

# *Pan-London Symptom Control Medication Authorisation and Administration Record (MAAR): Chart for subcutaneous and intramuscular medication in the community setting*

Version 5

Agreed Date: 16/10/24

Review Date: 16/10/26

*This document will continue to be reviewed and re-released to reflect new and emerging evidence.*



## 2. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION (SYRINGE PUMP)



### AUTHORISATION CHART V5

**NB: If more than one syringe pump is being used at the same time, please use a separate administration chart for each pump**

This document should remain with the patient. These charts are only for injectable medicines. Tick this box if another Community Drug Chart is in use e.g. for Patches, Enemas etc. <input type="checkbox"/>	
Palliative Care Team Contact Details:	Authorising clinician name and GMC/NMC/GPhC number:
<b>Patient Information</b>	<b>Allergies and Adverse Reactions</b>
Patient Name:	No Known Allergies: <input type="checkbox"/> Known Allergies <input type="checkbox"/> If required, seek source of allergy List Medicine/Substance and Reaction:   Print, Sign & Date:
NHS No:	
D.O.B	
Weight (for children):	

**Check if there is an analgesic transdermal patch: Y     N     Drug name: \_\_\_\_\_    Dose: \_\_\_\_\_**

<b>Diluent</b>		
Date:	Diluent:	Authoriser sign & print:

<b>Pain / Breathlessness</b>			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:

<b>Nausea / Vomiting</b>			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:

<b>Agitation / Distress</b>			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:

<b>Respiratory tract secretions</b>			
Date:	Medication:	Dose range (over 24 hours):	Authoriser sign & print:

<b>Other medication – specify indication here:</b>			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:

<b>Other medication – specify indication here:</b>			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:

### 3. CRISIS/EMERGENCY AND REGULAR INJECTIONS AUTHORISATION AND ADMINISTRATION CHART V5



This document should remain with the patient.

These charts are only for injectable medicines. Tick this box if another Community Drug Chart is in use e.g. for Patches, Enemas etc.   
 If more than one syringe pump is being used, please use a separate syringe pump Authorisation Chart

<b>Palliative Care Team Contact Details:</b>	<b>Authorising clinician name and GMC/NMC/GPhC number:</b>
<b>Patient Information</b>	<b>Allergies and Adverse Reactions</b>
Patient Name:	No Known Allergies: <input type="checkbox"/> Known Allergies <input type="checkbox"/> If required, seek source of allergy List Medicine/Substance and Reaction:  Print, Sign & Date:
NHS No:	
D.O.B	
Weight (for children):	

#### CRISIS / EMERGENCY SUBCUTANEOUS AND INTRAMUSCULAR INJECTIONS

Indication:	Administration record:	Administration record:	Administration record:
Medication:	Date:	Date:	Date:
	Time:	Time:	Time:
Dose:                      Route:	Dose:	Dose:	Dose:
Max 24hour dose:      Frequency:			
Special instructions:	Sign:	Sign:	Sign:
Authoriser sign, print & date:			

  

Indication:	Administration record:	Administration record:	Administration record:
Medication:	Date:	Date:	Date:
	Time:	Time:	Time:
Dose:                      Route:	Dose:	Dose:	Dose:
Max 24hour dose:      Frequency:			
Special instructions:	Sign:	Sign:	Sign:
Authoriser sign, print & date:			

#### REGULAR DOSE SUBCUTANEOUS INJECTIONS

Indication:	Date:								
Medication:	Enter administration times								
Dose:									
Frequency:									
Special instructions:									
Authoriser sign, print & date:									

  

Indication:	Date:								
Medication:	Enter administration times								
Dose:									
Frequency:									
Special instructions:									
Authoriser sign, print & date:									













**6. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP ADMINISTRATION RECORD AND CHECKLIST V5** This document should remain with the patient.

Patient name:	DOB:	NHS number:	SERIAL NO. on pump:	Pump ... of ...
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<b>1. Contents of syringe/medication</b>				
Date				
Diluent:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
Medication:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
Medication:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
Medication:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
Medication:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
Sign and print:				

<b>2. Set up pump</b>				
Start time				
Battery life remaining %				
Volume to be infused (mL)				
Rate set mL/hr				
Infusion site				
Syringe size and brand				
Time infusion to finish (hrs/mins)				
Tick to confirm additive label attached to syringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>3. Check pump while in use</b>																
Time																
Battery light flashing green? (yes/no)																
Battery life remaining %																
Spare battery available? (yes/no)																
Rate on display pad (mL/hr)																
Volume to be infused (mL)																
Visual volume checked (yes/no)																
Volume infused																
Time remaining (hrs/mins)																
Syringe line and contents clear? (yes/no)																
Is the infusion site condition okay? (yes/no)																
Keypad locked (✓)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient comfortable? (yes/no)																
Any action required? (yes/no)																
Sign and print																

Patient name:	DOB:	NHS number:	SERIAL NO. on pump:	Pump ... of ...
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**1. Contents of syringe/medication**

Date				
Diluent:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
Medication:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
Medication:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
Medication:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
Medication:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
Sign and print:				

**2. Set up pump**

Start time				
Battery life remaining %				
Volume to be infused (mL)				
Rate set mL/hr				
Infusion site				
Syringe size and brand				
Time infusion to finish (hrs/mins)				
Tick to confirm additive label attached to syringe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. Check pump while in use**

Time																	
Battery light flashing green? (yes/no)																	
Battery life remaining %																	
Spare battery available? (yes/no)																	
Rate on display pad (mL/hr)																	
Volume to be infused (mL)																	
Visual volume checked (yes/no)																	
Volume infused																	
Time remaining (hrs/mins)																	
Syringe line and contents clear? (yes/no)																	
Is the infusion site condition okay? (yes/no)																	
Keypad locked (✓)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient comfortable? (yes/no)																	
Any action required? (yes/no)																	
Sign and print																	

