



Health
Illawarra Shoalhaven
Local Health District

**COMMUNITY PALLIATIVE CARE
STANDARD MEDICATIONS AUTHORITY**

ALLERGIES:

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / UNIT		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Dear Dr _____ ,

Please authorise the following standard medications for use by community palliative care service. These orders will be activated by Palliative Nurses according to ISLHD protocols.

Greg Barclay FRACGP FACHPM
Director Palliative Care Services ISLHD
Ph: 0411 256851

**PRIMARY HEALTH NURSES ARE TO ALERT THE PALLIATIVE CARE TEAM IF ANY OF THE
MEDICATIONS BELOW ARE ADMINISTERED**

Medication	Route	Dose	Frequency	Signature	Name	DATE:
HYDROmorphone	SCI	0.5mg-2mg	4 hourly PRN	*Prescribers signature	*Print Name	*DATE:
INDICATIONS: For acute pain and dyspnoea			INFORMATION: 1. Hydromorphone is 5 times stronger than morphine 2. Opioid-naïve clients start at lower dose i.e. 0.5mg			
Haloperidol	SCI	1.5mg	BD PRN	*Prescribers signature	*Print Name	*DATE:
INDICATIONS: For nausea and confusion			INFORMATION: Used for metabolic, opioid and drug induced nausea			
Midazolam	SCI	2.5mg-5mg	4 hourly PRN	*Prescribers signature	*Print Name	*DATE:
INDICATIONS: For agitation Can also be used for seizures			INFORMATION: If symptoms are mild or client is Benzodiazepine naive start at lower dose, i.e. 2.5mg			
Buscopan	SCI	20mg	tds PRN	*Prescribers Signature	*Print Name	*DATE:
INDICATIONS: Respiratory secretion and moist breathing Abdominal cramping			INFORMATION: Less likely to cause drowsiness			

**If the client has allergies to any of the above
medications please do not sign and contact the
Palliative Care Doctor for further consultation.
This medical document is valid for 1 year from date authorised**

Illawarra: Dr Greg Barclay
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Shoalhaven: Dr Laura Pearce
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