

End-of-life (EOL) care TTO drugs **ED and EDU** prescribing aid

From the ED

1

Prescribe medicines on a white TTO script **exactly** as shown. Errors cause dispensing delays.

A If eGFR 60 or greater and patient not severely frail

This morphine dose is suitable for opiate-naïve patients. If they already take regular opiates, seek advice from a palliative care specialist.

add this 'crisis dose' **ONLY** if catastrophic bleeds or seizures are highly likely

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST OUTPATIENT PRESCRIPTION				
Addressograph		LRI 1939955		
ALLERGY STATUS:				
CLINIC	CONSULTANT	Pharmacy Use Only		
ED	WIESE	P.C. by:		
Weight if under 12 years old		Kg		Dispensed by:
				Checked by:
		Treatment to be cont. by		Pharmacy Use Only
		Hosp.	G.P.	
STATE INDICATION FOR ALL MEDICINES, MANDATORY FOR ANTIBIOTICS				
Midazolam 10mg/2ml injection 2.5-5mg 1 hourly PRN up to a maximum of 30mg in 24h by SC bolus; supply 10(ten) ampoules Morphine sulphate 10mg/ml injection 2.5-5mg 1 hourly PRN by SC bolus; supply 10(ten) ampoules Glycopyrronium bromide 200microgram 4 hourly PRN by SC bolus Levomepromazine 2.5-5mg 1 hourly PRN by SC bolus Levomepromazine 6.25-12.5mg 1 hourly PRN by SC bolus Salive replacement gel 1 oromucosal application six times a day				
Midazolam 10mg/2ml injection 5-10mg every 10min PRN up to a maximum of 30mg in 24h by SC/IM bolus (CRISIS DOSE); supply 10(ten) ampoules				
PRESCRIBER'S SIGNATURE	PRESCRIBER'S NAME IN BLOCK CAPITALS	Contact No.	DATE	
<i>Jo Bloggs</i>	JO BLOGGS	e.g. Red Majors Extn 10045	28/01/25	
THIS PRESCRIPTION MUST BE TAKEN TO THE HOSPITAL PHARMACY				

IF using an addressograph, you need to sign across it

NB: Ideally your mobile

B If eGFR less than 60 or patient severely frail

This oxycodone dose is suitable for opiate-naïve patients. If they already take regular opiates, seek advice from a palliative care specialist.

add this 'crisis dose' **ONLY** if catastrophic bleeds or seizures are highly likely

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST OUTPATIENT PRESCRIPTION				
Addressograph		LRI 1939955		
ALLERGY STATUS:				
CLINIC	CONSULTANT	Pharmacy Use Only		
ED	WIESE	P.C. by:		
Weight if under 12 years old		Kg		Dispensed by:
				Checked by:
		Treatment to be cont. by		Pharmacy Use Only
		Hosp.	G.P.	
STATE INDICATION FOR ALL MEDICINES, MANDATORY FOR ANTIBIOTICS				
Midazolam 10mg/2ml injection 1.25-2.5mg 1 hourly PRN up to a maximum of 30mg in 24h by SC bolus; supply 10(ten) ampoules Oxycodone 10mg/1ml injection 1-2mg 6 hourly PRN by SC bolus; supply 10(ten) ampoules Glycopyrronium bromide 200microgram 4 hourly PRN by SC bolus Levomepromazine 2.5-5mg 1 hourly PRN by SC bolus Levomepromazine 6.25-12.5mg 1 hourly PRN by SC bolus Salive replacement gel 1 oromucosal application six times a day				
Midazolam 10mg/2ml injection 5-10mg every 10min PRN up to a maximum of 30mg in 24h by SC/IM bolus (CRISIS DOSE); supply 10(ten) ampoules				
PRESCRIBER'S SIGNATURE	PRESCRIBER'S NAME IN BLOCK CAPITALS	Contact No.	DATE	
<i>Jo Bloggs</i>	JO BLOGGS	e.g. Red Majors Extn 10045	28/01/25	
THIS PRESCRIPTION MUST BE TAKEN TO THE HOSPITAL PHARMACY				

IF using an addressograph, you need to sign across it

NB: Ideally your mobile

2

Write 'EOL urgent' at the top

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST OUTPATIENT PRESCRIPTION				
Addressograph		LRI 1939955 EOL urgent		
ALLERGY STATUS:				
CLINIC	CONSULTANT	Pharmacy Use Only		
ED	WIESE	P.C. by:		
Weight if under 12 years old		Kg		Dispensed by:
				Checked by:
		Treatment to be cont. by		Pharmacy Use Only
		Hosp.	G.P.	
STATE INDICATION FOR ALL MEDICINES, MANDATORY FOR ANTIBIOTICS				
Midazolam 10mg/2ml injection 2.5-5mg 1 hourly PRN up to a maximum of 30mg in 24h by SC bolus; supply 10(ten) ampoules Morphine sulphate 10mg/ml injection 2.5-5mg 1 hourly PRN by SC bolus; supply 10(ten) ampoules Glycopyrronium bromide 200microgram 4 hourly PRN by SC bolus Levomepromazine 2.5-5mg 1 hourly PRN by SC bolus Levomepromazine 6.25-12.5mg 1 hourly PRN by SC bolus Salive replacement gel 1 oromucosal application six times a day				
PRESCRIBER'S SIGNATURE	PRESCRIBER'S NAME IN BLOCK CAPITALS	Contact No.	DATE	
<i>Jo Bloggs</i>	JO BLOGGS	e.g. Red Majors Extn 10045	28/01/25	
THIS PRESCRIPTION MUST BE TAKEN TO THE HOSPITAL PHARMACY				

3

Send script to pharmacy

Options are housekeeper, HCA or porter (i.e. any UHL staff member with an ID badge)

- In hours: [TrustMed](#)
- Out of hours: Windsor pharmacy; call pharmacist on 15566

Dispensary will call ED NIC (Nurse-In-Charge) on 07432 529 157 (day) or 07985 126 463 (night) once medicines are ready to be collected

NB: Pharmacy are committed to a turnaround time of 60min; any significant delays should be logged via Datix

➡ Go to [Step 4](#) (community authorisation form)

1

Prescribe medicines on Nervecentre TTO letter **exactly** as shown. Errors cause dispensing delays.

A If eGFR 60 or greater and patient not severely frail

To prescribe the medicines in NC Meds, go to Emergency Medicine (ED) > zz Palliative meds (ED) > Anticipatory medications (Uncertain recovery / last weeks of life) > Standard doses.

Select all medicines in the order set (**NB**: midazolam crisis dose only if catastrophic bleeds or seizures are highly likely), click prescribe and then transfer them to the TTO.

This morphine dose is suitable for opiate-naive patients. If they already take regular opiates, seek advice from a palliative care specialist.

add this 'crisis dose' **ONLY** if catastrophic bleeds or seizures are highly likely

TTO	Added by	Duration	Supply	Dispense quantity
Morphine sulfate 10mg/1ml solution for injection ^{CD2} Subcutaneous, 2.5 mg - 5 mg as required. Minimum interval 1 hours	Martin Wiese - Consultant			supply 10 (ten) ampoules
Midazolam 10mg/2ml solution for injection ^{CD3} Subcutaneous, 2.5 mg - 5 mg as required up to a maximum of 30 mg in 24 hours. Minimum interval 1 hours	Martin Wiese - Consultant			supply 10 (ten) ampoules
Levomopromazine Subcutaneous, 2.5 mg - 5 mg as required up to a maximum of 25 mg in 24 hours. Minimum interval 1 hours	Martin Wiese - Consultant			
Levomopromazine Subcutaneous, 6.25 mg - 12.5 mg as required up to a maximum of 100 mg in 24 hours. Minimum interval 1 hours	Martin Wiese - Consultant			
Glycopyrronium bromide Subcutaneous, 200 micrograms as required up to a maximum of 1200 micrograms in 24 hours. Minimum interval 2 hours	Martin Wiese - Consultant			
Bioextra Dry Mouth oral gel Oral - Oromucosal, 1 application six times a day at 07:00, 11:00, 15:00, 19:00, 23:00 and 03:00	Martin Wiese - Consultant			
Midazolam 10mg/2ml solution for injection (CRISIS DOSE) ^{CD3} Subcutaneous / Intramuscular, 5 mg - 10 mg as required up to a maximum of 30 mg in 24 hours. Minimum interval 10 mins Choose route	Martin Wiese - Consultant			supply 10 (ten) ampoules

enter quantities manually

ignore - not required

B If eGFR less than 60 or patient severely frail

To prescribe the medicines in NC Meds, go to Emergency Medicine (ED) > zz Palliative meds (ED) > Anticipatory medications (Uncertain recovery / last weeks of life) > Renal impairment/ frailty doses.

Select all medicines in the order set (**NB**: midazolam crisis dose only if catastrophic bleeds or seizures are highly likely), click prescribe and then transfer them to the TTO.

This oxycodone dose is suitable for opiate-naive patients. If they already take regular opiates, seek advice from a palliative care specialist.

add this 'crisis dose' **ONLY** if catastrophic bleeds or seizures are highly likely

TTO	Added by	Duration	Supply	Dispense quantity
Oxycodone 10mg/1ml solution for injection ampoules ^{CD2} Subcutaneous, 1 mg - 2 mg as required. Minimum interval 6 hours	Martin Wiese - Consultant			supply 10 (ten) ampoules
Midazolam 10mg/2ml solution for injection ^{CD3} Subcutaneous, 1.25 mg - 2.5 mg as required up to a maximum of 30 mg in 24 hours. Minimum interval 1 hours	Martin Wiese - Consultant			supply 10 (ten) ampoules
Glycopyrronium bromide Subcutaneous, 200 micrograms as required up to a maximum of 1200 micrograms in 24 hours. Minimum interval 2 hours	Martin Wiese - Consultant			
Levomopromazine Subcutaneous, 2.5 mg - 5 mg as required up to a maximum of 25 mg in 24 hours. Minimum interval 1 hours	Martin Wiese - Consultant			
Levomopromazine Subcutaneous, 6.25 mg - 12.5 mg as required up to a maximum of 100 mg in 24 hours. Minimum interval 1 hours	Martin Wiese - Consultant			
Bioextra Dry Mouth oral gel Oral - Oromucosal, 1 application six times a day at 07:00, 11:00, 15:00, 19:00, 23:00 and 03:00	Martin Wiese - Consultant			
Midazolam 10mg/2ml solution for injection (CRISIS DOSE) ^{CD3} Subcutaneous / Intramuscular, 5 mg - 10 mg as required up to a maximum of 30 mg in 24 hours. Minimum interval 10 mins Choose route	Martin Wiese - Consultant			supply 10 (ten) ampoules

enter quantities manually

ignore - not required

2

Print off the letter and mark it 'EOL urgent'

3

The patient has been discharged with the following medication.

Medication	Duration	Quantity	Source	GP action	Additional Info
Bioextra Dry Mouth oral gel - Oral - Oromucosal, 1 application six times a day at 07:00, 11:00, 15:00, 19:00, 23:00 and 03:00					regular care of dry mouth
Glycopyrronium bromide - Subcutaneous, 200 micrograms as required up to a maximum of 1200 micrograms in 24 hours. Minimum interval 2 hours					Management of respiratory tract secretions
Levomopromazine - Subcutaneous, 2.5 mg - 5 mg as required up to a maximum of 25 mg in 24 hours. Minimum interval 1 hours					Nausea/ vomiting
Levomopromazine - Subcutaneous, 6.25 mg - 12.5 mg as required up to a maximum of 100 mg in 24 hours. Minimum interval 1 hours					Agitation (predominantly due to delirium)
Midazolam 10mg/2ml solution for injection - Subcutaneous, 2.5 mg - 5 mg as required up to a maximum of 30 mg in 24 hours		supply 10 (ten) ampoules			Agitation / breathlessness (due predominantly to anxiety)

Page 2 of 3

Jo Bloggs

XXXXPATIENT, Dep Testing Two, 2 TEST CLOSE, LEICESTER, LE19W LE19W 23010205_214205_868304

hours. Minimum interval 1 hours	Quantity	Source	GP action	Additional Info
Midazolam 10mg/2ml solution for injection (CRISIS DOSE) - Subcutaneous / Intramuscular, 5 mg - 10 mg as required up to a maximum of 30 mg in 24 hours. Minimum interval 10 mins	supply 10 (ten) ampoules			Seizures not spontaneous settling/ airway obstruction EOL/ major haemorrhage at EOL
Morphine sulfate 10mg/1ml solution for injection - Subcutaneous, 2.5 mg - 5 mg as required. Minimum interval 1 hours	supply 10 (ten) ampoules			For pain or breathlessness

The following medications have been stopped:

There are no medications indicated to stop

Medication was approved by pharmacist: NA

Yours sincerely,

Jo Bloggs

Jo Bloggs

Send signed TTO to Windsor pharmacy

Options are housekeeper, HCA or porter (i.e. any UHL staff member with an ID badge)

Out of hours, call pharmacist on 15566

Dispensary will call EDU NIC (Nurse-In-Charge) on 07538 765 309 once medicines are ready to be collected

NB: Pharmacy are committed to a turnaround time of 60min; any significant delays should be logged via Datix

➡ Go to Step 4 (community authorisation form)

each controlled drug requires a separate signature

4

Print 'EOL drug community nurse authorisation' from the [EDU 'Requests & Letters'](#) on-demand print menu

Patient Name: **complete, or use addressograph** **Palliative Care Authorisation (Adults)**
Cover Sheet
Sheet 1 of 4

Registered GP: Tel: _____

COMMUNITY AUTHORISATION

Allergies

St	E	Allergy or Sensitivity

This patient has been provided with medication to ensure their comfort if they are unable to take oral medications and/or in the period approaching end-of-life.

1. At the time of this authorisation, the patient **was** felt to be in the final days/hours of life (GSF category D).
If these medications are not started within 14 days of the date of this authorisation (or if > 14 days has elapsed since these medications were last given), it should be confirmed that the patient is in the final days of life (see guidance below).

2. At the time of this authorisation, the patient **was not** felt to be in the final days of life (GSF category A-C).

A.) These medications have been prescribed in anticipation of a predicted deterioration

B.) Because the patient cannot swallow or absorb oral medications e.g. bowel obstruction

Before these medications are started (or if it is > 14 days since these medications were last given), it should be confirmed that medication detailed below is still appropriate for the patient's condition. Specifically – is correct opioid (and dose) prescribed based on current opioid use, is a syringe driver intended to be used in addition to current opioid or as a replacement, is the PRN dose appropriate?

Additional instructions/clinical information (eg renal impairment (to include eGFR if available))

CFS = 6 **eGFR 72**

Detailed guidance to support safe prescribing, using this authorisation form, obtaining replenishment supplies and converting PRN doses for syringe driver is available at <https://www.aveaprescribingcommittee.leicestershireandleicestershire.nhs.uk/wp-content/uploads/2024/09/Guidance-doc-authorisations-FINAL-7.pdf>

Signed: **Jo Bloggs** Name and role: **JO BLOGGS, ED resident**

Contact number: **LRI ED** Date: **28/01/25**

Guidance
Unless prescribed for reason 2b, these medications should only be used to relieve symptoms in the last days of life. If the attending HCP is not confident to make this assessment or it has been >14 days since these medications were last given, discussion with another HCP should take place first and documented in the clinical notes. It is not necessary to re-write the authorisation as part of this discussion.

select and sign for the applicable option

Record eGFR and CFS

Complete details

A If eGFR 60 or greater and patient not severely frail

This morphine dose is suitable for opiate-naive patients. If they already take regular opiates, seek advice from a palliative care specialist.

date each medicine

add by hand

Sign for each drug

Patient Name: _____ **Palliative Care Authorisation (Adults)**
PRN Medication
Sheet 2 of 4

Address: **complete, or use addressograph**

DOB: _____

NHS no: _____

Registered GP: Tel: _____

COMMUNITY AUTHORISATION

Date* (each line used must be dated)	Approved Drug name	Indication	Dose (or dose range)	Revised Dose Range (cross out previous range)	Any additional instructions	Minimum Frequency	Max PRN dose in 24 hours	Prescriber's Signature (each line prescribed MUST be signed)	Name / Role / Contact No (need only once for each prescriber)
14 Jan 2025	Morphine	Pain/Breathlessness	2.5-5mg			1 hourly		Jo Bloggs	
14 Jan 2025	Midazolam	Anxiety / agitation	2.5 to 5mg			1 hourly	30mg	Jo Bloggs	
14 Jan 2025	Glycopyrronium	Troublesome respiratory secretions	200 micrograms			4 hourly	1.2mg (including syr. driver)	Jo Bloggs	
14 Jan 2025	Levomepromazine	Nausea & vomiting	2.5 to 5mg			1 hourly	25mg	Jo Bloggs	
14 Jan 2025	Levomepromazine	Agitation	6.25 to 12.5mg			1 hourly	50mg	Jo Bloggs	
IF PATIENT IS ON AN ALTERNATIVE BASELINE OPIOID e.g. Oxycodone OR ANTIEMETIC PLEASE PRESCRIBE APPROPRIATE PRN BELOW (and delete above as appropriate)									

B If eGFR less than 60 or patient severely frail

This oxycodone dose is suitable for opiate-naive patients. If they already take regular opiates, seek advice from a palliative care specialist.

cross out morphine

date each medicine

amend by hand

Sign for each drug

Patient Name: _____ **Palliative Care Authorisation (Adults)**
PRN Medication
Sheet 2 of 4

Address: **complete, or use addressograph**

DOB: _____

NHS no: _____

Registered GP: Tel: _____

COMMUNITY AUTHORISATION

Date* (each line used must be dated)	Approved Drug name	Indication	Dose (or dose range)	Revised Dose Range (cross out previous range)	Any additional instructions	Minimum Frequency	Max PRN dose in 24 hours	Prescriber's Signature (each line prescribed MUST be signed)	Name / Role / Contact No (need only once for each prescriber)
	Morphine	Pain/Breathlessness	2.5-5mg			1 hourly			
14 Jan 2025	Midazolam	Anxiety / agitation	2.5 to 5mg	1.25 - 2.5mg		1 hourly	30mg	Jo Bloggs	
14 Jan 2025	Glycopyrronium	Troublesome respiratory secretions	200 micrograms			4 hourly	1.2mg (including syr. driver)	Jo Bloggs	
14 Jan 2025	Levomepromazine	Nausea & vomiting	2.5 to 5mg			1 hourly	25mg	Jo Bloggs	
14 Jan 2025	Levomepromazine	Agitation	6.25 to 12.5mg			1 hourly	50mg	Jo Bloggs	
IF PATIENT IS ON AN ALTERNATIVE BASELINE OPIOID e.g. Oxycodone OR ANTIEMETIC PLEASE PRESCRIBE APPROPRIATE PRN BELOW (and delete above as appropriate)									
14 Jan 2025	Oxycodone	Pain/Breathlessness	1-2mg			6 hourly		Jo Bloggs	

5

Make sure the completed authorisation travels with the patient and their EOL medications