

Insert LOGO here

Patient Name/ID label

**Sublingual (under tongue) or buccal (cheek)
Medication Order for Family/Carer Administration**

Medicine allergies/sensitivities:

Name of prescriber (PRINT):

Designation:

MCNZ Registration number #:

MEDICINE	Dose	Volume to draw up (or pre-drawn volume)	Max doses 24hrs	Indication (delete)	Dr Signature	Date
Morphine elixir 10mg/mL				Pain Breathlessness		
Fentanyl ampoule 100mcg/2mL				Pain Breathlessness		
Haloperidol 2mg/mL oral liquid				Nausea Vomiting		
Cyclizine 50mg tablet. Crushed & mixed with 1mL water				Nausea Vomiting		
Levomepromazine ampule 25mg/1ml				Nausea Vomiting		
Ondansetron 4mg wafer		N/A		Nausea Vomiting		
Midazolam amp 15mg/3ml				Restlessness Agitation		
Clonazepam 2mg/mL drops				Restlessness Agitation		
Haloperidol 2mg/mL oral liquid				Restlessness Agitation Delirium		
Hyoscine butylbromide (Buscopan) amp 20mg/1ml	20mg	1ml		Moist secretions		
Atropine sulphate 1% eyedrops	1-2 drops	1-2 drops		Moist secretions		

Prescriber - If you need guidance regarding the dose or volume to draw up, see Health Pathways or contact your local hospice service.

RECORD OF MEDICINES ADMINISTRATED

Date				
Time				
Medicine				
Dose				
Purpose				
Name				
Comments				

Date				
Time				
Medicine				
Dose				
Purpose				
Name				
Comments				

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