



Palliative Prescription Chart for Children and Young People Requiring Symptom Management



Chart ___ of ___

Start Date: _____

Surname:	Weight:
	Date of Weight:
Forename:	GP Name:
Address:	GP Address:
Date of Birth:	Drug Sensitivities/Allergies: <i>*Specify previous reaction where known.</i>
Age: Gender:	
NHS Number:	

PRESCRIPTION CHART ORIGINATOR:

Prescriber Name:	Designation:	GMC/NMC/GPhC No.:
Organisation:	Signature:	Date:
Professional body:		

OXYGEN PRESCRIPTION Flow rate line..... Indications for use -	Prescriber (Print & Sign)..... Date:..... On home oxygen (delete as appropriate) Yes No Please refer to HOOF form if in place for CYP.
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Transcribing is only to be undertaken by 2 Registered Nurses and countersigned by a medical practitioner. (See local organisation policies on transcribing medications) Controlled Drugs (CD) **CANNOT** be transcribed.

NB: In ALL other settings, prescription charts MUST be completed and signed by a medical practitioner.

Instructions: Prescribers Instructions: Nurses or other Healthcare Staff

- This chart is authorised for use by designated staff employed by member organisations of the Kent and Medway Children and Young People Palliative and End of Life Care Managed Clinical Network (MCN).
- Write all entries in black ink, using BLOCK CAPITALS.
- Attach patients individualised symptom management plan from named Consultant to this drug chart.
- Avoid using abbreviations. Write "micrograms" in full. The dosage must be written in milligrams NOT fluid (millilitres) quantities.
- Use of whole numbers is required e.g. 250 micrograms rather than 0.25mg
- When decimals are unavoidable a zero should be written in front of the decimal point where there is no figure. e.g. 0.5millilitres NOT .5mls
- Ensure you are familiar with the medicines, that the dose, frequency, route and duration are appropriate.
- Write the indication for "when necessary" (PRN) medicines.
- A start date must be written otherwise medicine will not be given.
- When changing to a lower or higher dose of a drug, or changing the frequency of the dosing, "cross off" the entry and re-prescribe completely. The existing entry must not be amended nor should an additional entry for the same drug be made as this can lead to confusion with intention.
- Discontinue treatment by crossing through it and cancelling subsequent panels. Add your initials and date. Document reason.
- The appropriate diluent must also be prescribed for a syringe driver.

- When the medication has been given, the drug administration chart must be initialised by the nurse who prepared the medicines and the checker.
- If medicine is not administered, the chart must be marked "X" in the administration box and the reason must be documented on special information page and in nursing notes.
- A prescription for a controlled drug is valid for 28 days from the date given on the prescription.
- Check drug compatibility and mixing of drugs with a pharmacist or validated compatibility chart.
- The appropriate diluent and volume for a syringe driver must also be prescribed.
- A CD stock record sheet must be maintained in the documentation record book.
- Provide specimen signatures and initials that you will use on prescription charts and add page number.
- If more than one prescription chart is needed ensure that they are tagged/stapled together securely and labelled.
- Ensure that the drug sensitivities and allergies section is completed and check against medical/ nursing records.
- Please also refer to local Trust/ Organisational policy for the use of syringe drivers for administering medication.
- Check every page of the chart methodically at every drug administration and ensure that all references made to records in the documentation record book in relation to a particular administration are acknowledged by appropriate Healthcare staff.
- For additional guidance refer to the K&M CYP Children and Young People's Palliative Care Prescription and Drug Administration Chart for CYP requiring symptom management, Standard Operation Procedure.

Note - A prescription is valid for 6 months from the date written on the prescription, with the exception of controlled drugs. For useful resources and information please head to the last page of this booklet

DATE REVIEW IS DUE (Expires 28 days from prescription):

DATE REVIEWED:

NAME AND SIGNATURE:

Name:

DOB:

NHS

REGULAR PRESCRIPTIONS

INSERT DATE AND TIME IN BOXES

Date
Time

INSERT DATE AND TIME IN BOXES					Date															
					Time															
Notes	Drug																			
	Dose	Route	Frequency	Start Date																
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0 Verbal order 1 Nil by mouth 2 nausea/vomiting 3 Patient refused 4 Self/carer administration 5 Other

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	Dose	Route	Frequency	Start Date																
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MEDICINES TO BE GIVEN AS REQUIRED															
Notes:	Drug				Date										
	Dose	Route	Frequency	Start Date	Time										
	Prescriber's Signature			Stop Date	Dose										
Reason for use			Transcribed by	Checked by	Sign										
Notes:	Drug				Date										
	Dose	Route	Frequency	Start Date	Time										
	Prescriber's Signature			Stop Date	Dose										
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SYRINGE DRIVER: Medicines to be administered over 24 hours by IV/SC infusion

**When a dose range is given always commence with the lowest dose*

Date	Drugs (Approved Name)	Route	Dose Range	Frequency / Reasons for use	Signature of Prescriber	Date Discontinued	Discontinuation Authorised by	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given	
Diluent to make up syringe: DO NOT ABBREVIATE. Check compatibility					Signature of Prescriber required here when diluent is NOT supplied under a PGD:											
Special Instructions					Date set up											
					Time set up											
					Set up by											
					Syringe Driver Record chart initiated (quote page reference in documentation book)											

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Date	Drugs (Approved Name)	Route	Dose Range	Frequency / Reasons for use	Signature of Prescriber	Date Discontinued	Discontinuation Authorised by	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given	
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Date	Drugs (Approved Name)	Route	Dose Range	Frequency / Reasons for use	Signature of Prescriber	Date Discontinued	Discontinuation Authorised by	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given	Dose Given
Diluent to make up syringe: <small>DO NOT ABBREVIATE. Check compatibility</small>					Signature of Prescriber required here when diluent is NOT supplied under a PGD:											
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