

CONFIDENTIALITY CLASSIFICATION	
C1 Non-confidential	
C2 Restricted int. circulation	✓
C3 Restricted ext. circulation	✓

# COMMUNITY DRUG AUTHORISATION CHART

Record of Administration

## SYRINGE DRIVER ADMINISTRATION RECORD

**If more than one syringe pump is in use, complete a separate checklist for each syringe pump  
Clearly label each checklist to identify it to its syringe pump, as follows:**

Pump supplied by: Syringe pump make and model; Syringe pump serial number; Date of last service (if known).

<b>Date:</b>	<b>Medications:</b>	<b>Dose in syringe:</b>	<b>Batch:</b>	<b>Expiry:</b>	<b>Sign &amp; print:</b>  <input type="checkbox"/> Tick box to confirm additive label attached to syringe
<b>Time:</b>	1				
<b>Diluent:</b>	2				
	3				
	4				
<b>Date:</b>	<b>Medications:</b>	<b>Dose in syringe:</b>	<b>Batch:</b>	<b>Expiry:</b>	<b>Sign &amp; print:</b>  <input type="checkbox"/> Tick box to confirm additive label attached to syringe
<b>Time:</b>	1				
<b>Diluent:</b>	2				
	3				
	4				
<b>Date:</b>	<b>Medications:</b>	<b>Dose in syringe:</b>	<b>Batch:</b>	<b>Expiry:</b>	<b>Sign &amp; print:</b>  <input type="checkbox"/> Tick box to confirm additive label attached to syringe
<b>Time:</b>	1				
<b>Diluent:</b>	2				
	3				
	4				
<b>Date:</b>	<b>Medications:</b>	<b>Dose in syringe:</b>	<b>Batch:</b>	<b>Expiry:</b>	<b>Sign &amp; print:</b>  <input type="checkbox"/> Tick box to confirm additive label attached to syringe
<b>Time:</b>	1				
<b>Diluent:</b>	2				
	3				
	4				
<b>Date:</b>	<b>Medications:</b>	<b>Dose in syringe:</b>	<b>Batch:</b>	<b>Expiry:</b>	<b>Sign &amp; print:</b>  <input type="checkbox"/> Tick box to confirm additive label attached to syringe
<b>Time:</b>	1				
<b>Diluent:</b>	2				
	3				



<b>Surname:</b>		<b>Forename:</b>	
<b>Date of Birth:</b>		<b>NHS No:</b>	
<b>STJH No:</b>		<b>Origin of chart:</b>	

**MEDICATION STOCK BALANCE**

<b>Medication:</b>	<b>Form:</b>	<b>Strength:</b>
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<b>Opening stock balance transferred from page no:</b>	<b>This page no:</b>
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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:	
						Registrant	Witness

Closing stock balance transferred to new balance chart. Page No:	Sign & print:
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**OR**

Closing stock balance disposed of – enter details of disposal in patient notes.	Sign & print:
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<b>Surname:</b>		<b>Forename:</b>	
<b>Date of Birth:</b>		<b>NHS No:</b>	
<b>STJH No:</b>		<b>Origin of chart:</b>	

### MEDICATION STOCK BALANCE Cont'd

<b>Medication:</b>		<b>Form:</b>			<b>Strength:</b>		
<b>Opening stock balance transferred from page no:</b>					<b>This page no:</b>		
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:	
						Registrant	Witness

<b>Closing stock balance transferred to new balance chart. Page No:</b>		<b>Sign &amp; print:</b>
<b>OR</b>		
<b>Closing stock balance disposed of – enter details of disposal in patient notes.</b>		<b>Sign &amp; print:</b>



<b>Surname:</b>		<b>Forename:</b>	
<b>Date of Birth:</b>		<b>NHS No:</b>	
<b>STJH No:</b>		<b>Origin of chart:</b>	

## COMMUNITY SUBCUTANEOUS SYRINGE PUMP CHECKLIST

**If more than one syringe pump is in use, complete a separate checklist for each syringe pump  
Clearly label each checklist to identify it to its syringe pump, as follows:**

Pump supplied by: Syringe pump make and model; Syringe pump serial number; Date of last service (if known).

<b>Date:</b>									
<b>Time changed:</b>									
<b>Time checked:</b>									
<b>Site of needle (state where):</b>									

<b>CME T34 SYRINGE PUMPS</b>	<b>Volume infused (VI) on syringe driver mL/hour</b>								
	<b>volume to be infused (VTBI) (mL):</b>								
	<b>Battery life remaining (should be &gt;40% to commence):</b>								
<b>Slow / fast / on time?</b>									
<b>Syringe line &amp; contents clear? (YES / NO)</b>									
<b>Needle site condition satisfactory? (YES <input type="checkbox"/>/ NO <input type="checkbox"/>)</b>									
<b>Label corresponds to authorisation chart? (YES <input type="checkbox"/>/ NO <input type="checkbox"/>)</b>									
<b>Line &amp; connection checked ((YES <input type="checkbox"/>/ NO <input type="checkbox"/>)</b>									
<b>Any action required? (YES <input type="checkbox"/>/ NO <input type="checkbox"/>) Record in patient's notes</b>									
<b>Lock box (YES / NO)</b>									
<b>Sign &amp; print:</b>									