

**[EXAMPLE] PAN-LONDON SYMPTOM CONTROL MEDICATION AUTHORISATION AND ADMINISTRATION RECORD
(MAAR) CHART V3**

1. 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION (SYRINGE PUMP) AUTHORISATION CHART V3

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"/> If more than one syringe pump is being used, please use a separate syringe pump Authorisation Chart	
Palliative Care Team Contact Details: 0900-1700 M-F 0203 333 3333 otherwise 02030000000	Authorising clinician name and GMC/NMC/GPhC number: Dr B E Painful GMC number 12345678
Patient Information	Allergies and Adverse Drug Reactions (ADR)
Patient Name: A N Other	No Known Drug Allergies (NKDA): <input type="checkbox"/> If required, seek source of allergy
NHS No: xxxxxxxxxxxxxxxxxxx	List Medicine/Substance and Reaction: Penicillins - Rash Print, Sign & Date: Dr B E Painful 15.4.2020
D.O.B 11/11/1111	
Weight (for children): N/A	

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

Pain and / or Breathlessness

Date: 15.4.2020	Medication: Morphine Sulphate	Dose range: 10mg to 20mg (over 24 hours)	Prescriber sign & print: Dr B E Painful
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Nausea / Vomiting

Date: 15.4.2020	Medication: Cyclizine	Dose range: 150mg (over 24 hours)	Prescriber sign & print: Dr B E Painful
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Agitation / Distress

Date: 15.4.2020	Medication: Midazolam	Dose range: 10mg to 30mg (over 24 hours)	Prescriber sign & print: Dr B E Painful
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Respiratory tract secretions

Date: 15.4.2020	Medication: Glycopyrronium	Dose range: 600 micrograms to 1.2mg (over 24 hours)	Prescriber sign & print: Dr B E Painful
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Other medication – specify indication here:

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

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

Date: 15.4.2020	Diluent: Water for Injection	Prescriber sign & print: Dr B E Painful
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