

University Hospital of North Staffordshire NHS Trust

Palliative Care TTOs

(When anticipatory palliative drugs and/or syringe driver required for discharge)

Please hand write the items marked * and ensure the name and signature box are completed. This is a legal requirement for controlled drug prescriptions. All other TTOs should be written up in the normal format.

*Surname	*First Name	Ward	Consultant
*NHS Number		Drug Sensitivities	Address
Date of Birth			
Discharge date and time			

As Required Drugs	Strength	Quantity	Dose	Initials	Disp by	Check by
Hyoscine butylbromide Injection	20mg/ml	20x1	20mg SC QDS PRN			
Haloperidol Injection	5mg/ml	10x1	1.5-3mg SC QDS PRN			
Water for injection		20x5ml	Diluent			
* Midazolam 10mg/2ml ampoules, 2.5-5mg SC as required. Supply ten (10) ampoules						
Either * Diamorphine ampoules, 5mg SC as required, maximum 4 doses per 24 hours. Supply ten (10) 5mg ampoules.						
Or * If the patient is prescribed an alternative opioid prn on the drug chart, use this drug and dose.						

For patients being discharged with a subcutaneous infusion (syringe driver) prescribe the drugs below. Use the format above for controlled drugs.

Drug	Dose per 24 hours	Quantity	Initial	disp	check
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*					

Prescriber's name (print)	Signature	Date	Pharmacy clinical check by
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