RM Partners
Accountable Cancer Network

[Insert organisation logo here] NHS

CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP

Developed for any patient who requires their medications delivered via syringe pump

When transferring care confirm <u>current</u> drugs and doses using syringe pump infusion administration record. This document should remain with the patient.

Patient Name:	
DOB:	
NHS Number:	
Doses are for administration over 24 hours. For shorter infusion periods strike through above and state here: Doses are for administration over hours	

Allergies and adverse drug reactions	
☐ no known allergies	
Medicine / substance:	Reaction:
Prescriber sign & print:	

CONTACT THE PALLIATIVE CARE TEAM FOR ADVICE AS REQUIRED

Prescriber contact details:	

Pain			
Date:	Medication:	Dose range:	Prescriber sign & print:
Nausea / Vomiting			
Date:	Medication:	Dose range:	Prescriber sign & print:
Agitation / Distress			
Date:	Medication:	Dose range:	Prescriber sign & print:
Respiratory tract secretions			
Date:	Medication:	Dose range:	Prescriber sign & print:
Other medication – specify indication here:			
Date:	Medication:	Dose range:	Prescriber sign & print:
Other medication – specify indication here:			
Date:	Medication:	Dose range:	Prescriber sign & print:

DILUENT		
Date:	Diluent:	Prescriber sign & print: