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.
 - 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.

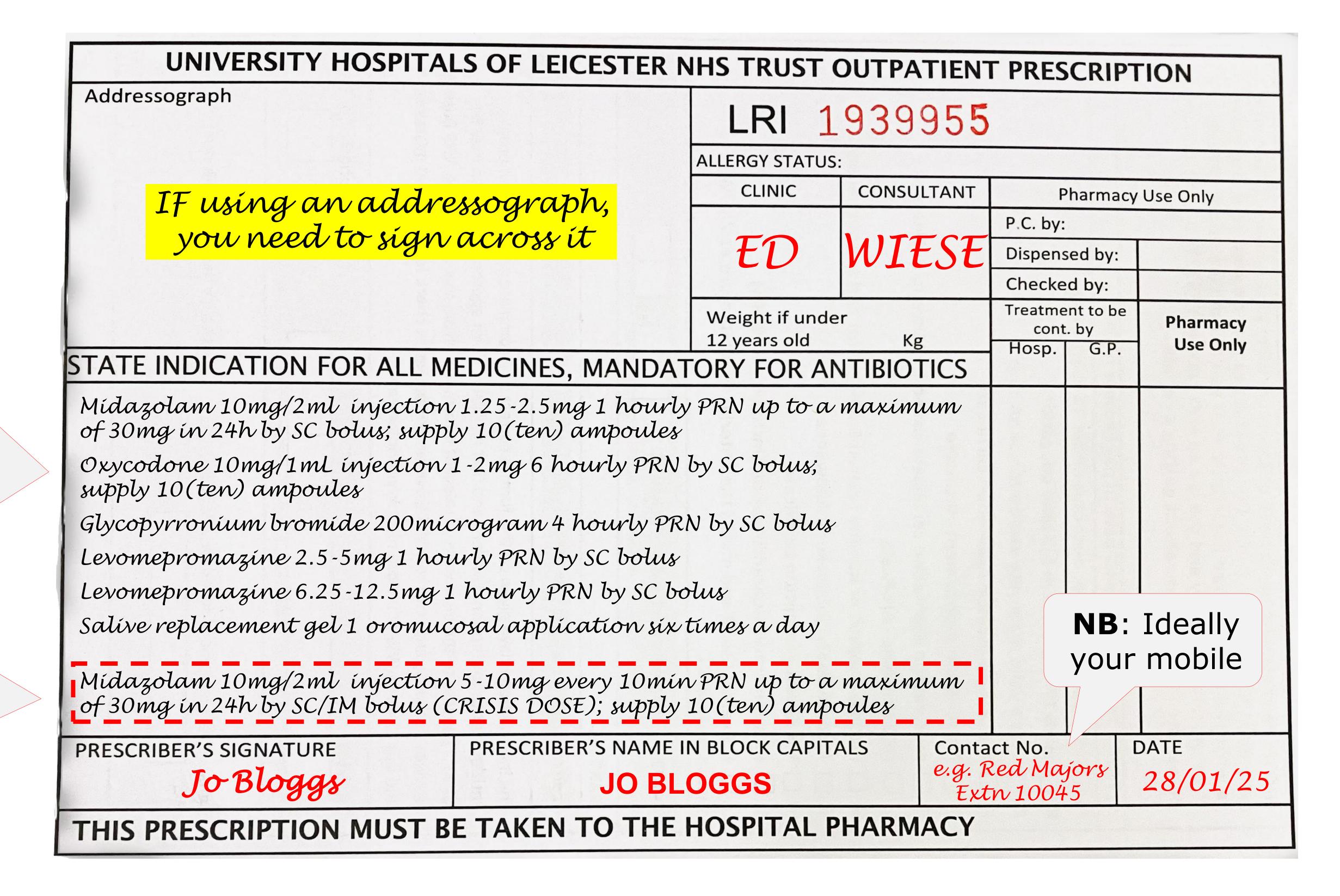
add this 'crisis dose' **ONLY** if catastrophic bleeds or seizures are highly likely

UNIVERSITY HOSPITAL	LS OF LEICESTER N	IHS TRUST	OUTPATIEN	IT PRES	CRIPT	TION		
Addressograph	5							
	ALLERGY STATUS:							
TF using an addre	essograph, across it	CLINIC CONSULTANT		P	Pharmacy Use Only			
vou need to sign		ED	WIESE	P.C. by:				
your received suggri				Dispens	sed by:			
				Checke	d by:			
	er	Treatme	nt to be . by	Pharmacy				
STATE INDICATION FOR ALL M	TATE INDICATION FOR ALL MEDICINES, MANDATORY FOR ANTIBIOTICS					Use Only		
Mídazolam 10mg/2ml ínjectíon of 30mg ín 24h by SC bolus; suppl								
Morphine sulphate 10mg/ml injection 2.5-5mg 1 hourly PRN by SC bolus; supply 10(ten) ampoules								
Glycopyrronium bromide 200 microgram 4 hourly PRN by SC bolus								
Levomepromazine 2.5-5mg 1 hourly PRN by SC bolus								
Levomepromazine 6.25-12.5 mg 1 hourly PRN by SC bolus								
Salive replacement gel 1 oromuc		NB: Ideally						
Mídazolam 10mg/2ml ínjectíon of 30mg ín 24h by SC/IM bolus (C		your mobile						
PRESCRIBER'S SIGNATURE	PRESCRIBER'S NAME I	N BLOCK CAPIT		tact No.		DATE		
Jo-Bloggs	Jo-Bloggs JO BLOGGS				g. Red Majors Extn 10045 28			
THIS PRESCRIPTION MUST BE TAKEN TO THE HOSPITAL PHARMACY								

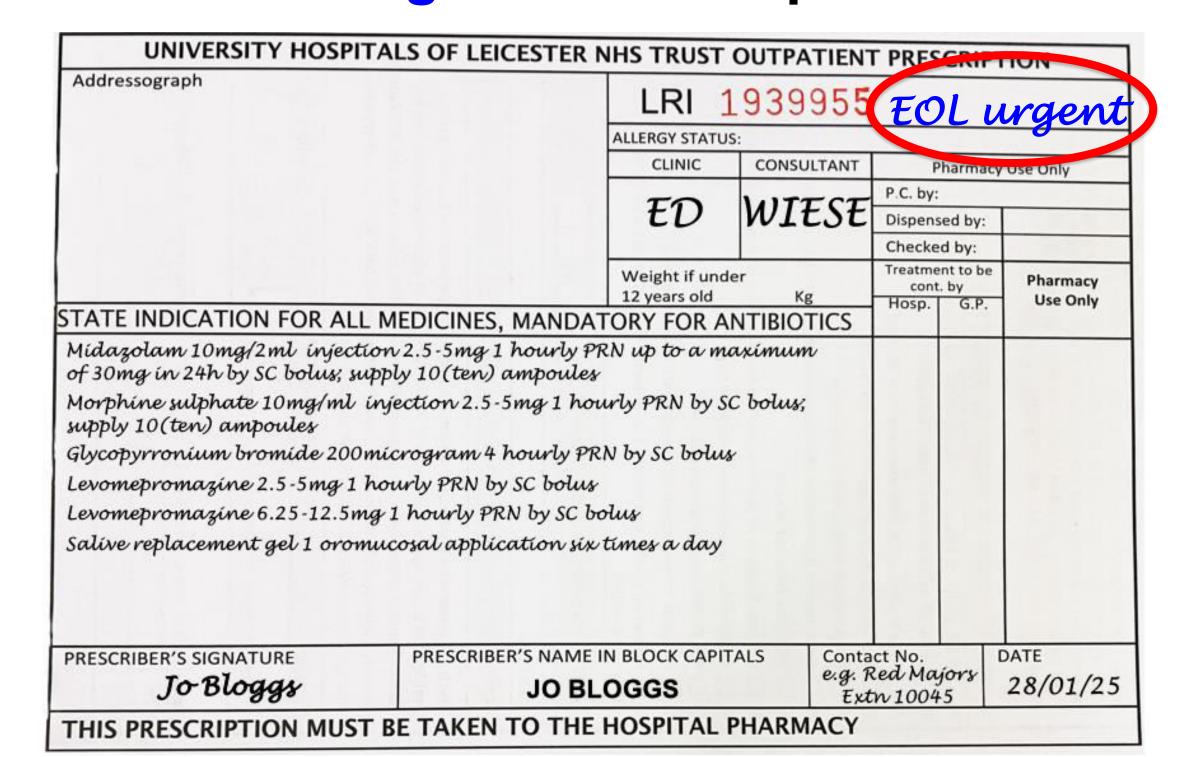
If eGFR less than 60 or patient severely frail

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

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



Write 'EOL urgent' at the top



Send script to pharmacy

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

• In hours: <u>TrustMed</u>

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)

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



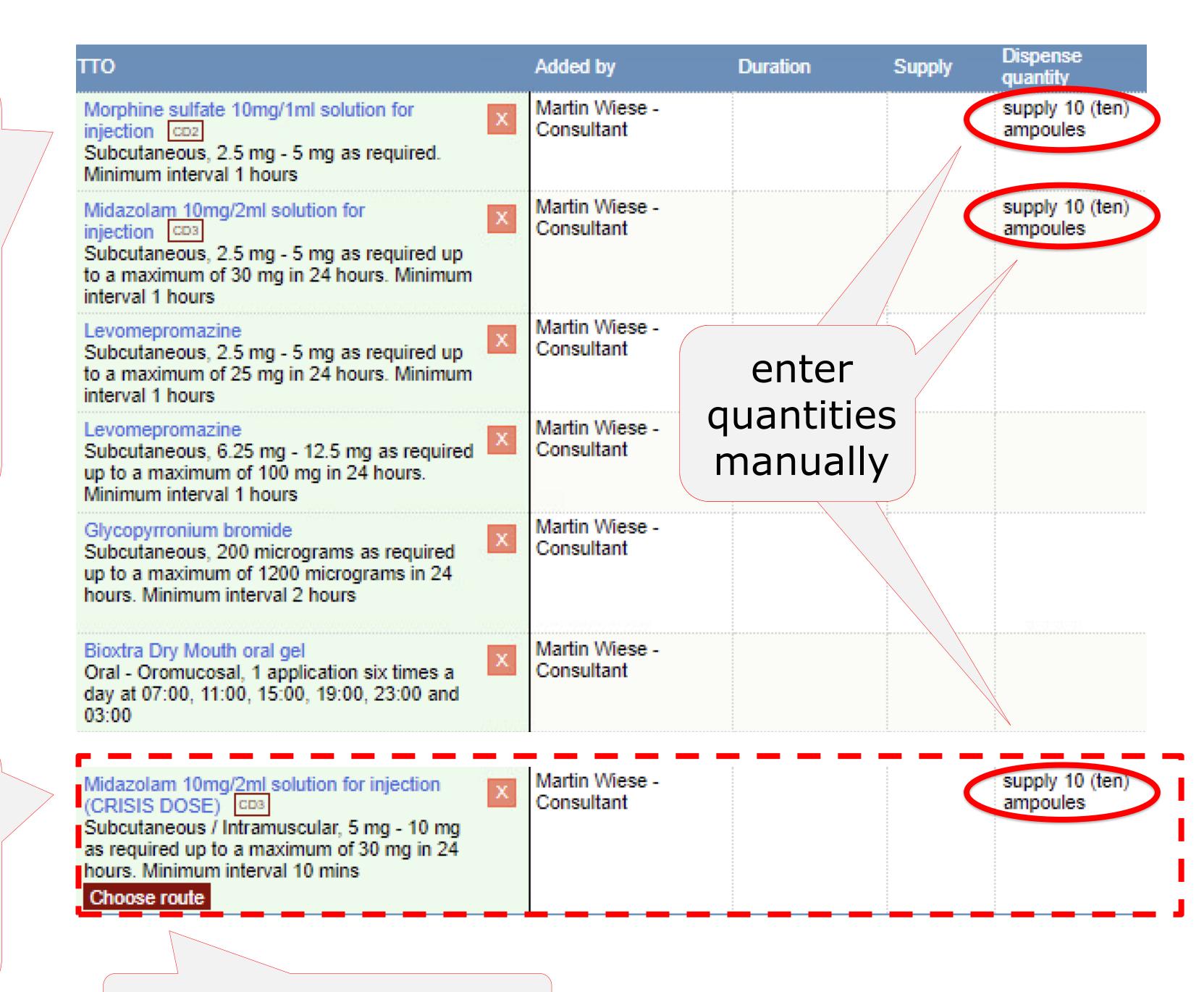
If eGFR 60 or greater and patient not severely frail

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



ignore – not required

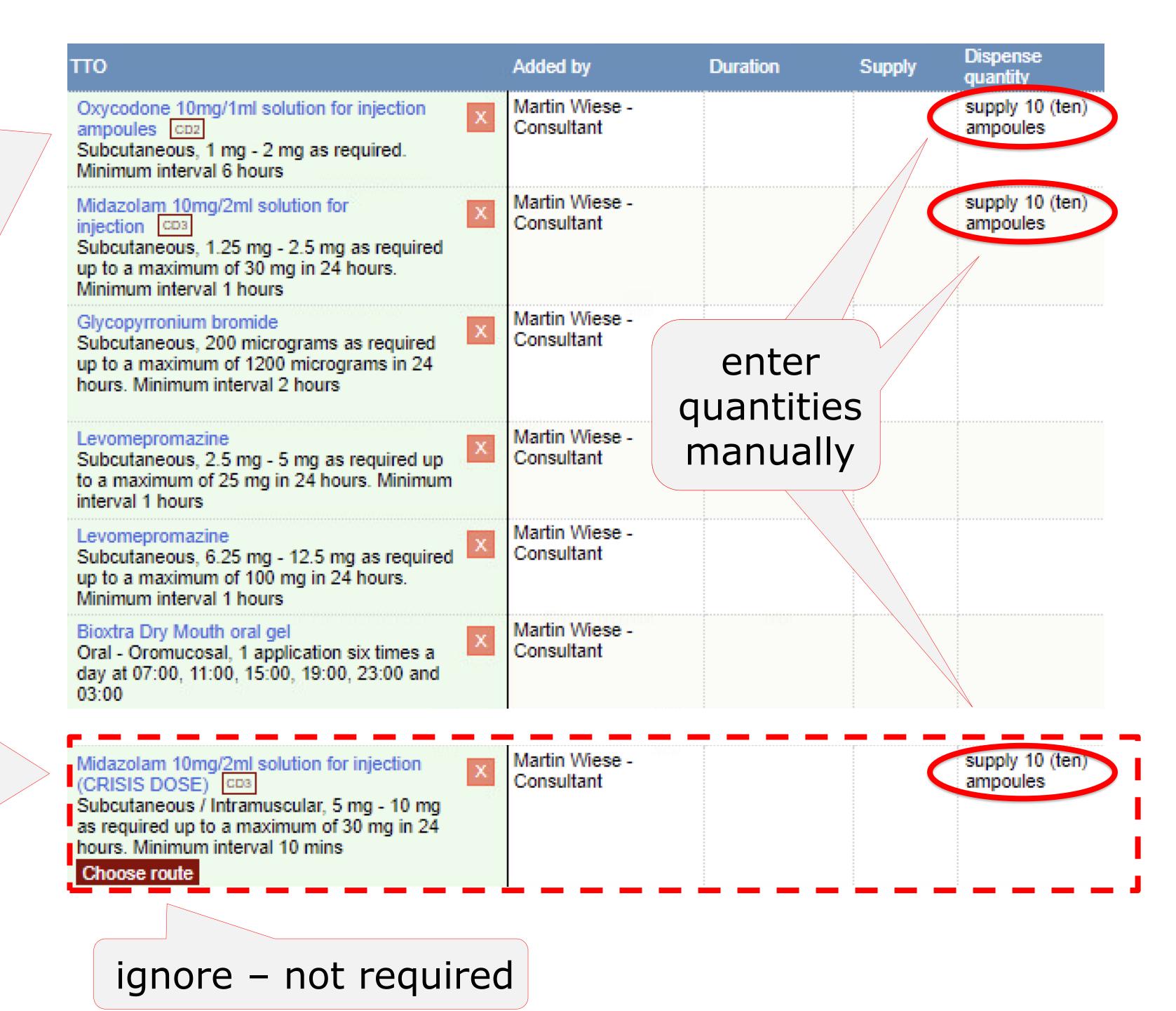


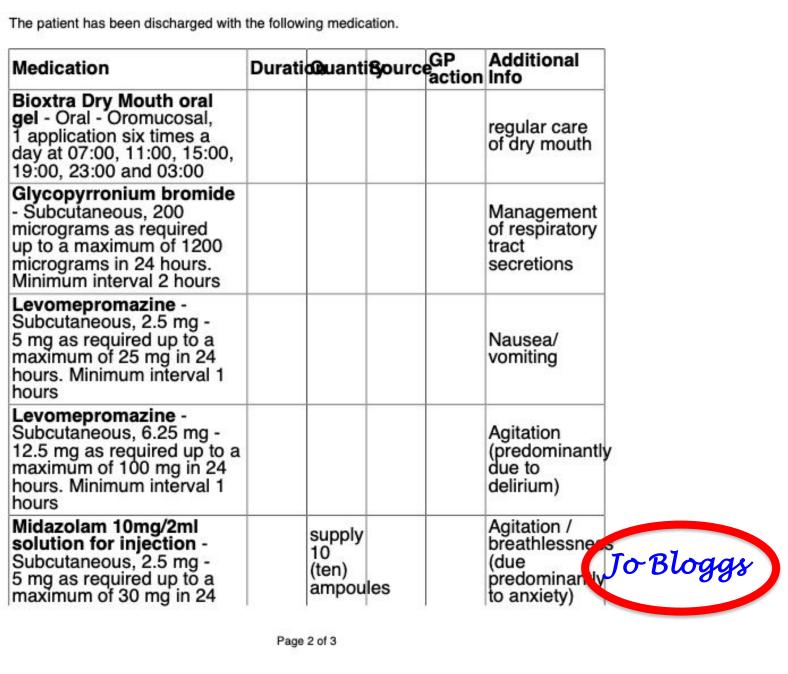
To prescribe the medicines in NC Meds, go to Emergency Medicine (ED) > zz Palliative meds (ED) > Anticipatory medications (Uncertain recovery / last weeks of life) > Renal impairment/ frailty doses.

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





Print off the letter and mark it 'EOL urgent'

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)

XXTESTPATIENT, Dap Testing Two; 2 TEST CLOSE,, LEICESTER,, LE15WW LE1 5WW hours. Minimum interval 1 Midazolam 10mg/2ml Seizures not solution for injection spontaneous (CRISIS DOSÉ) Jo Bloggs Subcutaneous / airway Intramuscular, 5 mg - 10 obstruction mg as required up to a maximum of 30 mg in 24 EOL/ major ampoules haemorrhage hours. Minimum interval 10 Morphine sulfate 10mg/1ml solution for For pain or breathless To Bloggs injection - Subcutaneous, 2.5 mg - 5 mg as required. ampoules Minimum interval 1 hours The following medications have been stopped: There are no medications indicated to stop

Medication was approved by pharmacist:

Yours sincerely

each controlled drug requires a separate signature

Community authorisation

Print 'EOL drug community nurse authorisation' from the EDU 'Requests & Letters' on-demand print menu

Patient Name:

complete, or use

addressograph

Address:

NHS no:

DOB:

date each

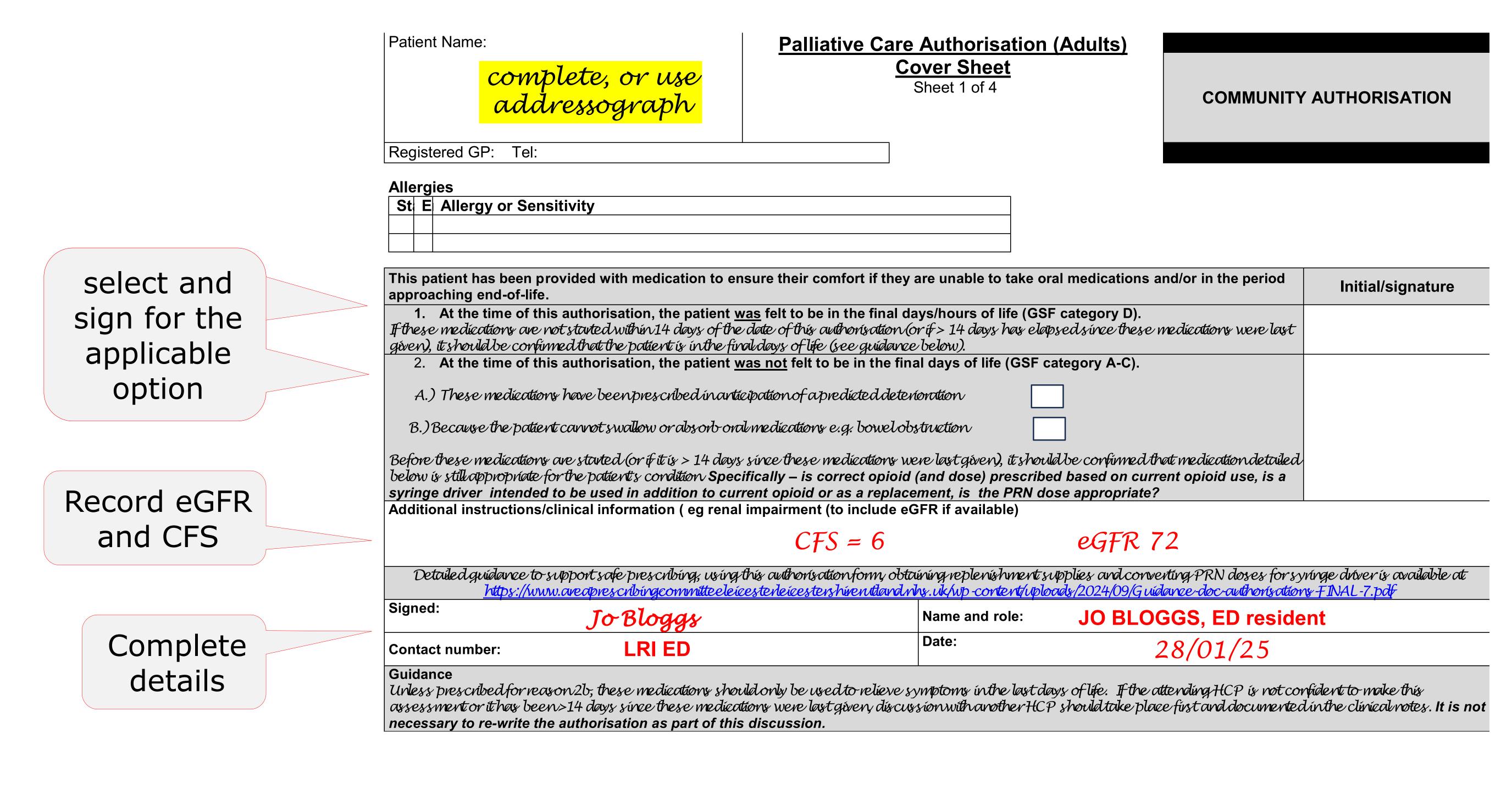
medicine

cross out

morphine

date each

medicine



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.

Sheet 2 of 4 Registered GP: Tel: Date* Revised Prescriber's (each Dose Signature Name / Role / Contact Range Dose line (each line Approved dose in 24 additional (or dose Indication No (need only once Frequency Drug name prescribed instructions for each prescriber) hours out must range) **MUST** be previous be signed) dated) range) 14Jan Jo Bloggs Pain/Breathlessness 2.5-5mg Morphine 1 hourly 2025 14Jan Jo Bloggs 30mg **Midazolam Anxiety / agitation** 2.5 to 5mg 1 hourly 2025 **Troublesome** 1.2mg 200 14Jan Jo Bloggs **Glycopyrronium** (including respiratory add by 4 hourly Sign for 2025 micrograms syr. driver) secretions hand each drug 14Jan 2025 Jo Bloggs Levomepromazine Nausea & vomiting 2.5 to 5mg 25mg 1 hourly 6.25 to 14Jan Jo Bloggs Levomepromazine **Agitation** 50mg 1 hourly 12.5mg 2025

IF PATIENT IS ON AN ALTERNATIVE BASELINE OPIOID e.g. Oxycodone OR ANTIEMETIC PLEASE PRESCRIBE APPROPRIATE PRN

BELOW (and delete above as appropriate)

Palliative Care Authorisation (Adults)

PRN Medication

If eGFR less than 60 or patient severely frail

Patient Name:
Address:
DOB:
NHS no:

Complete, or use addressograph

Sheet 2 of 4

Registered GP: Tel:

COMMUNITY AUTHORISATION

COMMUNITY AUTHORISATION

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

	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 / Contac No (need only once for each prescriber)	
	e*	Morphine	Pain/Breathlessness		sed		1 hourly		,		
	14Jan 2025	Midazolam	Anxiety / agitation	2.5 to 5mg		1.25 – 2.5 mg	1 hourly	30mg	Jo Bloggs		
	14Jan 2025	Glycopyrronium	Troublesome respiratory secretions	200 micrograms	ame		4 hourly	1.2mg (including syr. driver)	Jo Bloggs		
	14 Jolan 2025	Levomepromazine	Nausea & vomiting	2.5 to 5mg	by ha	and	1 hourly	25mg	Jo Bloggs	Sign for	
	Jan 14Jan 2025	Levomepromazine	Agitation	6.25 to 12.5mg			1 hourly	50mg g	Jo Bloggs	each drug	
	IF PATIENT IS ON AN ALTERNATIVE BASELINE OF OID e.g. Oxycodone OR ANTIEMETIC PLEASE PRESCRIBE APPROPRIATE PRN BELC W (and delete above as appropriate)										
_	14Jalan 2025	Oxycodone	Pain/Breathlessness	1-2mg			6 hourly		Jo Bloggs		
	n										