Nelson Tasman Hospice
To care always

Acute & PRN Prescribed Palliative Care Orders (APOs)

	Patient ID

Medicine allergies/ sensitivities:

PRESCRIBED ORDERS FOR ADMINISTRATION ***PLEASE DELETE MEDICINES NOT REQUIRED***

MEDICINE	Dose	Indication	Dr Signature	Date	Max doses 24hrs
Morphine (amp10mg/1mL) SC		Pain Dyspnoea			6
Oxycodone (amp10mg/1mL) SC		Pain Dyspnoea			6
Fentanyl (recommended if eGFR < 20mL/min) (amp100mcg/2mL) SC		Pain Dyspnoea			12
Metoclopramide (amp10mg/2ml) SC ***or***	10mg	Nausea			3
Cyclizine (amp 50mg/1ml) SC ***or***	25-50mg	Nausea			3
Haloperidol (amp 5mg/1ml) SC ***or***	0.5–1.5mg	Nausea Delirium			3
and/or Levomepromazine (Nozinan) (amp 25mg/1ml) SC	2.5-5mg 6.25 - 12.5mg	Nausea Agitation			3 6
Midazolam (amp15mg/3mL) SC		Anxiety Distress			6
Hyoscine butylbromide (Buscopan) (amp 20mg/1mL) SC	20mg	Secretions Colic			3

Name (PRINT):	***Designation:***	***Registration #:***

Please write scripts for 5 ampoules each of the medications you have prescribed. Scripts to be given to patient and family or faxed to relevant pharmacy.

For guidance prescribing these medications, please contact Nelson Tasman Hospice (03 546 3950) for advice. Please retain a copy for own records and post original to Nelson Tasman Hospice: PO Box 283 Nelson 7040. Email: clinical@nelsonhospice.org.nz

RECORD OF MEDICINES ADMINISTERED

MEDICINES GIVEN

Date				
Time				
Medicine				
Strength				
Quantity				
Nurses Name				
Signature				

MEDICINES GIVEN

Date				
Time				
Medicine				
Strength				
Quantity				
Nurses Name				
Signature				

MEDICINES GIVEN

Date				
Time				
Medicine				
Strength				
Quantity				
Nurses Name				
Signature				

MEDICINE DISPOSAL

Date:	Date:	Date:	Date:
Medicine:	Medicine:	Medicine:	Medicine:
Strength:	Strength:	Strength:	Strength:
Quantity:	Quantity:	Quantity:	Quantity:
Returned to chemist ☐	Returned to chemist ☐	Returned to chemist ☐	Returned to chemist ☐
Name:	Name:	Name:	Name:
Witness:	Witness:	Witness:	Witness: