

GUIDELINES WHEN USING SYRINGE PUMP COMMUNITY CHARTS

Developed for any patient who requires their medications delivered via syringe pump

These charts are for use when any patient requires a syringe pump to deliver their medication in the community. They may also be used on in-patient units where in-house prescriptions do not provide the necessary space and scope.

Notes for prescribers

- The Palliative Network Guidelines are available on line at <http://book.pallcare.info>. Contact your palliative care team for advice if required.
- When prescribing dose ranges consider use of the word 'to' rather than a dash, e.g. *morphine 5mg to 10mg*. A dash can be misread and lead to errors.
- When prescribing small doses and only where clinically appropriate, consider using whole numbers for doses as this is clearer, e.g. *oral morphine 1mg to 2mg*.
- Doses less than 1mg should be written in micrograms, e.g. 500 microgram to 1mg alfentanil, 600 microgram to 1.2mg glycopyrronium.
- Clarify which medication is to be used 1st line and 2nd line when prescribing more than one for the same indication.
- For the management of breathlessness, opioids may be appropriate. Contact your palliative care team for advice.
- If a range of doses is prescribed, aim to administer the lowest possible dose of medication to control the symptom. If symptoms remain uncontrolled or if you need advice, contact the palliative care team.
- The maximum "as required" (PRN) dose does not need to take into account the dose being administered in the syringe pump.
- There is no legal requirement as to how long written charts are valid for. They should be reviewed regularly enough to meet the clinical requirements of the patient. This should be documented in the healthcare records.

Notes for nurses

- The contents of the syringe must be written clearly on a standard syringe pump label attached to the barrel of the syringe. Be aware of how to obtain supplies of these labels.
- Confirm the contents of a syringe pump already running when the patient crosses from one care setting to another. Do this using at least two sources of information, for example: syringe pump label, syringe pump infusion administration record, discharge/referral letter.
- Ensure sufficient stock of injections in the home. Pay particular attention before w/ends and bank holidays.

Notes on disposal of unwanted medications

- Medications that have been prescribed for patients remain their own property.
- Encourage carers to return unwanted medications to a community pharmacy for safe disposal (this does not have to be the pharmacy that dispensed the medications).
- Practitioners can remove medications for disposal at their own discretion, for example where they consider there to be a risk if left in the home.
- Where possible practitioners should obtain a verbal consent from the patient/carer to remove unwanted medications on their behalf and document this in the clinical notes. For controlled drugs complete the 'CD Stock Balance Chart'.
- Be aware of any local guidance for the disposal of unwanted medications.

Notes if using other syringe pump community charts

- Transcribing clinical information is a high risk process.
- Always follow local procedures when transcribing clinical information from these community charts to other community charts.
- Always contact the referring clinical team if more advice is needed.

Helpful information

Palliative care team name/contact details:

Community pharmacy name/contact details:

These charts are based on an original design developed by the department of palliative care, Guy's & St. Thomas' NHS Foundation Trust.