


FORM 2 COMMUNITY SUBCUTANEOUS SYRINGE DRIVER MEDICINES AUTHORISATION FORM

SYRINGE DRIVER NUMBER _____ of _____

Name:	 Complete prior to prescribing medication Does the patient have an allergy? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick and sign below) Name: _____ Signature: _____ Designation: _____ Bleep: _____ Date: _____ Allergy or sensitivity to: _____ Type of reaction (e.g. Rash) _____	
Address:		
Date of Birth:		
NHS Number:		
G.P. Name & Base:	For guidance on prescribing refer to overleaf and the NHS Palliative Care Clinical Practice Summary (CPS) https://www.england.nhs.uk/north-west/wp-content/uploads/sites/48/2022/10/20211124-NWC-LSC-and-CM-Palliative-Care-Clinical-Practice-Summary-2nd-Edition.pdf Please review this authorisation form and ensure that the maximum 24hr dose of drug is stipulated	
MEDICINES TO BE ADDED AND INFUSED VIA SUBCUTANEOUS SYRINGE DRIVER OVER 24 HOURS		
	MEDICINE	DOSE^a
1		
2		
3		
4 ^b		
Diluent: Water for Injection/ 0.9% Sodium Chloride Please delete as appropriate		
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 driver.

SYRINGE DRIVER 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 cases when the need for a syringe driver 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.

Usual practice is to administer syringe driver medication using a 20ml syringe made up to 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. If the final volume exceeds these amounts seek specialist advice from the Specialist Palliative Care Team.

