

**'AS REQUIRED' (PRN) SUBCUTANEOUS INJECTIONS,
SUBLINGUAL OLANZAPINE & TRANSDERMAL HYOSCINE
for suspected or confirmed COVID-19 patients**



This chart may be used alone or alongside a continuous subcutaneous syringe pump chart where available.

This document should remain with the patient.

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

CONTACT THE PALLIATIVE CARE TEAM FOR ADVICE AS REQUIRED

Prescriber contact details:	
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Breathlessness / Pain				Date:								
Medication: MORPHINE SULFATE 10mg/1ml injection				Time:								
Dose range:	Max frequency:	Subcut	Dose:									
Prescriber sign, print & date:				Sign:								
Delirium / Nausea & Vomiting				Date:								
Medication: OLANZAPINE 10mg oral-dispersible tablets				Time:								
Dose range: 10mg	Max frequency: ONCE A DAY	Dissolve on tongue	Dose:									
Prescriber sign, print & date:				Sign:								
Agitation / Distress				Date:								
Medication: MIDAZOLAM 10mg/2ml injection				Time:								
Dose range:	Max frequency:	Subcut	Dose:									
	Max 24hr dose:											
Prescriber sign, print & date:				Sign:								
Respiratory tract secretions/ Nausea & Vomiting				Date:								
Medication: HYOSCINE 1.5mg patch				Time:								
Dose range: 1.5 milligrams	Max frequency: Every 72 hours	Subcut	Dose:									
Prescriber sign, print & date:				Sign:								