

'The Core Four' FP10 Prescription completed example

<i>Pharmacy Stamp</i>		Age D.O.B. D.O.B	Name (including forename) and address A. Patient Address		
Dispenser's	Number of days' treatment N.B. Ensure dose is stated		NP		Pricing Office
<i>Pack & quantity</i>	<p>Levomepromazine 25mg/ml, 5 x 1ml ampoules, subcutaneously, *DOSE mg as directed in anticipation of nausea or agitation</p> <p>Midazolam 5mg/ml, 5 (five) x 2ml ampoules, subcutaneously, *DOSE mg as directed in anticipation of agitation</p> <p>Hyoscine Butylbromide 20mg/ml, 5 x 1ml ampoules, subcutaneously, *DOSE mg as directed in anticipation of bronchial secretions</p> <p>Morphine Sulphate 10mg/1ml, 5 (five) x 1ml ampoules, subcutaneously, *DOSE mg as directed in anticipation of pain</p> <p>Water for Injection 10ml, 10 (ten) x 10ml ampoules. Use one as directed as diluent/flush</p>				
Signature of Doctor <i>The Doctor</i>		Date Date			
<i>For dispenser No. of Prescns. on form</i>	QCP The Practice Nottingham	NOTTINGHAM HA 830 NG			FP10NC 0899
PATIENTS – please read the notes overleaf					

This FP10 is a guide for dispensing quantities only.

*DOSE, please specify the dose for your patient. Guidance can be found in the latest edition of the Palliative Care Pocketbook, Palliative Care Formulary or Nottingham Last Days of Life symptom control sheets for breakthrough doses to write on the FP10 and the District Nursing authorisation sheet (DNS1 AP).

If patient is already taking this medication orally then the quantity of medication left in the home needs to be individualised and reviewed regularly to ensure they are titrated and correct dose is available for parenteral subcutaneous administration.