

Pan-London Symptom Control Medication Authorisation and Administration Record (MAAR) Chart Version 4

Key points for using the MAAR chart: (For full information refer to the Procedure for using the Pan-London Symptom Control Medication Authorisation and Administration Record (MAAR) Chart)

Notes for Authorisers

- The Palliative Adult Network Guidelines (“PANG”) are available on line at <http://book.pallcare.info>. The Association for Paediatric Palliative Medicines Master Formulary is available online at <https://www.appm.org.uk/guidelines-resources/appm-master-formulary/> Contact your palliative care team for advice if required.
- When writing dose ranges use the word ‘to’ rather than a dash (which may be mistaken for a decimal point) e.g. morphine 5 mg to 10 mg. This especially important when the MAAR chart is handwritten.
- Doses less than 1 mg should be written in micrograms, e.g. alfentanil 500 microgram to 1 mg, glycopyrronium 600 microgram to 1.2 mg.
- Where two medications are written for the same indication, clearly state which medication is to be used first-line and which is to be used second-line and under what circumstances this switch is to be considered.
- When converting from the oral to the subcutaneous route consider the number of oral PRN doses (in addition to the regular doses), administered in the preceding 24 hours when calculating the new dose.
- ‘Max hour dose’ written on the PRN section of the MAAR Chart refers to the maximum dose to be administered PRN. i.e it does not include the medication administered via the 24hrs syringe pump.
- A MAAR chart that is not currently in use (written in anticipation of future need) should be reviewed regularly enough to ensure that the authorised medications and doses meet the clinical needs of the patient when treatment is initiated. It is recommended that a 24-hour syringe driver is authorised as close to the time of its need as possible, and that a senior clinician assesses the patient at that time.

Notes for clinicians administering medication

- The contents of the syringe must be written clearly on a standard syringe pump label. Attach the label to the barrel of the syringe so that the information can still be read once the syringe is attached to the pump. Know how to obtain supplies of these labels.
- Confirm the contents of a syringe pump already running when the patient is transferred across different care settings. Do this using at least two sources of information, for example: syringe pump label, syringe pump infusion administration record, discharge/ referral letter. Always contact the referring team if any of this information is missing or unclear.
- If a range of doses is prescribed, aim to administer the lowest possible dose of medication to control the symptom. If symptoms remain uncontrolled or if you need advice, contact the Palliative Care team.
- Be aware of other medication charts that may be in use in the community e.g. for opioid patches and enemas.
- Ensure adequate stock of medications and equipment are available in the home. Use stock balance charts to monitor levels. Pay particular attention before weekends and bank holidays, and be aware of local schemes for accessing medication in and out-of-hours.

Notes on the disposal of unwanted medications

- Medications that have been prescribed for patients remain their own property.
- Advise family members/carers to return unwanted medications to a community pharmacy for safe disposal (this does not have to be the pharmacy that dispensed the medications) and record that this advice has been given.
- Healthcare professionals can remove medications for disposal at their own discretion, for example where they consider there to be a risk if left in the home. This should be recorded in clinical notes.
- Where possible the healthcare professional should obtain a verbal consent from the patient (if appropriate), family member/ carer to remove unwanted medications on their behalf and document this in the clinical notes. For controlled drugs complete the ‘CD Stock Balance Chart’.
- Be aware of any local guidance for the disposal of unwanted medications.