

Dear Doctor

Please can you prescribe the following for preparation of a Just In Case Box.

Patient's Name .....

Date of Birth .....

Address .....

.....

.....

Either

- Diamorphine 10mg x 5 (five) amps
  - Diamorphine 30mg x 5 (five) amps
  - Diamorphine 100mg x 5 (five) amps
- } *Please ensure that you state the dose fully*

Plus

- Levomepromazine 25mg/1ml, 1ml ampoules x 10 amps
- Midazolam 5mg/1ml, 2ml ampoules x 10 amps
- Glycopyrronium 200mcg/1ml, 3ml ampoules x 9amps
- Lorazepam 1mg Tabs s/l stat for dyspnoea or panic x 28 tabs

Nurse Name .....

Nurse Contact No .....

Nurse Signature .....

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