

AS REQUIRED INJECTABLE DRUGS (in addition to syringe pump dosing)

If four or more PRN doses are required in 24hrs you must seek clinical reassessment.
For opioids the PRN dose is usually 1/6th of the total 24hr dose

Patient Name:

NHS No:

Allergies

For dosing guidance see front page

Drug:		Date:	continuous subcutaneous infusion over 24 hours.											
Indication:		Time:												
Dose range:	Max number of doses in 24hrs:	Dose:												
Route: Sub-cutaneous	Dosing interval	Route:												
Prescriber Signature:		Initials:												
Print Surname:	Date:													
Drug:		Date:												
Indication:		Time:												
Dose range:	Max number of doses in 24hrs:	Dose:												
Route: Sub-cutaneous	Dosing interval	Route:												
Prescriber Signature:		Initials:												
Print Surname:	Date:													
Drug:		Date:												
Indication:		Time:												
Dose Range:	Max number of doses in 24hrs:	Dose:												
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Prescriber Signature:		Initials:												
Print Surname:	Date:													
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Print Surname:	Date:													
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Indication:		Time:												
Dose range:	Max number of doses in 24hrs:	Dose:												
Route: Sub-cutaneous	Dosing interval	Route:												
Prescriber Signature:		Initials:												
Print Surname:	Date:													

Pharmacist check (inpatient only)

Prescriber guidance:

- Authorisation of syringe pump drugs **in advance** is appropriate if:
 - likely to be needed in a number of days;
 - The patient's deterioration is not reversible OR
 - Occasionally for a patient who is at high risk of a specific symptom e.g. vomiting.
- Where nursing staff do not have competency to manage syringe pumps (e.g. some nursing homes), ensure arrangements are in place before authorising syringe pump drugs **in advance** or with **dose ranges**.
- See prescribing table for usual maximum dose of drug in 24 hours, which includes PRN and syringe pump doses.
- When adjusting syringe driver dose, the PRN dose is also likely to change (opioids 1/6 of the 24hr opioid dose)

Administration guidance:

- Start on the lowest dose in the range, unless assessment of PRN requirements indicates the need for a higher dose. Document rationale for chosen dose.

Use these codes for any omitted dose:

- Ⓐ - Allergic Reaction
- Ⓒ - Clinical reason
- Ⓓ - Patient refused
- Ⓔ - Patient unavailable
- Ⓕ - Drug unavailable
- Ⓖ - Self administered
- Ⓗ - Parent administration
- Ⓤ - Carer administration

IF THE PATIENT HAS TWO SYRINGE PUMPS YOU MUST PRESCRIBE THEM ON SEPARATE PAGES

**Range in the syringe pump should be no more than 2 PRN doses.
Seek specialist advice if considering a wider range or higher dose.
Consider existing oral medication when prescribing syringe pump.**

Patient Name:

NHS No:

Allergies

Pharmacist
check

Month	Year:	Drugs to be mixed together in syringe pump (McKinley T34) for Diluent is water for injection (WFI) unless otherwise instructed																				
Drug:																						
Diluent if not WFI:																						
Indication:																						
Dose Range: From: To:		DATE:																				
<input type="checkbox"/> Start today <input type="checkbox"/> Start when needed Start dose: (refer to care plan)		Time:																				
Prescriber Signature:		Dose:																				
Print Surname:	Date:	Initials:																				
Drug:																						
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Prescriber Signature:		Dose:																				
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Patient Name:

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Allergies

Month:	Year:	Drugs to be mixed together in syringe pump (McKinley T34) for continuous subcutaneous infusion over 24 hours. Diluent is water for injection (WFI) unless otherwise instructed by prescriber.																				Pharmacist check
Drug:																						
Diluent if not WFI:																						
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