

TO ADMINISTER MEDICINES VIA SUBCUTANEOUS SYRINGE DRIVER: DA- SD

Patient Name:		MEDICINE ALLERGIES	<p>There should only be one DA-SD form in use at any one time</p> <p>Write a new direction to administer form if any changes are made</p>
Patient Address			
Date of Birth:			
NHS Number:			
(or affix patient sticker)			

ADDITIONAL INSTRUCTIONS:

Syringe Driver 1 of		Include all medicines to be administered in this syringe driver
	MEDICATION	DOSE
Medicine 1		
Medicine 2		
Medicine 3		
Medicine 4		
Paper copies: Strike through any unused lines		
DILUENT (must be specified below)		DURATION
		24 Hours
PRESCRIBERS NAME & REGISTRATION NUMBER		DATE AND TIME

Electronic copies do not require a wet signature

FOR PAPER COPIES ONLY (if access to patient record in SystemOne 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 [Palliative Care Network Adult Guidelines](#) 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

TO ADMINISTER MEDICINES VIA SUBCUTANEOUS SYRINGE DRIVER: DA- SD

Patient Name:		MEDICINE ALLERGIES	<p>There should only be one DA-SD form in use at any one time</p> <p>Write a new direction to administer form if any changes are made</p>
Patient Address			
Date of Birth:			
NHS Number:			
(or affix patient sticker)			

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

Syringe Driver 2 of			Include all medicines to be administered in this syringe driver
	MEDICATION		DOSE
Medicine 1	Not in use Delete and replace if require Syringe Driver 2		
Medicine 2			
Medicine 3			
Medicine 4			
Paper copies: Strike through any unused lines			
DILUENT (must be specified below)			DURATION 24 Hours
PRESCRIBERS NAME & REGISTRATION NUMBER			DATE AND TIME

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 _____

Syringe Driver 3 of			Include all medicines to be administered in this syringe driver
	MEDICATION		DOSE
Medicine 1	Not in use Delete and replace if require Syringe Driver 3		
Medicine 2			
Medicine 3			
Medicine 4			
Paper copies: Strike through any unused lines			
DILUENT (must be specified below)			DURATION 24 Hours
PRESCRIBERS NAME & REGISTRATION NUMBER			DATE AND TIME

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 _____