



**All Wales Continuous  
Subcutaneous Infusion  
Medication Administration  
Record  
AWMR10**



# Why do we need a standardised chart?

- The All Wales Palliative Care Pharmacists Group (AWPCPG) collated information on how syringe drivers were being prescribed across Wales - both in primary and secondary care.
- It was noticed that prescribing of syringe drivers varied greatly between health boards, hospitals, hospices and in the community. It ranged from specific syringe driver charts or hospice charts to the use of stickers/writing on the All Wales Medication chart.
- As a way of reducing this variability and to promote safe prescribing, a single harmonised All Wales standard syringe driver chart across primary and secondary care was proposed.

# Why do we need a standardised chart?

- This chart is only intended for prescribing continuous subcutaneous infusions. It is intended for use in both hospital and community settings.
- A standard All Wales drug chart should be used for all other accompanying medication.
- Further information on continuous subcutaneous infusions, including drug compatibilities, diluents, infusion sites, dose conversions and drugs commonly used in syringe drivers is available at:

<http://book.pallcare.info>

# The new chart - Prescriber

MEDICINE (approved name)	DOSE	PRESCRIBER'S SIGNATURE	DATE	TIME				DOSE OF MEDICATION ADMINISTERED (Only to be used if a dose range is prescribed)						
				START	Set up by Checked by	STOP	Stopped by Checked by	Med 1	Med 2	Med 3	Med 4	Med 5		
Medication 1 <b>Diamorphine</b>	<b>30mg</b>	A. Prescriber	1		/		/							
Medication 2 <b>Midazolam</b>	<b>15mg</b>	Bleep 1234 Pharmacy	2		/		/							
Medication 3		Diluent (Please circle)	3		/		/							
Medication 4		Water for Injection	4		/		/							
Medication 5		Or Sodium chloride 0.9% w/v	5		/		/							
Start date dd/ mm /yy	Special instructions	Duration of infusion (please circle) 24 hrs / 12hrs / Other:.....hrs	6		/		/							
		* Prescriber to initial if to continue →	7		/		/							

- Prescribe the drug, or combination of drugs, in the appropriate box, along with the dose of each drug to be infused over a set period.

# The new chart - Prescriber

MEDICINE (approved name)	DOSE	PRESCRIBER'S SIGNATURE	DATE	TIME				DOSE OF MEDICATION ADMINISTERED (Only to be used if a dose range is prescribed)						
				START	Set up by Checked by	STOP	Stopped by Checked by	Med 1	Med 2	Med 3	Med 4	Med 5		
Medication 1 Diamorphine	30mg	A. Prescriber	1											
Medication 2 Midazolam	15mg	Bleep 1234 Pharmacy	2											
Medication 3		Diluent (Please circle)	3											
Medication 4		Water for Injection	4											
Medication 5		Or Sodium chloride 0.9% w/v	5											
Start date dd/ mm /yy	Special instructions	Duration of infusion (please circle) 24 hrs / 12hrs / Other:.....hrs	6											
		* Prescriber to initial if to continue →	7											

- Specify the diluent to be used. This will usually be water for injection

# The new chart - Prescriber

MEDICINE (approved name)	DOSE	PRESCRIBER'S SIGNATURE	DATE	TIME				DOSE OF MEDICATION ADMINISTERED (Only to be used if a dose range is prescribed)						
				START	Set up by Checked by	STOP	Stopped by Checked by	Med 1	Med 2	Med 3	Med 4	Med 5		
Medication 1 Diamorphine	30mg	A. Prescriber	1											
Medication 2 Midazolam	15mg	Bleep 1234 Pharmacy	2											
Medication 3		Diluent (Please circle)	3											
Medication 4		Water for Injection	4											
Medication 5		Or Sodium chloride 0.9% w/v	5											
Start date dd/ mm /yy	Special instructions	Duration of infusion (please circle) 24 hrs / 12hrs / Other:.....hrs	6											
		* Prescriber to initial if to continue →	7											

- Circle the intended duration of the infusion or specify the number of hours in the space provided. For the majority of infusions this is usually 24 hours



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MEDICINE (approved name)	DOSE	PRESCRIBER'S SIGNATURE	DATE	TIME				DOSE OF MEDICATION ADMINISTERED (Only to be used if a dose range is prescribed)						
				START	Set up by Checked by	STOP	Stopped by Checked by	Med 1	Med 2	Med 3	Med 4	Med 5		
Medication 1 Diamorphine	30mg	A. Prescriber	1		/		/							
Medication 2 Midazolam	15mg	Bleep 1234 Pharmacy	2		/		/							
Medication 3		Diluent (Please circle)	3		/		/							
Medication 4		Water for Injection	4		/		/							
Medication 5		Or Sodium chloride 0.9% w/v	5		/		/							
Start date dd/ mm /yy	Special instructions	Duration of infusion (please circle) 24 hrs / 12hrs / Other:.....hrs	6		/		/							
		* Prescriber to initial if to continue →	7		/		/							
		AP			/		/							

- If the prescribed drug, or combination of drugs, is to be continued then the prescriber should initial this section. This allows the prescribed regime to be administered up to seven times after which the chart should be re-written
- If it not initialled the prescribed regime may only be administered **ONCE**
- The prescriber should review the regime at regular intervals.



# The new chart - Prescriber

MEDICINE (approved name)	DOSE	PRESCRIBER'S SIGNATURE	DATE	TIME				DOSE OF MEDICATION ADMINISTERED (Only to be used if a dose range is prescribed)						
				START	Set up by Checked by	STOP	Stopped by Checked by	Med 1	Med 2	Med 3	Med 4	Med 5		
Medication 1 Diamorphine	30mg	A. Prescriber	1											
Medication 2 Midazolam	15mg	Bleep 1234 Pharmacy	2											
Medication 3		Diluent (please circle)	3											
Medication 4	STOPPED	Water for Injection	4											
Medication 5	A. Prescriber	OR	5											
Start date	Special instructions	Duration of infusion (please circle)	6											
dd/ mm /yy		24 hrs / 12hrs / Other:.....hrs	7											
		* Prescriber to initial if to continue →												

- When a new regime is prescribed cross through the previous prescription.

# The new chart – Nursing staff

MEDICINE (approved name)	DOSE	PRESCRIBER'S SIGNATURE	DATE	TIME				DOSE OF MEDICATION ADMINISTERED (Only to be used if a dose range is prescribed)						
				START	Set up by Checked by	STOP	Stopped by Checked by	Med 1	Med 2	Med 3	Med 4	Med 5		
Medication 1 <b>Diamorphine</b>	<b>30mg</b>	A. Prescriber	1 dd/mm m/yy	08:30	TY M	08:30	LG CW							
Medication 2 <b>Midazolam</b>	<b>15mg</b>	Bleep 1234 Pharmacy	2 dd/mm /yy	08:35	GH GH	08:35	CW LG							
Medication 3		Diluent (Please circle)	3											
Medication 4		Water for Injection	4											
Medication 5		Sodium chloride 0.9% w/v	5											
Start date dd/ mm /yy	Special instructions	Duration of infusion (please circle) 24 hrs / 12hrs / Other:.....hrs	6											
		* Prescriber to initial if to continue → AP	7											

- The nursing staff must complete this section of the chart each infusion set up, documenting the date, start and stop times.

# The new chart – Prescriber

MEDICINE (approved name)	DOSE	PRESCRIBER'S SIGNATURE	DATE	TIME				DOSE OF MEDICATION ADMINISTERED (Only to be used if a dose range is prescribed)						
				START	Set up by Checked by	STOP	Stopped by Checked by	Med 1	Med 2	Med 3	Med 4	Med 5		
Medication 1 Diamorphine	30mg - 40mg	A. Prescriber 1234	1 dd/mm m/yy	08:30	TY MN	08:30	LG CW							
Medication 2 Midazolam	15mg - 20mg	Bleep Pharmacy	2 dd/mm /yy	08:35	GH	08:35	CW LG							
Medication 3		Diluent (Please circle)	3											
Medication 4		Water for Injection	4											
Medication 5		Sodium chloride 0.9% w/v	5											
Start date dd/mm/yy	Special instructions Please telephone before giving the higher dose. AP	Duration of infusion (please circle) 24 hrs / 12hrs / Other.....hrs	6											
		* Prescriber to initial if to continue → AP	7											

- Although it is not considered best practice, in some circumstances, especially in rural areas, a dose range may need to be prescribed.
- A 'special instruction box' is available for prescribers to state their directions . This space may also be used if the prescriber wishes to specify a volume or syringe size.

# The new chart – Nursing staff

MEDICINE (approved name)	DOSE	PRESCRIBER'S SIGNATURE	DATE	TIME				DOSE OF MEDICATION ADMINISTERED (Only to be used if a dose range is prescribed)					
				START	Set up by Checked by	STOP	Stopped by Checked by	Med 1	Med 2	Med 3	Med 4	Med 5	
Medication 1 Diamorphine	30mg - 40mg	A. Prescriber 1234	1 dd/mm m/yy	08:30	TY GH	08:30	LG CW	30 mg	15 mg				
Medication 2 Midazolam	15mg - 20mg	Bleep Pharmacy	2 dd/mm /yy	08:35	GH	08:35	CW LG	30 mg	15 mg				
Medication 3		Diluent (Please circle)	3										
Medication 4		Water for Injection	4										
Medication 5		Sodium chloride 0.9% w/v	5										
Start date dd/mm/yy	Special instructions Please telephone before giving the higher dose. AP	Duration of infusion (please circle) 24 hrs / 12hrs / Other:.....hrs	6										
		* Prescriber to initial if to continue → AP	7										

- This section should only be used if there is any variation in the dose administered in relation to the prescribed dose e.g. on the rare occasion that a dose range is prescribed or a verbal order is given. This allows the actual dose administered to be recorded.

# Monitoring chart

**CONTINUOUS SUBCUTANEOUS INFUSION MONITORING CHART**

HEALTH RECORD No. _____			Syringe driver model:	Syringe driver asset number:	<b>FREQUENCY OF CHECKS</b> <b>IN HOSPITAL:-</b> Checks should be made after 30 minutes of starting the infusion (to see if the driver is working) and then 4 hourly. <b>IN THE COMMUNITY:-</b> Check should be made after starting the infusion (to see if the driver is working) and then at each visit on each visit
SURNAME: _____			Equipment Within Test Date? YES / NO	Is Spare Battery Available? YES / NO	
FIRST NAME: _____			Equipment out of Test date must not be used and must be reported to Electronics Help Desk - Tel 4236-4197-4792		
ADDRESS: _____					
DATE OF BIRTH: _____					

Date	Time set up or checked (24 HOUR CLOCK)	Prime line (if required) Needle Site check 1= Clean 2= Red 3= Inflamed <i>Ensure connections secure</i>	Correct syringe recognised in driver? * YES/NO	Volume to be infused	Total volume infused at each check	Volume left in syringe	Infusion rate setting	Is the solution clear / no crystals present? YES/NO	Key pad lock on? YES/NO	Battery has sufficient charge? (see local policy for details) YES/NO	Pump delivering / display screen reading? Is the light flashing? YES/NO	Name and signature of Registered Nurse 1	Name and signature of Registered Nurse 2 (if applicable)

\* Please note if incorrect syringe size / brand displayed - remove the syringe from the driver and ensure that it is reinserted correctly until the correct size and brand is displayed

Health Boards should ensure they have their own suitable monitoring charts for both community and secondary care use

# Any questions

