

# Instructions for the use of Injectable Medicines for Community Palliative Care Patients on Discharge

'Continuous S.C. Infusion' and 'Just in case medication'

COMPLETE OR ATTACH PATIENT ID LABEL:

NAME:

HOSPITAL:

D.O.B:

NHS NUMBER:

ADDRESS:

PLEASE WRITE IN BLOCK CAPITALS

GP:

ALLERGIES:

Name of patient's hospital consultant:

Printed number and bleep number of prescriber signing chart:

Patient discharged with syringe pump containing medication detailed below (please circle): Y / N

DRUGS FOR SYRINGE PUMP BY CONTINUOUS SUBCUTANEOUS INFUSION					JUST IN CASE MEDICINES FOR PRN USE (S.C. / I.M.)			
					NB: IF FREQUENT PRN DOSING ARE NEEDED CONSIDER REVIEW BY PRESCRIBER			
	Date	Drug	Dose Range/24 hour	Signature	Date	Drug	Dose & Frequency	Signature
<b>Pain</b> please tick if patch is in use <input type="checkbox"/>								
<b>Nausea / Vomiting</b>								
<b>Anxiety, Delirium &amp; Agitation</b>								
<b>Noisy Respiratory Secretions</b>								
<b>Other Prescribing</b>								
Diluent (please circle)		Water for Injection OR Sodium Chloride 0.9%						

A 120 hour (5 day) supply of these drugs should be prescribed via a TTO and kept in the patient's home