

**PAN-LONDON SYMPTOM CONTROL MEDICATION AUTHORISATION AND
ADMINISTRATION RECORD (MAAR) CHART V3**

1. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION (SYRINGE PUMP) AUTHORISATION CHART V3

This document should remain with the patient

These charts are only for injectable medicines. Tick this box if another Community Drug Chart is in use e.g. for Patches, Enemas etc. <input type="checkbox"/> If more than one syringe pump is being used, please use a separate syringe pump Authorisation Chart	
Palliative Care Team Contact Details:	Authorising clinician name and GMC/NMC/GPhC number:
Patient Information	Allergies and Adverse Drug Reactions (ADR)
Patient Name:	No Known Drug Allergies (NKDA): <input type="checkbox"/> If required, seek source of allergy
NHS No: D.O.B	List Medicine/Substance and Reaction: Print, Sign & Date:
Weight (for children):	

Check if there is an analgesic transdermal patch: Y N Drug name: _____ Dose: _____

Pain and / or Breathlessness			
Date:	Medication:	Dose range: (over 24 hours)	Prescriber sign & print:

Nausea / Vomiting			
Date:	Medication:	Dose range: (over 24 hours)	Prescriber sign & print:

Agitation / Distress			
Date:	Medication:	Dose range: (over 24 hours)	Prescriber sign & print:

Respiratory tract secretions			
Date:	Medication:	Dose range: (over 24 hours)	Prescriber sign & print:

Other medication – specify indication here:			
Date:	Medication:	Dose range: (over 24 hours)	Prescriber sign & print:

Other medication – specify indication here:			
Date:	Medication:	Dose range: (over 24 hours)	Prescriber sign & print:

Diluent			
Date:	Diluent:	Prescriber sign & print:	

**THE FOLLOWING PAGES ARE FOR
COMPLETION BY THE ADULT *OR*
CHILDRENS COMMUNITY NURSES.**

6. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP ADMINISTRATION RECORD AND CHECKLIST V3

This document should remain with the patient.

Patient name:				DOB:												
NHS number:				SERIAL NO. on T34 pump:												
1. Set up pump																
Start Date																
Start Time																
Battery life remaining %																
Volume to be infused (VTBI) (mL)																
Rate set mL/hr																
Infusion site																
Syringe size and Brand																
Time infusion to finish (hrs/mins)																
Tick box to confirm additive label attached to syringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
2. Contents of syringe																
Date																
Medication																
	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:									
	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:									
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Sign and print:																
3. Check pump while in use																
Time																
Battery light flashing Green? (yes/no)																
Battery life remaining %																
Spare battery available? (yes/no)																
Rate on display pad (mL/hr)																
VTBI (Volume to be infused) (mL)																
Visual volume checked (yes/no)																
VI (Volume infused)																
Time remaining (hrs/mins)																
Syringe line & contents clear? (yes/no)																
Is the infusion site condition okay? (yes/no)																
Keypad locked (✓)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient comfortable? (yes/no)																
Any action required? (yes/no)																
Sign and print																

6. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP ADMINISTRATION RECORD AND CHECKLIST V3

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Is the infusion site condition okay? (yes/no)																
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