

Note for NELFT Community Nurses: please ensure all previous authorisations are removed from the home when a new one is received.



Best care by the best people **FAO NELFT Team:**

Referring Organisation:

Syringe Pump Authorisation form for **24 hours administration** of medication for adults

NHS NO:		Patient name:		GP:		Transdermal patch in situ? Yes <input type="checkbox"/> No <input type="checkbox"/>
DOB:	Drug allergies:	Diluent: (select)	<input type="checkbox"/> water for injection <input type="checkbox"/> 0.9 % sodium chloride		Due date of next transdermal patch change	

Date	Medication & Strength FOR SYRINGE PUMP DRIVER	Dose	Route	Increase at increments of (give range)	Titrate to a maximum dose	Sign, print & state Designation (D)
	Pain	Over 24 hours				Sign Print D
	Nausea/ vomiting	Over 24 hours				Sign Print D
	Agitation/ restlessness/confusion	Over 24 hours				Sign Print D
	Respiratory secretions	Over 24 hours				Sign Print D
	Other	Over 24 hours				Sign Print D

* If more than one syringe pump is being use please use a separate syringe authorisation form for each syringe pump.

Not all medicines listed above will be added to the syringe driver. This is dependent on nurse assessment of symptoms and need.