

Guidance for the prescribing and administration of medicines for urgent medical treatment (may be referred to as ‘Rescue medication’)

- On admission, prescribers should identify any pre-existing medical conditions which may require urgent treatment with medication for a complication or exacerbation.
- The patient may already have a supply of the relevant medication; if so, this should be prescribed on EPMA in line with the directions on the supply or the GP records. If not, an appropriate “rescue” medication should be prescribed according to the table below
- The pharmacy team will arrange an inpatient supply, use of ward stock or direct staff to the supply in the Emergency Drug Bag, if administration is needed
- An individualised intervention plan for the patient’s pre-existing medical conditions should be agreed and recorded in the EPR.
- The medication should only be prescribed for leave/discharge if it was prescribed pre-admission or if there has been an exacerbation during the inpatient stay.

Pre-existing medical condition	Prescribe on EPMA using the pre-populated regimen items. All doses below are for adults.						
	Drug	Dose	Route	Indication	Minimum dose interval	Maximum dose in 24 hrs	Comments / special instructions
Allergy	Adrenaline (epinephrine) injection 1 in 1000 (1 mg / 1 ml) See MSS9	500 micrograms [dose for auto-injectors may differ – see BNF]	IM (preferred injection site = outer thigh)	Anaphylaxis / acute angioedema	5 minutes	3 doses ¹	¹ Repeat at 5-minute intervals according to BP, pulse & respiratory function; usual maximum 3 doses but may continue if symptoms persist in presence of or if verbally instructed by ILS-trained staff (medic or physical health practitioner) Adrenaline auto injectors will only be supplied (two devices) for high-risk patients (i.e. history of anaphylaxis/severe allergy) for while they are away from the ward (e.g. ground leave) or for overnight leave/discharge where immediate access is required and a personal supply is not already available
Asthma	Salbutamol inhaler 100 micrograms / puff	2 - 10 puffs	Inhalation	Acute asthma attack	10 minutes between repeat treatments	No maximum ²	Each dose should be inhaled separately via large-volume spacer. ² Seek urgent medical review if symptoms not resolving. Review asthma treatment if used more than 2 times in 24 hours, or used > 2 days in a week or in the middle of the night.
Coronary Heart Disease	Glyceryl Trinitrate spray 400 micrograms / dose	1 or 2 sprays	Sublingual	Chest pain / angina Chest pain protocol	5 minutes ³	3 doses per episode of chest pain ⁴	Spray under the tongue, then close mouth. ³ Dose may be repeated after 5 minutes if chest pain not subsided and systolic BP >90 mmHg [DO NOT REPEAT if systolic BP known or suspected to be low i.e. < 90 mmHg] ⁴ Seek urgent medical review if symptoms not resolved 5 minutes after 2 nd dose or earlier if pain is intensifying or person unwell. Increased usage should prompt a prescriber review

Pre-existing medical condition	Prescribe on EPMA using the pre-populated regimens. All doses below are for adults.						
	Drug	Dose	Route	Indication	Minimum dose interval	Maximum dose in 24 hrs	Comments / special instructions
Diabetes (patients prescribed insulin, oral hypoglycaemics or combination therapy)	Dextrose gel	25 g tube (equivalent to 10 g of glucose)	Oral	Hypoglycaemia - if patient conscious and able to swallow	15 minutes	3 doses per episode	Wait 15 minutes, repeat if blood glucose remains below 4 mmol/l. See Trust hypoglycaemia guidelines link . EPMA: prescribed as ‘Glucogel gel – glucose’ but any brand may be given
	Glucagon	500 micrograms (bodyweight <25 kg) 1 mg (bodyweight >25 kg)	IM (or SC)	Hypoglycaemia - if unable to swallow or unconscious	N/A	One dose per episode	Follow trust hypoglycaemia guidelines link Preferred IM site of administration = arm, thigh or buttock.
Epilepsy / risk of seizures associated with alcohol withdrawal	Midazolam Oromucosal Solution pre-filled oral syringe (Buccolam®)	10 mg / 2 ml	Buccal	Prolonged Seizure (lasting >5 mins) / status epilepticus	5-10 minutes	20 mg	Give a second dose if the seizure does not stop within 5-10 minutes of first dose. Follow the patients’ individualised emergency management plan where available, noting dose regimen may be different. Inform a prescriber if there is any increase in normal seizure activity. Alcohol detoxification: stop once course complete
	Diazepam Rectal Tubes 10 mg	One or Two tubes (10-20 mg)	Rectal		5-10 minutes	2 doses	Diazepam rectal tubes – second line for status epilepticus as per patients’ emergency management plans; or if buccal route is not possible or clinically appropriate for the patient
Opioid dependence – opioid substitute prescribed (methadone / buprenorphine)	Naloxone See PHARM-0066	400 micrograms	IM (or SC ⁵)	Emergency treatment of opioid overdose	2-3 minutes ⁶	No maximum ⁶	⁵ Use subcutaneous (SC) route in emaciated patients. Preferred IM site administration = deltoid or thigh ⁶ If no response after 2-3 minutes give another 400 micrograms, and if still no response after another 2-3 minutes, repeat dose of 400 micrograms. Further doses may be required if respiratory functions deteriorates. Opioid-induced respiratory depression –refer to Inpatient naloxone guidance See PHARM-0066

Please note: Adrenaline and glucagon can be administered without a prescription in a medical emergency. The same applies to oxygen, although this isn’t covered by this guidance. See MSS10: [Oxygen - Administration in an Emergency](#).