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Appendix 4: Adult palliative care medicines direction to administer: CONTINUOUS SUBCUTANEOUS INFUSION (CSCI) VIA SYRINGE PUMP

Syringe Pump .....1.....**of**.....1.....

Patient Name: ANN TOLLY
Address: 5 STAR LANE, M13 8AY
D.O.B: 16/5/62
NHS No: 0000000000
GP: DR HEAL **Tel no:** 0161 2766166
GP Practice: BUMP SURGERY
Allergies and Intolerances: NKDA

- *Medicines on this form should* ***only be administered when the patient is experiencing the symptoms indicated.***
- ***It is best practice to authorise medicines for the syringe pump at the point of need.***
- *A maximum of 3 medicines should be prescribed in a syringe pump.* ***Check compatibility*** *(Refer to www.book.pallcare.info). If needed, seek expert advice.*
- *Use a* ***second*** *direction to administer form if more than one syringe pump is being used.*
- *This direction to administer is* ***only valid for 28 days.***
- *This form should be* ***reviewed*** *by a prescriber* ***every 14 days or as clinically appropriate*** *and must be removed and archived* ***28 days*** *after writing.*
- **Contact the Community Specialist Palliative Care Team for advice as appropriate.**
- **Refer to GMMMG Palliative Care Pain and Symptom Control Guidelines for Adults** *(www.gmmmg.nhs.uk)*

Is there a transdermal opioid patch in use? Y/~~N~~ **Drug name.** BUPRENORPHINE ..... **Dose** 5 MICROGRAMS/HR
Transdermal opioid patches should be continued. Consider patch when calculating breakthrough analgesic dose.

SYMPTOM	DATE	CONTINUOUS SUBCUTANEOUS INFUSION VIA SYRINGE PUMP Drug name / dose (CSCI over 24 hours)	Prescriber's signature and PRINT name and registration number
Pain/ Breathlessness (Insert appropriate opioid)	22/2/24	MORPHINE SULPHATE 10MG *For dose conversions from oral to SC refer to GMMMG guidance*	A Purewal PUREWAL 6162501
Nausea / Vomiting Continue current anti-emetic if effective otherwise consider levomepromazine			
Respiratory secretions Use glycopyrronium OR continue current antimuscarinic such as hyoscine butylbromide (Buscopan®)			
Agitation	22/2/24	MIDAZOLAM 5MG	A Purewal PUREWAL 6162501
Diluent	22/2/24	**Tick as appropriate:** ☒ **Water for injection** ☐ **Sodium Chloride 0.9%**	A Purewal PUREWAL 6162501

Other medicines via CSCI via syringe pump over 24 hours:

SYMPTOM	DATE	Drug name / dose (CSCI over 24 hours)	Prescriber's signature and PRINT name and registration number