

## www.palliatedrugs.com February 06 newsletter syringe driver survey

Please use this form to record a syringe driver combination with morphine, oxycodone or hydromorphone and then enter the details onto the [www.palliatedrugs.com](http://www.palliatedrugs.com) SDSD. (Login, go to SDSD, scroll down and select 'continue to SDSD search page', then select 'submit an entry').

Drug 1	_____	Dose (mg)	_____
Drug 2	_____	Dose (mg)	_____
Drug 3	_____	Dose (mg)	_____
Drug 4	_____	Dose (mg)	_____
Drug 5	_____	Dose (mg)	_____
Drug 6	_____	Dose (mg)	_____

Diluent: Water / Saline 0.9% / None / Other \_\_\_\_\_

Made up to a final volume of \_\_\_\_\_ ml (**volume** not measurement is needed)

**Actual** duration of this syringe: \_\_\_\_\_ hours

Compatibility outcome : ☐ Appeared compatible ☐ Incompatible (please state details in comments box)

Data: Please record as '**observational data**' on online form

Infusion site reaction: ☐ No apparent problems ☐ Yes (please state details in comments box)

Comments:

References: This can be left blank on the online form