

Inpatients: Assess the patient and complete this record every 4 hours
Community Patients: Assess the patient and complete this record on every clinical visit

[illegible]

Directions for the Prescriber

- Write clearly in black ink using block capitals and approved names
- Delete + or -, as appropriate
- Complete and sign the authorisation

Directions for the nurse administering the medication

- Complete the nurse signature record overleaf with initials, signature and printed name
- Record administration details and sign
- Where a controlled drug (CD) is administered, a Community Nurse CD record should be completed for each CD

SHEET NO.

PALLIATIVE CARE SYRINGE DRIVER AUTHORISATION CHART

PATIENT'S SURNAME:	PATIENT'S FORENAME:	DATE OF BIRTH:	DRUG SENSITIVITIES
PATIENT'S ADDRESS:		FIP No:	
GP NAME:	GP CONTACT DETAILS	Hospital No:	

PRESCRIPTION DATE: _____

VALID TO START UNTIL: _____

+ / -	DRUG 1	DOSE/RANGE PER 12/24 HOURS	INDICATION	INDICATION FOR ALTERATION
+ / -	DRUG 2	DOSE/RANGE PER 12/24 HOURS	INDICATION	INDICATION FOR ALTERATION
+ / -	DRUG 3	DOSE/RANGE PER 12/24 HOURS	INDICATION	INDICATION FOR ALTERATION
+ / -	DRUG 4	DOSE/RANGE PER 12/24 HOURS	INDICATION	INDICATION FOR ALTERATION
+ / -	DRUG 5	DOSE/RANGE PER 12/24 HOURS	INDICATION Skin irritation/Line Patency only	LEAVE BLANK
Route: Subcut only	Prescriber's Name and Contact Details:			Prescriber's Signature:

Dilute with _____ to syringe length 48 mm to run over 12/24 hours (delete as appropriate)
at _____ mm/hour in a 10 or 20 ml syringe

PALLIATIVE CARE AS REQUIRED MEDICATION CHART

PATIENT’S NAME: _____

PATIENT’S DOB: _____

SHEET NO.

Authorisation for as required prescriptions					Administration														
Date	Drug				Date														
Indication			Frequency		Time														
Indication For Alteration			Route		Dose														
Dose/Range		Max 24hr Dose			Route														
Prescriber's Name		Prescriber's Signature			Given by														
Date	Drug				Date														
Indication			Frequency		Time														
Indication For Alteration			Route		Dose														
Dose/Range		Max 24hr Dose			Route														
Prescriber's Name		Prescriber's Signature			Given by														
Date	Drug				Date														
Indication			Frequency		Time														
Indication For Alteration			Route		Dose														
Dose/Range		Max 24hr Dose			Route														
Prescriber's Name		Prescriber's Signature			Given by														
Date	Drug				Date														
Indication			Frequency		Time														
Indication For Alteration			Route		Dose														
Dose/Range		Max 24hr Dose			Route														
Prescriber's Name		Prescriber's Signature			Given by														
Date	Drug				Date														
Indication			Frequency		Time														
Indication For Alteration			Route		Dose														
Dose/Range		Max 24hr Dose			Route														
Prescriber's Name		Prescriber's Signature			Given by														

Nurses’ Signature Record	Initials	Initials	Initials	Initials	Initials	Initials
	Signature	Signature	Signature	Signature	Signature	Signature
	Print Name	Print Name	Print Name	Print Name	Print Name	Print Name
Nurses’ Signature Record	Initials	Initials	Initials	Initials	Initials	Initials
	Signature	Signature	Signature	Signature	Signature	Signature
	Print Name	Print Name	Print Name	Print Name	Print Name	Print Name

PALLIATIVE CARE SYRINGE DRIVER ADMINISTRATION RECORD CHART

PATIENT'S NAME: _____

PATIENT'S DOB: _____

SHEET NO.

Name of Doctor or Nurse Prescriber authorising prescription to start or continue:

Date: _____

Nurse Name: _____

Nurse Signature: _____

Administration Record

Date:	Drugs	Dose Given	Expiry Date	Batch No.	Signature:
Time:	1				Name:
	2				
	3				
	4				
Diluent:	5				
Date:	Drugs	Dose Given	Expiry Date	Batch No.	Signature:
Time:	1				Name:
	2				
	3				
	4				
Diluent:	5				
Date:	Drugs	Dose Given	Expiry Date	Batch No.	Signature:
Time:	1				Name:
	2				
	3				
	4				
Diluent:	5				
Date:	Drugs	Dose Given	Expiry Date	Batch No.	Signature:
Time:	1				Name:
	2				
	3				
	4				
Diluent:	5				
Date:	Drugs	Dose Given	Expiry Date	Batch No.	Signature:
Time:	1				Name:
	2				
	3				
	4				
Diluent:	5				
Date:	Drugs	Dose Given	Expiry Date	Batch No.	Signature:
Time:	1				Name:
	2				
	3				
	4				
Diluent:	5				