SYRINGE AVER VARIABLE DOSE PRESCRIPTI (

Name	Date of Birth	Ward / Address	Hospital No	Allergies and Drug Sensitivities								
DRUG 1 (approved name)				Special Instructions								
				(to include strategy for dose increases, and additional PRN doses, changes in patient condition)								
Dose per 24 hours .	Route		Max dose per 24hr not									
			to exceed.	If breakthrough pain occurs, a PRN dose ofng can be given everyhours								
To be diluted in	Start date		Pharm	If PRN dose does not control pain, increase subsequent								
				PRN dose(s) tomg everyhours to the								
				maximum dosc written on this prescription								
				• If pain is controlled with Drug 1 as prescribed and no additional PRN doses have been required, repeat the								
Signature of Prescriber			Date	same daily dose on the following day.								
DRUG 2 (approved name)			<u> </u>	 If pain has only been controlled with the addition of 								
	oved name)			PRN doses, add total PRN doses given in previous 24								
				hours to the dose given in syringe driver in the previous								
Dose per 24 hours	Route		Start date	24hours, rounded up to the nearest 5mg but only up to								
				maximum dose written on this prescription.								
				PRN doses may only continue to be administered as								
				prescribed if dose does not exceed the maximum								
Signature of Prescriber			D .	variable- dose prescription								
ORUG 3 (approved name)			Date	If the patient/clients pain or anxiety is not controlled								
(approved name)			Pliarm	within the above parameters or there are concerns about								
				sedation level or overdose, a medical review must be requested and or specialist medical advice be sought								
Dose per 24 hours	Route		Start date	Toquested and of specialist medical advice be sought								
				-								
Signature of Brescriber			Date	Signature of Prescriber Date								

PORTSMOL F ALTHCARE NIIS TRUST - SYRINGE DR. R ECORD CHART.

NURSES: This chart <u>must</u> = completed on setting up the syringe driver and . least every shift change.

G.

PATIENT NAME

NHS/HOSP NO.

WARD/ADDRESS

DATE

							WARD/AUDRESS								DATE								
																<u> </u>		I	<u> </u>		ļ <u>.</u>		l
PATIENT	<u> </u>	ļ	<u> </u>					·												 			
Pain level	ļ	ļ	ļ																				
Sedation level										ļ ———													
Respiratory rate								7												-			
Infusion site																				 			
*PRN doses administered (mg)																	·						
SYRINGE DRIVER	SYR	INGE	DRIVE	ER M	ODEL	= .		! .		. ,	L	<u>. </u>	<u> </u>	SERI	AL NI	JMBE	R =.		<u> </u>	<u> </u>	L	L	<u> </u>
Light flashing Yes or No																	,			T		l	
Rate set @ (state num/24hr or 1hr)																							
millimetres of fluid remaining																							
Syringe secure Yes or No																							
Connections secure Yes or No							-																
Clarity of fluid in syringe																							
Signature of																							
checking nurse																							
	.1	<u> </u>	1	<u> </u>	1	1	 	Pi	ain lev	rel	L			Seda	ation	level			Res	pirate	ry rat		l
*All PRN doses given must be recorded and signed for				No pain			1					1		Respiratory rate 9 - 24 / min				1					
				Acceptable pain				<i>:</i> 2	Dozing intermitently 2						Less than 9 / min				2				
					Unacceptable pain 🕬 3					Difficult to awaken 3						More than 25 /min				3			
							if 3 take & record action					if 3 take & record action						if 2 or 3 enter on sheet					

Enter all concess and action taken in progress sheet.