQUENCY	ROUTE	PRESCRIBERS NAME AND DESIGNATION	PRESCRIBERS SIGNATURE	DISCONTINUED SIGNATURE AND DATE
	Oxycodone	5mg	24 hourly	CSCI			
	Oxycodone	....mg	24 hourly	CSCI			

OR

DATE	TIME	MEDICATION	STRENGTH AND FORM	BATCH NUMBER	EXPIRY DATE	INITIAL STOCK	DOSE GIVEN	ROUTE	SITE	REMAINING STOCK	HCP1 NAME, SIGNATURE AND DESIGNATION	HCP2 NAME, SIGNATURE AND DESIGNATION
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				
		OXYCODONE HYDROCHLORIDE	10mg/1ml ampoules					CSCI				

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DATE	MEDICATION	DOSAGE	FREQUENCY	ROUTE	PRESCRIBERS NAME AND DESIGNATION	PRESCRIBERS SIGNATURE	DISCONTINUED SIGNATURE AND DATE
	Midazolam	2.5mg-5mg	1 hourly PRN	S/C			
	Midazolam	.....mg	..... hourly PRN	S/C			

OR

DATE	TIME	MEDICATION	STRENGTH AND FORM	BATCH NUMBER	EXPIRY DATE	INITIAL STOCK	DOSE GIVEN	ROUTE	SITE	REMAINING STOCK	HCP1 NAME, SIGNATURE AND DESIGNATION	HCP2 NAME, SIGNATURE AND DESIGNATION
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
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		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				
		MIDAZOLAM	10mg/2ml ampoules					S/C				

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	Midazolam	5mg	24 hourly	CSCI			
	Midazolammg	24 hourly	CSCI			

OR

DATE	TIME	MEDICATION	STRENGTH AND FORM	BATCH NUMBER	EXPIRY DATE	INITIAL STOCK	DOSE GIVEN	ROUTE	SITE	REMAINING STOCK	HCP1 NAME, SIGNATURE AND DESIGNATION	HCP2 NAME, SIGNATURE AND DESIGNATION
		MIDAZOLAM	10mg/2ml ampoules					CSCI				
		MIDAZOLAM	10mg/2ml ampoules					CSCI				
		MIDAZOLAM	10mg/2ml ampoules					CSCI				
		MIDAZOLAM	10mg/2ml ampoules					CSCI				
		MIDAZOLAM	10mg/2ml ampoules					CSCI				
		MIDAZOLAM	10mg/2ml ampoules					CSCI				
		MIDAZOLAM	10mg/2ml ampoules					CSCI				
		MIDAZOLAM	10mg/2ml ampoules					CSCI				
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		MIDAZOLAM	10mg/2ml ampoules					CSCI				
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		MIDAZOLAM	10mg/2ml ampoules					CSCI				
		MIDAZOLAM	10mg/2ml ampoules					CSCI				
		MIDAZOLAM	10mg/2ml ampoules					CSCI				
		MIDAZOLAM	10mg/2ml ampoules					CSCI				

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DATE	MEDICATION	DOSAGE	FREQUENCY	ROUTE	PRESCRIBERS NAME AND DESIGNATION	PRESCRIBERS SIGNATURE	DISCONTINUED SIGNATURE AND DATE
	Levomepromazine	2.5mg-6.25mg	6 hourly PRN	S/C			
	Levomepromazine	.....mg	..... hourly PRN	S/C			

OR

DATE	TIME	MEDICATION	STRENGTH AND FORM	BATCH NUMBER	EXPIRY DATE	INITIAL STOCK	DOSE GIVEN	ROUTE	SITE	REMAINING STOCK	HCP1 NAME, SIGNATURE AND DESIGNATION	HCP2 NAME, SIGNATURE AND DESIGNATION
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				
		LEVOMEPROMAZINE	25mg/1ml ampoules					S/C				

**Write patient details or affix
Identification label**

Hospital Number:
Name:
Address:
Postcode:
Date of Birth:
NHS Number:

PLEASE SIGN FOR ALL PATIENTS IN ANTICIPATION OF THE NEED TO SET UP SUBCUTANEOUS MEDICATIONS

DATE	MEDICATION	DOSAGE	FREQUENCY	ROUTE	PRESCRIBERS NAME AND DESIGNATION	PRESCRIBERS SIGNATURE	DISCONTINUED SIGNATURE AND DATE
	Glycopyrronium	200mcg	1 hourly PRN	S/C			
OR							
	Glycopyrronium	..... mcg	..... hourly PRN	S/C			

DATE	TIME	MEDICATION	STRENGTH AND FORM	BATCH NUMBER	EXPIRY DATE	INITIAL STOCK	DOSE GIVEN	ROUTE	SITE	REMAINING STOCK	HCP1 NAME, SIGNATURE AND DESIGNATION	HCP2 NAME, SIGNATURE AND DESIGNATION
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					S/C				

Write patient details or affix
Identification label

Hospital Number:
Name:
Address:
Postcode:
Date of Birth:
NHS Number:

PLEASE SIGN ONLY FOR THOSE PATIENTS REQUIRING A CSCI

DATE	MEDICATION	DOSAGE	FREQUENCY	ROUTE	PRESCRIBERS NAME AND DESIGNATION	PRESCRIBERS SIGNATURE	DISCONTINUED SIGNATURE AND DATE
	Glycopyrronium	600mcg	24 hourly	CSCI			
				OR			
	Glycopyrronium	.....mcg	24 hourly	CSCI			

DATE	TIME	MEDICATION	STRENGTH AND FORM	BATCH NUMBER	EXPIRY DATE	INITIAL STOCK	DOSE GIVEN	ROUTE	SITE	REMAINING STOCK	HCP1 NAME, SIGNATURE AND DESIGNATION	HCP2 NAME, SIGNATURE AND DESIGNATION
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				
		GLYCOPYRRONIUM	200mcg/1ml ampoules					CSCI				

Specialist Palliative Care Medication Prescription

Medication	Symptom(s) being managed	Dose Range (mg)	Indication for increase in dose	Size of incremental increase (mg)	Time between each increase in dose (days)
Additional Comments:					
Specialist Palliative Care Lead:					
Prescribers Name:					
Prescribers Signature:					
Date:					
Significant adverse effects of medication to be aware of:					
Monitoring required (if any):					

If the ceiling dose is being approached, or the patient experiences significant adverse effects, please contact Trinity Hospice on the number below to discuss the next steps.

Trinity Hospice: 01253 952566, press option 1 for the inpatient unit and ask to speak to the Nurse in Charge.

FOR USAGE AS REQUIRED VIA THE SUBCUTANEOUS ROUTE OR CSCI ROUTE VIA A SYRINGE PUMP (SEE ADVICE ABOVE)

DATE	MEDICATION	DOSAGE	FREQUENCY	ROUTE	PRESCRIBERS NAME AND DESIGNATION	PRESCRIBERS SIGNATURE	DISCONTINUED SIGNATURE AND DATE
				S/C			
AND/OR							
			24 hourly	CSCI			

SAMPLE

Specialist Palliative Care Medication Administration Record

Date	Time	Medication	Strength and Form	Batch Number	Expiry Date	Initial Stock	Dose Given	Route	Site	Remaining Stock	HCP 1 Name, Signature and Designation	HCP 2 Name, Signature and Designation

Specialist Palliative Care Medication Prescription

Medication	Symptom(s) being managed	Dose Range (mg)	Indication for increase in dose	Size of incremental increase (mg)	Time between each increase in dose (days)
Specialist Palliative Care Lead:					
Prescribers Name:					
Prescribers Signature:					
Date:					
Additional Comments:					
Significant adverse effects of medication to be aware of:					
Monitoring required (if any):					

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				S/C			
AND/OR							
			24 hourly	CSCI			

SAMPLE

Specialist Palliative Care Medication Administration Record

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DATE	MEDICATION	DOSAGE	FREQUENCY	ROUTE	PRESCRIBERS NAME AND DESIGNATION	PRESCRIBERS SIGNATURE	DISCONTINUED SIGNATURE AND DATE
				S/C			
AND/OR							
			24 hourly	CSCI			

SAMPLE

Specialist Palliative Care Medication Administration Record

Date	Time	Medication	Strength and Form	Batch Number	Expiry Date	Initial Stock	Dose Given	Route	Site	Remaining Stock	<u>HCP 1</u> Name, Signature and Designation	<u>HCP 2</u> Name, Signature and Designation

CSCI MONITORING CHART

Assess patient and complete this form: Each time the syringe pump is loaded When the giving set is re -sited In community setting – at each visit whilst the infusion is in progress In the inpatient setting – every 4 hours							Patient Name:				CME T34	
							NHS No:				Syringe Pump	
							Date Of Birth:				Ward	
							GP/Consultant				Check infusion site** Location	Check pump & line e.g., for leakage, not kinked** precipitation***	Action Taken	Discontinued Date/Time	HCP Name, Signature and Designation
Date and Time	Lock box used Yes/No	Volume left (mL)	Duration left (Hours)	Rate set (mL/hours)	Battery power remaining (%) *							

*** In the community setting:** At the start of the infusion, the battery must have at least 40% battery power remaining to ensure that there is enough power to last for 24 hours. **In the inpatient setting:** change battery when ≤ 10% power left

**** Site & Pump check: Location:** Document insertion site of winged infusion devices e.g. Scapula region
Condition: NP=No-problem P=pain I=Inflammation SW=Swelling B=Bleeding H=Hardening L=Leakage from site/pump/equipment (Please state)
 ***if contents of syringe look cloudy, precipitation has occurred. STOP infusion and refer to guidelines in the CME T34 Syringe Pump Policy

SAMPLE

Date and Time	Lock box used Yes/No	Volume left (mL)	Duration left (Hours)	Rate set (mL/hours)	Battery power remaining (%) *	Check infusion site>**		Check pump & line e.g., for leakage, not kinked** precipitation***	Action Taken	Discontinued Date/Time	HCP Name, Signature & Designation
						Location	Condition				

***In the community setting:** At the start of the infusion, the battery must have at least 40% battery power remaining to ensure that there is enough power to last for 24 hours. **In the inpatient setting:** change battery when \leq 10% power left

**** Site & Pump check: Location:** Document insertion site of winged infusion devices e.g. Scapula region

Condition: NP=No-problem P=pain I=Inflammation SW=Swelling B=Bleeding H=Hardening L=Leakage from site/pump/equipment (Please state)

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CSCI MONITORING CHART

Assess patient and complete this form: Each time the syringe pump is loaded When the giving set is re -sited In community setting – at each visit whilst the infusion is in progress In the inpatient setting – every 4 hours						GP/Consultant Ward			Patient Name: NHS No: Date Of Birth:			CME T34 Syringe Pump	
Date and Time	Lock box used Yes/No	Volume left (mL)	Duration left (Hours)	Rate set (mL/hours)	Battery power remaining (%) *	Check infusion site**	Check pump & line e.g., for leakage, not kinked** precipitation***	Action Taken	Discontinued Date/Time	HCP Name, Signature and Designation			
						Location	Condition						

*** In the community setting:** At the start of the infusion, the battery must have at least 40% battery power remaining to ensure that there is enough power to last for 24 hours. **In the inpatient setting:** change battery when ≤ 10% power left

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SAMPLE

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*******If contents of syringe look cloudy, precipitation has occurred. STOP infusion and refer to guidelines in the CME T34 Syringe Pump Policy

**COMMUNITY PHARMACIES INVOLVED IN THE ANTICIPATORY SUPPLY OF JUST IN CASE DRUGS
IN A TAMPER-EVIDENT BAG**

<p><u>BLACKPOOL</u> COHENS PHARMACY</p> <p>Moor Park Health Centre, Bristol Avenue FY2 0JG</p>	<p>Telephone Number: 01253 354988</p> <p>Opening Times: Mon-Fri 08:00-23:00 Sat 09:00-22:00 Sun 10:00-22:00</p>	<p><u>FRECKLETON</u> WELL PHARMACY</p> <p>Douglas Drive Health Centre, Freckleton, PR4 1RY</p>	<p>Telephone Number: 01772 632347</p> <p>Opening Times: Mon-Fri 08:30-18:00 Sat 09:00-12:30</p>
<p><u>BLACKPOOL</u> CO-OP PHARMACY</p> <p>9-11 All Hallows Road, Bispham, FY2 0AS</p>	<p>Telephone Number: 01253 355699</p> <p>Opening Times: Mon-Fri 08:30-18:30 Sat 09:00-13:00</p>	<p><u>GREAT ECCLESTON</u> GREAT ECCLESTON HEALTH CENTRE PHARMACY</p> <p>Raikes Road, Great Eccleston, PR3 0ZA</p>	<p>Telephone Number: 01995 672925</p> <p>Opening Times: Mon 08:00-19:00 Tues-Fri 08:00-18:00 Sat 08:00-12:00 (Closed daily between 13:00-14:00 for lunch)</p>
<p><u>BLACKPOOL</u> MEDICX PHARMACY</p> <p>Whitegate Drive Primary Care Centre, FY3 9ES</p>	<p>Telephone Number: 01253 807808</p> <p>Opening Times: Mon-Sun 08:00-21:00</p>	<p><u>HAMBLETON</u> HAMBLETON PHARMACY</p> <p>Kiln Lane, Poulton-Le- Fylde, Hambleton, FY6 9AH</p>	<p>Telephone Number: 01253 702219</p> <p>Opening Times: Mon-Fri 09:00-12:45 then 14:00-18:00 Sat 09:00-12:30</p>
<p><u>BLACKPOOL</u> LYTHAM ROAD PHARMACY</p> <p>South Shore Primary Care Centre, Lytham Road, FY4 1TJ</p>	<p>Telephone Number: 01253 403038</p> <p>Opening Times: Mon-Thurs 08:15- 18:30 Fri 08:00-18:00</p>	<p><u>POULTON/CARLETON</u> CARLETON PHARMACY</p> <p>5 Poulton Road, Carlton, FY6 7NH</p>	<p>Telephone Number: 01253 896878</p> <p>Opening Times: Mon-Fri 09:00-18:30 (except on Wed closes @ 18:00) Sat 09:00-12:30</p>
<p><u>CLEVELEYS/THORNTON</u> BOOTS PHARMACY</p> <p>39 Victoria Road, Cleveleys, FY5 1BS</p>	<p>Telephone Number: 01253 853168</p> <p>Opening Times: Mon-Sat 09:00-17:30 Sun 10:39-16:30</p>	<p><u>St ANNE'S/LYTHAM</u> MEDICX PHARMACY</p> <p>Lytham Primary Care Centre, Warton Street, Lytham, FY8 5EE</p>	<p>Telephone Number: 01253 737695</p> <p>Opening Times: Mon-Fri 08:30-18:00</p>
<p><u>FLEETWOOD</u> WARBURTONS PHARMACY</p> <p>84-86 Lord Street, Fleetwood, FY7 6JZ</p>	<p>Telephone Number: 01253 874849</p> <p>Opening Times: Mon-Fri 09:00-17:30 Sat 09:00-18:00</p>	<p><u>KIRKHAM</u> WELL PHARMACY</p> <p>5 Market Square, Kirkham, PR4 2SD</p>	<p>Telephone Number: 01772 686118</p> <p>Opening Times: Mon-Fri 08:30-18:30 Sat 09:00-13:00</p>
OUT OF HOURS ACCESS TO END OF LIFE DRUGS (FOR EMERGENCY USE ONLY)			
<p align="center">FYLDE COAST MEDICAL SERVICES VIA URGENT CARE CENTRE BLACKPOOL TEACHING HOSPITAL, WHINNEY HEYS ROAD, BLACKPOOL. 01253 956488 18:30-08:00</p>		<p align="center">PRESTON PRIMARY CARE CENTRE AT ROYAL PRESTON HOSPITAL, SHAROE GREEN LANE, PRESTON. 01772 788058</p>	