

**2. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION (SYRINGE PUMP)
AUTHORISATION CHART V5**



NB: If more than one syringe pump is being used at the same time, please use a separate administration chart for each pump

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: Saint Francis Hospice 01708 758643	Authorising clinician name and GMC/NMC/GPhC number: Dr X YZ GMC no 111111
Patient Information	Allergies and Adverse Reactions
Patient Name: Mr MICKEY MOUSE	No Known Allergies: <input type="checkbox"/> Known Allergies <input checked="" type="checkbox"/> If required, seek source of allergy List Medicine/Substance and Reaction: Penicillin = rash
NHS No: 2222222222	Prescribe according to symptoms. You may not necessarily need to fill all of the below boxes.
D.O.B: 17/07/1903	
Weight (for children):	
	Print, Sign & Date: Dr X YZ 01/01/2025

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

Diluent		
Date: 01/01/2025	Diluent: Water for injection	Authoriser sign & print: Dr X YZ

Pain / Breathlessness			
Date: 01/01/2025	Medication: Morphine sulphate <small>Our standard start opioid. If on a different opioid check Quick Ref Guide. Do ring Advice Line if unsure.</small>	Dose range: (over 24 hours) 10mg to 30mg	Authoriser sign & print: Dr X YZ

Nausea / Vomiting			
Date: 01/01/2025	Medication: Levomepromazine <small>Broad spectrum. There are other choices dep on patient history. Check Quick Ref Guide. Do ring Advice Line if unsure.</small>	Dose range: (over 24 hours) 6.25mg to 12.5mg	Authoriser sign & print: Dr X YZ

Agitation / Distress			
Date: 01/01/2025	Medication: Midazolam	Dose range: (over 24 hours) 10mg to 30mg	Authoriser sign & print: Dr X YZ

Respiratory tract secretions			
Date: 01/01/2025	Medication: Glycopyrronium <small>Our standard start antisecretory – could also use Buscopan (see Quick Ref Guide).</small>	Dose range (over 24 hours): 600micrograms to 1.2mg	Authoriser sign & print: Dr X YZ

Other medication – specify indication here:			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:

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