Printed by: | Date:

DIRECTION TO ADMINISTER MEDICINES VIA SUBCUTANEOUS SYRINGE DRIVER: DA-SD

Patient Name:		**MEDICINE ALLERGIES**	**Only be one DA-SD form should be in use at any one time** **Write a new DA-SD form if any changes are made**
Patient Address			
Date of Birth:			
NHS Number:			
(or affix patient sticker)			

ADDITIONAL INSTRUCTIONS:

Nil information (Please replace or ~~strikethrough~~ as necessary)

Syringe Driver 1 of _____ **MUST be completed by prescriber**		Include all medicines to be administered in this syringe driver
MEDICATION		DOSE
Medicine 1		
Medicine 2		
Medicine 3		
Medicine 4		
Paper copies: ~~Strikethrough~~ any unused lines		
DILUENT – Delete / ~~strikethrough~~ and insert if alternate diluent required **WATER FOR INJECTION**		DURATION **24 Hours**

PRESCRIBER NAME	**GMC / NMP REGISTRATION NUMBER**	**DATE AND TIME**
	MUST be completed by prescriber	

Electronic copies do not require a wet signature

FOR PAPER COPIES ONLY (if access to patient record in SystmOne is not available)

Prescriber signature _____ Prescriber organisation _____

PATIENTS REQUIRING MULTIPLE SYRINGE DRIVERS COMPLETE ADDITIONAL DIRECTIONS TO ADMINISTER ON PAGE 2

PRESCRIBER:

- Prescribe exact doses. Dose ranges are not permitted.
- Confirm compatibility between medicine(s) and diluent included in each syringe driver
- Water for injection is the preferred diluent, when unsuitable (e.g. due to compatibility), use sodium chloride 0.9%

ADMINISTRATOR:

- All medications prescribed for a single syringe driver must be administered in a single syringe driver
- If prescribed medications add up to <10mL, use a 20ml Luer lock BD Plastipak syringe, making up to 17ml
- If prescribed medications add up to ≥10mL, use a 30ml Luer lock BD Plastipak syringe, making up to 22ml
- A separate syringe driver monitoring form must be used for each syringe driver
- **Please review PRN usage over last 24 hours to determine if an increase is required**

For specialist advice please contact your local community Palliative Care Team. If necessary, escalate to local specialist palliative care unit via specialist advice line. See End of Life Care guidance document and/or Palliative Care Pocketbook. For Bassetlaw area, please also see D&B Palliative Care Formulary for details.

Information regarding the compatibility of mixtures of medicines in the syringe can be found in the PallCare Matters website and Scottish Palliative Care Guidelines

Consider seeking specialist advice if:

- there is a doubt regarding the compatibility of a mixture
- the contents of the syringe/line appear cloudy/crystalline/change colour
- the patient becomes symptomatic or remains symptomatic following a change to the driver(s)
- the patient develops a site reaction

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ONLY COMPLETE SYRINGE DRIVER 2 AND 3 PRESCRIPTIONS IF THE PATIENT REQUIRES MULTIPLE SYRINGE DRIVERS RUNNING AT ONE TIME

Syringe Driver 2 of (If used MUST be completed by prescriber)		Include all medicines to be administered in this syringe driver	
MEDICATION			DOSE
Medicine 1			
Medicine 2			
Medicine 3			
Medicine 4			
Paper copies: ~~Strikethrough~~ any unused lines			
DILUENT – Delete / ~~strikethrough~~ and insert if alternate diluent required **WATER FOR INJECTION**			DURATION **24 Hours**
PRESCRIBER NAME:	**GMC / NMP REGISTRATION NUMBER** (MUST be completed by prescriber)		**DATE AND TIME**

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Syringe Driver 3 of (If used MUST be completed by prescriber)		Include all medicines to be administered in this syringe driver	
MEDICATION			DOSE
Medicine 1			
Medicine 2			
Medicine 3			
Medicine 4			
Paper copies: ~~Strikethrough~~ any unused lines			
DILUENT – Delete / ~~strikethrough~~ and insert if alternate diluent required **WATER FOR INJECTION**			DURATION **24 Hours**
PRESCRIBER NAME:	**GMC / NMP REGISTRATION NUMBER** (MUST be completed by prescriber)		**DATE AND TIME**

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