**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: |