

Logo

Prescription and administration record of medicines via subcutaneous syringe driver

Prescription chart serial number: _____

Number of syringe drivers in use _____

Date rewritten _____

- 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.
- Where a kardex is in use, this chart must be referenced on the main kardex.
- Medicines for management of 'breakthrough' symptoms must be prescribed separately.

Allergies / Medicine sensitivities

Medicine (generic)/allergen	Type of reaction (eg. rash)	Signature/ date
_____	_____	_____
_____	_____	_____
_____	_____	_____

or

No known allergies (Please tick)

Signature: _____ Date: _____

Use addressograph - otherwise write in capitals

Surname: _____

First names: _____

Patient number: _____

DoB: _____

Address: _____

Hospital: _____ Ward: _____

Consultant / Team / GP _____

Special instructions/Additional notes/Pharmacy notes

Prescription		Preparation and Administration					
Medicines	Dose	Date					
1		Batch numbers for medicine 1					
2		Batch numbers for medicine 2					
3		Batch numbers for medicine 3					
4		Batch numbers for medicine 4					
Draw a line through any unused rows from medicine 2 to medicine 4		Batch numbers for diluent					
Diluent		Expiry dates checked Yes/No					
Infuse over _____ hours		Final volume (ml)					
Prescriber's signature		Fluid length (mm)					
Print name/designation		Line primed Yes/No					
Start date	Start time	Rate setting (MS16A)					
To discontinue the prescription draw a diagonal line through the prescription and the remainder of the administration section. Complete the details below: Stop date _____ Stop time _____ Prescriber's signature _____ Print name/designation _____		Rate setting (MS26)					
		Syringe driver ID number					
		Light flashing Yes/No					
		Site					
		Time commenced					
		Prepared and commenced by					

