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| **DRUGS TO BE MIXED TOGETHER IN A SYRINGE PUMP (McKINLEY T34)**  **FOR CONTINUOUS SUBCUTANEOUS INFUSION OVER 24 HOURS**  **DILUENT IS WATER FOR INJECTION (WFI) UNLESS OTHERWISE INSTRUCTED BY PRESCRIBER** |  | **PATIENTS NAME:**  **NHS No:** |  | **ALLERGIES:** |

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| Month: Year: | | DATE: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Cautions:**   * Authorisation of syringe pump drugs **in advance** is appropriate if: * likely to be needed in a number of days; * the patient’s deterioration is not reversible OR * occasionally for a patient who is at high risk of a specific symptom e.g. vomiting. * Where nursing staff do not have competency to manage syringe pumps (e.g. some nursing homes), ensure arrangements are in place before authorising syringe pump drugs **in advance** or with **dose ranges.**   Range in the syringe pump should be no more than 2 PRN doses. Seek specialist advice if considering a wider range.  **Cautions re administration of syringe pump drugs authorised as a dose range:**   * Start on the lowest dose in the range, unless assessment of PRN requirements indicates the need for a higher dose. Rationale for the chosen dose should be documented. * See prescribing table for usual maximum dose of drug in 24 hours, which includes PRN and syringe pump doses. * Max dose may be increased following specialist advice.   When adjusting syringe driver dose, it is likely that PRN dose also needs to change (opioids 1/6 24hr opioid dose). |
| \*\* If more than one syringe pump in use, indicate A or B. | | *Time:* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Syringe Pump  A or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diluent if not WFI: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indication: | | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:  From: To: | | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Start today  Start when needed  Start dose: (refer to care plan) | | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature: | Date: | Syringe Pump  A or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diluent if not WFI: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indication: | | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:  From: To: | | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Start today  Start when needed  Start dose: (refer to care plan) | | Initials: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prescriber Signature: | Date: | Syringe Pump  A or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Indication: | | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Prescriber Signature: | Date: | Syringe Pump  A or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Drug: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diluent if not WFI: | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Indication: | | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dose Range:  From: To: | | Dose: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Prescriber Signature: | Date: | Syringe Pump  A or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Indication: | | Time: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Prescriber Signature: | Date: | Syringe Pump  A or B\*\*: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |