

Healthway Compounding Pharmacy

2544 McLeod Dr. N. Saginaw, MI 48604

Ph: 989-791-1691 Fax 989-791-4603 www.healthwayrx.com

Patient: _____ Date: _____

Address: _____ City/St/Zip: _____

D.O.B. _____ Home Phone: (____) _____ Work Phone: _____

Allergies: _____

All compounds for office use require a prescription written for each individual patient. Medication will be dispensed with patient specific label and in patient specific package.

Commonly Prescribed Hospice Pain & Symptom Management Compounds

Agitation

- Lorazepam 0.5 - 1mg q 1-4 hours, liquid po, sublingual, rectal suppository, transdermal
- Haloperidol 0.5 - 2mg q6 hours, po, rectal suppository, transdermal

Dyspnea

- Lorazepam 0.5 - 2mg q4-6 hours, po, rectal suppository, transdermal
- Morphine 5-20mg q4 hours sl, po

Nausea

- Promethazine 25-50mg po, rectal suppository, transdermal if no improvement in 24 hours try
- Trimethobenzamide 250mg tid-qid po, 200mg tid-qid prn if no improvement in 24 hours ABHR

Agitation/Dyspnea/Nausea

- ABHR - Lorazepam 1mg, Diphenhydramine 12.5mg, Haloperidol 2mg, Metoclopramide 10mg q 4-6 hours, po, rectal suppository, transdermal

Bone Pain

- Ibuprofen 600mg rectal suppository q 6 hours
- Dexamethasone 4mg rectal suppository
- Ibuprofen 600mg, Dexamethasone rectal suppository tid

Pruritus

- Dr. Borchard's Lotion - Camphor, Menthol, Triamcinolone 0.1%

Other

- _____
- _____
- _____
- _____

Wound Care

No Odor / No Pain

- Misoprostol 0.0024%, Phenytoin 5% Powder
- Misoprostol 0.003%, Phenytoin 5% Ointment
- Misoprostol 0.0024%, Phenytoin 5%

Odor / No Pain

- Chlorophyll 1%, Metronidazole 2%, Misoprostol 0.0024%, Phenytoin 5%, Nifedipine 2% Powder

No Odor /Pain

- Lidocaine 4%, Misoprostol 0.0024%, Phenytoin 5%

No Odor / No Pain

- Chlorophyll 1%, Lidocaine 4%, Metronidazole 2%, Misoprostol 0.0024%, Phenytoin 5%, Nifedipine 2% Powder

Base Choices

- Emollient Cream:** Good for most decubitus wounds, very hydrating
- Protective Barrier Ointment:** Good for areas with potential for soiling
- Gel:** Good for tunneling areas or dry wounds
- Polyox Bandage:** Good for high draining wounds

Amount to Dispense: _____ SIG _____

Prescriber Signature: _____

Prescriber Name (Print): _____

Address: _____ City,State,Zip: _____

Phone: _____ Email: _____

