

SYRINGE DRIVER – Authorisation Sheet (Community Nursing Record)

Form 4

NHS Confidential please file within patient record along with your current location tracer

Surname:	Forename:
Date of Birth:	NHS number:
Address:	GP:
DISCARD THE JUST IN CASE MEDICATION AUTHORISATION SHEET WHEN YOU COMMENCE THIS PRESCRIPTION	

ALLERGY
Drug:
Reaction:
SYRINGE DRIVER NEEDS TO BE PROTECTED FROM LIGHT

CODES FOR STOPPING	1. Dose Increased 2. Ineffective 3. Side effects 4. Incompatible
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a) Syringe Driver Prescription Sheet – (for McKinley T34 Syringe Drivers)
 Syringe driver..... of (use one chart per pump)

DATE	TIME	DRUG(S) <small>Maximum 3 to be mixed unless under SPC advice</small>	24 HOUR DOSE	PRESCRIBED BY: SIGNATURE, DATE AND REGISTRATION (GMC/RGN/GPhC)	Stopped by: SIGNATURE, DATE AND CODE REASON
		WATER FOR INJECTION (make up to 15ml in 20ml syringe or 20ml in 30ml syringe *)			

COMPATIBILITY CHECKED YES/ NO

b) **S/C STAT** Dose Prescription Sheet (for once only and as required doses)

DATE	DRUGS	DOSE	INDICATION & FREQUENCY	PRESCRIBED BY: SIGNATURE, DATE AND REGISTRATION (GMC/RGN/GPhC)	Stopped by: SIGNATURE, DATE AND CODE REASON

NB - Consider TOTAL OPIATES when calculating the stat dose (contact specialist palliative care team if needed)

GUIDANCE FOR SYRINGE DRIVER: Lancashire and South Cumbria Consensus Guidance (August 2017)

Clinical Practice Summary

Do's and Don'ts for mixing drugs

Maximum of three drugs mixed should be mixed together unless advised by Specialist palliative care team.

Use the minimum dose of the fewest drugs to control current symptoms

Use water for injection first line as the diluent (the specialist palliative care team may advise sodium chloride on occasion).

There is little meaningful data on compatibilities.

The usual doses of morphine, Levomepromazine and midazolam are compatible.

Be careful with cyclizine as this is temperamental when mixed with other medication. **Do not use Cyclizine with Sodium chloride.**

Dexamethasone should not be mixed with other drugs in the syringe driver.

A lock box should always be used (larger syringes do not fit into the lock box so should not be used).

* The T34 driver will accommodate a maximum total volume of 17mls (if using a 20ml syringe) or 23ml (if using a 30ml syringe) with a locked box

OPIOIDS

Morphine is the first choice injectable opioid (unless there is a previous intolerance or caution for use).

Calculate the **total** oral morphine dose taken over the last 24 hours (including prn doses) by any route. Divide any oral doses by 2 to give the equivalent s/c dose. Add this to any S/C doses given over the last 24 hours. Prescribe the total dose for the syringe driver. Prescribe ONE SIXTH of this S/C as the PRN/STAT dose.

If higher doses are needed than given in the table below, contact the Specialist Palliative Care team for advice

If the patient cannot tolerate morphine or is already taking an alternative opioid refer to the table below for equivalent doses. Seek advice from the Specialist Palliative Care team if needed.

Fentanyl or buprenorphine patches should be continued, renewing the patch as per prescription. Any additional opioid S/C doses are used to top up this background dose

APPROXIMATE EQUIVALENT DOSES: (N.B. you must use clinical judgment in addition to looking up the doses)

Oral Morphine		Oral Oxycodone		Transdermal Buprenorphine		Transdermal Fentanyl	Subcutaneous Morphine		Subcutaneous Oxycodone		
4-hr dose (mg)	12-hr SR dose (mg)	4-hr dose (mg)	12-hr SR dose (mg)	BuTrans (mcg/hr) <i>change every seven days</i>	Transtec (mcg/hr) <i>change every four days</i>	Fentanyl (mcg/hr) <i>change every three days</i>	4-hr dose (mg)	24-hr CSCI dose (mg)	4-hr dose (mg)	24-hr CSCI dose (mg)	
1.25	5	-	-	5	-	-	0.5	-	-	-	
2.5	10	-	-	10	-	-	1.25	5	-	-	
5	15	2.5	10	15	-	12	2.5	15	1.25	10	
10	30	5	15	25	-	25	5	30	2.5	15	
15	45	10	30	35	35	37	7.5	45	5	30	
20	60	15	45	-	52.5	50	10	60	7.5	45	
SPECIALIST REVIEW				SPECIALIST REVIEW							
30	90	20	60	-	70	75	15	90	10	60	
40	120	25	75	-	105	100	20	120	12.5	75	
50	150	30	90	-	122.5	125	25	150	15	90	
60	180	40	120	-	140	150	30	180	20	120	

ANTIEMETICS: **Cyclizine:** 50mg PO/SC 8 hourly prn (150mg/24 hours CSCI) Maximum dose by any route is 150mg daily.

Contra-indicated in severe heart failure, caution in renal and hepatic failure

Levomepromazine: 2.5 mg - 5mg SC 6 hourly prn (2.5mg- 12.5mg/24h CSCI) is a broader spectrum anti-emetic drug now being used more widely; it is sedating, even at low doses.

Haloperidol 500 micrograms SC 8 hourly prn (1.5mg - 5mg/24h CSCI) is another alternative.

AGITATION: **Midazolam** (use the concentrated preparation; i.e. **10mg in 2ml** ampoules) 2.5mg - 5mg up to hourly prn, If 3 or more doses are needed consider a syringe driver: 10mg to 30mg/24h. If >30mg/24h required, consider adding haloperidol or Levomepromazine. NB before administration, common causes of agitation e.g. pain, urinary retention or faecal impaction should be managed or excluded, also check whether sedation is acceptable to the patient.

SECRETIONS: **Glycopyrronium** 200micrograms 4 hourly followed by 600micrograms – 1.2mg over 24 hours via CSCI.

Hyoscine butylbromide (Buscopan®) (20mg SC hourly prn, followed by 60mg -120mg/24h CSCI) is another non- sedating alternative.

Hyoscine hydrobromide is sedating, but can cause paradoxical agitation so is no longer a first line choice.