

LOCATION (circle): Hospital / Community WARD / CARE HOME: _____ CONSULTANT / GP: _____ NO. OF SYRINGE PUMPS: OF WEIGHT (kg): _____	URN: _____ SURNAME: _____ FIRST NAMES: _____ ADDRESS: _____ DATE OF BIRTH: _____
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Refer to the Palliative care: Syringe pump policy for further information on set-up & drug compatibility

SET-UP

1. Generally use Water for Injections as the diluent
2. On some occasions Sodium Chloride 0.9% should be used as the diluent
3. Use the diluent to make the total volume up to 17mL (in a 20mL syringe) or 22mL (in a 30mL syringe)
4. Use BD Plastipak luer lock syringes

SYRINGE PUMP DRUG COMPATIBILITY

Use drug compatibility charts in the policy for stability information when mixing TWO or THREE drugs
If prescribing FOUR DRUGS in a single syringe pump or for combinations not included in the policy contact the Specialist Palliative Care Team (tel. 876555) or Hospital Pharmacy (tel. 442628) for advice

PRESCRIPTION					ADMINISTRATION				
DATE & TIME	TOTAL VOLUME		MEDICINE ADDED TO SYRINGE PUMP <small>(draw a line through unused rows)</small>			DATE ADMINISTERED			
/ / :	17mL or 22mL <small>(circle)</small>		APPROVED DRUG NAME	DOSE		DOSE ADMINISTERED			
DILUENT	ROUTE	DURATION							
	SC	24 HOURS							

PRESCRIBER'S SIGNATURE		REASON FOR SYRINGE PUMP <small>(prescriber to tick)</small>	PHARMACY
PRINT NAME		End of life care	
ROLE / CONTACT NO.		Symptom management	

To discontinue draw a diagonal line through prescription and remainder of administration section	STOP DATE _____ STOP TIME _____ PRESCRIBER'S SIGNATURE _____ PRINT NAME _____ ROLE / CONTACT NO. _____
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PREPARATION AND SET-UP

DATE & TIME (START)	SITE POSITION	LINE CHANGE (tick)	SYRINGE PUMP ID NO.	BATTERY LEVEL (%)	START RATE (mL/hr)	START VOLUME (mL)	GIVEN BY	CHECKED BY	DATE & TIME (STOP)
/ / :									/ / :
/ / :									/ / :
/ / :									/ / :
/ / :									/ / :

