***ONLY START THOSE MEDICATIONS CLINICALLY INDICATED***

***DELETE medicines not clinically indicated or discontinued with a single line, signature & date.***

Please record all changes in the Electronic Clinical Record.

\***Adjustments within a prescribed dose range should be justified by symptoms and any previous medicines administered.**

|  |  |
| --- | --- |
| Patient Name: |  |
| D.O.B: |  | NHS No: |  |
| Address: |  |
|  |
| GP: |  |
| Practice: |  |
|  |  |  |
| **Allergies / Sensitivities:** |
| **Special Instructions:** Document any analgesic patch (type, strength & location)  |
|  |

**\* When a Community team takes responsibility for changing a patient’s patch, please use the Patch Tracker Sheet.**

The date a patch is applied can be written on the patch.

|  |
| --- |
| **24 HOUR CONTINUOUS SUBCUTANEOUS INFUSION (CSCI) – SYRINGE DRIVER** |
| Date Authorised | Name, form & strength of drug | Dose or Range per 24hrs | Seek advice before exceeding | PRINT name against each prescribed drug |
|  | MORPHINE SULFATE INJ. 10mg / mlPain, breathlessness **‡** |  | Only if required |  |
|  | HALOPERIDOL INJ. 5mg / mlNausea, vomiting, delirium | N&V | 1.5 - 3mg | **5mg**including PRNsReview PRN doses |  |
| Delirium | 1.5 - 5mg |
|  | HYOSCINE BUTYLBROMIDE INJ. [Buscopan® ] 20mg / mlDistressing oral / chest secretions, abdominal colic | 60 - 120mg | **120mg**including PRNsReview PRN doses |  |
|  | MIDAZOLAM INJ. 10mg / 2mlsAnxiety, breathlessness, agitation **‡** |  | Only if required |  |
|  | WATER FOR INJECTION  | AS DILUENT | **N/A** |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

***General Practice:*** *Complete on screen, then ‘send as attachment’ from within EMIS/S1 via the prescriber’s NHSmail account directly to your community team’s generic NHSmail address.*

*Alternatively, if still printing, signing by hand, scanning and sending this document via a practice generic NHSmail account, then please also sign against each prescribed drug.*

This form was generated in EMIS by Dr *INSERT NAME* while logged on with their smartcard.

Received from Prescribers/Practice NHSmail. Recipient: …….….………….…..……… Signature: .………..…...…… Date: …….…

A syringe driver is a small, portable battery-powered pump. It administers drugs under the skin (SC) by continuous infusion. It is a different way of giving drugs with little impact on patient mobility or independence. By maintaining steady drug levels in the blood, a syringe driver may improve symptom control.

The syringe driver is not only for patients who are in the final stages of their illness. If the problem resolves, it may be possible to return to using oral medications.

|  |  |
| --- | --- |
| Indications for, starting & continuing to use, a Syringe Driver* Persistent vomiting, with or without nausea.
* Difficulty swallowing (e.g. oral tumours, sores, infections or dysphagia).
* Intestinal obstruction.
* Poor absorption of oral drugs is rare, but can be seen with ascites or end stage heart failure when the bowel is thought to be oedematous.
* Weak, fatigued or unconscious patient.
* Administration of drugs that cannot be given by another route.
 | Patient, family and carersBefore setting up the syringe driver; explain to the patient and family the reason for using it, how it works and the risk of infusion site reactions. Provide a patient information leaflet where available. Also;* What action to take if the alarm sounds.
* Who to contact if in need of help and advice.
* Basic information on the drugs being given.
 |
| Dosing ‡Doses should be chosen after considering:* Previous oral medications, if any, e.g. opioids, anti-psychotics, benzodiazepines.
* Patient response to oral & SC PRN medications in the last 24hrs.
* Renal function, particularly if the eGFR is <30.
* Intended purpose of medication. Aim to control symptoms, not sedate.
* Always start at the lower end of the dose range, unless advised by a prescriber.

In the community setting, dose ranges may be prescribed.* The reason for any change in dose administered should be recorded.
* A good range should allow no more than two 50% increases before requiring a prescriber review.

When increasing a syringe driver dose or range please consider whether PRN doses will also need to be increased. | Practical Points – Green Book Page 881. Dependent on the half-life of the drug being administered via syringe driver, the delay between starting / changing the dose of the medication and the full clinical effect will vary; ranging from hours to days. Continue to use PRN meds in the meantime.
2. Management of infusion site reactions – see Green Book. Cyclizine & levomepromazine are irritant, esp. at higher doses; dilute with WFI as much as possible.
3. If precipitation (cloudy mixture) occurs – see Green Book & Trust Policies.
4. The MHRA recommends Duracell MN 1604 batteries for the McKinley T34 Syringe Driver.
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| Drug compatibilitiesWater for injection (WFI) is the commonest diluent, *however* 0.9% saline may be used for several rarely used and specialist drugs. NB. 0.9% saline is incompatible with cyclizineAll commonly used End of Life drug combinations are compatible. If using cyclizine and hyoscine butylbromide together then use maximum diluent in a 30ml syringe.Check with local Palliative Care Team, pharmacy, Palliative Care Formulary 6thedition if using an unusual combination. |
| Choice of infusion site● Anterior chest wall ● Lateral upper arms ● Anterior abdominal wall ● Anterior outer thighs ● Back, away from spine & scapula (in confused or disorientated patients)Avoid areas of inflammation, oedema, broken skin, bony prominences, recently irradiated areas, sites of tumour, sites of infection, skin folds or lymphoedema. |