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| PRN (when required) Medication Protocol |

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| NAME OF person | **DATE OF BIRTH** |
| **Medication**  **morphine sulphate Oral Solution**  **10mg/5mls** | **Dose**  2.5 to 5ml |
| **reason for medication and expected outcome**  This [medication](https://www.webmd.com/drugs/index-drugs.aspx) is used to help relieve severe ongoing pain. [Morphine](https://www.webmd.com/drugs/2/drug-3891/morphine+injection/details) belongs to a class of drugs known as [opioid](https://www.webmd.com/pain-management/guide/narcotic-pain-medications) ([narcotic](https://www.webmd.com/pain-management/guide/narcotic-pain-medications)) analgesics. It works in the [brain](https://www.webmd.com/brain/picture-of-the-brain) to change how your body feels and responds to pain. <Name> should be pain free after a dose of this medicine. | |
| **How the decision is reached about how and when to give** <Name> should be offered the medication each day. S/he is able to decide if s/he requires it or not. OR <Name> is not able to ask for medication if s/he has pain. Staff must watch for the following signs....... | |
| **How often dose can be repeated**  4 hourly | **Max in 24 hours**  30 mls |
| **Further info. e.g. after food** | |
| **Circumstances for reporting to GP - Tick as appropriate**  Persistent need for upper level of dosage Never requesting dosage  Needing too often Side effects experienced  Other (please state) | |
| **Signature** | **Date** |
| **Review Date…**  NB: Please note the review date in the manager’s diary | |