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

Please complete

Name: EXAMPLE OF DRUGS – END OF LIFE DRUGS	G.P. Name & Base:
Address: DOSES MAY NEED ADJUSTING	DN Name & Base:
D.O.B:	
Known Allergies/Alerts:	

1.MORPHINE SULPHATE	5MG	SC	HOURLY PRN	
2.MIDAZOLAM	2.5MG	SC	2-4HRLY PRN	
3.CYCLIZINE	50MG	SC	8 HOURLY PRN	
4.HYOSCINE HYDROBROMIDE	400MICROGMS	SC	2-4HRLY PRN	
5.				
6.				
7.				
8.				

Prescribers Signature:	Print Name:	Date: