COMMUNITY JUST IN CASE/SUPPLEMENTARY MEDICINES EAST LANCASHIRE SPECIALIST PALLIATIVE CARE **AUTHORISATION SHEET** FORM 1

Name:	Please
	complete

G.P. Name & Base:

D.O.I DOSES MAY NEED ADJUSTING

SES MAY NEED ADJUSTING	DN Name & Base:
.B:	
wn Allergies/Alerts:	

SC HOURLY PRN

PHINE SULPHATE 5MG NZOLAM 2.5MG	50MG	CIZINE
PHINE SULPHATE 5MG	2.5MG	NZOLAM
	5MG	PHINE SULPHATE

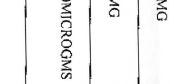
4 5 2	
50MG 400MICROGN	}

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SC

2-4HRLY PRN

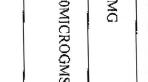


SO

8 HOURLY PRN

SC

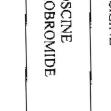
2-4HRLY PRN











3.CYCL 4.HYOSCINE HYDROBROMIDE

- 6 S 7
- Prescribers Signature: ∞

Print Name:

Date:

East Lancashire Palliative Care Policy and Procedure

- 2.MIDA I.MORI

- Know
- EXAMPLE OF DRUGS END OF LIFE DRUGS
- - Address: