NHS

Agreed for use by Greater Preston CCG, Chorley and South Ribble CCG, Lancashire Care NHS Foundation Trust and St Catherine's Hospice April 2016

FORM 2 COMMUNITY SUBCUTANEOUS SYRINGE PUMP MEDICINES AUTHORISATION CHART

SYRINGE DRIVER NUMBER _____ of _____

Name:	**G.P. Name & Base:**
Address:	**Community Nurse Team Name & Base:**
Date of Birth:	
NHS Number:	
Known Allergies / Alerts:	**Previous 24 hour dose of Analgesics:**

MEDICINES TO BE ADDED AND INFUSED VIA SUBCUTANEOUS SYRINGE PUMP OVER 24 HOURS

	MEDICINE	DOSE[a]
1		
2		
3		
4[b]		

Diluent: **Water for Injection** / **0.9% Sodium Chloride** Please delete as appropriate	**Final Volume:** **17mL** **22mL** Please delete as appropriate-usually 17mL for 20mL syringe and 22mL for 30mL syringe

Prescriber's Signature:	**Print Name:**	**Date:**
Date/Time Discontinued:	**Reason for Discontinuing:**	**Signature:**

a Prescribers may specify a safe, limited dose range where appropriate, but when a dose range is prescribed nurses should administer the lowest dose initially, and if uncertain about using higher doses should first seek advice from the prescriber or palliative care team.
b Specialist advice from the palliative care team or pharmacy/medicines management to be sought before adding a fourth medicine to the syringe pump

SYRINGE PUMP INFORMATION:

For information about prescribing for a syringe driver please refer to:-
http://www.palliativecareguidelines.scot.nhs.uk/guidelines/end-of-life-care/syringe-pumps.aspx

1. A continuous subcutaneous infusion is a useful method of administration when the oral route is inappropriate e.g. persistent nausea, vomiting, malabsorption, dysphagia and unconsciousness.

2. Transdermal fentanyl or buprenorphine patches should remain in situ in most cased when the need for a syringe pump is short-term.

3. It is common practice to administer 2-3 drugs in the same syringe. It is not recommended to mix more than 3 drugs without specialist palliative care advice.

4. A predictor of drug compatibility is ph. The majority of drugs given by syringe driver are acidic with only dexamethasone, diclofenac, ketorolac and phenobarbitone being alkaline.

5. For most drug combinations, water for injection is the suggested diluent, as there is less change of precipitation. Generally, incompatible drugs cause precipitation and thus cloudiness in the syringe. Do not use if this happens.

6. Site irritation may be reduced by diluting the drugs in a greater volume of diluent or using sodium chloride 0.9% as the diluent or substituting a plastic cannula.

7. The prescriber must prescribe the final volume. Usual practice is to administer syringe pump medication using a 20ml syringe made up to a a final volume of 17mL. Where the volume of medication to be administered over 24 hours is unusually large, or there are problems with site reactions a larger volume of 22mL administered using a 30mL syringe would be more appropriate. The District Nurse will advise the prescriber where this is the case. If the final volume exceeds these amounts seek specialist advice from the Specialist Palliative Care Team.