

Patient name: NHS number:

Patient address:

Chart of
Date commenced:

Instructions for Chart Completion

- This chart is an authorisation to administer. It is available as a hardcopy or can be generated electronically and printed accordingly. **Yellow charts are now obsolete.**
 - Add each medicine by approved name and dose, or dose range over 24 hours.
 - **A wet signature is no longer required, providing the electronic copy has the prescriber's name on it.**
 - No more than three medicines should be used together in the syringe pump, unless specialist advice is obtained and documented.
 - Prescribe the appropriate diluent. Consider compatibilities. Generally, use water for injection. Sodium chloride 0.9% may lessen site irritation caused by some medicines e.g. levomepromazine. Do NOT use sodium chloride 0.9% with cyclizine.
 - If a change to the medicines or doses is required, the prescriber must re-prescribe electronically and update the patient record accordingly.
 - Nursing staff must then print the required page and attach to the original chart once at the patient's home.
 - Nursing staff must cancel the outdated page being replaced by putting a diagonal line through the cancelled medicine name, dose and remaining administration boxes and sign and date.
 - The old chart must be filed in the patient's notes to ensure it is taken out of use.
 - Dose increases of opioids are not usually more than 30-50% of current dose.
 - If 2 syringe pumps are in use, use a separate chart (page if electronic) for each one and cross reference.
 - Add subcutaneous breakthrough (PRN) doses for each medicine included in the syringe pump on the anticipatory section of the chart. Doses should reflect the dose in the syringe pump.
- Note: PRN opioids are one sixth of the 24 hour dose of opioid and should take into consideration whether the patient also has an opioid patch in situ.**
- State the instructions for use and the maximum dose in 24 hours for all non-opioid PRN medicines if applicable.
 - If patient experiences symptoms of delirium contact the [specialist palliative care team](#) for advice.

Principles of Anticipatory Prescribing

- Use an individualised approach to prescribing anticipatory medicines for people, assessing what medicines the person might need to manage symptoms likely to occur during their last days of life.
- When deciding which anticipatory medicines to offer take into account:
 - The likelihood of specific symptoms occurring
 - The likely cause of symptoms
 - The benefits and harms of prescribing or administering medicines
 - The benefits and harms of not prescribing or administering medicines
 - The possible risk of the person suddenly deteriorating (for example, catastrophic haemorrhage or seizures) for which urgent symptom control may be needed
 - The place of care and the time it would take to obtain medicines.
- Ensure that suitable anticipatory medicines are prescribed as early as possible.
- Consider prescribing a syringe pump at the same time as anticipatory medication, if they are being actively used.
- Specify the indications for use and the dosage of any medicines prescribed and start with the lowest effective dose. Please see link to [guidance](#).
- Specify an appropriate route for administration. If the person is unable to take or tolerate oral medication, give subcutaneous injections.
- Review symptoms before and after anticipatory medicines are administered and to inform appropriate titration of medicine. Monitor for benefits and any side effects at least daily and adjust the individualised care plan and prescription as necessary.
- Record medication balances on the medication stock control forms.

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Instructions for Administration

- Where the dose is prescribed as a range, start with the lowest dose unless otherwise specified; refer to local guidelines for further advice.
- With opioids, observe for signs of toxicity e.g. drowsiness, confusion, hallucination, twitching, reduced respiratory rate and report accordingly.
- Opioid naïve, renal and elderly patients more at risk of toxicity.
- For syringe pumps, re-prime the line each time the medication or doses change.
- If using a McKinley Version 2 pump, replace the battery if there is less than 40% remaining at the start of the infusion. If using a McKinley Version 3 / BodyGuard T pump, replace the battery every 24 hours.
- Additional breakthrough (PRN) doses are written on the ‘as required’ section of the chart. Non-opioid PRN medicines have specific instructions for use and a maximum dose in 24 hours.
- **Always seek advice if unsure**

Instructions for Review in Community

- **Following discharge from hospital or hospice the anticipatory/PRN medication and syringe pump chart is valid for a maximum of four weeks, before a review is required to ensure that the medication prescribed is still suitable.**
- The review can be done by any appropriately qualified health care professional involved in the patient’s care in the community.
- If the medications prescribed are still suitable, the reviewer must document the expiry and quantity of the drugs on the medication stock control forms, to ensure availability when required.
- If the prescribed medication is no longer suitable i.e. change in medication or dose, then changes must be updated accordingly (see instructions for chart completion page 1).
- If the chart has not been used within 6 months, chart must be rewritten when necessary.

Version Control

Developed by	South Beds & Herts Specialist Palliative Care Group Oct. 2017, updated May 19. Updated by Herts, South Bedfordshire & West Essex SPC Network Group Oct. 2020 (v2), Jan. 2021 (v3) & May 2021 (v4)
Date ratified	Hertfordshire Medicines Management Committee (HMMC), Dec. 2019. Updated Oct. 2020 (v2), Feb. 2021 (v3) & May 2021 (v4) Hwe APC Updated Nov. 2023 (v5) - rebadging with HWE ICB and removal of ENHCCG and HVCCG headers. Review date removed and replaced with standard statement.
Review date	The recommendation is based upon the evidence available at the time of publication. This recommendation will be reviewed upon request in the light of new evidence becoming available.

Hertfordshire Adult Anticipatory Medication Chart

Consider authorising a syringe pump chart where anticipatory medicines are actively in use.

Patient name:	NHS Number:
Date of Birth:	

Allergies / Sensitivities (or state if none known)

Chart of
Date commenced

Opioid patch in situ: Yes / No
 State drug and strength:

For as required use								
Suggested Indication	Medication	Dose or Range	Frequency	Route	Maximum prn dose in 24 hours (including pump if appropriate)	Additional Instructions / indications for use	Authoriser's Name	Date DD/MM/YY
PAIN								
ANXIETY / AGITATION								
RESPIRATORY SECRETIONS								
NAUSEA / VOMITING								
OTHER								
OTHER								

Hertfordshire Adult Syringe Pump Medication Chart

Patient name:	NHS Number:
Date of Birth:	

Allergies / Sensitivities (or state if none known)

Chart of

Date commenced

If 2 syringe pumps are in use, use a separate chart (hardcopy) or page (electronic copy) for each one and cross reference

Opioid patch in situ: Yes / No
State drug and strength:

Suggested Indication	Medication	Dose / Range over 24 hours	Route S/C	Additional Instructions	Date DD/MM/YY
Pain			S/C		
Anxiety / Agitation			S/C		
Respiratory Secretions			S/C		
Nausea / Vomiting			S/C		
Other			S/C		
Other			S/C		
Diluent					

If a change to the medicines / dose is required, rewrite in a new medication chart (hardcopy) or reprint page (electronic copy)

Authoriser's Name	
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