

Pan-London Symptom Control Medication Authorisation and Administration Record (LAAR): Chart for subcutaneous and intramus subcutaneous medication in the community secure

Version 4 Circulated Date: 8th February 2022 Agreed Date: 8th December 2021 Review Date: 8th December 2023

This document will continue the evidence and re-re-leased to reflect new and emerging evidence.

1. 'AS REQUIRED' (PRN) SUBCUTANEOUS INJECTIONS AUTHORISATION AND ADMINISTRATION CHART V4 Please indicate here □ if there is more than one 'As required' authorisation and administration chart in use



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.

Tiek this bex if another boiltmanity brug offart is	
Palliative Care Team Contact Details:	Authorising clinician name and GMC/NMC/GPhC number:
St Joseph's Hospice 03003030400	Dr Smith GMC number:1111111
Patient Information	Allergies and Adverse Reactions
Patient Name: A N Other	No Known Allergies: 🗆 Known Allergies 🗹
	If required, seek source of allergy
NHS No: XXXXXXXXX	List Medicine/Substance and Reaction:
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 NB: Max 24hour dose below = *PRN medications only* (i.e. does not include medication administered via syringe pump)

Pain +/or Breathle		Date:					e pump	
Medication: morphininjection		Time:						
Date: 1.1.2022	Max 24hour dose: 20mg	Dose:						
Dose Range: 2.5 to 5mg	Authoriser sign &	Sign:						
Frequency: 1 hourly	print: Dr Smith							
Nausea / Vomiting]	Date:						
Medication: haloper	idol	Time:						
Date: 1.1.2022	Max 24hour dose: 6mg	Dose:						
Dose Range: 0.5 to 1.5mg	Authoriser sign & print:	Sign:						
Frequency: 2 hourly	Dr Smith							
Agitation / Distress		Date:						
Medication: midazol	lam injection	Time:						
Date:1.1.2022	Max 24hour dose:	Dose:						
Dose Range: 2.5 to 5mg	Authoriser sign & print:	Sign:						
Frequency: 1 hourly	Dr Smith							
Respiratory secre	tions	Date:						
Medication: glycopy	rronium	Time:						
Date:1.1.2022 Dose Range:	Max 24hour dose: 1200micrograms	Dose:						
200 to 400 micrograms	Authoriser sign & print:	Sign:						
Frequency: 2 hourly	Dr Smith							
Other indication:		Date:						
Medication:		Time:						
Date:	Max 24hour dose:	Dose:						
Dose Range:		0.1						
Frequency:	Authoriser sign & print:	Sign:						

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

		Pump (insert no) 1 of (insert no) 1					
	should remain with the patient. These another Community Drug Chart is in u	charts are only for injectable medicines.					
	Team Contact Details:	Authorising clinician name and GMC/NMC/GF	PhC number:				
	Hospice 03003030400	Dr Smith GMC number:1111111					
	Patient Information	Allergies and Adve	erse Reactions				
Patient Name: A N Other		If required, seek source of allergy	wn Allergies 🗹				
NHS No:XXXXX	XXXXX	List Medicine/Substance and Reaction:					
D.O.B 1.1.1961		Penicillin – rash					
Weight (for child	lren):	Print, Sign & Date: : Dr Smith 14.8.2020					
Check if there	e is an analgesic transdermal p	atch: Y 🗹 N 🗆 🛛 Drug name: Fent	anyl Dose:25microgram/hr				
Pain and / or I	Breathlessness						
Date: 1.1.2022	Medication: Morphine sulphate injection	Dose range: (over 24 hours) 5 to 30mg	Authoriser sign & print: Dr Smith				
Nausea / Vom	iting						
Date: 1.1.2022	Medication: haloperidol	Dose range: (over 24 hours) 3 to 5mg	Authoriser sign & print: Dr Smith				
Agitation / Dis	stress						
Date: 1.1.2022	Medication: Midazolam injection	Dose range: (over 24 hours) 5 to 30mg	Authoriser sign & print: Dr Smith				
Respiratory tr	act secretions						
Datę: 1.1.2022	Medication: glycopyrronium	Dose range (over 24 hours): 600micrograms to 1.8 mg	Authoriser sign & print: Dr Smith				
Other medicat	tion – specify indication here:						
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:				
Other medicat	tion – 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				



3. CRISIS/EMERGENCY AND REGULAR INJECTIONS AUTHORISATION AND ADMINISTRATION CHART

NHS

V4 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. 🗌 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 Reactions								
Patient Name: A N Other	No Known Allergies: □ Known Allergies ☑ If required, seek source of allergy								
NHS No:XXXXXXXXX	List Medicine/Substance and Reaction:								
D.O.B 1.1.1961	Penicillin – rash								
Weight (for children):	Print, Sign & Date: : Dr Smith 14.8.2020								

CRISIS / EMERGENCY SUBCUTANEOUS AND INTRAMUSCULAR INJECTIONS

Indication: seizures	5	Administration record:	Administration record:	Administration record:
Medication: midazolam injection		Date:	Date:	Date:
		Time:	Time:	Time:
Dose: 10mg	Route: IM	Dose:	Dose:	Dose:
Max 24hour dose:	Frequency: PRN			
Authoriser sign, print & da	tte: Dr Smith 1.1.2022	Sign:	Sign:	Sign:
Indication: large catastrophic bleed		Administration record:	Administration record:	Administration record:
Medication: midazolam injection		Date:	Date:	Date:
		Time:	Time:	Time:
Dose: 10mg	Route: IM	Dose:	Dose:	Dose:
Max 24hour dose:	Frequency PRN			
Authoriser sign, print & da Dr Smith 1.1.2022	ite:	Sign:	Sign:	Sign:

Indication: to replace oral steroids	Date):					
Medication: dexamethasone	nes	0800					
Dose: 3.3mg	on tir						
Authoriser sign, print & date:	stratio						
Dr Smith 1.1.2022	administration times						
	er ad						
	Enter						
Indication:	Date):					
Medication:	times						
Dose:							
Authoriser sign, print & date:	administration						
	minis						
	Enter						

REGULAR DOSE SUBCUTANEOUS INJECTIONS

