Palliative Care Subcutaneous Infusion Prescription and Monitoring Chart for Syringe Pumps

NHS Greater Glasgow and Clyde

NHS Highland (Argyll and Bute CHP)

Retain original chart in the case notes unless transferring patient. Send original chart with patient on transfer and retain photocopy in case notes.

Patient Name:

Address:

CHI No:

Attach patient label here

Known Allergies / Sensitivities:

Use one chart per pump.
Infusion No. _____of _____

Date / Time	Drug(s)	24 hour dose (for each drug)	Prescribed by (full signature for each drug)	Diluent (tick and sign)	Compatibility † (Drugs and Diluent)	Date Stopped	Stopped by
	1........................... 2........................... 3...........................	....	....	☐ Water for injection OR ☐ Sodium chloride injection 0.9% depending on compatibility *	Stable ☐ Source of information: / No data ☐ Comment:		

Remember to also prescribe breakthrough medication.
Discontinue infusion by scoring through whole box, dating and signing. Write new prescription in boxes below.

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IF YOU WISH TO CHANGE THE PRESCRIPTION AND / OR DOSE:

Stop current infusion, switch OFF pump using the ON / OFF button, discard solution and start again.

* † Consult the current NHS GGC Guidelines OR http://www.palliativecareguidelines.scot.nhs.uk/subcutaneous_medication

For further information about compatibility etc. contact local hospital pharmacy, palliative care community pharmacy or specialist palliative care team.

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Record of Preparation and Monitoring

Patient Name:.. CHI number:..

Make of Infusion Device:.................................... Model of Infusion Device: ....

DAILY SET UP

Field	Value
Date / time of preparation:	Flow Rate in ml/hr:
	Battery life % :
Asset / Serial No:	
Diluent:	Keypad lock on: Yes ☐ No ☐
Batch No.:	
Drug name and batch number(s): 1.. 2.. 3..	
Total volume:	
Site used and appearance:	Syringe appearance:
Site changed: Yes ☐ No ☐	Line changed: Y ☐ N ☐
Signature(s):	

MONITORING

Time (4 hourly checks for in-patients)	Initial check within 1 hour						
Syringe appearance e.g. 'Clear'							
Flow rate setting (N.B. do not alter)							
Volume To be infused							
Volume Infused (total)							
Battery check (light flashing)							
Running to time (Y/N) If NO see 'Troubleshooting'							
Site appearance e.g. 'OK'							
Initial							

Troubleshooting

	If infusion is not completed, note volume remaining and sign below
Alarm conditions – specify:	Volume disposed: / Date and time:
Time and actions taken:	Sign: / Witness (if applicable):
Action if not running to time:	Syringe pump discontinued: ☐ Sign:

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