

'Just in Case' (JIC) medication for patients discharged to home or nursing home from RUH:

Prescription and Administration Instructions

ONLY ORIGINAL PRESCRIPTIONS WILL BE DISPENSED BY PHARMACY

Affix label or complete **in full**

Name.....
 Ward Consultant

Address.....

Dob

NHS.....
 Allergies.....

- **Follow guidance from intranet page Palliative and End of Life Care and /or bleep Palliative Care team: 7529 / 7615**
- Prescribing doctor to be F2 level or above
- Date and sign **each** drug required
- Prescribe any additional drugs needed or alternative JIC medication if appropriate

Date	Drug	Dose	Route	Frequency	Drs Signature/ Name/ Bleep	Quantity (ampoules)
	Morphine injection 10mg/1ml	2.5mg- 5mg	SC	Hourly (maximum) as required for pain or breathlessness		x 5 (five)
	Cyclizine injection 50mg/ml <i>(if a different anti-emetic is required please prescribe below)</i>	50mg	SC	8 Hourly as required for nausea and vomiting		x 5
	Hyoscine butylbromide injection 20mg/ml	20mg	SC	As required for rattling secretions		x10
	Midazolam injection 10mg/2ml	2.5mg- 5mg	SC	As required for terminal restlessness and agitation		x 5 (five)

Pharmacy: Photocopy original for CD records and pack original into pack

Disp by:

Checked by:

Date:

FOR ATTENTION OF WARD STAFF: Medication will be provided in a sealed pack with the original prescription, syringes and needles. Please ensure patient has pack and information leaflet on discharge.

Phone call GP Sig.....

Phone call District Nurse Sig.....

FOR ATTENTION OF COMMUNITY STAFF: Prescription will be valid for 7 days from dispensing date after which a community medication chart should be completed and signed by GP/ NMP. Please ensure that only one type of prescription / administration chart is in use at any one time.

