Prescription and administration of medicines via subcutaneous CME/McKinley T34 syringe pump

Prescription chart serial number:

Number of syringe pumps in use ______________

Date rewritten ______________________________

- Adhere to the requirements for prescribing and administration stated in Medicines Management Policies/Procedures
- Opioid doses for syringe pumps should be written in both words and figures
- Where an opioid is prescribed and there is an intended dose increase, the dose should not normally be more than 50% higher than the previous dose
- Before mixing two or more medicines in syringe, confirm compatibility using reference texts or other information sources
- Where a kardex is in use, this chart must be referenced on the main kardex
- Medicines for management of 'breakthrough' symptoms must be prescribed separately.

Allergies/Medicine sensitivities

Medicine (generic)/allergen	**Type of reaction (eg. rash)**	**Signature/date**

or

No known allergies ☐ (Please tick)

Signature: ______________________ Date: __________

Use addressograph - otherwise write in capitals

Surname: ______________________

First names: ______________________

Patient number: ______________________

DoB: ______________________

Address: ______________________

____

Hospital: ______________ Ward: ______________

Consultant/Team/GP ______________________

Check identity

Special instructions/Additional notes/Pharmacy notes

Prescription

Medicines	Dose
1	
2	
3	
4	

Draw a line through any unused rows from medicine 2 to medicine 4

Diluent

Infuse over ________ hours

Prescriber's signature

Print name/designation

Start date	Start time

To discontinue the prescription draw a diagonal line through the prescription and the remainder of the administration section. Complete the details below:

Stop date ______________________ Stop time ______________________

Prescriber's signature ______________________

Print name/designation ______________________

Preparation and Administration

Date				
Batch numbers for medicine 1				
Batch numbers for medicine 2				
Batch numbers for medicine 3				
Batch numbers for medicine 4				
Batch numbers for diluent				
Expiry dates checked Yes/No				
Battery life (%)				
Pump delivering Yes/No				
Syringe pump ID number				
Final volume (ml)				
Line primed Yes/No				
Rate (ml/hr)				
Site				
Time commenced				
Lock on Yes/No				
Prepared and commenced by				

NSV code

Monitoring checks (Checks to be completed according to Trust policy)

Date Year	Time	Rate (ml/hr)	Pump delivering Yes/No	Volume (ml) to be infused (VTBI)	Volume (ml) infused (VI)	Solution checked Yes/No	Line checked Yes/No	Lock on ? Yes/No	Site checked Yes/No	Specific problems see codes or enter None	Action taken/comments	Signature

Use addressograph - otherwise write in capitals

Surname: ____________________

First names: ____________________

Patient number: ____________ DoB: ____________

Address: ____________________

____

Hospital: ____________ Ward: ____________

Consultant/Team/GP ____________________

Check identity

Where contents are discarded, the following section should be completed according to Trust policy.

Amount discarded (ml)	Date	Time	Signature 1	Signature 2

For patient transfer conduct a monitoring check and complete the section below.

Date	Time	Transferring ward/dept	Receiving ward/dept

Codes for specific problems:

BL = bleeding
BR = bruising
C = crystallisation
CC = colour change
L = leakage
O = other and specify
P = pain
R = redness
SW = swelling