Patient name:

NHI:

Address:

Allergies:

Symptom Response Kit Medications (non-renal Morphine version)

Authority for subcutaneous administration

Infuse the following medications subcutaneously over 24 hours: NOT APPLICABLE

Drug	Dosage	Route
×	×	×
Water or 0.9% sodium chloride to volume		

Increments: NOT APPLICABLE

Increment increase / decrease amount	To a maximum dose of...	Frequency
×	×	×

Subcutaneous boluses:

Medication	Dosage	Frequency and indication
Morphine	2.5mg	Q1H prn for pain or dyspnoea
Midazolam	2.5mg	Q1H prn for dyspnoea or anxiety
Haloperidol	0.5-1mg	Q4H prn for nausea/vomiting or delirium/agitation
Buscopan (hyoscine butylbromide)	20mg	Q2-4H prn for secretions, max 80mg/24h

Ensure prescriptions are provided for:

- Morphine 10mg/mL ampoules, supply 5 x 1mL ampoules
- Midazolam 15mg/3mL ampoules, supply 5 x 3mL ampoules
- Haloperidol 5mg/mL ampoules, supply 5 x 1mL ampoules
- Hyoscine butylbromide 20mg/mL ampoules, supply 10 x 1mL ampoule

Once completed, please email to clinical.admin@hospicewaikato.org.nz

Dr/NP name and role:

MCNZ/NCNZ number:

Scan here for prescribing resources

Dr/NP signature:

(Electronically signed:

Date: