

*Pan-London Symptom Control Medication
Authorisation and Administration Record (MAAR):
Chart for subcutaneous and intramuscular
medication in the community setting*

Version 4

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Agreed Date: 8th December 2021

Review Date: 8th December 2023

This document will continue to be reviewed and re-released to reflect new and emerging evidence.

Example

2. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION (SYRINGE PUMP)



AUTHORISATION CHART V4

NB: If more than one syringe pump is being used at the same time, please use a separate Authorisation Chart for each pump, and indicate here:

Pump (insert no) 1 of (insert no) 1

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"/>	
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 Reactions
Patient Name: A N Other	No Known Allergies: <input type="checkbox"/> Known Allergies <input checked="" type="checkbox"/> If required, seek source of allergy List Medicine/Substance and Reaction:
NHS No:XXXXXXXXXX D.O.B 1.1.1961	Penicillin – rash
Weight (for children):	Print, Sign & Date : Dr Smith 14.8.2020

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

Pain and / or Breathlessness			
Date: 1.1.2022	Medication: Morphine sulphate injection	Dose range: (over 24 hours) 5 to 30mg	Authoriser sign & print: Dr Smith
Nausea / Vomiting			
Date: 1.1.2022	Medication: haloperidol	Dose range: (over 24 hours) 3 to 5mg	Authoriser sign & print: Dr Smith
Agitation / Distress			
Date: 1.1.2022	Medication: Midazolam injection	Dose range: (over 24 hours) 5 to 30mg	Authoriser sign & print: Dr Smith
Respiratory tract secretions			
Date: 1.1.2022	Medication: glycopyrronium	Dose range (over 24 hours): 600micrograms to 1.8 mg	Authoriser sign & print: Dr Smith
Other medication – specify indication here:			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:
Other medication – specify indication here:			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:
Diluent			
Date: 1.1.2022	Diluent: Water for injections	Authoriser sign & print: Dr Smith	

Example