

**Subcutaneous Medication (SC)  
Order for Family/Carer  
Administration**

*Patient Name/ID Label*

**Medicine allergies/sensitivities:**

**PRESCRIBED ORDERS FOR ADMINISTRATION \*PLEASE CHART CLEARLY FOR CARERS AND DELETE MEDICINES NOT REQUIRED**

MEDICINE	Dose	Volume to draw up (or pre-drawn volume)	Size syringe (delete)	Indication (delete)	Dr Signature	Date	Max doses 24hrs
* Morphine 10mg/mL (delete) SC 30mg/mL (delete)			3mL 1mL	Pain Shortness of breath			
*Oxynorm (amp10mg/1ml) SC			3mL 1mL	Pain Shortness of breath			
* Metocloperamide (amp10mg/2ml) SC <u>or</u>			3mL	Nausea Vomiting			
* Cyclizine (amp 50mg/1ml SC) <u>or</u>			3mL	Nausea Vomiting			
* Haloperidol (amp 5mg/1ml)SC <u>or</u>			1mL	Nausea Vomiting			
Levomepromazine (Nozinan) (amp 25mg/1ml) SC			1mL	Nausea Vomiting			
* Midazolam (amp 15mg/3ml) SC <u>&amp;/or</u>			3mL	Restlessness Agitation			
* Haloperidol (amp 5mg/1ml) IM/SC			1mL	Restlessness Agitation			
* Hyoscine butylbromide (Buscopan) (amp 20mg/1ml) SC			3mL	Moist Secretions			

**\*Prescriber - If you need guidance regarding the dose or volume to draw up, please contact the Nelson Tasman Hospice (03 546 3950) for advice.**

**MEDICINES GIVEN**

Date				
Time				
Medicine				
Dose				
Purpose				
Name				
Signature				

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Updated: Apr 2020	Nelson Tasman Hospice	Approved:
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