

PAN-LONDON SYMPTOM CONTROL MEDICATION AUTHORISATION AND ADMINISTRATION RECORD (MAAR) CHART V3

1. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION (SYRINGE PUMP) AUTHORISATION CHART V3

This document should remain with the patient

Palliative Care Team Contact Details:		Authorising clinician name and G	e use a separate syringe pump Authorisation Chart Authorising clinician name and GMC/NMC/GPhC number:						
	Patient Information	Allergies and	Adverse Drug Reactions (ADR)						
Patient Na	ame:	No Known Drug Allergies (NKDA):							
NHS No:		List Medicine/Substance and Reaction	on:						
D.O.B									
Weight (fo	or children):								
		Print, Sign & Date:							
Check if	there is an analgesic transder	mal patch: Y N Drug name	e: Dose:						
Pain and	I/or Breathlessness								
Date:	Medication:	Dose range:	Prescriber sign & print:						
		(over 24 hours)							
Nausea /	/ Vomiting								
Date:	Medication:	Dose range:	Prescriber sign & print:						
		(over 24 hours)							
Agitation	n / Distress								
Date:	Medication:	Dose range: (over 24 hours)	Prescriber sign & print:						
Respirat	ory tract secretions								
Date:	Medication:	Dose range:	Prescriber sign & print:						
Dale.		(over 24 hours)	Freschber sign & philit.						
Other me	edication – specify indication here	:	·						
Date:	Medication:	Dose range:	Prescriber sign & print:						
		(over 24 hours)							
Other me	edication – specify indication here	:							
Date:	Medication:	Dose range:	Prescriber sign & print:						
		(over 24 hours)							
Diluent									
Date:	Diluent:		Prescriber sign & print:						

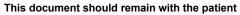
2. 'AS REQUIRED' (PRN) SUBCUTANEOUS INJECTIONS AUTHORISATION AND ADMINISTRATION CHART V3 This document should remain with the patient

These charts are only for injectable medicines. Tick this box if another Community Drug Chart is in use e.g. for Patches, Enemas etc. 🗌 If more than one syringe pump is being used, please use a separate syringe pump Authorisation Chart							
Palliative Care Team Contact Details:	Authorising clinician name and GMC/NMC/GPhC number:						
Patient Information	Allergies and Adverse Drug Reactions (ADR)						
Patient Name:	No Known Drug Allergies (NKDA): 🔲 If required, seek source of allergy						
NHS No:	List Medicine/Substance and Reaction:						
D.O.B							
Weight (for children):	Print, Sign & Date:						

If patient requires more than 3 PRN opioids in 24 hours consider contacting palliative care team

Check if there is an anal	gesic tr	ansde	ermal	patch	h: Y	Ν	Drug	g nam	e:		C)ose:		
Pain	Date:													
Medication:	Time:													
Date: Dose Range:	Dose:													
Max 24hour dose: Frequency: Prescriber sign & print:	Sign:													
Nausea / Vomiting	Date:													
Medication:	Time:													
Date: Dose Range:	Dose:													
Max 24hour dose: Frequency: Prescriber sign & print:	Sign:													
Agitation / Distress	Date:													
Medication:	Time:													
Date: Dose Range:	Dose:													
Max 24hour dose: Frequency: Prescriber sign & print:	Sign:													
Respiratory secretions	Date:													
Medication:	Time:													
Date: Dose Range:	Dose:													
Max 24hour dose: Frequency: Prescriber sign & print:	Sign:													
Other indication:	Date:													
Medication:	Time:													
Date: Dose Range:	Dose:													
Max 24hour dose: Frequency: Prescriber sign & print:	Sign:													

3. CRISIS/EMERGENCY AND REGULAR INJECTIONS AUTHORISATION AND ADMINISTRATION CHART V3



	es and Adverse Drug Reactions (ADR) (DA): If required, seek source of allergy
	KDA): If required, seek source of allergy
List Medicine/Substance and	
	Reaction:
Print, Sign & Date:	
Y SUBCUTANEOUS AND INT	RAMUSCULAR INJECTIONS

Indication:		Administration record:	record:	record:	
Medication:		Date:	Date:	Date:	
		Time:	Time:	Time:	
Dose:	Route:	Dose:	Dose:	Dose:	
Max 24hour dose:	Frequency:				
Prescriber sign, print & date:		Sign:	Sign:	Sign:	
Indication:		Administration record:	Administration record:	Administration record:	
Medication:		Date:	Date:	Date:	
		Time:	Time:	Time:	
Dose:	Route:	Dose:	Dose:	Dose:	
Max 24hour dose:	Frequency				
Prescriber sign, print & date:		Sign:	Sign:	Sign:	

REGULAR DOSE SUBCUTANEOUS INJECTIONS

Indication:	Date):					
Medication:	nes						
Dose range:	on tir						
Prescriber sign, print & date:	strati						
	administration times						
	er ad						
	Enter						
Indication:	Date):					
Medication:	nes						
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Prescriber sign, print & date:	strati						
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THE FOLLOWING PAGES ARE FOR COMPLETION BY THE ADULT OR CHILDRENS COMMUNITY NURSES.



4. CONTROLLED DRUG STOCK BALANCE CHART V3

Patient Name:	Medication	
DOB:	Form:	Strength:
NHS Number	Page no:	
	Batch No:	Expiry Date:

Date:	Time:	Stock balance/Stock received (no. ampoules)	Dose given (milligram / microgram):	Amount wasted (milligram / microgram):	Remaining stock balance	Sign & print:
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Closing stock balance	disposed of – e	Sign & print:				

If you discover an error or discrepancy, please ensure you report in line with local policies and procedures



4. CONTROLLED DRUG STOCK BALANCE CHART V3

Patient Name:	Medication				
DOB:	Form:	Strength:			
NHS Number	Page no:				
	Batch No:	Expiry Date:			

Date:	Time:	Stock balance/Stock received (no. ampoules)	Dose given (milligram / microgram):	Amount wasted (milligram / microgram):	Remaining stock balance	Sign & print:
Closing stock balance	disposed of – e	Sign & print:	1			

If you discover an error or discrepancy, please ensure you report in line with local policies and procedures



5. NON-CONTROLLED DRUG STOCK BALANCE CHART V3

Patient Name:	Medication				
DOB:	Form:	Strength:			
NHS Number	Page no:				
	Batch No:	Expiry Date:			

Date:	Time:	Stock balance/Stock received (no. ampoules)	Dose given (milligram / microgram):	Amount wasted (milligram / microgram):	Remaining stock balance	Sign & print:
Closing stock balance	disposed of – er	Sign & print:				

If you discover an error or discrepancy, please ensure you report in line with local policies and procedures

6. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP ADMINISTRATION RECORD AND

5

CHECKLIST V3

This document should remain with the patient.																	
Patient name:		DOB:															
NHS number:		SERIAL NO. on T34 pump:															
1.Set up pump																	
Start Date																	
Start Time																	
Battery life remaining %																	
Volume to be infused (VTBI) (mL)																	
Rate set mL/hr																	
Infusion site																	
Syringe size and Brand																	
Time infusion to finish (hrs/mins)																	
Tick box to confirm additive label attached to syringe																	
2. Contents of syringe																	
Date																	
Medication													-				
	Dose:				Dose:				Dose:				Dose:				
	Batch no.:			Batch	no.: / Date:			Batch Expiry				Batch					
	Expiry Date: Dose:				Dose:				Dose:				Expiry Date: Dose:				
	Batch no.:				Batch				Batch				Batch no.:				
	Expiry Date:					/ Date:			Expiry				Expiry Date:				
	Dose: Batch no.:				Dose: Batch no.:				Dose: Batch				Dose: Batch no.:				
	Batch no.: Expiry Date:				Expiry Date:				Expiry				Expiry Date:				
	Dose:				Dose:				Dose:				Dose:				
	Batch no.:			Batch no.:				Batch				Batch					
	Expiry Date:			Expiry Date:			Expiry				Expiry Date: Dose:						
	Dose: Batch no.:			Dose: Batch no.:			Dose: Batch				Batch no.:						
	Expiry Date:			Expiry Date:			Expiry Date:					Date:					
Sign and print:																	
3. Check pump while in use																	
Time																	
Battery light flashing Green? (yes/no)																	
Battery life remaining %																	
Spare battery available? (yes/no)	e battery available?																
Rate on display pad (mL/hr)																	
VTBI (Volume to be infused) (mL)																	
Visual volume checked (yes/no)																	
VI (Volume infused)																	
Time remaining (hrs/mins)																	
Syringe line & contents clear? (yes/no)	nge line & contents clear?																
Is the infusion site condition okay? (yes/no)																	
Keypad locked (✓)																	
Patient comfortable? (yes/no)																	
Any action required? (yes/no)		1															
Sign and print	1	1	Ì														

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(hrs/mins)									_								
Tick box to confirm additive label attached to syringe																	
2. Contents of syringe												1					
Date																	
Medication					1												
	Dose:			Dose:				Dose:				Dose:					
	Batch no.: Expiry Date:			Batch	no.: / Date:			Batch Expiry				Batch no.: Expiry Date:					
	Dose:				Dose:				Dose:				Dose:				
	Batch no .:				Batch	no.:			Batch	no.:			Batch no .:				
	Expiry Date:					/ Date:			Expiry				Expiry Date:				
	Dose: Batch no.:				Dose: Batch no.:				Dose: Batch				Dose: Batch no.:				
	Batch no.: Expiry Date:				Expiry Date:				Expiry				Expiry Date:				
	Dose:				Dose:				Dose:				Dose:				
	Batch no.:				Batch no.:				Batch				Batch no.:				
	Expiry Date:			Expiry Date:					Date:			Expiry Date: Dose:					
	Dose: Batch no.:			Dose: Batch no.:			Dose: Batch				Batch no.:						
	Expiry Date:			Expiry Date:			Expiry				Expiry Date:						
Sign and print:																	
3. Check pump while in use	•																
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Spare battery available? (yes/no)																	
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Visual volume checked (yes/no)																	
VI (Volume infused)																	
Time remaining (hrs/mins)	mins)																
Syringe line & contents clear (yes/no)	?																
Is the infusion site conditions okay? (yes/no)																	
Keypad locked (✓)		1															
Patient comfortable? (yes/no)						Í											
Any action required? (yes/no)																	
Sign and print																	

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2. Contents of syringe																	
Date																	
Medication																	
	Dose:				Dose:				Dose:				Dose:				
	Batch no.:			Batch				Batch				Batch no.:					
	Expiry Date: Dose:				Dose:	/ Date:			Expiry Dose:				Expiry Date: Dose:				
	Batch no.:				Batch				Batch				Batch no.:				
	Expiry Date:				Expiry	/ Date:			Expiry	Date:			Expiry Date:				
	Dose:				Dose:				Dose:				Dose:				
	Batch no.: Expiry Date:				Batch no.: Expiry Date:				Batch Expiry				Batch no.: Expiry Date:				
	Dose:				Dose:				Dose:	Dute.			Dose:				
	Batch no .:			Batch no.:				Batch	no.:			Batch no.:					
	Expiry Date:			Expiry Date:				Expiry				Expiry Date:					
	Dose:			Dose:				Dose:				Dose: Batch no.:					
	Batch no.: Expiry Date:			Batch no.: Expiry Date:			Batch Expiry				Expiry Date:						
Sign and print:																	
3. Check pump while in use																	
Time																	
Battery light flashing Green?																	
(yes/no) Battery life remaining %																	
Spare battery available?		_															
(yes/no)	no)																
	Rate on display pad (mL/hr)																
VTBI (Volume to be infused) (mL)																	
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VI (Volume infused)																	
Time remaining (hrs/mins)																	
Syringe line & contents clear (yes/no)	yringe line & contents clear?																
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Keypad locked (✓)																	
Patient comfortable? (yes/no)																	
Any action required? (yes/no)																	
Sign and print																	