

AUTHORITY FOR ADMINISTRATION OF MEDICATION BY A HOSPICE EBOP PALLIATIVE CARE NURSE

Please affix Patient Label Here



Prescriber Name _____

Registration Number _____

FENTANYL PATCH YES / NO DOSE:	PATIENT ALLERGIES:
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SYRINGE DRIVER AUTHORITY: Infuse the following medications subcutaneously over 24 hours

Date	Medication	Dose	Stopped/changed date and signature	Prescribers Signature
Date	Medication may be added to syringe driver if required for new symptom	Dose	Indication/Symptom	Prescribers Signature

AUTHORITY FOR MEDICATIONS IN SYRINGE DRIVER TO BE INCREASED OR DECREASED IF INDICATED

Date	Medication	Dose / range	Indication/symptom	Maximum 24 hour dose (PRN & Syringe Driver)	Prescribers Signature

AS NEEDED " PRN" MEDICATIONS AUTHORITY

Date	Medication	Dose/range	Route	Frequency	Indication/symptom/special instructions	Maximum 24 hour dose (PRN & Syringe Driver)	Prescribers Signature
			subcut				
			subcut				
			subcut				

Please fax this completed form to Hospice EBOP: Fax 07 307 8057 Please email/fax prescriptions to patient's pharmacy and notify patient to collect.

SYRINGE DRIVER AUTHORITY AND PRN MEDICATIONS - GP INSTRUCTIONS

Subcutaneous infusions are commonly used in palliative care, either in patients who are unable to take or tolerate oral medications, or during the last days of life.

If starting a Syringe Driver discontinue medications no longer required. Click on this link for [clinical guidance for palliation of symptoms](#).

1. Begin with your name and registration number, patient details, allergies. Also note if the patient has a Fentanyl patch.
2. Medications to be administered sub-cutaneous via the **syringe driver over 24 hours** are entered in the top table of the form.

SYRINGE DRIVER AUTHORITY			
Date	Medication	Dose	Stopped/change date
	Opioid		
	Antiemetic		
	Anxiolytic		

3. There is also space for 1 or 2 medications to be added to the syringe driver should a specific symptom (such as secretions or agitation) occur.
4. The second table is used if dose adjustments might be required; this allows the Hospice palliative care nurse to change the dose if indicated without a new prescription. This is useful if anticipating that symptoms may increase or decrease.

AUTHORITY FOR MEDICATIONS IN SYRINGE DRIVER TO BE INCREASED OR DECREASED			
Date	Medication	dose/range	Indication /symptom
	Opioid		Pain, dyspnea
	Antiemetic		Nausea, vomiting
	Anxiolytic		Anxiety, agitation

5. **As required medications (PRN) are useful when titrating doses or managing breakthrough symptoms.**

AS NEEDED MEDICATIONS (PRN) AUTHORITY					
Date	Medication	Dose	Route	Frequency	Special Instructions
	Antisecretory		Subcut		for secretions
	Opioid		Subcut		for pain
	Anxiolytic				for anxiety restlessness

6. **Fax the completed AUTHORITY FOR ADMINISTRATION OF MEDICATION BY HOSPICE EBOP PALLIATIVE CARE NURSE to Hospice EBOP fax. (07) 307 8057**

7. For each medication write a prescription (5 days' supply for syringe driver plus 2-6 repeats for PRN medications 5 ampoules for each PRN medication plus 2 repeats). Controlled medications will need a controlled drugs prescription.

8. Give the prescriptions to the patient/whanau and arrange for the medications to be collected and ready at the house for the nurse visiting. Prescriptions can also be faxed/emailed. It is also helpful to contact the pharmacy to ensure medications are available.

- For assistance regarding a patient in the community Ph. Hospice EBOP: NP/ CSM/ PCN (07) 307 2244
- For assistance regarding a patient in Hospital Ph. HPCT: NP / SMO ph: (07) 306 0710
- Alternatively, you can phone Waipuna Hospice 07 552 4380 to speak with SMO/MD