

Logo

# Continuation record for prescription and administration of medicines via **subcutaneous** syringe driver in primary care

- Adhere to the requirements for prescribing and administration stated in DHSSPS Use and Control of Medicines.
- Before mixing two or more medicines in syringe, confirm compatibility using reference texts or other information sources.
- Medicines for management of 'breakthrough' symptoms must be prescribed separately.

Prescription Chart Serial Number:

Continuation Record Number:

**Use addressograph - otherwise write in capitals**

Surname: \_\_\_\_\_  
 First names: \_\_\_\_\_  
 Patient number: \_\_\_\_\_  
 DoB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 GP: \_\_\_\_\_

*Check identity*

**Check prescription for allergies/medicine sensitivities**

## Preparation and Administration

Date					
Batch numbers for medicine 1					
Batch numbers for medicine 2					
Batch numbers for medicine 3					
Batch numbers for medicine 4					
Batch numbers for diluent					
Expiry dates checked Yes/No					
Final volume (ml)					
Fluid length (mm)					
Line primed Yes/No					
Rate setting (MS16A)					
Rate setting (MS26)					
Syringe driver ID number					
Light flashing Yes/No					
Site					
Time commenced					
Prepared and commenced by					

