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.** | |
| **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)**

|  |  |
| --- | --- |
| **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.

|  |  |
| --- | --- |
| **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** A blue and white logo

Description automatically generated with medium confidence

|  |  |  |
| --- | --- | --- |
| 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**A blue and white logo

Description automatically generated with medium confidence

|  |  |  |
| --- | --- | --- |
| 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**A blue and white logo

Description automatically generated with medium confidence

|  |  |  |
| --- | --- | --- |
| 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** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

A picture containing drawing

Description automatically generated**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** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

A picture containing drawing

Description automatically generated**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** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |