

A Clinical Management Plan is required for the prescribing by a Non-Medical Prescriber of a syringe driver containing more than one drug. Syringes containing single drugs can be prescribed without a Clinical Management Plan by Independent Non-Medical Prescribers

It is the responsibility of the Non-Medical Prescriber using this Clinical Management Plan to ensure that any drugs prescribed for administration within one syringe are compatible using compatibility charts included in the [West Midlands Palliative Care Physicians Guidelines 2007](#), the [Palliative Care Formulary 3rd Edition](#) (Twycross, Wilcock et al) or www.palliativedrugs.com

This Clinical Management Plan is only for use by practitioners specialising in Palliative and End-of-life care

Clinical Management Plan for Administration of More than One Drug via a Continuous Sub-cutaneous Syringe Driver Over 12 or 24 hours				
Name of Patient:		Patient medication sensitivities/allergies:		
Patient identification e.g. ID number, date of birth:				
Independent Prescriber(s):		Supplementary Prescriber(s)		
Condition(s) to be treated Pain Nausea and vomiting Excessive respiratory secretions Restlessness and agitation Seizures		Aim of treatment Palliative care in those patients whose disease is not responsive to curative treatment.		
Injections to be administered in combination in one syringe via a continuous sub-cutaneous syringe driver over 12 or 24 hours that may be prescribed by the Supplementary Prescriber:				
Injections	Indication(s)	Dose schedule	Specific indications for referral back to the Medical Practitioner	
1) Cyclizine	Pain	As per Palliative Care Formulary Edition 3 (PCF 3) and West Midlands Palliative Care Physicians Guidelines (2007) Prescribe the lowest dose that controls the symptoms	Lack of response to treatment	
2) Dexamethasone	Nausea and vomiting		Rapidly increasing dosage requirements.	
3) Diamorphine	Excessive respiratory secretions		Suspected spinal cord compression	
4) Glycopyrronium	Restlessness and agitation		Suspected bowel obstruction.	
5) Haloperidol	Seizures			
6) Hyoscine butylbromide	All the above are managed as directed in the West Midlands Palliative Care Physicians Guidelines (2007) and the Palliative Care Formulary Edition 3.			
7) Hyoscine hydrobromide				
8) Levomepromazine				
9) Metoclopramide				
10) Midazolam				
11) Morphine				
12) Oxycodone				
Guidelines or protocols supporting Clinical Management Plan:				
Palliative Care Formulary Edition 3 and West Midlands Physicians Palliative Care Guidelines, 2007.				
Frequency of review and monitoring by:				
Supplementary prescriber		Supplementary prescriber and independent prescriber		
5 days				
Process for reporting ADRs:				
Yellow card reporting to CSM, reporting to Trust and/or Hospice Clinical Governance as appropriate				
Shared record to be used by IP and SP:				
PMR, Patient Care Plan / Patient Held Record, Authorisation to Administer Medications record				
Agreed by independent prescriber(s)	Date	Agreed by supplementary prescriber(s)	Date	Date agreed with patient/ carer