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| --- | --- | --- | --- | --- | --- | --- | --- |
| **PRESCRIPTION DETAILS [for completion by the prescriber] – a separate form must be completed for each syringe driver** | | | | | | | |
|  |  | **DRUG** | **DOSE** | **DILUENT** | **PHARMACYa** | **ALLERGY STATUS** | **PATIENT DETAILS**  **[Affix label if available]** |
| **Date** |  | 1. |  | Please circle  **Water for injection**  or  **Normal Saline** |  |  | NHS Number: ………………………………………………..  Surname: ………………………………………………………  Forename(s): …………………………………………………  Address: ………………………………………………………..  ……………………………………………………….  DOB: …………………….. |
| **Route** | SC | 2. |  |  |
| **Duration of flow** | Please circle  **12 hours**  **24 hours** | 3. |  |  |
| 4. |  |  |
| *The patient will be reviewed by the attending clinician at each attendance and, where there has been a change of circumstances, will refer to the prescriber for any necessary treatment changes or need for review.* *If, as the prescriber, you wish to review the patient on a particular date, please stipulate below -*  Review date: ……………………….. | | | | | | |
| Prescriber name: ………………………………………… Signature: ………………………………………………… Practice: …………………………………………….. | | | | | | | a. Pharmacy: Only complete if this form is used on a ward. NOT required for community use. |

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| **ADMINISTRATION & OBSERVATION DETAILS [for completion by administering clinician]** | | | | | | | | **WARD OR BASEPOINT NAME** | | | |  | | |
| **The patient will be reviewed by the attending clinician at each attendance and, where there has been a change of circumstances, will refer to the prescriber for any necessary treatment changes or need for review.** | | | | | | | | | | | | | | |
| **ADMINISTRATION1** | | **Day and Date** | |  | **OBSERVATIONS2** | | **Time [HH:MM]** | |  |  |  |  |  |  |
| **DAILY SET UP** | Start time of infusion: | | | | **MONITORING PROGRESS** | Site appearance6 : | | |  |  |  |  |  |  |
| Syringe size used  **20ml** or  **30ml** | | *17ml infusion in 20ml syringe*  *22ml infusion in 30ml syringe* | | Syringe/line contents clear3 - OK to continue? [Y/N] | | |  |  |  |  |  |  |
| Infusion rate setting – as at set up? [Y/N] | | |  |  |  |  |  |  |
| Syringe Driver serial No.: Battery Status [%]: | | | | Infusion time remaining [HH:MM] | | |  |  |  |  |  |  |
| Infusion rate [ml/hr]: | | | | Volume still to be infused (vtbi) [ml] | | |  |  |  |  |  |  |
| Site used5: Site Appearance6: | | | | Is the VTBI correct for time remaining [Y/N] | | |  |  |  |  |  |  |
| Drawn up by: Checked by: | | | | Volume infused [ml] | | |  |  |  |  |  |  |
| Details of any problems & actions taken:  **If syringe contents discarded:**  Volume discarded: Date & time:  Discharged by: Checked: | | | | Battery status [%]4 | | |  |  |  |  |  |  |
| Is the key pad locked? [Y/N] | | |  |  |  |  |  |  |
| Observer’s initials | | |  |  |  |  |  |  |
| 1. To be completed each time syringe driver is loaded 2. WARD - Completed 30 minutes after loading and then every 4 hours   COMMUNITY – Complete at set up, at each subsequent visit and at syringe change   1. If contents of syringe look cloudy, precipitation has occurred. STOP infusing and contact prescriber. Refer to policy for guidance on checking compatibility | | | | | 4. Change battery when less than 10% (ward ) or 40% (community)  5. Document insertion site of winged infusion  6. Appearance: Use code below  NP (no problem) P (pain) I (inflammation)  SW (swelling) B (bleeding) H (hardening) | | | | Page 1 | | | | | |