

Anticipatory Prescribing

Updates, safety tips, top tips

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Aims of this Presentation

Reminder of principles and overview of guidelines

2026 updates including:

- Describe main changes to Community Prescribing Drug Chart

- Describe updates to policy and prescribing guidance

Practical and Safety Tips

Resources

Demonstration if time

MCQ

As required (PRN) injections should usually be prescribed when the patient enters the:

- A. Last 6 months of life
- B. Last few days of life
- C. Last few weeks of life

MCQ

As required (PRN) injections should usually be prescribed when the patient enters the:

C. Last few weeks of life

MCQ

PRN drugs for those in last few weeks should always be prescribed and authorised for all of the following common symptoms

- A. Pain, nausea & vomiting, GI/chest secretions/colic, breathlessness
- B. Pain, nausea & vomiting, agitation and secretions
- C. Pain, nausea & vomiting, agitation, GI/chest secretions/colic and seizures
- D. Pain, nausea & vomiting, agitation, breathlessness and secretions

MCQ

PRN drugs for those in last few weeks should always be prescribed and authorised for all of the following common symptoms

C. Pain, nausea & vomiting, agitation, breathlessness and secretions

MCQ

In relation to authorising drugs for the common symptoms on the community drug chart for a syringe pump in advance 'to start when needed'

- A. Drugs are never authorised in advance for a syringe pump, they are only authorised when they need to start
- B. Drugs for syringe pump may be authorised to 'start when needed' for patients approaching their last days of life
- C. Drugs for syringe pump should always be authorised in advance for patients in their last weeks of life

MCQ

In relation to authorising drugs for the common symptoms on the community drug chart for a syringe pump in advance 'to start when needed'

B. Drugs for syringe pump may be authorised to 'start when needed' for patients approaching their last days of life

MCQ

The following drugs are incompatible in a syringe pump

- A. Cyclizine and hyoscine butyl bromide
- B. Morphine and haloperidol
- C. Oxycodone and midazolam
- D. Cyclizine and hyoscine hydrobromide
- E. Cyclizine and glycopyrronium

MCQ

The following drugs are incompatible in a syringe pump

A. Cyclizine and hyoscine butyl bromide

Anticipatory Prescribing-Principles

Last weeks of life:

- Recognise deterioration, assess, communicate and plan.
- Prescribe 4 PRN sc meds for 5 symptoms 'just in case'
(standard 10 amps. 5 if no symptoms/non complex or more if very complex)
- Remember WFI
- Authorise for DNs PRN on chart.

Approaching last days of life:

- Authorise all 4 medicines for syringe pump 'to start when needed' but see cautions
- Authorise 'appropriate ranges'

Incompatibilities:

- Cyclizine is incompatible in a driver with:
1) Buscopan 2) Oxycodone at high doses

Anticipatory Prescribing-Principles

- Prescribe as follows: pain, dyspnoea (opioid for both), nausea/vomiting (individualised antiemetic), agitation (midazolam) and chest/GI secretions/colic (Hyoscine butyl bromide).
- Convert their usual PO PRN opioid to appropriate SC dose.
- If an individual is on a regular antiemetic provide this as SC PRN if available. Otherwise choose antiemetic according to cause of nausea. (See prescribing table)
 - Cyclizine is not used first line unless specifically indicated, e.g. in brain malignancies.
- Some antiemetics lower the seizure threshold.
 - If patient has a primary brain tumour/history of seizures prescribe the following antiemetic and anti secretory

Anticipatory Prescribing-Principles

- Prescribe as follows: pain, dyspnoea (opioid for both), nausea/vomiting (individualised antiemetic), agitation (midazolam) and chest/GI secretions/colic (Hyoscine butyl bromide).
- Convert their usual PO PRN opioid to appropriate SC dose.
- If an individual is on a regular antiemetic provide this as SC PRN if available. Otherwise choose antiemetic according to cause of nausea. (See prescribing table) Cyclizine is not used first line unless specifically indicated, e.g. in brain malignancies.
- Some antiemetics lower the seizure threshold.
 - If patient has a primary brain tumour/history of seizures prescribe
 - cyclizine as 1st line antiemetic and glycopyrronium as the anti secretory for anticipatory prescribing (hyoscine butyl bromide does not mix with cyclizine in a pump).

MCQ

For a patient who needs to start a syringe pump with 30mg morphine the usual recommended maximum range for a syringe pump (according to local guidelines) is

- A. 30-40mg
- B. 30-60mg
- C. 30-50mg

MCQ

For a patient who needs to start a syringe pump with 30mg morphine the usual recommended maximum range for a syringe pump (according to local guidelines) is

C. 30-50mg

Anticipatory Prescribing-Advice about ranges

- Authorise 'appropriate ranges'
 - For opioid or midazolam
- Morphine 30mg/24 hours in a syringe pump
 - Conservative allow for 2 PRN SC doses of 5mg
Morphine 30-40mg. ~30% increase
 - Usual maximum 4 PRN doses (4 x 5=20mg)
Morphine 30-50mg. ~60% increase
- Midazolam 10-20mg/24 hrs
 - But individualise e.g. v. frail, low body weight
 - Midazolam 5-15mg
 - Big patient on 20mg already needing PRNs of 5mg
 - (4 x 5mg)
 - Midazolam 20-40mg
- **If thinking of wider ranges, consider hospice advice and justify**

Anticipatory Prescribing- Risks/Cautions for professionals



Anticipatory Prescribing- Risks/Cautions for professionals

- Exclude reversible causes, clarify diagnosis of dying especially non malignant disease, delirium vs terminal agitation
- Prescribers writing up drugs without assessing the patient face to face
- Caution with pumps to start when needed and avoid wide ranges in settings with less experienced staff e.g. some nursing homes,
 - Consider tighter ranges or ?just PRNs
- If considering an increase of >50% in pump (consider specialist advice)
- If patient needs more than 2 or 3 increases in opioid or midazolam in a row (patient needs face to face review).
- Gosport and LCP have raised serious concerns about pumps hastening death & made patients and professionals more vigilant and questioning

Ranges advice is on community palliative care drug chart

Prescriber Sig. /Prof.No.:	Date:	Syringe Pump A or B**:							
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** If more than one syringe pump in use, indicate A or B.

***Cautions re authorisation of syringe pump drugs to start when needed and/or with ranges**

- 'Start when needed' is appropriate if syringe pump likely to be needed in **a number of days** and the patient's deterioration is not reversible OR occasionally for a patient who is at high risk of a specific symptom e.g. vomiting.
- Authorisation of **ranges**: For opioid or midazolam a conservative syringe pump range allows for incorporation of 2 PRN doses (e.g. morphine 30 - 40mg/24 hours, PRN 5mg SC) and the usual maximum syringe pump range allows for incorporation of 4 PRN doses (e.g. morphine 30 - 50mg/ 24 hours). Seek specialist advice if considering a wider range.
- Some nursing home staff may not be trained in the use of ranges or pumps in advance, consider tighter ranges or PRNS only

Last updated 16/04/2026

V9.1

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***Cautions re administration of syringe pump drugs authorised to start when needed or as a dose range**

- Start on the lowest dose in the range unless assessment of PRN requirements indicates the need for a higher dose. Rationale for the chosen dose should be documented.
- If the patient has ongoing symptoms or has already required 2-3 changes to a syringe pump, consider GP review and advice from a hospice health care professional.
- See prescribing table and PRN authorisation for maximum dose of drug in 24 hours, which includes PRN and syringe pump doses. Max dose may be increased following specialist advice

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Anticipatory Prescribing- Patient/carer concerns

Anticipatory Prescribing- Patient/carer concerns

- New research showing AP can both reassure patients/carers and cause anxiety
- Explain and reassure
- Consider other aspects of planning in last weeks of life:
 - ACP ReSPECT plus, numbers to call, CHC fast track, spiritual and psychological support, preferred place of death.
- Consider Just in Case leaflet
- Use the pharmacy list on our web site especially on a Friday or at weekends
- Make sure they know how to call Sirona SPA
- NB can take up to 2 hours to attend-there is a SOP for informal carers to be trained to give SC PRNs

AP in Special circumstances

Anticipatory Prescribing (AP) of Just in Case (JiC) medication for symptom control in adult palliative care patients in last days of life: BNSSG quick reference guide

- Steroids if may be of clinical benefit prescribe SC don't forget the Sirona PSD
- Patients on patches-continue and calculate PRN SC opioid
- Patients with:
 - Parkinson's disease: antiemetics- Ondansetron 1st line
 - Seizures-Midazolam 10mg SC for seizure >5mins front of chart (or PRN if frequent)
 - Risk of bleed-Midazolam 10mg IM massive bleed front of chart

Adjustments for renal failure, liver failure and frailty+/-low BMI

- If there is a clinically relevant risk of side effects which outweighs the risk of suboptimal symptom control consider adjustments in the doses of some JiC medications as per community palliative care prescribing table: (Also consider advice):
 - a. **Renal failure with $< \text{eGFR} < 30 \text{ ml/min/1.73m}^2$.**
 - always seek advice regarding use of fentanyl/alfentanil
 - Alfentanil is available in two different concentrations which are both available in the (LES) pharmacies. **Avoid having both concentrations of alfentanil in use for one patient.**
 - b. **Severe liver impairment, classified as Charles-Pugh score of C** (e.g. advanced cirrhosis/liver failure).
 - c. **Severe frailty and/or low BMI-use clinical judgement**

Changes in the following Anticipatory Prescribing Resources 2026

- The BNSSG EoL Drug Chart Version Selector (**Version 5**) incorporates a new Anticipatory Prescribing form (**Version 9.1**) (Community Palliative Care Drug Chart CPDC)
- The *Community palliative care prescribing table: symptom control in last days of life for adults*
- Policy for anticipatory prescribing of 'Just in Case' medication for symptom control in the last days of life in adult community palliative and end of life care patients-mainly related to above

Community Palliative Care Drug Chart-update 2026

- A new version of the CPCDC is available in EMIS as 'Anticipatory Prescribing Form V9.1'
- Used by primary care, Sirona and hospice prescribers
- Can be launched using the 'BNSSG EoL Drug Chart Version Selector' to give one of
 - a) Prepopulated chart for opioid naïve patients, eGFR>30 ml/min/ 1.73m² and where metoclopramide is appropriate (i.e not Parkinson's)
 - b) Chart with drop downs for all others: individualised prescribing
- It is also available as
 - a) Editable word doc for use by out of hours (?Hospital Palliative Care Team prescribers)
 - b) Colour card booklet version which is completed by hand new version (V9.1)
 - c) PDF can be printed from Remedy-no longer possible to order from CHC alternative printing options being explored

Print chart double sided in colour if possible and staple

New tick boxes

on Page 2 ‘*additional instructions page 6*’-to add additional instructions in text box on page 6

On pg 4 see *Page 6 for additional instructions or drugs*- can be used to alert DNs that additional syringe pump drugs have been authorised overleaf on pg 6

or to add additional instructions in the new text box on page 6.

Patient Name: Full Name NHS No: NHS Number

AS REQUIRED PRN DRUGS (TICK if on opioid patch ☐ Details ☐)

Authorisation: Administration: ☐ Additional instructions page 6

P R N 1	Drug: Please Select	Date:										
	Indication: Please Select	Time:										
	Dose Range: <input type="text"/> mg	Max Frequency: <input type="text"/>	Dose:									
	Route: <input type="text"/>	Max in 24hrs including pump: <input type="text"/>	Route:									

Patient Name: Full Name NHS No: NHS Number

DRUGS TO BE MIXED TOGETHER IN A SYRINGE PUMP FOR CONTINUOUS SUBCUTANEOUS INFUSION OVER 24 HOURS. N.B. see cautions* ☐ See page 6 for additional drugs or instructions

Authorisation: Administration:

	Month:	Year:	DATE:									

New text box page 6

Text box at the bottom of page 6 allows more information to be added for example:

Dosing intervals, warnings about ampoule strengths, 1st line or 2nd line, or other advice relating to when to use specific medication e.g. anticonvulsants, or call hospice for advice if..

	Prescribed drug/ concentration	Dose	Syringe Pump A or B**:							
DRUGS TO BE MIXED	Additional instructions/ information (e.g. re: dosing interval or 1 st line/2 nd line, warning about amp. strengths or general advice e.g. contact hospice for any changes to...)									

** If more than one syringe pump in use, indicate A or B.

***Cautions re authorisation of syringe pump drugs to 'start when needed' and/or with ranges**

- 'Start when needed' is appropriate if syringe pump likely to be needed in a number of days and the patient's deterioration is not reversible OR occasionally for a patient who is at high risk of a specific symptom e.g. vomiting.
- Authorisation of ranges: For opioid or midazolam a conservative syringe pump range allows for incorporation of 2 PRN doses (e.g. morphine 30 - 40mg/24 hours, PRN 5mg SC) and the usual maximum syringe pump range allows for incorporation of 4 PRN doses (e.g. morphine 30 - 50mg/ 24 hours). Seek specialist advice if considering a wider range.
- Some nursing home staff may not be trained in the use of ranges or pumps in advance, consider tighter ranges or PRNs only

Last updated 16/04/2026 V9.1 6

Minor changes to prescribing table

Added oxycodone in pain section

SYMPTOM 1: PAIN/DYSPNOEA					
If on oral opioids see table for conversion* If eGFR <30 seek guidance**	Morphine 1 st Line	2.5-5mg 1 hourly if opioid naïve OR 1/6 th 24 hour SC dose 1 hourly	10, 15, 20 or 30mg/ml in 1ml or 2ml amps	if opioid naïve: 10-15mg 5-15mg ^{FL}	No upper limit but prescriber may indicate a max dose
	Oxycodone	1-2mg 1 hourly if opioid naïve ^{RF} OR 1/6 th 24 hour SC dose 1 hourly <i>Seek advice for use in renal failure**</i>	10mg/1ml, 20mg/2ml, 50mg/ml	<i>If opioid naïve</i> 2.5-7.5mg ^{RF}	
SYMPTOM 2: NAUSEA AND VOMITING					

Removed diamorphine as 1st line option and added advice

*Conversion of oral to subcutaneous opioids via syringe pump/24hrs (Do not change patient's opioid drug unless indicated)		
Oral morphine	→ s/c morphine	Divide oral total 24hr dose by 2
Oral oxycodone	→ s/c oxycodone	Divide oral total 24hr dose by 2
Oral morphine	→ SC diamorphine (<u>use if</u> volume too high: seek advice)	Divide oral total 24hr dose by 3

SYMPTOM 2: NAUSEA AND VOMITING					
Opioid or chemical	Haloperidol	1-1.5mg 6 hourly 0.5-1mg 6 hourly ^{RLF}	5mg/ml	1.5-5mg 1-3mg ^{RLF}	5mg 3mg ^{RLF}
Prokinetic	Metoclopramide	10mg 6 hourly 5-10mg 6 hourly ^{RL}	10mg/2ml	30-60mg 20-30mg ^{RL}	80mg ⁺ 30mg ^{RL}
Centrally induced	Cyclizine* <u>Not 1st line for AP</u>	50mg 6 hourly: if not on regular <i>Avoid in severe liver impairment^L</i>	50mg/ml	150mg	150mg
Broad Spectrum	Levomepromazine	5mg 6 hourly	25mg/ml	5-25mg	25mg
Parkinson's or 3 rd line	Ondansetron	4mg 6 hourly 4mg 8 hourly ^L	4mg/2ml	8-16mg 4-8mg ^L	24mg 8mg ^L
SYMPTOM 3: AGITATION IN LAST DAYS OF LIFE					
1 st line	Midazolam	2.5-5mg 1 hourly	10mg/2ml	10-20mg 5-15mg ^{RLF}	60mg
+ hallucinations or confusion	Haloperidol	1-1.5mg 6 hourly 0.5-1mg 6 hourly ^{RLF}	5mg/ml	1.5-5mg 1-3mg ^{RLF}	10mg 5mg ^{RLF}
2 nd line	Levomepromazine	12.5-25mg 4 hourly	25mg/ml	12.5-25mg	100mg
SYMPTOM 4: RESPIRATORY TRACT SECRETIONS IN LAST DAYS OF LIFE					
Chest/gastro-intestinal secretions or colic	Hyoscine <u>Butylbromide *</u>	20mg 2 hourly -1 st line If prescribing cyclizine use <u>glycopyrronium</u>	20mg/ml	60-140mg	240mg
	<u>Glycopyrronium</u>	200 micrograms 2 hourly-2 nd line <i>Avoid if possible if eGFR<30ml/min^R</i>	200 microgram/ml	600-1200 micrograms	1.2mg

^{RLF} Consider dose adjustments if clinically relevant: R: eGFR <30 ml/min/1.73m²; L: Severe liver impairment: Child-Pugh C;
F: Severe frailty: clinical judgement or very low BMI/weight

Safety/top tips completing charts

- Prescribers from Hospice and Sirona can create a Community Palliative Care Drug Chart in their EMIS documents.
- A hospice clinician may still request a primary care prescriber to complete or edit charts for their patients.
- **Always check in documents of 'all records' to make sure the chart you are viewing or amending is the most recent one as other organisations may have completed a chart**
- Check if there is a handwritten chart in the house which needs to be taken into account then discontinued

To make subsequent changes to a chart e.g. alter doses, drugs and ranges:

- If it is in your EMIS documents edit the existing chart, then use 'save as' to create a new document without overwriting the old one
- If the chart is in EMIS documents of another organisation you will need to 'export' it, edit it and re upload (*add document-file*) to your EMIS documents.
- Record the new date on the front of the chart.

Safety/top tips completing charts

If a CPC drug chart is being used for symptom control for a palliative care patient with a longer prognosis than weeks or days, tick the box 'non end of life symptom control' on front of the chart and do not authorise other syringe pump drugs for last days of life such as midazolam 'to start when needed'.

Chart No.
of

Community Palliative Care Drug Chart



For authorisation of injectable (PRN) and syringe pump medication, and record of administration for adult patients

Section 1: Patient Details, allergies/sensitivities, prescriber details, details of any person who administers medication, once only medicines (front page).
Section 2: PRN subcutaneous medicine for symptom control.
Section 3: Syringe pump medication and cautions.
Section 4: Community Palliative Care Prescribing Table (Back page).

Tick if this chart is being used for non end of life symptom control ☐

PATIENT DETAILS: Date Chart Created: Short date letter merged Date Revised

First Name: Given Name
Last Name: Surname
DOB: Date of Birth NHS NO: NHS Number
GP Practice: Organisation Name

Allergies/Sensitivities:
Allergies

PRESCRIBER DETAILS: Must be completed by all prescribers.

Name (printed)	Signature (or Prof. No.)	Role	Base
Current User			Organisation Name

DETAILS OF PERSON ADMINISTERING DRUGS: Must be completed by all administering drugs.

Name (printed)	Initials	Base

Safety/top tips completing charts

To prevent confusion with multiple CPC drug charts in the house a non-prescribing community clinician can discontinue any old charts by putting a line through the front with the words 'superseded' and the date.

Write the word "SUPERSEDED" and the date in dd/mm/yy eg 30/05/22 on the front page only, DO NOT obscure any data.

One line across page 1 of the chart only

Chart No. of Community Palliative Care Drug Chart

For authorisation of injectable (PRN) and syringe pump medication, and record of administration for adult patients

NHS

SUPERSEDED 30/05/22

Section 1: Patient Details, allergies/sensitivities, prescriber details, details of any person who administers medication, once only medicines (front page).
Section 2: PRN subcutaneous medicine for symptom control.
Section 3: Syringe pump medication and cautions.
Section 4: Community Palliative Care Prescribing Table (Back page).

PATIENT DETAILS: Date Chart Created: Short date letter merged Date Revised

First Name: Given Name
Last Name: Surname
DOB: Date of Birth NHS NO: NHS Number
GP Practice: Organisation Name

Allergies/Sensitivities:
Allergy

PRESCRIBER DETAILS: Must be completed by all prescribers.

Name (printed)	Signature (or Prof. No.)	Role	Base
Current User			Organisation Name

DETAILS OF PERSON ADMINISTERING DRUGS: Must be completed by all administering drugs.

Name (printed)	Initials	Base

Safety/top tips completing charts

Remember micrograms for fentanyl and glycopyrronium

2	Route: SC	Max in 24hrs including pump: mg	Route:																	
	Prescriber Sig./Prof.No.:	Date:	Initials:																	
P	Drug: Please Select		Date:																	
R	Indication: Please Select		Time:																	
N	Dose Range: mg	Max Frequency:	Dose:																	
3	Route: SC	Max in 24hrs including pump: mg	Route:																	
	Prescriber Sig./Prof.No.:	Date:	Initials:																	
P	Drug: Please Select		Date:																	
R	Indication: Please Select		Time:																	
N	Dose Range: mg	Max Frequency:	Dose:																	
4	Route: SC	Max in 24hrs including pump: mg	Route:																	
	Prescriber Sig./Prof.No.:	Date:	Initials:																	
P	Drug:		Date:																	
R	Indication:		Time:																	
N	Dose Range: mg	Max Frequency:	Dose:																	
5	Route: SC	Max in 24hrs including pump: mg	Route:																	
	Prescriber Sig./Prof.No.:	Date:	Initials:																	
P	Drug:		Date:																	
R	Indication:		Time:																	

If increasing the pump range, increase max dose in 24hrs to reflect this

If increasing the pump range, increase the PRN dose to reflect 1/6th of total SC background opioid in 24 hours except for alfentanil (PRN is 1/10th)

Diluent required: wet signature / electronic GMC / NMC number and date

Patient Name: Full Name

NHS No: NHS Number

DRUGS TO BE MIXED TOGETHER IN A SYRINGE PUMP FOR CONTINUOUS SUBCUTANEOUS INFUSION OVER 24 HOURS. N.B. see cautions*

Authorisation:

Administration:

	Month:	Year:	DATE:																	
	Diluent:		Time:																	
5	☐ Water for injection		Initials:																	
1	☐ Normal Saline (tick as appropriate)		Syringe Pump A or B**:																	
	Prescriber Sig./Prof.No.:		Date:																	
	Drug: Please Select..																			
	Indication: Please Select..		Time:																	
5	Dose Range:		Dose:																	
2	From: mg To: mg																			
	☐ Start today		☐ Start when needed*	Initials:																
	Start dose: mg																			
	Prescriber Sig./Prof.No.:		Date:																	
	Drug: Please Select..																			
	Indication: Please Select..		Time:																	
5	Dose Range:		Dose:																	
3	From: mg To: mg																			
	☐ Start today		☐ Start when needed*	Initials:																
	Start dose: mg																			
	Prescriber Sig./Prof.No.:		Date:																	
	Drug: Please Select..																			
	Indication: Please Select..		Time:																	
5	Dose Range:		Dose:																	
4	From: mg To: mg																			
	☐ Start today		☐ Start when needed*	Initials:																
	Start dose: mg																			
	Prescriber Sig./Prof.No.:		Date:																	
	Drug: Please Select..																			
	Indication: Please Select..		Time:																	
5	Dose Range:		Dose:																	
5	From: mg To: mg																			
	☐ Start today		☐ Start when needed*	Initials:																
	Start dose: mg																			
	Prescriber Sig./Prof.No.:		Date:																	

If increasing pump ranges, please increase the max dose in 24hrs on page 2 of the drug chart

Wet signature or electronic GMC / NMC number and date next to EACH drug

DRUGS TO BE MIXED TOGETHER IN A SYRINGE PUMP FOR CONTINUOUS SUBCUTANEOUS INFUSION OVER 24 HOURS

Dose advice display-starting doses advice

File Home Insert Design Layout References Mailings Review Developer View Help Acrobat Table Design Table Layout

Paste Cut Copy Format Painter Clipboard Font Paragraph Styles

Normal No Spacing Heading 1 Heading 2 Title Subtitle

Patient Name: Full Name NHS No: NHS Number

AS REQUIRED PRN DRUGS (TICK if on opioid patch ☐ Details ☐)

Authorisation: Administration: ☐ Additional instructions page 6

P	R	N	1	2	3
Drug:	Morphine	Date:			
Indication:	Pain/dyspnoea	Time:			
Dose Range:	2.5-5 mg	Max Frequency:	1 Hourly		
Route:	SC	Max in 24hrs including pump:	Not clinically indicated mg		
Prescriber Sig./Prof.No.:		Date:			
Initials:					
Drug:	Metoclopramide	Date:			
Indication:	Nausea or Vomiting	Time:			
Dose Range:	10 mg	Max Frequency:	6 Hourly		
Route:	SC	Max in 24hrs including pump:	60 mg		
Prescriber Sig./Prof.No.:		Date:			
Initials:					
Drug:	Midazolam	Date:			
Indication:	Agitation	Time:			
Dose Range:	2.5-5 mg	Max Frequency:	1 Hourly		
Route:	SC	Max in 24hrs including pump:	60 mg		
Prescriber Sig./Prof.No.:		Date:			
Initials:					
Drug:	Hyoscine Butylbromide	Date:			

AS REQUIRED PRN DRUGS

Click on dose boxes and recommendations are displayed at the bottom of the screen

Click on a drug name or indication and a drop-down list will appear

morphine 2.5-5mg 1 hrly prn if opiate naive, or 1/6th 24hr dose s/c 1 hrly prn

Summary

- Use guidance and resources on SPH web
- Use our 24 hour advice line e.g. complex patients, difficult calculations, escalating doses, renal and liver failure or if unsure 01179159430
- Consider cautions and reversibility especially in non malignant disease
- Resources [Clinical Guidelines - St Peter's Hospice](#)
- Demo ?
- Questions?