Analgesia—acute pain

Paracetamol	**PO**/PR	500mg-1g	QDS
Paracetamol	IV *>50kg*	1g	QDS
	≤50kg	15mg/kg	QDS
Ibuprofen	PO	200-400mg	TDS
Naproxen	PO	250mg	TDS/QDS
Dihydrocodeine	PO	30-60mg	QDS
Tramadol	**PO**/IM/IV	50-100mg	QDS
Morphine	**PO**/SC/IM	10mg	4 hourly

Cerner Tips

- Use **Order Sentences** provided
- Use **Caresets** or **Care Plans / Powerplans** to prescribe when available – such as for Sepsis
- These are prescribed from **orders** tab
- To **change** a dose/frequency/route **use 'Cancel/reorder'** function not 'modify'
- Always check **drug administration summary** tab after prescribing to ensure prescription is clear
- Refer to **QRGs** and **Help Guides** on Intranet

Antihistamines

Chlorphenamine	**PO**	4mg 4 hourly	Max 24mg/24hrs
Chlorphenamine	IM/IV	10mg QDS	Max 40mg/24hrs

Laxatives

Senna	PO	1-2 tablets	ON/BD
Lactulose	PO	15ml	OD/BD
Macrogols (e.g.Movicol)	PO	1 Sachet	OD/BD/TDS
Glycerol 4g	PR	1-2 supps	PRN
Phosphate	PR	1 enema	PRN

Antiemetics

Ondansetron	**PO**/IM/IV	4-8mg	BD/TDS
Cyclizine	**PO**/IM/IV	50mg	TDS
Metoclopramide	**PO**/IM/IV *>60kg*	10mg	TDS (max 5/7)
	PO/IM/IV *≤60kg*		*See BNF*
Domperidone	**PO**	10mg	TDS (max 7/7)

Antisecretory & mucosal protectants

Omeprazole	PO	10-40mg	OD
Lansoprazole	PO/*Orodisp*	15-30mg	OD

IV proton pump inhibitors: see Intranet

FY1 DRUG REFERENCE CARD: typical adult doses. See BNF for full dose ranges. See Intranet for Trust guidelines.
In renal or hepatic impairment, seek pharmacy advice.

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Imperial College Healthcare NHS Trust

Anticoagulation

For inpatient oral anticoagulation: Search 'anticoagulant agents' (for DOACs) or 'warfarin' on Intranet.

LMW Heparin

Prophylaxis

Weight:	35-50kg	50-100kg	100-150kg	>150kg
enoxaparin	20mg OD SC	40mg OD SC	40mg BD SC	60mg BD SC

If **<35kg** OR **>160kg:** contact haematology

Dose adjustments in renal impairment:
CrCl 15-30 ml/min: 20mg OD SC
CrCl <15ml/min : unfractionated heparin 5,000 units BD SC

Treatment — tinzaparin 175units/kg SC OD (round body-weight to nearest 5kg: dosing chart in anticoagulant guideline). If **CrCl < 20ml/min**, or **weight <35kg** or **>160kg**, bleep Haematology on 9072

Insulin IV Infusion

Actrapid 50 units in 50ml sodium chloride 0.9%

Variable rate see *Diabetes and Surgery guidelines* for indication, rates and transition to/from usual therapy (also available as part of order set in Cerner)

Fixed rate see *Diabetic Ketoacidosis and Hyperglycaemic Hyperosmolar state guidelines*

- Continue long acting insulin for all Type 1 patients on IV insulin infusion
- Review need for IV insulin every 24 hours

Subcutaneous insulin

- There are over **20 different types** of insulin and **four different strengths**
- Prescribe right **insulin, device** and **strength** at **right time** (with food? at bedtime?)

Antibiotics

See 'antimicrobial guideline' link on Intranet or download **app:** abx.weservesites.co.uk

Always document indication, review daily and record review outcome at 48-72 hours

For enquiries contact the WARD PHARMACIST or MEDICINES INFORMATION
Ext: 11703/11713. Out of hours contact the on-call pharmacist via switchboard.