



**Tick this box if another Community Drug Chart is in use e.g. for Patches, Enemas etc. ☐**

<b>Palliative Care Team Contact Details:</b> 0900-1700 M-F 0203 333 3333 Otherwise 0203 0000000		<b>Authorising clinician name and GMC/NMC/GPhC number:</b> Dr B E Compassionate                      GMC number 12345678	
<b>Patient Information</b>		<b>Allergies and Adverse Drug Reactions</b>	
Patient Name: Mr A N Other		No Known Allergies: <input type="checkbox"/> Known Allergies: If required, seek source of allergy List Medicine/Substance and Reaction:	
NHS No: xxxxxxxxxxxxxxxxxx D.O.B 11/11/1921		Penicillins - Rash	
Weight (for children):		Print, Sign & Date: Dr B E Compassionate 15.10.2021	

[illegible]

## 2. [EXAMPLE] 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) 1 of (insert no) 1**

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"/>	
<b>Palliative Care Team Contact Details:</b> 0900-1700 M-F 0203 333 3333 otherwise 02030000000	<b>Authorising clinician name and GMC/NMC/GPhC number:</b> Dr B E Compassionate GMC number 12345678
<b>Patient Information</b>	<b>Allergies and Adverse Drug Reactions</b>
Patient Name: A N Other	No Known Allergies: <input type="checkbox"/> Known Allergies <input type="checkbox"/> If required, seek source of allergy List Medicine/Substance and Reaction:
NHS No: xxxxxxxxxxxxxxxxxx D.O.B 11/11/1921	Penicillins - Rash
Weight (for children):	Print, Sign & Date: Dr B E Compassionate 15.10.2021

**Check if there is an analgesic transdermal patch: Y ☐ N ☒ Drug name: N/A Dose: N/A**

<b>Pain and / or Breathlessness</b>			
Date: 15.10.2021	Medication: Morphine Sulphate	Dose range: 10mg to 20mg (over 24 hours)	Authoriser sign & print: Dr B E Compassionate
<b>Nausea / Vomiting</b>			
Date: 15.10.2021	Medication: Cyclizine	Dose range: 150mg (over 24 hours)	Authoriser sign & print: Dr B E Compassionate
<b>Agitation / Distress</b>			
Date: 15.10.2021	Medication: Midazolam	Dose range: 10mg to 30mg (over 24 hours)	Authoriser sign & print: Dr B E Compassionate
<b>Respiratory tract secretions</b>			
Date: 15.10.2021	Medication: Glycopyrronium	Dose range: 600 micrograms to 1.2mg (over 24 hours):	Authoriser sign & print: Dr B E Compassionate
<b>Other medication – specify indication here:</b>			
Date: 15.10.2021	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>Diluent</b>			
Date: 15.10.2021	Diluent: Water for Injection		Authoriser sign & print: Dr B E Compassionate