

SYRINGE DRIVER PRESCRIPTION CHART



Sussex Community
NHS Foundation Trust

This chart is valid until indicated on the chart or 3 months if no date is recorded in the review date box

Last Name		First Name		DOB		NHS number	
GP & Practice name and contact details		Palliative care team and contact details		Weight (If needed)		Review date	

KNOWN ALLERGIES:
(Including reaction)

Clinically assess - are symptoms being effectively controlled? Check if transdermal patch in situ. Instruction if in place
 Medicines should be used according to symptoms. Not all medicines will necessarily need to be administered at the same time.
 If symptoms are unstable review the 24 hour requirements and contact the Specialist Palliative Care team for advice.
 No more than three medicines should be used in the syringe driver unless this has been agreed with, & is under the supervision of, the specialist Palliative Care team.
 A new instruction must be written where there is a change in dose range. Put a single line through the previous instruction with your signature and date.

PAIN (Can also be considered for breathlessness)	Date	Name of Medicine	Route	Dose range over 24 hours	Prescriber's name	Prescriber's signature
			Sub cutaneous			
NAUSEA VOMITING	Date	Name of Medicine	Route	Dose range over 24 hours	Prescriber's name	Prescriber's signature
			Sub cutaneous			
ANXIETY RESTLESSNESS	Date	Name of Medicine	Route	Dose range over 24 hours	Prescriber's name	Prescriber's signature
			Sub cutaneous			
RESPIRATORY SECRETIONS OR COLIC	Date	Name of Medicine	Route	Dose range over 24 hours	Prescriber's name	Prescriber's signature
			Sub cutaneous			
OTHER (Please state)	Date	Name of Medicine	Route	Dose range over 24 hours	Prescriber's name	Prescriber's signature
			Sub cutaneous			
DILUENT	Date	Name of Medicine	Route	Greater dilution reduces site reaction	Prescriber's name	Prescriber's signature
			Sub cutaneous	Max fill 18ml for 20ml syringe Max fill 23ml for 30ml syringe		