Guide to Completing the Anticipatory Prescribing Forms for End of Life Care,
Please see advice Specialist advice when prescribing for End of Life care in Renal patients

Is the patient is going home for end of life care with a prognosis of < 2 weeks

Yes
Complete ALL the patient details at the top of the ‘Anticipatory Medication Authorisation Form’

No
The patient is not suitable for anticipatory prescribing.

Is the patient currently receiving medication via a syringe pump

No

Has the patient been reviewed by the Palliative Care team and has been recommended to have a syringe pump prescribed ready for when needed at home?

Yes
Prescribe the medications for the current syringe pump on the top section of the ‘Anticipatory Medication Authorisation Form’.

No

Complete the box entitled dosing increments and max dose for each medication. The community nurse will be able to amend the syringe pump without it being re-prescribed if you indicate below a set increment for dose increase and a maximum dose. If no increase is suitable please state ‘none’. The usual increment for increasing a dose is 30-50%.

E.g. Morphine Sulfate 10mg CSCI over 24 hours. Increase by 5mg to a maximum of 15mg.

EVERY BOX MUST BE COMPLETED.

Is the patient currently receiving medication via a syringe pump

Yes

Complete the ‘when required’ medication at the bottom of the form with a medication for each indication.
Please ensure to take into account the patients regular oral opioid dose when prescribing the subcutaneous PRN opioid
No oral medications
EVERY BOX MUST BE COMPLETED.

No

Circle the diluent currently being used for the syringe pump

Print name, sign & add prescriber registration number

If the patient is prescribed Morphine Sulfate, oxycodone, alfentanil, fentanyl or midazolam complete a SAM CD form to allow the medication to be dispensed for the patient.

Provide the patient/relatives/carers with the Patient Information Sheet ‘A Guide to Anticipatory (‘just in case’) Medications’ OR ‘A Guide to Syringe Drivers and Anticipatory (‘just in case’) Medications’ as appropriate

To be used in conjunction with the ‘Anticipatory prescribing for End of Life care policy’

FAILURE TO COMPLETE THIS FORM COMPLETELY AND CORRECTLY MAY RESULT IN A DELAY IN TREATMENT FOR THE PATIENT IN THE COMMUNITY

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