

**NON-INJECTABLE MEDICINES for suspected or confirmed COVID-19 patients**



**This document should remain with the patient.**

<b>Patient Name:</b>		<b>Allergies and adverse drug reactions</b>	
<b>DOB:</b>		<input type="checkbox"/> No known allergies	
<b>NHS Number:</b>		Medicine / substance:	Reaction:
		Prescriber sign & print:	

**CONTACT THE PALLIATIVE CARE TEAM FOR ADVICE AS REQUIRED**

<b>Prescriber contact details:</b>	
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<b>Breathlessness / Pain</b>			Date:										
Medication: MORPHINE SULFATE 10mg/5ml oral solution			Time:										
Dose range:	Max frequency:	Oral	Dose:										
Prescriber sign, print & date:			Sign:										
<b>Delirium / Nausea &amp; Vomiting</b>			Date:										
Medication: OLANZAPINE 10mg oral-dispersible tablet			Time:										
Dose range: 10mg	Max frequency: Once a day	Dissolve on tongue	Dose:										
Prescriber sign, print & date:			Sign:										
<b>Agitation / Distress</b>			Date:										
Medication: LORAZEPAM 1mg tablets			Time:										
Dose range:	Max frequency:	Sublingual	Dose:										
Prescriber sign, print & date:			Sign:										
<b>Respiratory tract secretions/ Nausea &amp; vomiting</b>			Date:										
Medication: HYOSCINE 1.5mg patch			Time:										
Dose range: 1.5 milligrams	Max frequency: Every 72 hours	Transdermal	Dose:										
Prescriber sign, print & date:			Sign:										
<b>Fever / Pain</b>			Date:										
Medication: PARACETAMOL suspension/tablets (NOT SUPPLIED IN PACK)			Time:										
Dose range: 1 gram	Max frequency: 4 to 6 hourly Max 24hr dose: 4g	Oral/Rectal	Dose:										
Prescriber sign, print & date:			Sign:										