

Prescription for Administration of Subcutaneous Drugs via Syringe Pump and as Required Bolus Drugs

Affix patient label here or record:
Name:
DoB:
NHS number:

GP:	Allergies:
Is Fentanyl/Buprenorphine Patch in situ:	If Yes: Which Patch?
	Dose:

SECTION 1 – AS REQUIRED DRUGS

Indication	As Required Drugs	Dose (Range)	Route	Frequency	Max 24-hour dose Inclusive of syringe pump	Prescribers name, Date & Signature
PAIN			Subcutaneous			
NAUSEA/VOMITING			Subcutaneous			
SECRECTIONS			Subcutaneous			
AGITATION			Subcutaneous			
BREATHLESSNESS			Subcutaneous			

PLEASE PRESCRIBE AS REQUIRED DRUGS FOR ALL PATIENTS

Consider prescribing for: Pain/Nausea/Vomiting, Agitation, Secretions. Given by subcutaneous injection unless otherwise indicated.
Recommended maximum frequency: Analgesic 1-hour, Anti-emetic 2 hours, Anxiolytic 30-60 minutes, Antisecretory 1-2 hours

SECTION 2 – CONTINOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP

Affix patient label here or record: Name: DoB: NHS number:		GP:	Allergies:		
		Is Fentanyl/Buprenorphine Patch in situ:	If Yes: Which Patch?		Dose:

Drug (by continuous subcutaneous infusion)	Range of dose (if appropriate)	Commencement dose	Prescribers name, date, and signature	Please record commencement dose and any subsequent dose change by administering professional		
				Date/time:		
				Dose:		
				Sign:		
				Date/time:		
				Dose:		
				Sign:		
				Date/time:		
				Dose:		
				Sign:		
				Date/time:		
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