

Appendix 1 - Example of a drugs administration document used for 'Just in Case' boxes

**RECORD OF CONTROLLED DRUG AND ADDITIONAL DRUGS ADMINISTERED**

PATIENT NAME \_\_\_\_\_  
 PATIENT DOB \_\_\_\_\_

NHS NUMBER \_\_\_\_\_  
 GP NAME \_\_\_\_\_

**DRUGS ARE TO BE GIVEN ACCORDING TO SYMPTOMS.  
 THIS SHEET MUST BE SIGNED AND DATED BY A DOCTOR/NURSE INDEPENDENT PRESCRIBER**

SUBCUTANEOUSLY VIA SYRINGE DRIVER OVER 24 HOURS						AS REQUIRED (PRN) DOSE				
Symptom	Drug	Possible range over 24 hours	Actual dose	Prescriber's signature (and print name)	Date	Drug	Possible range	Actual dose and frequency	Prescriber's signature (and print name)	Date
Agitation/terminal restlessness	Midazolam	Initially 10mg				Midazolam	2.5mg-5mg (if frail 2.5mg) S/C			
Nausea & vomiting or agitation	Haloperidol	Initially 5mg				Haloperidol	1mg S/C			
Excess chest secretions	Hyoscine Butylbromide	Initially 60mg				Hyoscine Butylbromide	20 mg S/C			
Pain relief	Diamorphine Hydrochloride	If opiate naïve 10mg				Diamorphine Hydrochloride	If opiate naïve 2.5mg			

