

REGULAR AND SINGLE ("STAT") DOSE SUBCUTANEOUS AND INTRAMUSCULAR INJECTIONS

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

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

Patient Name:		Allergies and adverse drug reactions	
DOB:		<input type="checkbox"/> no known allergies	
NHS Number:		Medicine / substance:	Reaction:
		Prescriber sign & print:	

CONTACT THE PALLIATIVE CARE TEAM FOR ADVICE AS REQUIRED

Prescriber contact details:	
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REGULAR DOSE SUBCUTANEOUS INJECTIONS

Specify indication here:	Date:																		
Medication:	Enter administration times																		
Dose range: <input type="checkbox"/> Subcut																			
Prescriber sign, print & date:																			
Specify indication here:	Date:																		
Medication:	Enter administration times																		
Dose range: <input type="checkbox"/> Subcut																			
Prescriber sign, print & date:																			

SINGLE ("STAT") DOSE SUBCUTANEOUS OR INTRAMUSCULAR INJECTIONS

Specify indication here:	Administration record:	
Medication:		
Date to be administered:	Date:	
Time to be administered:	Time:	
Dose: Route:	Dose:	
Prescriber sign, print & date:	Sign:	
Specify indication here:	Administration record:	
Medication:		
Date to be administered:	Date:	
Time to be administered:	Time:	
Dose: Route:	Dose:	
Prescriber sign, print & date:	Sign:	