

**PAN-LONDON SYMPTOM CONTROL MEDICATION AUTHORISATION AND
ADMINISTRATION RECORD (MAAR) CHART V3**

1. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION (SYRINGE PUMP) AUTHORISATION CHART V3

This document should remain with the patient

These charts are only for injectable medicines. Tick this box if another Community Drug Chart is in use e.g. for Patches, Enemas etc. <input type="checkbox"/> If more than one syringe pump is being used, please use a separate syringe pump Authorisation Chart	
Palliative Care Team Contact Details: St Joseph's Hospice 03003030400	Authorising clinician name and GMC/NMC/GPhC number: Dr Smith GMC number:1111111
Patient Information	Allergies and Adverse Drug Reactions (ADR)
Patient Name: A N Other	No Known Drug Allergies (NKDA): <input type="checkbox"/> If required, seek source of allergy
NHS No: XXXXXXXXXX	List Medicine/Substance and Reaction: Penicillin - rash Print, Sign & Date: Dr Smith 14.8.2020
D.O.B 1.1.1911	
Weight (for children):	

Check if there is an analgesic transdermal patch: Y N Drug name: Fentanyl Dose: 25microgram/hr

Pain and / or Breathlessness			
Date: 14.8.20	Medication: Morphine Sulphate injection	Dose range: 5 to 30mg (over 24 hours)	Prescriber sign & print: Dr Smith
Nausea / Vomiting			
Date: 14.8.20	Medication: Haloperidol	Dose range: 3 to 5mg (over 24 hours)	Prescriber sign & print: Dr Smith
Agitation / Distress			
Date: 14.8.20	Medication: Midazolam injection	Dose range: 5 to 30mg (over 24 hours)	Prescriber sign & print: Dr Smith
Respiratory tract secretions			
Date: 14.8.20	Medication: Glycopyrronium	Dose range: 600 to 1800 micrograms (over 24 hours)	Prescriber sign & print: Dr Smith
Other medication – specify indication here:			
Date:	Medication:	Dose range: (over 24 hours)	Prescriber sign & print:
Other medication – specify indication here:			
Date:	Medication:	Dose range: (over 24 hours)	Prescriber sign & print:
Diluent			
Date: 14.8.20	Diluent: Water for injection	Prescriber sign & print: Dr Smith	

**THE FOLLOWING PAGES ARE FOR
COMPLETION BY THE ADULT *OR*
CHILDRENS COMMUNITY NURSES.**

6. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP ADMINISTRATION RECORD AND CHECKLIST V3

This document should remain with the patient.

Patient name:				DOB:			
NHS number:				SERIAL NO. on T34 pump:			
1. Set up pump							
Start Date							
Start Time							
Battery life remaining %							
Volume to be infused (VTBI) (mL)							
Rate set mL/hr							
Infusion site							
Syringe size and Brand							
Time infusion to finish (hrs/mins)							
Tick box to confirm additive label attached to syringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Contents of syringe							
Date							
Medication							
	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
Sign and print:							
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)							
VTBI (Volume to be infused) (mL)							
Visual volume checked (yes/no)							
VI (Volume infused)							
Time remaining (hrs/mins)							
Syringe line & contents clear? (yes/no)							
Is the infusion site condition okay? (yes/no)							
Keypad locked (✓)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient comfortable? (yes/no)							
Any action required? (yes/no)							
Sign and print							

6. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP ADMINISTRATION RECORD AND CHECKLIST V3

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VI (Volume infused)															
Time remaining (hrs/mins)															
Syringe line & contents clear? (yes/no)															
Is the infusion site condition okay? (yes/no)															
Keypad locked (✓)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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