

**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

| | |
|---|--|
| These charts are only for injectable medicines. Tick this box if another Community Drug Chart is in use e.g. for Patches, Enemas etc. <input type="checkbox"/> 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): <input type="checkbox"/> If required, seek source of allergy |
| NHS No: | List Medicine/Substance and Reaction: |
| D.O.B | |
| Weight (for children): | |
| Print, Sign & Date: | |

Check if there is an analgesic transdermal patch: Y N Drug name: Dose:

| | | | |
|-----------------------------------|-------------|--------------------------------|--------------------------|
| Pain and/or Breathlessness | | | |
| Date: | Medication: | Dose range: (over 24 hours) | Prescriber sign & print: |

| | | | |
|--------------------------|-------------|--------------------------------|--------------------------|
| Nausea / Vomiting | | | |
| Date: | Medication: | Dose range: (over 24 hours) | Prescriber sign & print: |

| | | | |
|-----------------------------|-------------|--------------------------------|--------------------------|
| Agitation / Distress | | | |
| Date: | Medication: | Dose range: (over 24 hours) | Prescriber sign & print: |

| | | | |
|-------------------------------------|-------------|--------------------------------|--------------------------|
| Respiratory tract secretions | | | |
| Date: | Medication: | Dose range: (over 24 hours) | Prescriber sign & print: |

| | | | |
|--|-------------|--------------------------------|--------------------------|
| Other medication – specify indication here: | | | |
| Date: | Medication: | Dose range: (over 24 hours) | Prescriber sign & print: |

| | | | |
|--|-------------|--------------------------------|--------------------------|
| Other medication – specify indication here: | | | |
| Date: | Medication: | Dose range: (over 24 hours) | Prescriber sign & print: |

| | | |
|----------------|----------|--------------------------|
| Diluent | | |
| Date: | Diluent: | Prescriber sign & print: |

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|--|--|
| These charts are only for injectable medicines. Tick this box if another Community Drug Chart is in use e.g. for Patches, Enemas etc. <input type="checkbox"/> | |
| 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): <input type="checkbox"/> If required, seek source of allergy |
| NHS No: | List Medicine/Substance and Reaction: |
| D.O.B | |
| Weight (for children): | |
| | Print, Sign & Date: |

CRISIS / EMERGENCY SUBCUTANEOUS AND INTRAMUSCULAR INJECTIONS

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

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

REGULAR DOSE SUBCUTANEOUS INJECTIONS

| | | | | | | | | | | |
|--------------------------------|----------------------------|--|--|--|--|--|--|--|--|--|
| Indication: | Date: | | | | | | | | | |
| Medication: | Enter administration times | | | | | | | | | |
| Dose range: | | | | | | | | | | |
| Prescriber sign, print & date: | | | | | | | | | | |
| | | | | | | | | | | |

| | | | | | | | | | | |
|--------------------------------|----------------------------|--|--|--|--|--|--|--|--|--|
| Indication: | Date: | | | | | | | | | |
| Medication: | Enter administration times | | | | | | | | | |
| Dose range: | | | | | | | | | | |
| Prescriber sign, print & date: | | | | | | | | | | |
| | | | | | | | | | | |

**THE FOLLOWING PAGES ARE FOR
COMPLETION BY THE ADULT *OR*
CHILDRENS COMMUNITY NURSES.**

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

[illegible]

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

[illegible]

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

[illegible]

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 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 | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 2. Contents of syringe | | | | | | | |
| Date | | | | | | | |
| Medication | | | | | | | |
| | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: |
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| Sign and print: | | | | | | | |
| 3. Check pump while in use | | | | | | | |
| Time | | | | | | | |
| Battery light flashing Green? (yes/no) | | | | | | | |
| Battery life remaining % | | | | | | | |
| Spare battery available? (yes/no) | | | | | | | |
| 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) | | | | | | | |
| Is the infusion site condition okay? (yes/no) | | | | | | | |
| Keypad locked (✓) | | | | | | | |
| Patient comfortable? (yes/no) | | | | | | | |
| Any action required? (yes/no) | | | | | | | |
| Sign and print | | | | | | | |

6. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP ADMINISTRATION RECORD AND 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | |
| 2. Contents of syringe | | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | | |
| Medication | | | | | | | | | | | | | | | | |
| | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | | | | | | | | | | | | | |
| | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | | | | | | | | | | | | | |
| | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | | | | | | | | | | | | | |
| | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | | | | | | | | | | | | | |
| | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: 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) | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | |
| Is the infusion site conditions okay? (yes/no) | | | | | | | | | | | | | | | | |
| Keypad locked (✓) | | | | | | | | | | | | | | | | |
| Patient comfortable? (yes/no) | | | | | | | | | | | | | | | | |
| Any action required? (yes/no) | | | | | | | | | | | | | | | | |
| Sign and print | | | | | | | | | | | | | | | | |

6. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP ADMINISTRATION RECORD AND 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 | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | | | | |
| 2. Contents of syringe | | | | | | | | | | | | | | | |
| Date | | | | | | | | | | | | | | | |
| Medication | | | | | | | | | | | | | | | |
| | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | | | | | | | | | | |
| | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | | | | | | | | | | |
| | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | | | | | | | | | | |
| | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | | | | | | | | | | |
| | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: Expiry Date: | Dose: Batch no.: 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) | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | |
| Is the infusion site condition okay? (yes/no) | | | | | | | | | | | | | | | |
| Keypad locked (✓) | | | | | | | | | | | | | | | |
| Patient comfortable? (yes/no) | | | | | | | | | | | | | | | |
| Any action required? (yes/no) | | | | | | | | | | | | | | | |
| Sign and print | | | | | | | | | | | | | | | |