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| PRN (when required) Medication Protocol |

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| NAME OF person | **DATE OF BIRTH** |
| **Medication****Oramorph 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%2Binjection/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> is able to ask for medication if s/he has pain. 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**6 X 10ml |
| **Further info. e.g. after food**When required for pain |
| **Circumstances for reporting to GP - Tick as appropriate** Persistent need for upper level of dosage Never requesting dosage Requesting too often Side effects experienced Other (please state) |
| **Signature** | **Date** |
| **Review Date…**NB: Please note the review date in the manager’s diary |