

**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>								
<b>Diluent (please circle)</b>								
<b>Water for Injection OR Sodium Chloride 0.9%</b>								

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