

PRESCRIBING CONTROLLED DRUGS ON A SLIDING SCALE USING THE PALLIATIVE CARE KARDEX

Introduction

The Palliative Care Kardex (Patient Held Medicine Chart) has been designed to allow prescribing of

- Opioid drugs using the sliding scale protocol
- Any drug at a fixed dose

Doctors

- Enter the name of the controlled drug
- in the "Dose/Sliding Scale" box enter the sliding scale dose of the opioid drug e.g. 30 - 45 mg
- the prescribing doctor should ensure that the patient has sufficient capsules of appropriate strength to enable the prescribed sliding scale increase eg a patient on Zomorph 30mg bd could be prescribed 30 mg and 10mg capsules allowing an increase from 30mg bd to 40mg bd
- enter the starting dose and date e.g. 30 mg 23.9.04
- for "Regular Therapy" indicate the route and times of dosages
- for "As Required Therapy" indicate the route, frequency and any instructions on when it is to be used e.g. 2 hourly PRN for pain
- sign the prescription

REGULAR THERAPY			
Name MARY SMITH		Number 1503369264	Date of Birth 15/3/36
Date			
Reason for use PAIN RELIEF	Drug (Approved Name) ZOMORPH	0800	<input checked="" type="checkbox"/>
	Opioid Sliding Scale Dose 30 - 45 mg	1000	<input type="checkbox"/>
	Route Oral		
Starting Dose & Date 30mg 23/9/04	Doctor Signature & Name [Signature] GORMIE	1400	<input type="checkbox"/>
Increased Dose & Date	Nurse Signature & Name	1800	<input type="checkbox"/>
Date Discontinued	Doctor Signature & Name	2000	<input checked="" type="checkbox"/>
Notes	Pharmacy	2200	<input type="checkbox"/>

Fields coloured lilac must be completed for all prescriptions.

Nurses

- a nurse may alter the dose of an opioid drug using the sliding scale protocol only if he/she has completed the BPCN training and assessment programme and been issued with a certificate of competency
- if an increased dose of the controlled drug is indicated enter the increased dose and the date of increase in the appropriate box eg 40 mg 27.9.04. The maximum dose that can be prescribed is the maximum stated in the "Sliding Scale Dose" box (45mg in the example below).
- put a single line through the starting dose and date
- sign the prescription

REGULAR THERAPY									
Name MARY SMITH			Number 1503369264				Date of Birth 15/3/36		
Date			23/9	24/9	25/9	26/9	27/9		
Reason for use	Drug (Approved Name)		0800	✓					
PAIN RELIEF	ZOMORPH				SM	SM	PT	EST 40mg	
	Opioid Sliding Scale Dose	Route	1000						
30 - 45 mg			Oral						
Starting Dose & Date			1400						
30mg 23/9/04			Dr. Carmie						
Increased Dose & Date			1800						
40 mg 27.9.04			E Jones JONES						
Date Discontinued			2000	✓	GB	PT	EY	EB	
Notes			2200						
Pharmacy									

Administering drugs to patients

- only the dose prescribed in either the starting dose box or the increased dose box can be administered to the patient ie **the dose is fixed and can only be changed by an appropriately trained nurse on one occasion.**
- Further increases require a new prescription to be written by a doctor.

OTHER EXAMPLES

1. Non Opioid Prescription

Reason for use	Drug (Approved Name)		0800	✓										
PAIN RELIEF	PARACETAMOL													
	Opioid Sliding Scale Dose	Route	1000											
1 gram 27/9/04			Dr. Carmie		1400	✓								
Increased Dose & Date			E Jones JONES		1800	✓								
Date Discontinued			Doctor Signature & Name		2000									
Notes			Pharmacy		2200	✓								

2. Original Prescription

AS REQUIRED THERAPY									
Name MARY SMITH				Number 1503369264				Date of Birth 15/3/36	
Reason for use PAIN RELIEF	Drug (Approved Name) ORAMORPH								
	Opioid Sliding Scale Dose 10-15 mg		Max in 24 hours	Date					
Frequency & Instruction 2 HOURLY PRN FOR PAIN		Route Oral	Pharmacy	Time					
Starting Dose & Date 10 mg 28/9/04		Doctor Signature & Name J. CORMIE		Dose					
Increased Dose & Date		Nurse Signature & Name		Given by					
Date Discontinued		Doctor Signature & Name							

3. Increased Prescription

AS REQUIRED THERAPY									
Name MARY SMITH				Number 1503369264				Date of Birth 15/3/36	
Reason for use PAIN RELIEF	Drug (Approved Name) ORAMORPH								
	Opioid Sliding Scale Dose 10-15 mg		Max in 24 hours	Date	28/9	29/9	29/9	29/9	
Frequency & Instruction 2 HOURLY PRN FOR PAIN		Route Oral	Pharmacy	Time	15:00	21:00	06:00	20:00	
Starting Dose & Date 10 mg 28/9/04		Doctor Signature & Name J. CORMIE		Dose	10 mg	10 mg	10 mg	15 mg	
Increased Dose & Date 15 mg 29.9.04		Nurse Signature & Name E. Jones. JONES		Given by	EJ	SB	SB	EJ.	
Date Discontinued		Doctor Signature & Name							

4. Subcutaneous Infusion

Reason for use PAIN RELIEF	Drug (Approved Name) DIAMORPHINE		0800							
	Opioid Sliding Scale Dose 20mg - 30mg in 24 hrs		Route SUBCUT INFUSION	1000						
Starting Dose & Date 20 mg 1/10/04		Doctor Signature & Name J. CORMIE		1400						
Increased Dose & Date		Nurse Signature & Name		1800						
Date Discontinued		Doctor Signature & Name		2000						
Notes		Pharmacy		2200						