*[***GUIDELINES WHEN USING COMMUNITY PALLIATIVE MAAR CHARTS**

These charts are Medicines Authorisation and Administration Records (MAAR), for use when any patient requires a syringe pump to deliver their medication in the community. They may also be used on in-patient units where in-house prescriptions do not provide the necessary space and scope.

## Notes for prescribers

* The Palliative Network Guidelines are available on line at <http://book.pallcare.info>. Contact your palliative care team for advice if required.
* When prescribing dose ranges consider use of the word ‘*to*’ rather than a dash, e.g. *morphine 5mg to 10mg.* A dash can be misread and lead to errors.
* When prescribing small doses and only where clinically appropriate, consider using whole numbers for doses as this is clearer, e.g. *oral morphine* *1mg to 2mg.*
* Doses less than 1mg should be written in micrograms, e.g. 500 microgram to 1mg alfentanil, 600 microgram to 1.2mg glycopyrronium.
* Clarify which medication is to be used 1st line and 2nd line when prescribing more than one for the same indication.
* Be mindful of the number of prn doses given recently in addition to the regular medicines when converting oral pain relief doses to syringe driver doses
* For the management of breathlessness, opioids may be appropriate. Contact your palliative care team for advice.
* The maximum “as required” (PRN) dose does not need to take into account the dose being administered in the syringe pump. However when it comes to administering PRN doses the nurse should check what is currently being administered in the syringe pump to calculate how many additional PRNs can be given before the maximum is reached. For example, a PRN dose of morphine prescribed as 5mg and max is 30mg over 24hrs. If the syringe pump already contains 20mg then that would mean you can only give two additional PRN doses in 24 hrs
* There is no legal requirement for how long these charts are valid for. They should be reviewed regularly enough to meet the clinic requirements of the patient. For example, consider reviewing the charts if they have been written > 4 weeks ago for the administration of anticipatory medications and these medications are now required, if a patient’s clinical condition deteriorates, when a further supply of medications needs to be prescribed. This should be documented in the healthcare records.
* Page 1 is to be used for medications to be delivered via a syringe driver. Page 2 is for ‘as required’ (PRN) medication. Page 3 has two sections; the top section is for regular doses of other subcutaneous injections such as Dexamethasone etc. and the bottom section is for crisis/emergency use medications for patients who may be at risk of fitting or catastrophic bleed i.e. bigger doses of Midazolam.

## Notes for nurses

* The contents of the syringe must be written clearly on a standard syringe pump label attached to the barrel of the syringe. Be aware of how to obtain supplies of these labels.
* Confirm the contents of a syringe pump already running when the patient crosses from one care setting to another. Do this using at least two sources of information, for example: syringe pump label, syringe pump infusion administration record, discharge/referral letter.
* Ensure sufficient stock of injections in the home. Pay particular attention before w/ends and bank holidays.
* These charts are only for injectable medications. Please check if a second Community Drug Chart is in use for Patches, Enemas etc. and that all nurses in the team are aware. A prompt has been added to the syringe driver chart on page 1.
* If a range of doses is prescribed, aim to administer the lowest possible dose of medication to control symptoms. If symptoms remain uncontrolled or if you need advice, contact the palliative care team.

## Notes on disposal of unwanted medications

* Medications that have been prescribed for patients remain their own property.
* Encourage carers to return unwanted medications to a community pharmacy for safe disposal (this does not have to be the pharmacy that dispensed the medications).
* Practitioners can remove medications for disposal at their own discretion, for example where they consider there to be a risk if left in the home.
* Where possible practitioners should obtain a verbal consent from the patient/carer to remove unwanted medications on their behalf and document this in the clinical notes. For controlled drugs complete the ‘CD Stock Balance Chart’.
* Be aware of any local guidance for the disposal of unwanted medications.

## Notes if using other syringe pump community charts

* Transcribing clinical information is a high risk process. Please refer to local guidelines where necessary.
* Always contact the referring clinical team if more advice is needed.

**NB: Both prescribers and healthcare professionals administering medications**

**share governance and responsibility for the authorisation and administration charts**

|  |  |
| --- | --- |
| Helpful information | |
| Palliative care team name/contact details: | Community pharmacy name/contact details: |

These charts are based on an original design developed by the department of palliative care, Guy’s & St. Thomas’ NHS Foundation Trust.

*[Insert organisation logo here]*

# 1. CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP AUTHORISATION CHART

## When transferring care, confirm current and/or anticipatory drugs and doses using the authorisation charts.

## This document should remain with the patient.

|  |  |  |
| --- | --- | --- |
| Patient name: Full Name | DOB: Date of Birth | NHS number: NHS Number |
| Allergies and adverse drug reactions | no known allergies | |
| **Medicine / substance:** | **Reaction:** | |
| **Prescriber sign & print: Current User** | **Date reaction occurred:** | |

|  |  |
| --- | --- |
| **Prescriber contact details:** |  |

**These charts are only for injectable drugs. Please tick this box if a second/another Community Drug Chart are in use for Patches, Enemas etc**.

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| --- | --- | --- | --- | --- |
|  | | | | |
| Pain | | | | |
| Date:  Short date letter merged | Medication: | Dose range: | Prescriber sign & print:  Current User | |
| Nausea / Vomiting | | | | |
| Date:  Short date letter merged | Medication: | Dose range: | Prescriber sign & print:  Current User | |
| Agitation / Distress | | | | |
| Date:  Short date letter merged | Medication: | Dose range: | Prescriber sign & print:  Current User | |
| Respiratory tract secretions | | | | |
| Date:  Short date letter merged | Medication: | Dose range: | Prescriber sign & print:  Current User | |
| 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: Short date letter merged | Diluent: | | | Prescriber sign & print:  Current User |

# Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: Description: C:\Users\McGinnM\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\98Q6BPSV\NHS-RGB.jpg2. ‘AS REQUIRED’ (PRN) SUBCUTANEOUS INJECTIONS AUTHORISATION AND ADMINISTRATION CHART

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| **Patient name: Full Name** | | | | | **DOB: Date of Birth** | | | | | | | **NHS number: NHS Number** | | | | | | |
| **Allergies and adverse drug reactions** | | | | | **no known allergies** | | | | | | | | | | | | | |
| **Medicine / substance:** | | | | | **Reaction:** | | | | | | | | | | | | | |
| **Prescriber sign & print: Current User** | | | | | **Date reaction occurred:** | | | | | | | | | | | | | |
| Pain | Date |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| **Medication:** | Time |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Dose range:  Max frequency:  Max 24 hour dose:  Subcut  Prescriber sign, print & date: | Dose |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Sign |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Nausea / Vomiting | Date |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| **Medication:** | Time |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Dose range:  Max frequency:  Max 24 hour dose:  Subcut  Prescriber sign, print & date: | Dose |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Sign |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| **Agitation / Distress** | Date |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| **Medication:** | Time |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Dose range:  Max frequency: | Dose |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Max 24 hour dose:  Subcut  Prescriber sign, print & date: | Sign |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| **Respiratory tract secretions:** | Date |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| **Medication:** | Time |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Dose range:  Max frequency:  Max 24 hour dose:  Subcut  Prescriber sign, print & date: | Dose |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Sign |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| **Other** –**Medication** | Date |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| **Medication:** | Time |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Dose range:  Max frequency:  Max 24 hour dose:  Subcut  Prescriber sign, print & date: | Dose |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Sign |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| **Other** –**Medication** | Date |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| **Medication:** | Time |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Dose range:  Max frequency:  Max 24 hour dose:  Subcut  Prescriber sign, print & date: | Dose |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |
| Sign |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |

*Insert organisation logo here]*

# 3. REGULAR AND CRISIS/EMERGENCYSUBCUTANEOUS AND INTRAMUSCULAR INJECTIONS AUTHORISATION CHART

## When transferring care, confirm current and/or anticipatory drugs and doses using the authorisation charts.

## This document should remain with the patient.

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| Patient name: Full Name | | | | | | DOB: Date of Birth | | | | | | | | NHS number: NHS Number | | | | | | |
| **Allergies and adverse drug reactions** | | | | | | **no known allergies** | | | | | | | | | | | | | | |
| **Medicine / substance:** | | | | | | **Reaction:** | | | | | | | | | | | | | | |
| Prescriber sign & print: Current User | | | | | | **Date reaction occurred:** | | | | | | | | | | | | | | |
| REGULAR DOSE SUBCUTANEOUS INJECTIONS | | | | | | | | | | | | | | | | | | | | |
| Specify indication here: | | Date: | |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Medication: | | Enter administration times |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Dose range: | Subcut |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Prescriber sign, print & date: | |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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| Medication: | | Enter administration times |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Dose range: | Subcut |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
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### CRISIS / EMERGENCY USE ONLY: SUBCUTANEOUS OR INTRAMUSCULAR INJECTIONS i.e. for fitting or catastrophic bleed

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Specify indication here: | | Administration record: | | Administration record: | | Administration record: | |
| Medication: | | **Date:** |  | **Date:** |  | **Date:** |  |
|  | | **Time:** |  | **Time:** |  | **Time:** |  |
| Dose: | Route: | **Dose:** |  | **Dose:** |  | **Dose:** |  |
| Max 24 hour dose: | | **Sign:** |  | **Sign:** |  | **Sign:** |  |
| Prescriber sign, print & date: | |  |  |  |  |  |  |
| Specify indication here: | | Administration record: | | Administration record: | | Administration record: | |
| Medication: | | Date: |  | Date: |  | **Date:** |  |
|  | | Time: |  | Time: |  | **Time:** |  |
| Dose: | Route: | **Dose:** |  | **Dose:** |  | **Dose:** |  |
| Max 24 hour dose: | | **Sign:** |  | **Sign:** |  | **Sign:** |  |
| **Prescriber sign, print & date:** | |  |  |  |  |  |  |

***[Insert organisation logo here]***

# THE FOLLOWING PAGES ARE FOR COMPLETION BY THE DISTRICT NURSES.

**PLEASE PRINT THEM OUT – BUT THEY DO NOT NEED ANY INPUT FROM THE GP**



# 4. CONTROLLED DRUG STOCK BALANCE CHART

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name: | Full Name | Medication: | |
|  |  | Form: | Strength: |
| DOB: | Date of Birth | Opening stock balance transferred from page no: | |
| NHS Number: | NHS Number | This page no: | |

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| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| Date: | Time: | Opening stock balance received into stock  (no. ampoules) | Dose given  (milligram / microgram): | Wasted  (milligram / microgram): | Closing stock balance / amount removed for disposal  (no. ampoules) | Sign & print: |
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| Closing stock balance transferred to new balance chart. Page No: | | | | | Sign & print: | |
| **OR** | | | | | | |
| Closing stock balance disposed of – enter details of disposal in patient notes. | | | | | Sign & print: | |



# 5. NON-CONTROLLED DRUG STOCK BALANCE CHART

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name: | Full Name | Medication: | |
|  |  | Form: | Strength: |
| DOB: | Date of Birth | Opening stock balance transferred from page no: | |
| NHS Number: | NHS Number | This page no: | |

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| --- | --- | --- | --- | --- | --- | --- |
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| Date: | Time: | Opening stock balance received into stock  (no. ampoules) | Dose given  (milligram / microgram): | Wasted  (milligram / microgram): | Closing stock balance / amount removed for disposal  (no. ampoules) | Sign & print: |
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| Closing stock balance transferred to new balance chart. Page No: | | | | | Sign & print: | |
| **OR** | | | | | | |
| Closing stock balance disposed of – enter details of disposal in patient notes. | | | | | Sign & print: | |

**6. CURRENT SUBCUTANEOUS T34 SYRINGE PUMP INFUSION ADMINISTRATION RECORD AND CHECKLIST**

When transferring care confirm current drugs & doses using this page. This document should remain with the patient

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | Patient name: Full Name | DOB: Date of Birth | NHS number: NHS Number | | | **Allergies & adverse drug reactions**  **no known allergies** | **Medicine / substance:** | **Reaction:** | **Date reaction occurred:** | | | | | | | | | | | | | | | | | | | | **Notes: BD Plastipak™ syringe max volumes are: 18mL (for a 20mL syringe) and 23mL (for a 30mL syringe).** | | | | | |
| **SERIAL NO. on pump:** | | | | | |
| **1. Contents of syringe** | | | | | | | | | | | | | **2. Set up pump** | | | | | | | | | | | |
| Medication(s): | | | Dose | | Batch no. | | Expiry Date | | Diluent | | Date | | mL in syringe at start | | | Start time | | Rate set | | | | Site of needle | | Syringe size |
|  | | |  | |  | |  | |  | | |  | |  | | | |  | |  |
|  | | |  | |  | |  | | Duration | | Nurse print/sign | | Battery life remaining (%) | | | Volume left to be infused (mL) vtbi | | | | | | | | |
|  | | |  | |  | |  | | Time infusion to finish:  **(h) : (mins)** | | | | | | | | Visual volume (mL) | | | |
|  | | |  | |  | |  | | Tick box to confirm additive label attached to syringe | | | | | | | | | | | |
| **3. Check pump while in use** | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Battery light flashing Green?  (yes/no) | Battery life remaining (%) | | Spare battery available?  (yes/no) | | Rate on display pad  (mL/hr) | | Volume left to be infused (mL) ‘vtbi’ | | Visual volume check? (yes/no) | | Time remaining?  (hrs/mins) | | Syringe line & contents clear?  (yes/no) | Needle site condition?  (ok/re-sited) | | Lock keypad  (🗸) | | | Patient comfortable? (yes/no) | | Any action required?  (yes/no) | Sign | |
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| **1. Contents of syringe** | | | | | | | | | | | | | **2. Set up pump** | | | | | | | | | | | |
| Medication(s): | | | Dose | | Batch no. | | Expiry Date | | Diluent | | Date | | mL in syringe at start | | | Start time | | Rate set | | | | Site of needle | | Syringe size |
|  | | |  | |  | |  | |  | | |  | |  | | | |  | |  |
|  | | |  | |  | |  | | Duration | | Nurse print/sign | | Battery life remaining (%) | | | Volume left to be infused (mL) vtbi | | | | | | | | |
|  | | |  | |  | |  | | Time infusion to finish:  **(hrs) : (mins)** | | | | | | | | Visual volume (mL) | | | |
|  | | |  | |  | |  | | Tick box to confirm additive label attached to syringe | | | | | | | | | | | |
| **3. Check pump while in use** | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Battery light flashing Green?  (yes/no) | Battery life remaining (%) | | Spare battery available?  (yes/no) | | Rate on display pad  (mL/hr) | | Volume left to be infused (mL) ‘vtbi’ | | Visual volume check? (yes/no) | | Time remaining?  (hrs/mins) | | Syringe line & contents clear?  (yes/no) | Needle site condition?  (ok/re-sited) | | Lock keypad  (🗸) | | | Patient comfortable? (yes/no) | | Any action required?  (yes/no) | Sign | |
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**6. CURRENT SUBCUTANEOUS T34 SYRINGE PUMP INFUSION ADMINISTRATION RECORD AND CHECKLIST**

When transferring care confirm current drugs & doses using this page. This document should remain with the patient

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| |  |  |  |  | | --- | --- | --- | --- | | Patient name: Full Name | DOB: Date of Birth | NHS number: NHS Number | | | **Allergies & adverse drug reactions**  **no known allergies** | **Medicine / substance:** | **Reaction:** | **Date reaction occurred:** | | | | | | | | | | | | | | | | | | | | **Notes: BD Plastipak™ syringe max volumes are: 18mL (for a 20mL syringe) and 23mL (for a 30mL syringe).** | | | | | |
| **SERIAL NO. on pump:** | | | | | |
| **1. Contents of syringe** | | | | | | | | | | | | | **2. Set up pump** | | | | | | | | | | | |
| Medication(s): | | | Dose | | Batch no. | | Expiry Date | | Diluent | | Date | | mL in syringe at start | | | Start time | | Rate set | | | | Site of needle | | Syringe size |
|  | | |  | |  | |  | |  | | |  | |  | | | |  | |  |
|  | | |  | |  | |  | | Duration | | Nurse print/sign | | Battery life remaining (%) | | | Volume left to be infused (mL) vtbi | | | | | | | | |
|  | | |  | |  | |  | | Time infusion to finish:  **(h) : (mins)** | | | | | | | | Visual volume (mL) | | | |
|  | | |  | |  | |  | | Tick box to confirm additive label attached to syringe | | | | | | | | | | | |
| **3. Check pump while in use** | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Battery light flashing Green?  (yes/no) | Battery life remaining (%) | | Spare battery available?  (yes/no) | | Rate on display pad  (mL/hr) | | Volume left to be infused (mL) ‘vtbi’ | | Visual volume check? (yes/no) | | Time remaining?  (hrs/mins) | | Syringe line & contents clear?  (yes/no) | Needle site condition?  (ok/re-sited) | | Lock keypad  (🗸) | | | Patient comfortable? (yes/no) | | Any action required?  (yes/no) | Sign | |
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| **1. Contents of syringe** | | | | | | | | | | | | | **2. Set up pump** | | | | | | | | | | | |
| Medication(s): | | | Dose | | Batch no. | | Expiry Date | | Diluent | | Date | | mL in syringe at start | | | Start time | | Rate set | | | | Site of needle | | Syringe size |
|  | | |  | |  | |  | |  | | |  | |  | | | |  | |  |
|  | | |  | |  | |  | | Duration | | Nurse print/sign | | Battery life remaining (%) | | | Volume left to be infused (mL) vtbi | | | | | | | | |
|  | | |  | |  | |  | | Time infusion to finish:  **(h) : (mins)** | | | | | | | | Visual volume (mL) | | | |
|  | | |  | |  | |  | | Tick box to confirm additive label attached to syringe | | | | | | | | | | | |
| **3. Check pump while in use** | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Battery light flashing Green?  (yes/no) | Battery life remaining (%) | | Spare battery available?  (yes/no) | | Rate on display pad  (mL/hr) | | Volume left to be infused (mL) ‘vtbi’ | | Visual volume check? (yes/no) | | Time remaining?  (hrs/mins) | | Syringe line & contents clear?  (yes/no) | Needle site condition?  (ok/re-sited) | | Lock keypad  (🗸) | | | Patient comfortable? (yes/no) | | Any action required?  (yes/no) | Sign | |
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**6. CURRENT SUBCUTANEOUS T34 SYRINGE PUMP INFUSION ADMINISTRATION RECORD AND CHECKLIST**

When transferring care confirm current drugs & doses using this page. This document should remain with the patient

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| |  |  |  |  | | --- | --- | --- | --- | | Patient name: Full Name | DOB: Date of Birth | NHS number: NHS Number | | | **Allergies & adverse drug reactions**  **no known allergies** | **Medicine / substance:** | **Reaction:** | **Date reaction occurred:** | | | | | | | | | | | | | | | | | | | | **Notes: BD Plastipak™ syringe max volumes are: 18mL (for a 20mL syringe) and 23mL (for a 30mL syringe).** | | | | | |
| **SERIAL NO. on pump:** | | | | | |
| **1. Contents of syringe** | | | | | | | | | | | | | **2. Set up pump** | | | | | | | | | | | |
| Medication(s): | | | Dose | | Batch no. | | Expiry Date | | Diluent | | Date | | mL in syringe at start | | | Start time | | Rate set | | | | Site of needle | | Syringe size |
|  | | |  | |  | |  | |  | | |  | |  | | | |  | |  |
|  | | |  | |  | |  | | Duration | | Nurse print/sign | | Battery life remaining (%) | | | Volume left to be infused (mL) vtbi | | | | | | | | |
|  | | |  | |  | |  | | Time infusion to finish:  **(h) : (mins)** | | | | | | | | Visual volume (mL) | | | |
|  | | |  | |  | |  | | Tick box to confirm additive label attached to syringe | | | | | | | | | | | |
| **3. Check pump while in use** | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Battery light flashing Green?  (yes/no) | Battery life remaining (%) | | Spare battery available?  (yes/no) | | Rate on display pad  (mL/hr) | | Volume left to be infused (mL) ‘vtbi’ | | Visual volume check? (yes/no) | | Time remaining?  (hrs/mins) | | Syringe line & contents clear?  (yes/no) | Needle site condition?  (ok/re-sited) | | Lock keypad  (🗸) | | | Patient comfortable? (yes/no) | | Any action required?  (yes/no) | Sign | |
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| **1. Contents of syringe** | | | | | | | | | | | | | **2. Set up pump** | | | | | | | | | | | |
| Medication(s): | | | Dose | | Batch no. | | Expiry Date | | Diluent | | Date | | mL in syringe at start | | | Start time | | Rate set | | | | Site of needle | | Syringe size |
|  | | |  | |  | |  | |  | | |  | |  | | | |  | |  |
|  | | |  | |  | |  | | Duration | | Nurse print/sign | | Battery life remaining (%) | | | Volume left to be infused (mL) vtbi | | | | | | | | |
|  | | |  | |  | |  | | Time infusion to finish:  **(h) : (mins)** | | | | | | | | Visual volume (mL) | | | |
|  | | |  | |  | |  | | Tick box to confirm additive label attached to syringe | | | | | | | | | | | |
| **3. Check pump while in use** | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Battery light flashing Green?  (yes/no) | Battery life remaining (%) | | Spare battery available?  (yes/no) | | Rate on display pad  (mL/hr) | | Volume left to be infused (mL) ‘vtbi’ | | Visual volume check? (yes/no) | | Time remaining?  (hrs/mins) | | Syringe line & contents clear?  (yes/no) | Needle site condition?  (ok/re-sited) | | Lock keypad  (🗸) | | | Patient comfortable? (yes/no) | | Any action required?  (yes/no) | Sign | |
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**6. CURRENT SUBCUTANEOUS T34 SYRINGE PUMP INFUSION ADMINISTRATION RECORD AND CHECKLIST**

When transferring care confirm current drugs & doses using this page. This document should remain with the patient

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| |  |  |  |  | | --- | --- | --- | --- | | Patient name: Full Name | DOB: Date of Birth | NHS number: NHS Number | | | **Allergies & adverse drug reactions**  **no known allergies** | Medicine / substance: | Reaction: | Date reaction occurred: | | | | | | | | | | | | | | | | | | | | **Notes: BD Plastipak™ syringe max volumes are: 18mL (for a 20mL syringe) and 23mL (for a 30mL syringe).** | | | | | |
| **SERIAL NO. on pump:** | | | | | |
| **1. Contents of syringe** | | | | | | | | | | | | | **2. Set up pump** | | | | | | | | | | | |
| Medication(s): | | | Dose | | Batch no. | | Expiry Date | | Diluent | | Date | | mL in syringe at start | | | Start time | | Rate set | | | | Site of needle | | Syringe size |
|  | | |  | |  | |  | |  | | |  | |  | | | |  | |  |
|  | | |  | |  | |  | | Duration | | Nurse print/sign | | Battery life remaining (%) | | | Volume left to be infused (mL) vtbi | | | | | | | | |
|  | | |  | |  | |  | | Time infusion to finish:  **(h) : (mins)** | | | | | | | | Visual volume (mL) | | | |
|  | | |  | |  | |  | | Tick box to confirm additive label attached to syringe | | | | | | | | | | | |
| **3. Check pump while in use** | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Battery light flashing Green?  (yes/no) | Battery life remaining (%) | | Spare battery available?  (yes/no) | | Rate on display pad  (mL/hr) | | Volume left to be infused (mL) ‘vtbi’ | | Visual volume check? (yes/no) | | Time remaining?  (hrs/mins) | | Syringe line & contents clear?  (yes/no) | Needle site condition?  (ok/re-sited) | | Lock keypad  (🗸) | | | Patient comfortable? (yes/no) | | Any action required?  (yes/no) | Sign | |
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| **1. Contents of syringe** | | | | | | | | | | | | | **2. Set up pump** | | | | | | | | | | | |
| Medication(s): | | | Dose | | Batch no. | | Expiry Date | | Diluent | | Date | | mL in syringe at start | | | Start time | | Rate set | | | | Site of needle | | Syringe size |
|  | | |  | |  | |  | |  | | |  | |  | | | |  | |  |
|  | | |  | |  | |  | | Duration | | Nurse print/sign | | Battery life remaining (%) | | | Volume left to be infused (mL) vtbi | | | | | | | | |
|  | | |  | |  | |  | | Time infusion to finish:  **(hrs) : (mins)** | | | | | | | | Visual volume (mL) | | | |
|  | | |  | |  | |  | | Tick box to confirm additive label attached to syringe | | | | | | | | | | | |
| **3. Check pump while in use** | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | Battery light flashing Green?  (yes/no) | Battery life remaining (%) | | Spare battery available?  (yes/no) | | Rate on display pad  (mL/hr) | | Volume left to be infused (mL) ‘vtbi’ | | Visual volume check? (yes/no) | | Time remaining?  (hrs/mins) | | Syringe line & contents clear?  (yes/no) | Needle site condition?  (ok/re-sited) | | Lock keypad  (🗸) | | | Patient comfortable? (yes/no) | | Any action required?  (yes/no) | Sign | |
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