**Palliative Care Admissions Proforma**

--- INITIAL CLERKING ---

… is a …. year old lady/man admitted to the inpatient unit at the hospice for symptom management/end of life care/respite

**PC:**

**HPC:**

EOL/ main concern

Pain

N&V

BO/PU

Fatigue

E&D

Agitation

Mobility

Other symptoms- SOB/chest pain/cough/fever

**PMH:**

About condition including timeline of underlying condition:

Other diseases:

PPM/ metal work/stents:

Surgery in last year:

**Bloods:**

**Imagining:**

**DH:**

Allergies:

**SH:**

Live with:

Carers:

NOK:

Religious/spiritual needs:

Psychological needs:

TEP: ?for hospital, ?for IV/oral Abx

PPC/PPD:

Burial/cremation:

DNACPR:

**O/E:**

**Obs:**

**Issues:**

**Plan after d/w with Dr/Prof:**

Anticipatory and discretionary meds

DNACPR form

?SD

**Medications on drug chart prn:**

Glycopyrronium 200-400micrograms 2-6 hourly SC (max 1.8mg or 2.4) for respiratory secretions

Lorazepam 0.5 – 1mg Sublingual 4 hourly (max 4mg) for anxiety/agitation

Midazolam 2.5 – 5mg SC 2 hourly for anxiety/agitation

Midazolam 10mg 10min interval for catastrophic bleed

Levomepromazine 3.125 – 6.25mg (max 25mg) 2-4 hourly SC for nausea/vomiting

Haloperidol 0.5-1mg SC (max 8mg) 4 hrly (or 8hrly in community)

Cyclizine 50mg SC/IM/PO 8 hourly (max 150mg or 200mg in palliative pts) for nausea/vomiting Morphine or oxycodone SC/PO PRN 1-2 hrly (or 2-4 hrly in community)

Oxycodone if eGFR 30-50

(E.g. Oxycodone IR oral solution (5mg/5ml) 1-2mg (ONE TO TWO MILLIGRAMS) 2 hourly PO for Pain/breathlessness

E.g. Oxycodone injection 1-2mg (ONE TO TWO MILLIGRAMS) 2 hourly SC for Pain/breathlessness)