Palliative Care Centre
1st Floor Wolfson Building,
48 Riding House St.,
London W1N 8AA
Tel: **020 7530 6200**
Fax: **020 7530 6220**

Camden NHS
Primary Care Trust
A Beacon Service
Part of the NHS Learning Network

UCL

Rob George MA MD FRCP Clinical Director
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Maggie Bisset MSc RGN Consultant Nurse
Email: maggie.bisset@camdenpct.nhs.uk

To: *Doctor's name and address*

Date

Dear Doctor……

Please find below details of my assessment of

NAME

ADDRESS

DOB.

PATIENT ASSESSMENT (including date of last Specialist Review)

Patient's name……. now needs to have their medication administered by continuous subcutaneous infusion, using a syringe driver. We need to start this as soon as is practicable and I would be grateful if you would prescribe the necessary medication on **FP10** (see overleaf) and complete and sign the **Palliative Care Syringe Driver Authorisation Sheet**, to be left in the patient's home.

Following our conversation about this patient, I have set out below the drugs I suggest that we use, including the dose or theraputic range that I recommend for each of them. Please call me on the above telephone number, if there is anything further you would like to know or discuss about my assessment of the patient, or the proposed drug regime. Out of normal working hours you can get Specialist Palliative Care advice by calling……

RECOMMENDED DRUGS AND DOSES OR RANGES

1. FP10 for COMMUNITY PHARMACIST with quantity of each drug

2. PALLIATIVE CARE SYRINGE DRIVER AUTHORISATION SHEET

CONTINUOUS INFUSION:

AS REQUIRED MEDICATION:

Yours sincerely,

NAME

TITLE