

## Just in Case Box Prescription and Administration Record

<b>Patient Name</b>
<b>CHI</b>

<b>GP Practice</b>
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<ol style="list-style-type: none"> <li>1. Issue GP10 prescription for required medications</li> <li>2. Sign relevant sections on JIC prescription and administration record</li> <li>3. Notify OOH services that JIC medications have been requested.</li> </ol>	Tick when complete <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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### Prescription

I authorise the community nurse to administer the following medications where the oral route is ineffective or no longer available.

Date	Code	Indication	Medication	Dose and Frequency	Route	Prescriber Signature	STOPPED	
							Date	Sig
	A	Pain relief	GP to prescribe	GP to prescribe	SC			
	B	Restlessness and/or anxiety	<b>Midazolam</b>	2.5mg - 5mg hourly as required	SC			
	C	Chest secretions	<b>Hyoscine Butylbromide</b> (Buscopan®)	20mg hourly as required	SC			
	D	Nausea / vomiting	<b>Levomepromazine</b>	2.5mg- 5mg, 8-12 hourly as required	SC			
	E	Confusion / delirium	<b>Haloperidol</b>	2.5mg, once or twice daily as required	SC			
	F							

**NOTE** ITEMS SHOULD BE DISCONTINUED WHEN MOVED TO SYRINGE PUMP. *JUST IN CASE BOX WITH REMAINING ITEMS TO BE RETAINED IN THE HOUSE FOR POSSIBLE FUTURE USE*

