

PRESCRIPTION FOR INITIAL SUPPLY OF ORAL ANTICIPATORY MEDICINES FOR THE PALLIATIVE CARE OF SUSPECTED OR CONFIRMED COVID-19 PATIENTS IN THE SWL COMMUNITY

This prescription is intended for the initial supply of ORAL anticipatory medicines for the palliative care of suspected or confirmed COVID-19 patients within SWL, and must be completed by a community prescriber.

- A copy of the prescription and Medication Administration Record (MAR) chart is to be emailed to the provider pharmacy hub in advance (with the name of the collecting person) to allow for the prescription to be prepared before collection. Please email the prescription and MAR chart from an [nhs.net](https://www.nhs.net) account to the provider pharmacy hub – contact details provided in the COVID 19: Supply of Anticipatory End of Life Care (EOLC) medicines within SWL Pathway.
- The original prescription will be given to the provider pharmacy hub in exchange for the supply of medicines.
- Once supplied, pharmacy hub to file and keep original prescription as per local procedures.
- Please ensure person collecting medication shows ID on collection, in line with local procedures.
- This prescription is to be used in line with the COVID 19: Supply of Anticipatory End of Life Care (EOLC) medicines within SWL Pathway.

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|-----------------------|--|--|--|
| Patient Name: | | Allergies and adverse drug reactions: | No known allergies <input type="checkbox"/> |
| NHS Number: | | Medicine/substance: | Reaction: |
| Date of Birth: | | | |
| Address: | | Sign and print: | Date: |

Contents of Anticipatory EOLC ORAL Medicines Pack

Prescription-only medicines to be supplied using pre-labelled pre-packs – please supply the full contents of the pack. If medicines outside of this pack are required, please obtain via the usual supply route.

| Contents of Anticipatory EOLC Oral Medicines Pack | Oral Medicines Pack | Dispensed by | Checked by |
|--|---|--------------|------------|
| Breathlessness/pain | Morphine 10mg/5ml oral solution 1 x 100ml Take 5mg (2.5mls) to 10mg (5mls) up to every hours as required for breathlessness or pain, and titrate to response as directed. | | |
| Anxiety | Lorazepam 1mg tablets x 14 tablets Place HALF to ONE tablet under the tongue and allow to dissolve up to every 6 hours as required for anxiety, or as directed. | | |
| Delirium/agitation and/or Nausea/vomiting | Olanzapine orodispersible 10mg tablets x 3 tablets Place ONE tablet on the tongue and allow to dissolve ONCE daily. | | |
| Respiratory tract secretions and/or Nausea/vomiting | Hyoscine hydrobromide transdermal patch 1.5mg x 1 patch Apply ONE patch. Remove after 72 hours. Replace with a new patch if necessary. | | |
| Fever | Paracetamol 500mg tablets or 250mg/5ml suspension Not provided but can be administered if available in the household. Usual dose 1g FOUR times a day. Max dose 4g/24 hours. Contact pharmacy hub if not available at patient's home. | X | |

| Prescriber's name and address | Prescriber's signature | Prescriber's position and PIN/GMC/Registration number | Contact | Date |
|-------------------------------|------------------------|---|---------|------|
| | | | | |

Collected by: Name..... **Signature**..... **Date**: