

**AFTER HOURS SERVICES & EMERGENCY MEDICATION ORDERS
FOR PALLIATIVE CARE PATIENTS**

Dear

Date:

Client Name:

Address:

Melbourne Citymission Palliative Care (MCMPC) and Royal District Nursing Service (RDNS) work together to provide 24 hour home support for optimal symptom management.

MCMPC nurses triage ALL AFTER HOURS CALLS and advise patients/carers of appropriate courses of action. If a nurse is required to attend, the RDNS nurses will visit and liaise with the on-call MCMPC nurse.

In order for patients to have prompt treatment to resolve urgent after hours symptoms, we attach an emergency medication form. This will enable urgent drug administration in the home at the discretion of the on call MCMPC nurse. Nurses are **not** allowed to carry medications with them.

Following discussion with your patient's nurse case manager,

**Please complete and sign the attached EMERGENCY
MEDICATION FORM and FAX AS SOON AS POSSIBLE to
Melbourne Citymission Palliative Care on 9482 5094.**

**The patient and/or the pharmacist will also require prescriptions to be written
for the requested medication.**

If you have any queries or concerns regarding medications please contact your patient's nurse case manager (the under signed) on 94862666 during office hours or Dr. Boughey (Palliative Care Physician) on pager 9387 1000.

Thanking you in advance for your cooperation.

Sincerely,

**Palliative Care Nurse Specialist/
Case Manager**

Melbourne Citymission Palliative Care
STANDARD EMERGENCY MEDICATION ORDERS

Date:

Client Name:

Address:

Drug	Required	Indication	Dose *	Route	Frequency	Signature*	Date*
Morphine Mixture Strengths on PBS 2mg/ml 5mg/ml 10mg/ml Script 200mls		Oral breakthrough Medication for pain &/or breathlessness	2-5mg 5-10mg 10-20mg 20-30mg 30-45mgs 45-60mgs	Oral	Prn		
Morphine sulfate Strengths on PBS 10mg/ml All scripts for 5 ampoules or Authority script for 1 month's supply		Sub Cutaneous breakthrough medication for pain &/or breathlessness. (oral morphine 30mg = (approx) sc morphine 10mg)	2.5-5mgs 5-10mgs 10-20 mgs 20-30mgs 30-45mgs 45-60mgs	SC	prn or ...6. Doses per 24 hrs .prn		
Metoclopramide 10mg/2ml script 10 ampoules		Nausea/vomiting	10-20mg	SC	2/24, prn		
Haloperidol 5mgs/ml		Nausea & vomiting	0.5- 2.5mgs	SC	2/24		
Clonazepam ampoules 1 mg/ml NO AUTHORITY REQUIRED		Fitting/restlessness	0.25-1mg	SC	1/24,PRN		
Clonazepam Oral Drops 2.5mg/ ml 20 drops per ml Script for 2 bottles NEED AUTHORITY With potential for funding		Fitting/Restlessness	0.25-1mg 4 drops= 0.5 mgs	O	1/24,PRN		
Atropine Sulphate 0.6/ml Script for 10 amps		Rattling chest	0.3-0.6mg	SC	1/24,PRN		

FAX 9482 5094

PLEASE FAX THIS SHEET TO Melbourne Citymission as above