

Title	Name	DOB	NHS Number
KNOWN ALLERGIES		Date the Medicine Instruction Chart Valid until:	



SYRINGE DRIVER INSTRUCTION CHART



Chart No.: _____

GP and Practice Name and Contact Details	Specialist Palliative Care Team and Contact Details

- 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 and 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	Date	Name of Medicine	Route	Dose range over 24 hours	Prescriber's Name	Prescriber's Signature <i>(as required)</i>
			Sub Cutaneous			

NAUSEA VOMITING	Date	Name of Medicine	Route	Dose range over 24 hours	Prescriber's Name	Prescriber's Signature <i>(as required)</i>
			Sub Cutaneous			

ANXIETY CONFUSION RESTLESSNESS	Date	Name of Medicine	Route	Dose range over 24 hours	Prescriber's Name	Prescriber's Signature <i>(as required)</i>
			Sub Cutaneous			

RESPIRATORY SECRETIONS	Date	Name of Medicine	Route	Dose range over 24 hours	Prescriber's Name	Prescriber's Signature <i>(as required)</i>
			Sub Cutaneous			

OTHER <i>(Please State)</i>	Date	Name of Medicine	Route	Dose range over 24 hours	Prescriber's Name	Prescriber's Signature <i>(as required)</i>
			Sub Cutaneous			

DILUENT	Date	Name of Medicine	Route	Greater Dilution reduces site reaction	Prescriber's Name	Prescriber's Signature <i>(as required)</i>
			Sub Cutaneous	Max fill 18ml for 20ml syringe Max fill 23ml for 30ml syringe		