



*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"/> If required, seek source of allergy List Medicine/Substance and Reaction:
NHS No: D.O.B	Print, Sign & Date:
Weight (for children):	

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:
Nausea / Vomiting			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:
Agitation / Distress			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:
Respiratory tract secretions			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:
Other medication – specify indication here:			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:
Other medication – specify indication here:			
Date:	Medication:	Dose range: (over 24 hours)	Authoriser sign & print:
Diluent			
Date:	Diluent:	Authoriser sign & print:	

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										
	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:								
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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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Start Date																
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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"/>	<input type="checkbox"/>	<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:									
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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"/>	<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																

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Start Date							
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Battery life remaining %							
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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"/>		<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:
	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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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"/>	<input type="checkbox"/>
Patient comfortable? (yes/no)							
Any action required? (yes/no)							
Sign and print							