



# Drug Prescription Chart

Patient Name

D.O.B.

Hospice No

Drug hypersensitivities, allergies &amp; special requirements

Drugs from the following list can be dispensed once it has been authorised with a medical signature.

Asilone 10ml PRN PO

Lactulose 10-20ml BD PO

Senna 7.5-15mg OD PO

Glycerin Suppository 1 OD PR

Bisacodyl Suppository 10mg OD PR

Arachis Oil Enema 1 OD PR

Fleet Phosphate Enema 1 OD PR

Anusol Ointment PRN PR

Chlorhexidine Mouthwash 0.2% 10mls ODS

Effervescent Vitamin C Tablets ¼ tablet on tongue QDS

Simple Linctus 10ml PRN PO

Nebulized Saline 5ml 4-hrly PRN

Clotrimazole 1% Cream topically BD

Aqueous Cream with/without Menthol topically PRN

50:50 White Soft Paraffin: Liquid Paraffin topically PRN

Normal saline bladder washout 50-100ml BD via catheter

Instillagel topically OD

Signature:

Date:

[illegible]

## ONE-OFF PRESCRIPTIONS

[illegible]

# “AS REQUIRED” MEDICATION

Patient Name

			Time & date	Dose, route & sig	Time & date	Dose, route & sig	Time & date	Dose, route & sig
Drug and Dose <b>Paracetamol 1g</b>								
Route <b>PO/PR</b>	Frequency <b>4-hrly</b>	Date						
Comments		Signature						
Drug and Dose <b>Morphine Sulphate</b>								
Route <b>PO</b>	Frequency <b>1-hrly</b>	Date						
Comments		Signature						
Drug and Dose <b>Temazepam 10-20mg</b>								
Route <b>PO</b>	Frequency <b>Nocte</b>	Date						
Comments		Signature						
Drug and Dose <b>Haloperidol 1.5-5mg</b>								
Route <b>PO/SC</b>	Frequency <b>4-hrly</b>	Date						
Comments		Signature						
Drug and Dose <b>Diamorphine</b>								
Route <b>SC</b>	Frequency <b>1-hrly</b>	Date						
Comments		Signature						
Drug and Dose <b>Midazolam 2.5-10mg</b>								
Route <b>SC</b>	Frequency <b>1-hrly</b>	Date						
Comments		Signature						
Drug and Dose <b>Hyoscine Butylbromide 20mg</b>								
Route <b>SC</b>	Frequency <b>1-hrly</b>	Date						
Comments		Signature						
Drug and Dose								
Route	Frequency	Date						
Comments		Signature						



[illegible]



## SYRINGE DRIVER PRESCRIPTION

PATIENT NAME:

Make up with	DRUG	DOSE	Date							
Water/Saline			Time changed							
& administer over			Butterfly site							
<b>124 hours.</b>			Battery change   (Y/N)							
			Site change       (Y/N)							
	Signature:	Date:	Initials							
Make up with	DRUG	DOSE	Date							
Water/Saline			Time changed							
& administer over			Butterfly site							
<b>124 hours.</b>			Battery change   (Y/N)							
			Site change       (Y/N)							
	Signature:	Date:	Date:							
Make up with	DRUG	DOSE	Date							
Water/Saline			Time changed							
& administer over			Butterfly site							
<b>124 hours.</b>			Battery change   (Y/N)							
			Site change       (Y/N)							
	Signature:	Date:	Initials							
Make up with	DRUG	DOSE	Date							
Water/Saline			Time changed							
& administer over			Butterfly site							
<b>124 hours.</b>			Battery change   (Y/N)							
			Site change       (Y/N)							
	Signature:	Date:	Initials							