**COMMUNITY DRUG AUTHORISATION CHART**

**THIS CHART SUPERSEDES ALL PREVIOUS CHARTS**

**Date Issued:**

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| **Patient’s Name** |       | **STJH No:**       |
| **Date of Birth** |       | **NHS No:**        |
| **Origin of Chart** |       |

**24-HOUR SUBCUTANEOUS SYRINGE PUMP**

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

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| **Allergies and adverse drug reactions:**  |
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| **CONTACT ST JOSEPH’S HOSPICE FOR ADVICE AS REQUIRED ON 0300 30 30 400 – when commencing a syringe pump please start at the lower end of the range.** |
| **Pain** (Dose range: consider prescribing in increments based on current requirements) |
| Date:      | Medication:      | Dose range:      | Prescriber sign and print:       |
| **Nausea / Vomiting** |
| Date: | Medication: | Dose range:      | Prescriber sign and print:      |
| **Agitation / Distress**  |
| Date: | Medication: | Dose range:      | Prescriber sign and print:        |
| **Respiratory tract secretions** |
| Date: | Medication: | Dose range:      | Prescriber sign and print:       |
| **Other medication - specify indication here**:  |
| Date: | Medication: | Dose range:      | Prescriber sign and print:       |
| **Other medication - specify indication here**:  |
| Date: | Medication: | Dose range:      | Prescriber sign and print:       |
| **DILUENT** |
| Date: | Medication: | Prescriber sign and print:      |