



*Pan-London Symptom Control Medication
Authorisation and Administration Record (MAAR):*

*Chart for subcutaneous and intramuscular medication
in the community setting*

Version 4

Circulated Date: 8th February 2022

Agreed Date: 8th December 2021

Review Date: 8th December 2023

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 V4



**NB: If more than one syringe pump is being used at the same time, please use a separate Authorisation Chart for each pump, and indicate here:
Pump (insert no) of (insert no)**

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:
Patient Information	Allergies and Adverse Reactions
Patient Name:	No Known Allergies: <input type="checkbox"/> Known Allergies <input type="checkbox"/>
NHS No:	If required, seek source of allergy
D.O.B	List Medicine/Substance and Reaction:
Weight (for children):	Print, Sign & Date:

Check if there is an analgesic transdermal patch: Y N Drug name: _____ Dose: _____

Pain and / or Breathlessness

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

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

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

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

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

Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:
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Diluent

Date:	Diluent:	Authoriser sign & print:
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4. CONTROLLED DRUG STOCK BALANCE CHART V4

Patient Name:	Controlled Drug name:	
DOB:	Form:	Strength:
NHS Number:	Page no:	

Date	Time (24hr clock)	Opening stock balance (no. of ampoules)	Stock received			Medication administered				Closing stock balance (no. of ampoules)	Sign & print
			Stock received (no. of ampoules)	Batch number	Expiry date	Dose given (milligram / microgram)	Amount wasted (milligram / microgram)	Batch number	Expiry date		
Closing stock balance transferred to new balance page no									Sign & print:		
OR											
Closing stock balance disposed of – enter details of disposal in patient notes.									Sign & print:		

If you discover an error or discrepancy, please ensure you report in line with local policies and procedures

4. CONTROLLED DRUG STOCK BALANCE CHART V4



Patient Name:				Controlled Drug name:			
DOB:				Form:		Strength:	
NHS Number:				Page no:			

Date	Time (24hr clock)	Opening stock balance (no. of ampoules)	Stock received			Medication administered				Closing stock balance (no. of ampoules)	Sign & print
			Stock received (no. of ampoules)	Batch number	Expiry date	Dose given (milligram / microgram)	Amount wasted (milligram / microgram)	Batch number	Expiry date		
Closing stock balance transferred to new balance page no									Sign & print:		
OR									Sign & print:		
Closing stock balance disposed of – enter details of disposal in patient notes.									Sign & print:		

If you discover an error or discrepancy, please ensure you report in line with local policies and procedures

5. NON- CONTROLLED DRUG STOCK BALANCE CHART V4



Patient Name:			Non-Controlled Drug name:		
DOB:		Form:		Strength:	
NHS Number:			Page no:		

Date	Time (24hr clock)	Opening stock balance (no. of ampoules)	Stock received			Medication administered				Closing stock balance (no. of ampoules)	Sign & print
			Stock received (no. of ampoules)	Batch number	Expiry date	Dose given (milligram / microgram)	Amount wasted (milligram / microgram)	Batch number	Expiry date		
Closing stock balance transferred to new balance page no									Sign & print:		
OR											
Closing stock balance disposed of – enter details of disposal in patient notes.									Sign & print:		

If you discover an error or discrepancy, please ensure you report in line with local policies and procedures

6. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP ADMINISTRATION RECORD AND CHECKLIST V4

This document should remain with the patient.

Patient name:				DOB:			
NHS number:				SERIAL NO. on pump:			
1. Set up pump							
Start Date							
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 box to confirm additive label attached to syringe		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
2. Contents of syringe							
Date							
Medication							
	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
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	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:	Dose: Batch no.: Expiry Date:
Sign and print:							
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 & 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"/>
Patient comfortable? (yes/no)							
Any action required? (yes/no)							
Sign and print							

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Time remaining (hrs/mins)																
Syringe line & 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"/>
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