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**

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| **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.** [ ]  |
| **Palliative Care Team Contact Details:**  | **Authorising clinician name and GMC/NMC/GPhC number:** |
| **Patient Information** | **Allergies and Adverse Reactions**  |
| Patient Name: | No Known Allergies:[ ]  Known Allergies [ ] If required, seek source of allergy List Medicine/Substance and Reaction:Print, Sign & Date: |
| NHS No:D.O.B  |
| Weight (for children): |

**Check if there is an analgesic transdermal patch: Y** [ ]  **N** [ ]  **Drug name: Dose:**

**NB: Max 24hour dose below = *PRN medications only* (i.e. does not include medication administered via syringe pump)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pain +/or Breathlessness**  | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication:** | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date:Dose Range:Frequency: | Max 24hour dose:Authoriser sign & print: | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Nausea / Vomiting** | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication:** | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date:Dose Range:Frequency: | Max 24hour dose:Authoriser sign & print: | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Agitation / Distress**  | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication:** | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date:Dose Range:Frequency: | Max 24hour dose:Authoriser sign & print: | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Respiratory secretions** | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication:**  | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date:Dose Range:Frequency: | Max 24hour dose:Authoriser sign & print: | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Other indication:** | Date: |  |  |  |  |  |  |  |  |  |  |  |  |
| **Medication:** | Time: |  |  |  |  |  |  |  |  |  |  |  |  |
| Date:Dose Range:Frequency: | Max 24hour dose:Authoriser sign & print: | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |
| Sign: |  |  |  |  |  |  |  |  |  |  |  |  |

#

# 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) of (insert no)**

|  |
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| **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.** [ ]  |
| **Palliative Care Team Contact Details**:  | **Authorising clinician name and GMC/NMC/GPhC number:** |
| **Patient Information** | **Allergies and Adverse Reactions**  |
| Patient Name: | No Known Allergies:[ ]  Known Allergies [ ] If required, seek source of allergy List Medicine/Substance and Reaction:Print, Sign & Date: |
| NHS No:D.O.B  |
| Weight (for children): |

**Check if there is an analgesic transdermal patch: Y** [ ]  **N** [ ]  **Drug name: Dose:**

|  |
| --- |
| **Pain** **and / or Breathlessness**  |
| Date:  | Medication: | Dose range:(over 24 hours) | Authoriser sign & print: |
| Nausea / Vomiting |
| Date:  | Medication: | Dose range:(over 24 hours) | Authoriser sign & print: |
| Agitation / Distress |
| Date:  | Medication:  | Dose range:(over 24 hours) | Authoriser sign & print: |
| Respiratory tract secretions |
| 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: |
| Other medication – specify indication here:  |
| Date: | Medication: | Dose range:(over 24 hours) | Authoriser sign & print: |
| Diluent  |
| Date:  | Diluent: | Authoriser sign & print: |



1. **CRISIS/EMERGENCY AND REGULAR INJECTIONS AUTHORISATION AND ADMINISTRATION CHART V4**This document should remain with the patient.

|  |
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| **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:**  | **Authorising clinician name and GMC/NMC/GPhC number:** |
| **Patient Information** | **Allergies and Adverse Reactions**  |
| Patient Name: | No Known Allergies:[ ]  Known Allergies [ ] If required, seek source of allergy List Medicine/Substance and Reaction:Print, Sign & Date: |
| NHS No:D.O.B  |
| Weight (for children): |

**CRISIS / EMERGENCY SUBCUTANEOUS AND INTRAMUSCULAR INJECTIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| Indication: | Administration record: | Administration record: | Administration record: |
| Medication:  | **Date:** |  | **Date:** |  | **Date:** |  |
| **Time:** |  | **Time:** |  | **Time:** |  |
| Dose:  | Route:  | **Dose:** |  | **Dose:** |  | **Dose:** |  |
| Max 24hour dose:  | Frequency: | **Sign:** |  | **Sign:** |  | **Sign:** |  |
| Authoriser sign, print & date:  |
| Indication: | Administration record: | Administration record: | Administration record: |
| Medication:  | Date: |  | Date: |  | **Date:** |  |
| Time: |  | Time: |  | **Time:** |  |
| Dose:  | Route:  | **Dose:** |  | **Dose:** |  | **Dose:** |  |
| Max 24hour dose:  | Frequency | **Sign:** |  | **Sign:** |  | **Sign:** |  |
| Authoriser sign, print & date:  |

**REGULAR DOSE SUBCUTANEOUS INJECTIONS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Indication:  | Date: |  |  |  |  |  |  |  |  |  |
| Medication:  | Enter administration times |  |  |  |  |  |  |  |  |  |  |
| Dose:  |  |  |  |  |  |  |  |  |  |  |
| Authoriser sign, print & date:  |  |  |  |  |  |  |  |  |  |  |
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| Indication:  | Date: |  |  |  |  |  |  |  |  |  |
| Medication:  | Enter administration times |  |  |  |  |  |  |  |  |  |  |
| Dose:  |  |  |  |  |  |  |  |  |  |  |
| Authoriser sign, print & date:  |  |  |  |  |  |  |  |  |  |  |
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**4. CONTROLLED DRUG STOCK BALANCE CHART V4** 

|  |  |
| --- | --- |
| Patient Name: | **Controlled Drug name:** |
| **DOB:** | **Form:** | **Strength:** |
| **NHS Number:** | **Page no:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time (24hr clock)** | **Opening stock balance****(no. of ampoules)** | **Stock received**  | **Medication administered**  | **Closing stock balance****(no. of ampoules)** | **Sign & print** |
| **Stock received (no. of ampoules)** | **Batch number**  | **Expiry** **Date** | **Dose given****(milligram / microgram)** | **Amount wasted****(milligram / microgram** | **Batch number**  | **Expiry date** |
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|  | Closing stock balance transferred to new balance page no**OR**Closing stock balance disposed of – enter details of disposal in patient notes. | Sign & print: |
|  | Sign & print: |

**If you discover an error or discrepancy, please ensure you report in line with local policies and procedures**

**4. CONTROLLED DRUG STOCK BALANCE CHART V4**

|  |  |
| --- | --- |
| Patient Name: | **Controlled Drug name:** |
| **DOB:** | **Form:** | **Strength:** |
| **NHS Number:** | **Page no:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time (24hr clock)** | **Opening stock balance****(no. of ampoules)** | **Stock received**  | **Medication administered**  | **Closing stock balance****(no. of ampoules)** | **Sign & print** |
| **Stock received (no. of ampoules)** | **Batch number**  | **Expiry** **date** | **Dose given****(milligram / microgram)** | **Amount wasted****(milligram / microgram** | **Batch number**  | **Expiry date**  |
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|  | Closing stock balance transferred to new balance page no**OR**Closing stock balance disposed of – enter details of disposal in patient notes. | Sign & print: |
|  | Sign & print: |

**If you discover an error or discrepancy, please ensure you report in line with local policies and procedures**

**5. NON- CONTROLLED DRUG STOCK BALANCE CHART V4**

|  |  |
| --- | --- |
| Patient Name: | **Non-Controlled Drug name:** |
| **DOB:** | **Form:** | **Strength:** |
| **NHS Number:** | **Page no:** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time (24hr clock)** | **Opening stock balance****(no. of ampoules)** | **Stock received**  | **Medication administered**  | **Closing stock balance****(no. of ampoules)** | **Sign & print** |
| **Stock received (no. of ampoules)** | **Batch number**  | **Expiry** **date** | **Dose given****(milligram / microgram)** | **Amount wasted****(milligram / microgram** | **Batch number**  | **Expiry date**  |
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|  | Closing stock balance transferred to new balance page no**OR**Closing stock balance disposed of – enter details of disposal in patient notes. | Sign & print: |
|  | Sign & print: |

**If you discover an error or discrepancy, please ensure you report in line with local policies and procedures**

**6. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP ADMINISTRATION RECORD AND CHECKLIST V4**

This document should remain with the patient.

|  |  |
| --- | --- |
| Patient name: | DOB: |
| NHS number: | SERIAL NO. on pump: |
| **1.Set up pump** |
| Start Date |  |  |  |  |
| Start Time |  |  |  |  |
| Battery life remaining % |  |  |  |  |
| Volume to be infused (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  |[ ] [ ] [ ] [ ]

|  |
| --- |
| **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:  |
| 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) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Volume to be infused (mL) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Visual volume checked (yes/no) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Volume infused |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time remaining (hrs/mins) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Syringe line & contents clear? (yes/no) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the infusion site condition okay? (yes/no) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Keypad locked (🗸) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 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 V4**

This document should remain with the patient.

|  |  |
| --- | --- |
| Patient name: | DOB: |
| NHS number: | SERIAL NO. on pump: |
| **1.Set up pump** |
| Start Date |  |  |  |  |
| Start Time |  |  |  |  |
| Battery life remaining % |  |  |  |  |
| Volume to be infused (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  |[ ] [ ] [ ] [ ]

|  |
| --- |
| **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:  |
| 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) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Volume to be infused (mL) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Visual volume checked (yes/no) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Volume infused |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time remaining (hrs/mins) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Syringe line & contents clear? (yes/no) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the infusion site condition okay? (yes/no) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Keypad locked (🗸) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| 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 V4**

This document should remain with the patient.

|  |  |
| --- | --- |
| Patient name: | DOB: |
| NHS number: | SERIAL NO. on 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  |[ ] [ ] [ ] [ ]

|  |
| --- |
| **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:  |
| 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) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Volume to be infused (mL) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Visual volume checked (yes/no) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Volume infused |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Time remaining (hrs/mins) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Syringe line & contents clear? (yes/no) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is the infusion site condition okay? (yes/no) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Keypad locked (🗸) |[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
| Patient comfortable? (yes/no) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Any action required? (yes/no) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Sign and print** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |