

File within 3rd spine

NHS number: _____
 Name: _____
 Address: _____

 Date of birth: _____
 CR number: _____

Affix patient label

Providing integrated children's services

Ward: _____
 Consultant: _____
 GP: _____
 Date chart started: _____

Chart _____ of _____

Allergies (must be completed):
Weight (kg):

PAEDIATRIC PALLIATIVE CARE SYRINGE DRIVER PRESCRIPTION AND ADMINISTRATION RECORD

USEFUL PRESCRIBING INFORMATION

- When first commencing a syringe driver it can take 4-6 hours for the medication to take effect. It is therefore important to prescribe s/c stat doses of all medicines required to manage pain relief and other symptoms.
- If a patient is on a transdermal opioid patch when initiating a syringe driver it should be continued in addition to the syringe driver.
- Diamorphine is the preferred subcutaneous opioid in palliative care unless there are specific clinical reasons to use an alternative. S/C diamorphine is equivalent to one third of the oral morphine dose.
- Please ensure when ordering drugs that for every dose change two syringes are made up to enable priming of the line, therefore additional supplies will need to be ordered.
- For guidance on prescribing syringe drivers please first see the palliative care chapter of the local joint formulary (also available on the intranet).

Compatibilities

- A combination of drugs can be administered in the same syringe subject to compatibility guidelines in the Association of Paediatric Medicine Formulary (2012). If more than four drugs need to be combined then seek advice regarding compatibility from RCHT Medicine Information Unit on 01872 252587.
- Water for injection is the normal diluent. For exceptions see appropriate guidance as listed above.
- Note:** Cyclizine can precipitate with oxycodone, hyoscine butylbromide or high doses of diamorphine. Change to another antiemetic if necessary.
- Syringes must be changed every 24 hours.

Volumes

- Prescribers should specify the volume the syringe driver should be made up to (10mL, 17mL or 23 mL). This should take into account the volumes of the drugs required to be drawn up.
- Syringe sizes should be selected according to the following criteria:

Syringe size to be selected (mL)	Volume to be drawn up (mL)	Rate
10	10	0.42mls/hr (+/- 0.02mls/hr)
20	17	0.71mls/hr (+/- 0.02mls/hr)
30	23	0.96mls/hr (+/- 0.02mls/hr)

affix patient label

Allergies:

Syringe Driver Prescription

Stopped by:

Date:

Day 7					
Day 6					
Day 5					
Day 4					
Day 3					
Day 2					
Day 1					
	Date	Time	Syringe 1 prepared by: Checked by:	Syringe 2 prepared by: <i>If required</i> Checked by:	Compatibility & appropriateness to commence checked

Diluent
Water for injections
if other delete and re-write

Volume
10mL / 17mL / 23mL
Delete as appropriate

Route
**Continuous
subcutaneous
infusion via syringe
driver over 24 hours**

Syringe driver unit number						
Drug 1 If required/confirmed appropriate, future increased doses for symptom management	Initial dose	<input type="text"/>				
1st increase	<input type="text"/>	2nd increase	<input type="text"/>	3rd increase	<input type="text"/>	
Sign/date commenced	Sign/date commenced	Sign/date commenced	Sign/date commenced	Sign/date commenced	Sign/date commenced	
Drug 2 If required/confirmed appropriate, future increased doses for symptom management	Initial dose	<input type="text"/>				
1st increase	<input type="text"/>	2nd increase	<input type="text"/>	3rd increase	<input type="text"/>	
Sign/date commenced	Sign/date commenced	Sign/date commenced	Sign/date commenced	Sign/date commenced	Sign/date commenced	
Drug 3 If required/confirmed appropriate, future increased doses for symptom management	Initial dose	<input type="text"/>				
1st increase	<input type="text"/>	2nd increase	<input type="text"/>	3rd increase	<input type="text"/>	
Sign/date commenced	Sign/date commenced	Sign/date commenced	Sign/date commenced	Sign/date commenced	Sign/date commenced	
Drug 4 If required/confirmed appropriate, future increased doses for symptom management	Initial dose	<input type="text"/>				
1st increase	<input type="text"/>	2nd increase	<input type="text"/>	3rd increase	<input type="text"/>	
Sign/date commenced	Sign/date commenced	Sign/date commenced	Sign/date commenced	Sign/date commenced	Sign/date commenced	
Prescriber						Date:
Sign:						
Print:						
Designation:						