Pre-emptive Prescribing for the Last Days of Life

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1. Introduction

1.1 Pre-emptive prescribing (also known as anticipatory prescribing) is the prescribing of subcutaneous medications for the last days of life for those who may be at risk of sudden, severe or distressing symptoms such as pain, anxiety and restlessness, nausea/vomiting and respiratory secretions.

1.2 Patients can rapidly deteriorate within hours to days in the dying phase; ensuring medications are prescribed prior to this phase and before the patient is symptomatic is important. NICE NG31 - Care of dying adults in the last days of life advises that 'suitable anticipatory medicines and routes are prescribed as early as possible'.

The aim is to encourage prescribers to think ahead and provide extra medications to manage the sudden changes in the patient's condition (e.g. terminal bleed or airways/bowel obstruction). This can prevent a delay in management and ensures that medications are available in the time of need and will allow the patient to remain in their chosen place of care.

1.3 Ideally, pre-emptive medications should be prescribed prior to the dying phase to ensure the medication is available in a timely manner.

Considerations to prescribe pre-emptive medication include: a) where the patient would be eligible for any fast track discharge process for palliative care patients; and b) if the patient is clinically unstable or has advanced disease, and is deteriorating and/or at risk of dying in the coming days or weeks

1.4 It should be considered at the time the patient, family and health care professionals have decided that a patient is approaching the last weeks or days of life (as described above), and they want to stay at home. In these patients the team should also consider:

- Completing the DNACPR section of the ReSPECT form
- Nursing, and providing care, under the principles of the Priorities of Care of the Dying Person (see appendix 6)

1.5 This advice is based on the already established systems in place in Doncaster from community nursing team (CMT) drug cards, to the pharmacies that have agreed to carry the medications listed in this document.

Specialist palliative care prescribing locally is outlined in the Palliative Care Core Formulary.

Our national guidance comes from the NICE NG31 - Care of dying adults in the last days of life, the Palliative Care Formulary version 7, and regional guidance; A Brief Guide to Symptom Management in Palliative Care, Yorkshire and Humber Palliative and End of Life Care Groups (v7 June 2019).

2. Pre-Emptive Prescribing

2.1 Prescribe the "core four"

ANALGESIC	**Morphine (consider Oxycodone in renal impairment)**
ANTIEMETIC	**Haloperidol**
ANTISECRETORY	**Hyoscine Butylbromide**
SEDATIVE	**Midazolam**

Use palliative care drugs table appendix 1 and conversion chart appendix 2 to prescribe:

- If on regular opioid, an opioid via syringe driver over 24h
- The correct breakthrough dose of opioid (see section 4.1 for explanation)
- If opioid naïve, the doses of opioid suggested in the table on page 6
- If Fentanyl patch in situ, leave this patch on if well controlled and prescribe breakthrough medications taking this into account

- **Prescribe other subcutaneous medications for at least 72 hours quantity** e.g. 5 to 10 ampoules of each initially
- **Include Water For Injections 10 x 10ml ampoules** (if using a subcutaneous device, e.g. Sat T intima, sodium chloride 0.9% 20 x 10ml ampoules will also be required for flushing)
- **Algorithms** are included to guide prescribing and administration (appendix 4)
- **If any uncertainty** specialist advice is available within the hours of 08.30-16.30 from the hospice (Palliative triage is 01302 566666) and/or Consultants in Palliative Medicine via DRI switchboard (queries from GPs, doctors or SPC nurses only)

3. Syringe Driver

3.1 A syringe driver may be needed if the patient is unable to take oral medications or absorb via the oral route, or needs regular subcutaneous medications. The medications listed below, in combinations of up to 3 drugs, are compatible to be mixed in a syringe driver. Do not prescribe a pre-emptive syringe driver.

4. Breakthrough Medications

4.1 In general, the dose of opioid for breakthrough is 1/6th of the total 24 hour dose. See the conversion chart. For example, for a patient on Fentanyl patches 50 microgram/hour we would consider prescribing 15mg of subcutaneous (SC) Morphine, as needed up to hourly use, within the dose limit stipulation below.

This medication can take up to half an hour to work and can last up to 4 hours. If it is needed more frequently e.g. 2-3 doses over 24 hours, the patient can be assessed by the Community Nurse, Community End of Life Care Team and/or GP if needed. An increase in the 24 hour/regular medication should be considered.

- Uncontrolled pain or symptoms should be discussed with the Community Specialist Palliative Care Team (CSPCT). Hospice within the hours of 08:30-16:30 (Palliative triage via 01302 566666) and/or the consultants via DRI switchboard (queries from GPs, doctors or CSPCT nurses only)

5. Pharmacies

5.1 Doncaster CCG commissions a number of pharmacies to provide an enhanced service to stock these pre-emptive drugs. If not, some pharmacies may offer a collect and delivery (GP to patient) on the same day.

For an up to date list of participating pharmacies please see Appendix 8 for participating pharmacies on revision date.

6. Communication

- Complete the community Non-Syringe Driver Instruction for as needed medications and for a syringe driver, if required (appendix 7)
- Complete the out of hours communication form (appendix 5)
- Community nursing teams will document plans in the electronic patient record.
- Community nursing teams will give the patient/family advice and leaflets about what to do if problems and what to do after death.
- Community nursing teams will assess every day (or as required) and discuss with the GP about starting using the medications and documenting in the nursing records in line with the principles of care for the dying person.

7. After Death

7.1 The community nursing teams will destroy any schedule 2 - 5 controlled medications at the home as per their protocol. If the family are able to, they can return any remaining medications to their local community pharmacy for destruction

APPENDIX 1 - PRESCRIBING INFORMATION

DRUG and ampoule strength	Indications	Initial SC dose	How often	Maximum dose in 24 hrs / special notes
Morphine 10mg/ml injection (1ml amp) (alternative strength(s) available, please see BNF)	**Pain – 1st line** **Dyspnoea – 1st line**	2.5-5mg if opioid naïve (consider dose reduction in frail or elderly patients) Note-use conversion chart if on regular opioid	Up to hourly (note dose limit before professional advice required)	See conversion chart for alternative strong opioids Maximum of 6 doses/24 hours (assess and dose adjust where required) Use with caution in renal impairment
Oxycodone 10mg/ml (1ml & 2ml amp) (alternative strength(s) available, please see BNF)	Pain Dyspnoea, if already on oral oxycodone	1mg-2.5mg if opioid naïve (consider lowest dose in frail or elderly patients/renal impairment) Note-use conversion chart if on regular opioid	Up to hourly (note dose limit before professional advice required)	See conversion chart for alternative strong opioids Maximum of 6 doses/24 hours (assess and dose adjust where required)
Haloperidol 5mg/ml Injection (1ml amp)	**Antiemetic – 1st line** Agitation even in renal impairment	1.5mg	4hrly	6mg/24 hours Consider use of syringe driver if nausea inadequately controlled.
Levomepromazine 25mg/ml Injection (1ml amp)	Antiemetic – 2nd line	6.25mg	4-6hrly	Above 25mg/24hr seek specialist advice
Hyoscine butylbromide 20mg/1ml Injection (1ml amp)	**Respiratory secretions – 1st line** **Bowel Colic**	20mg	Hourly as required	1st line for respiratory secretions. Max 120mg/24h (seek specialist advice). Not physically compatible mixed with cyclizine in syringe driver
Midazolam 10mg/2ml Injection (2ml amp)	**Restlessness** **Agitation** Dyspnoea – 2nd line	2.5-5mg	Hourly as required	For doses over 60mg/24 hours seek specialist advice. Levomepromazine can be added, seek specialist advice if needed

APPENDIX 2 – alternative opioids

For further prescribing guidance (including buprenorphine patch equivalence), please see the local Palliative Care Formulary.

PRESCRIBING OF ALTERNATE OPIOIDS

For prescribing of alternative opioids see dose conversion table below.

NB:

- Conversion ratios are approximate and every change of drug requires careful monitoring.
- PRN doses for breakthrough pain should be 1/6th of total 24 hour infusion dose regardless of type of opioid prescribed.
- Drug compatibility in syringe drivers may differ from diamorphine.
- In those patients on high doses of oxycodone a large infusion volume may be required. If this is impractical, either convert to a continuous subcutaneous infusion of diamorphine or contact the Specialist Palliative Care Team for advice.
- In those patients with a fentanyl patch in situ who have rapidly escalating pain requiring the addition of a syringe driver, continue to change the fentanyl patch every 72 hours, initiate a continuous subcutaneous infusion of diamorphine, alfentanil or oxycodone via a syringe driver and titrate dose according to response.
- In end stage renal disease, Alfentanil is the strong opioid of choice.

Oral Morphine			Subcutaneous Morphine		Subcutaneous Diamorphine		Oral Oxycodone			Subcutaneous Oxycodone		Subcutaneous Alfentanil		Fentanyl patch
Breakthrough dose (mg)	12 MR dose (mg)	24 total dose (mg)	Breakthrough dose (mg)	24 total dose (mg)	Breakthrough dose (mg)	24 total dose (mg)	Breakthrough dose (mg)	12 MR dose (mg)	24 total dose (mg)	Breakthrough dose (mg)	24 total dose (mg)	Breakthrough dose (mg)	24 total dose (mg)	Microg/ hour
5	15	30	2.5	15	1.5	10	2.5	7.5	15	1.25	7.5	0.15	1	12
10	30	60	5	30	3	20	5	15	30	2.5	15	0.3	2	25
15	45	90	7.5	45	5	30	7.5	25	50	3.75	22.5	0.5	3	25†
20	60	120	10	60	7.5	40	10	30	60	5	30	0.75	4	37†
30	90	180	15	90	10	60	15	45	90	7.5	45	1	6	50†
40	120	240	20	120	12.5	80	20	60	120	10	60	1.25	8	62†
50	150	300	25	150	15	100	25	75	150	12.5	75	1.5	10	75
60	180	360	30	180	20	120	30	90	180	15	90	2	12	100
70	210	420	35	210	25	140	35	105	210	17.5	100	2.5	14	125
80	240	480	40	240	27.5	160	40	120	240	20	120	2.5	16	125*
90	270	540	45	270	30	180	45	135	270	**Max**	135	3	18	150*
100	300	600	50	300	35	200	50	150	300	**Sub**	150	3.5	20	175*
110	330	660	55	330	37.5	220	55	165	330	**Cut**	165	3.5	22	175*
120	360	720	60	360	40	240	60	180	360	**Vol**	180	4	24	200

†These fentanyl conversions do not fully reflect the current BNF recommendations up to 100micrograms of fentanyl. The BNF conversions apply to patients that have been stabilised long term on opioids. Doses should be used as a guide only and should be carefully titrated according to clinical response.
*fentanyl conversions become less reliable as the dose of morphine (or equivalent) increases. Ensure adequate breakthrough doses are prescribed to enable titration. Patients on fentanyl patches over 150microg/hr (or equivalent opioid dose) should receive specialist palliative care input.

Breakthrough Pain:
Patients prescribed regular slow release or continuous subcutaneous infusions of strong opioids should also be prescribed a breakthrough pain dose of immediate release opioid.
The breakthrough pain dose is calculated as $^1/_6$ total daily dose regular strong opioid.
Breakthrough pain doses should be given when the pain occurs NOT by the clock. However, sufficient time should be allowed for the dose administered to work.
There is no limit to the number of breakthrough doses that may be administered, however, if more than 2 doses are required in 24 hours it is usually an indication that the dose of regular strong opioid needs increasing.

Ref: Joint Formulary Committee. *British National Formulary* 65ed. London: BMJ Group and Pharmaceutical Press 2013.

APPENDIX 3 THE LAST DAYS OF LIFE AT HOME

Patient is discussed at **Community palliative care meetings:**

- Is the patient approaching the end of life?
- Do the teams involved know the patient's preferred place of care at the end of life, their family's views and views about DNA CPR and escalation of care?
- Does the patient need to be considered for pre-emptive prescribing?
- Do the five priorities of care for the dying person (last days of life) need to be

Dying patient identified by the team at home:

- The GP, community nursing team (CNT), community palliative care team (CSPCT) or community end of life team (CEOLT), patient and family decide that the patient is dying and that there are no reversible causes.
- Does the patient wishes to be cared for at home or hospice?

At GP surgery or on visit to patient:

- **GP or non-medical prescriber prescribes** pre-emptive prescribing medications as per guidance for 'As Needed (PRN)' and syringe driver **(if needed). Do not prescribe a pre-emptive syringe driver**
- **Aim for as early as possible, weeks or at least 3 days before the patient may need the medications i.e. when patient is clinically unstable/advanced disease and is deteriorating and is at risk of dying in the coming weeks or days**
- Script to local chemist only if all medications available, otherwise a pharmacy service that collects and delivers can be sought by the team.
- Family /carers asked to contact CNT as soon as medications arrive at home.
- Community non-syringe driver instruction for pre-emptives completed.
- Out of hours handover form completed.
- The principles of the five priorities of care for the dying person considered and documented.
- ReSPECT with DNACPR decision completed (if not already done)

Order medication as required after assessment to ensure enough supply

Advice available **for GPs** 24h via consultants in palliative medicine via DRI switch

Dying patient sent home from the hospital/hospice team:

- Pre-emptive prescribing, ReSPECT with DNACPR decision and relevant documentation.
- Communication with GP, community nursing team and CEOLT. Referral to CSPCT if complex symptoms
- Medications , discharge letter and community non-syringe driver instruction completed

CNT or CEOLT visits patient at home

- Give pre-emptive prescribing advice and support.
- Advise what to do if problems.
- What to do after death
- Pre-emptive prescribing medications logged as per policy in the patients home.
- Community non-syringe driver instruction and logging record chart left with pre-emptive prescribing medications and scan copy on to electronic record

Patient has symptoms that require treatment:

- GP, CNT, CEOLT or appropriate health care practitioner assesses the patient and understands the patients and families concerns.
- Consider referral to Hospice inpatient if needed
- The 'Care of the Dying' algorithms are used by the community teams to guide the use of the 'as needed' subcutaneous medications. Seek CSPCT advice if unsure.
- This is discussed with the GP and documented in the electronic records.
- A clear care plan is left in the patient's electronic notes by the CNT, CEOLT or CSPCT team.
- CNT reviews every 24h or as clinically required
- Patient to be discussed with GP with changes or as clinically needed

Patient dies, family call GP in hours or out of hours service to verify/certify death

- CNT visits to collect equipment and support family, drugs that are not destroyed can be returned by the family to their local pharmacy for destruction
- Audit proforma for pre-emptive prescribing.
- Ensure all required documentation is completed and that family have information about 'Care after Death'

APPENDIX 4 - Treatment Protocols

Pain

Is the patient already taking regular oral morphine or other strong opioid?

YES

PAIN NOT CONTROLLED

To convert a patient from oral morphine to a 24hr s/c infusion of MORPHINE, divide the total daily dose of oral morphine by 2

Give s/c STAT/breakthrough dose at 1/6th dose (e.g. MST 30mg bd orally = morphine 30mg via s/c syringe driver over 24 hours and STAT/breakthrough dose of 5mg)

If the patient is still in pain after 12 hours consider increasing the infusion by 30-50%

If symptoms not controlled seek specialist palliative care advice

PAIN CONTROLLED

Continue current regimen if able to swallow

Convert to a syringe driver if struggling to take oral medication using conversion charts

Prescribe s/c breakthrough dose (1/6th of daily dose)

NO

Prescribe MORPHINE (or alternative strong opioid) 2.5mg-5mg prn S/C prn hourly

Review medication after 24 hours if two or more doses required prn then consider a syringe driver over 24 hours

- **For alternative strong opioids see conversion chart**
- **If fentanyl patch in-situ, continue to change every 72 hours**

Respiratory Tract Secretions

PRESENT

HYOSCINE BUTYLBROMIDE (Buscopan)

20mg SC bolus injection and commence syringe driver 60-120mg over 24 hours

If symptoms not controlled seek specialist palliative care advice

ABSENT

HYOSCINE BUTYLBROMIDE (Buscopan) 20mg SC bolus prn hourly (maximum 120mg/24 hours)

If two or more doses of prn HYOSCINE BUTYLBROMIDE (Buscopan) required then consider syringe driver s/c over 24 hours

Alternative drugs:

- Glycopyrronium

Seek advice if needed from specialist Palliative Care team

Nausea and Vomiting

PRESENT

Haloperidol 1.5mg S/C 6-8 hrly PRN

Review after 24 hours. If more than 2 doses PRN

Haloperidol 3-6mg S/C via syringe driver over 24 hours

If ineffective consider Levomepromazine 6.25-12.5mg S/C via syringe driver over 24 hours

ABSENT

Haloperidol 1.5mg S/C 6-8 hrly PRN

Max 6mgin 24 hours

AVOID CYCLIZINE

Use Metoclopramide with caution

Terminal Restlessness and Agitation

PRESENT

Exclude reversible cause e.g. retention, pain etc.

Midazolam 2.5mg-5mg S/C 1 hrly prn

Review there required medication after 24 hours. If two or more doses have been required then consider the of a syringe driver with MIDAZOLAM 10-30mg over 24 hours

Continue to give prn dose accordingly

ABSENT

Prescribe Midazolam 2.5-5mg S/C 1 hrly prn for use if needed

Review dosage after 24 hours. If two or more prn doses given then consider use of syringe driver

- Note Maximum dose of MIDAZOLAM can be increased to 60mg over 24 hours. If Midazolam is ineffective consider adding or changing to LEVOMEPROMAZINE
-SEE SPECIALIST ADVICE IF NEEDED

Dyspnoea

PRESENT

Is the patient already taking oral morphine or other strong opioid for breathlessness?

Yes

Assess response to breakthrough dose and titrate accordingly

NO

Prescribe Morphine 2.5 – 5mg PRN S/C

ABSENT

Prescribe Morphine 2.5 – 5 mg PRN S/C

If the patient is breathless and anxious consider;
- Midazolam STAT 2.5mg s/c
- Lorazepam 500 micrograms sublingual prn up to maximum of 3mg per 24 hours

For patients with CKD or AKI, seek specialist advice

Appendix 5 – Referral form for Out of Hours GP Service

PALLIATIVE CARE REFERRAL TO OUT OF HOURS GP SERVICE
DONCASTER PRIMARY CARE

Patient's name:	Preferred name:
Date of birth:	NHS number:
Telephone number(s):	
Address:	
Next of kin/carer's name:	
Contact number if different:	
Referred by Name: Contact number:	**Own GP** Name: Practice: Contact number:
Diagnosis:	
Health situation to date:	
Community Nurse involvement? YES / NO (delete as appropriate) If yes, name and contact number:	
Palliative Care Nurse involvement? YES / NO (delete as appropriate) If yes, name and contact number:	
Palliative Care Specific Medication:	Syringe driver? YES / NO (delete as appropriate)
Pre-emptive black box? YES / NO (delete as appropriate)	Advanced Care Plan? YES / NO (delete as appropriate)
DNACPR in place? YES / NO (delete as appropriate)	Coroner to be informed? YES / NO (delete as appropriate)
Last seen by Dr (Name): GP / Hospital (delete as appropriate) Date:	**Specific requests** Patient/carer wishes to stay at home? YES / NO (delete as appropriate)
Review date (by person referring):	Date emailed to OOH.doncaster@nhs.net:
Date Out of Hours notified of death:	By (name):

Appendix 6 – The Five Priorities of Care

Recognising the dying patient

- Has the patient deteriorated?
- Is the Patient Conscious, Semi-Conscious or Unconscious?
- Are they confined to the bed or chair?
- Are they having difficulty with oral fluids or, where applicable, not tolerating artificial feeding or hydration?
- Are they no longer taking oral medications?
- Are they spending more time asleep than awake?
- Do you think the person is likely to die in the next few days/hours?
- Have reversible causes been considered and ruled out?

Communication

- Sensitive communication at every stage with the dying person (within the extent that the patient wants).
- Sensitive communication with family and those closest to them (within the boundaries of consent and patient wishes)
- Open and honest, clear and understandable, no jargon.

Involve

- Involve the dying person in decisions about treatment and care (within the extent that the patient wishes).
- Involve the family and those closest to the dying person in decision making (within boundaries of consent and patient wishes.)
- Involve relevant healthcare professionals.
- Mental capacity and advance decisions.

Support

- Support the needs of the family, actively explore their needs.
- Listening, respecting and acknowledging their needs.
- Meet needs, as far as possible.

Plan and Do

- Individual plan of care
- Food and Drink, as long as they wish, are awake and able to tolerate. Do not force.
- Is artificial hydration appropriate?
- Symptom management – refer to palliative care if required.
- Comfort and dignity prioritised
- **Ensure thorough and clear documentation at all times**

Ref.
Leadership Alliance for the Care of Dying People (2014) *One Chance to get it Right: improving people's experience of care in the last few days and hours of life.* Publications Gateway reference 01509. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf

Appendix 7 – Pre-emptive prescribing instruction

INSTRUCTION TO ADMINISTER MEDICATION PRO-FORMA

NON-SYRINGE DRIVER ADMINISTRATION

non-SYRINGE DRIVER INSTRUCTION

A	**PATIENT DETAILS** **Name: ……..** **Address: ……** **DOB: ……** **……** **NHS No: ……** **……**

		Please tick	
	DRUGS AND DOSING DETAILS *(please tick whether each drug is for stat or repeated dosing)*	**Single dose ONLY**	**For Repeat dosing**
B	**DRUG 1** **Drug name:** …… **Route :** …… **Dose:** …… per administration *(please state units eg milligram, microgram, units etc)* **Dose Frequency:** …… **Maximum daily dose:** …… **Start Date:** …… **Stop Date:** ……	☐	☐
	DRUG 2 **Drug name:** …… **Route :** …… **Dose:** …… per administration *(please state units eg milligram, microgram, units etc)* **Dose Frequency:** …… **Maximum daily dose:** …… **Start Date:** …… **Stop Date:** ……	☐	☐
	DRUG 3 **Drug name:** …… **Route :** …… **Dose:** …… per administration *(please state units eg milligram, microgram, units etc)* **Dose Frequency:** …… **Maximum daily dose:** …… **Start Date:** …… **Stop Date:** ……	☐	☐
	DRUG 4 **Drug name:** …… **Route :** …… **Dose:** …… per administration *(please state units eg milligram, microgram, units etc)* **Dose Frequency:** …… **Maximum daily dose:** …… **Start Date:** …… **Stop Date:** ……	☐	☐
	ADDITIONAL INFORMATION Review date: …… *(please stipulate if you want a specific time limit otherwise* ***the patient will be reviewed by the attending clinician at each attendance and, where there has been a change of circumstances, will refer to the prescriber for any necessary treatment changes or need for review.***		

This patient will need the following monitoring *(eg BP, U&E, INR etc)*

C	Test 1: …… Frequency: ……	Test 3: …… Frequency: ……
	Test 2: …… Frequency: ……	Test 4: …… Frequency: ……

If you have any doubts with regards the clarity or intention of this direction please contact me or the duty doctor at the surgery.

D	Prescribers name: …….. Time: …….. BLOCK CAPITALS Prescribers signature: …….. Date: ……..

When filling out the pro-forma, please PRINT details clearly, complete sections A, B and D fully and section C if relevant. Indicate if medicine is for a single or repeated administration. Any unused boxes must be scored through

Rotherham Doncaster and South Humber NHS Foundation Trust

SUBCUTANEOUS SYRINGE DRIVER INSTRUCTION AND OBSERVATION CHART FOR MCKINLEY T34

PRESCRIPTION DETAILS [for completion by the prescriber] – a separate form must be completed for each syringe driver

		DRUG	DOSE	DILUENT	PHARMACY[a]	ALLERGY STATUS	PATIENT DETAILS [Affix label if available]
Date		1.		Please circle **Water for injection** or **Normal Saline**			NHS Number: …….
Route	SC	2.					Surname: ……
Duration of flow	Please circle **12 hours** **24 hours**	3.					Forename(s): ……
		4.					Address: ……. ……
							DOB: ……

The patient will be reviewed by the attending clinician at each attendance and, where there has been a change of circumstances, will refer to the prescriber for any necessary treatment changes or need for review. If, as the prescriber, you wish to review the patient on a particular date, please stipulate below -

Review date: ……..

Prescriber name: …… Signature: …… Practice: ……..

a. Pharmacy: Only complete if this form is used on a ward. NOT required for community use.

ADMINISTRATION & OBSERVATION DETAILS [for completion by administering clinician] | **WARD OR BASEPOINT NAME**

The patient will be reviewed by the attending clinician at each attendance and, where there has been a change of circumstances, will refer to the prescriber for any necessary treatment changes or need for review.

ADMINISTRATION[1]	**Day and Date**		**OBSERVATIONS[2]**	**Time [HH:MM]**						
DAILY SET UP	Start time of infusion:		**MONITORING PROGRESS**	Site appearance[6] :						
	Syringe size used **20ml** or **30ml**	*17ml infusion in 20ml syringe* *22ml infusion in 30ml syringe*		Syringe/line contents clear[3] - OK to continue? [Y/N]						
	Syringe Driver serial No.:	Battery Status [%]:		Infusion rate setting – as at set up? [Y/N]						
	Infusion rate [ml/hr]:			Infusion time remaining [HH:MM]						
	Site used[5]:	Site Appearance[6]:		Volume still to be infused (vtbi) [ml]						
	Drawn up by:	Checked by:		Is the VTBI correct for time remaining [Y/N]						
	Details of any problems & actions taken:			Volume infused [ml]						
				Battery status [%][4]						
				Is the key pad locked? [Y/N]						
	If syringe contents discarded: Volume discarded: Date & time: Discharged by: Checked:			Observer's initials						

1. To be completed each time syringe driver is loaded
2. WARD - Completed 30 minutes after loading and then every 4 hours
   COMMUNITY – Complete at set up, at each subsequent visit and at syringe change
3. If contents of syringe look cloudy, precipitation has occurred. STOP infusing and contact prescriber. Refer to policy for guidance on checking compatibility
4. Change battery when less than 10% (ward) or 40% (community)
5. Document insertion site of winged infusion
6. Appearance: Use code below
   NP (no problem) P (pain) I (inflammation)
   SW (swelling) B (bleeding) H (hardening)

Appendix 8 - Participating Pharmacies stocking Pre-emptive Medications

Based on information correct at the time of publication, the following pharmacies were commissioned to provide this service. This information is also available on GP find.

Pharmacy Name	Address 1	Postcode	Opening Hours Mon - Fri	Opening Hours Sat	Opening Hours Sunday	Phone
Asda Stores Ltd	Dome Leisure Park	DN4 5NW	7am (8am Mon) – 11pm	7am - 10pm	10am - 4pm	01302 370990
Asda Stores Ltd	High Street	DN6 8DN	7am (8am Mon) -11pm	7am - 10pm	10am - 4pm	01302 573510
Balby Late Night Pharmacy	St John's Group Practice	DN4 0TH	7am - 11pm	8am - 10pm	10am - 4pm	01302 859333
Boots UK Ltd	13-15 Frenchgate	DN1 1QB	8am - 5.30pm	8am - 5.30pm	10am - 4pm	01302 342238
Boots UK Ltd (Alliance)	11 Church Street	DN6 0PH	9am - 5.30pm	9 am - 1pm	Closed	01302 700297
Chestnut Pharmacy	Carcroft Health Centre	DN6 8AG	7am - 11.30pm	7am - 11.30pm	Closed	01302 723723
D&R Sharp Chemists	Unit 4	DN5 8QE	9am - 6pm	9am - 4.30pm	Closed	01302 785465
D&R Sharp Chemists	59 Montrose Avenue	DN2 6QP	9am - 6pm	Closed	Closed	01302 360523
D&R Sharp Chemists	High Street	DN5 0AP	9am - 6pm	9am - 4.30pm	Closed	01302 820340
HI WELDRICKS	The Vermuyden Centre	DN8 4BQ	8am - 12pm	8am - 8pm	9am - 5pm	01405 817674
Eightlands (Pharmacy M)	The New Surgery	S64 0DB	8am - 11pm (12am Fri)	12am - 6pm	10am - 4pm	01709 252669
H I Weldricks	100 Amersall Road	DN5 9PH	9am - 6pm	9am - 1pm	Closed	01302 780138
H I Weldricks	122 Thorne Road	DN3 2JA	9am - 6pm	9am - 12pm	Closed	01302 882828
H I Weldricks	13 The Parade	DN3 3AG	8.30am - 6.30pm	8.30am - 5pm	Closed	01302 831342
H I Weldricks	14 Fieldside	DN8 4BQ	8.30am - 6.30pm	9am - 12pm	Closed	01405 812158

H I Weldricks	221 (Unit 4) Skellow Road	DN6 8JH	9am -1pm, 2pm - 6pm	9am - 12.30pm	Closed	01302 722229
H I Weldricks	235 Sprotbrough Road	DN5 8BP	9am - 6pm	9am - 1pm	Closed	01302 784884
H I Weldricks	296 Thorne Road	DN2 5AJ	9am - 5.30pm	9am - 1pm	Closed	01302 344829
H I Weldricks	35 Grange Lane	DN11 0LW	8.30am - 6pm	8.30am - 5pm	Closed	01302 868269
H I Weldricks	36 High Street	DN10 6JE	8.30am - 6.30pm	9am - 5pm	Closed	01302 710442
H I Weldricks	4 High Street	DN5 7EP	8.30am - 6.30pm	9am - 12pm	Closed	01709 892272
H I Weldricks	40-42 East Laith Gate	DN1 1HZ	9am - 8pm	9am - 8pm	10am - 8pm	01302 369699
H I Weldricks	54 Brecks Lane	DN3 1JR	9am -1pm, 2pm-6pm	9am - 1pm	Closed	01302 888000
H I Weldricks	61-63 Beckett Road	DN2 4AD	9am - 5.30pm	9am - 1pm	Closed	01302 349541
H I Weldricks	8 Everingham Road	DN4 6JG	9am - 5.30pm	9am - 5pm	Closed	01302 535508
H I Weldricks	81 Sandringham Road	DN2 5JA	9am - 5.30pm	9am - 1pm	Closed	01302 342450
H I Weldricks	Marlowe Road	DN3 1AX	8.30am - 1pm, 2pm-6pm	Closed	Closed	01302 890639
H I Weldricks	Station Road	DN7 5NS	9am - 6pm	9am - 5pm	Closed	01302 841303
H I Weldricks	The Flying Scotsman Centre	DN1 3AP	9am - 5.30pm	9am - 5.30pm	Closed	01302 365147
H I Weldricks	The Heathfield Centre	DN7 6JH	8.30am - 6.30pm	9am - 12pm	Closed	01302 842799
H I Weldricks	2 Princess Street	DN6 7LZ	8.45am - 6.30pm	9am - 1pm	Closed	01302 337535
J M McGill Ltd	106 Warmsworth Road	DN4 0RS	9am - 6pm	9am - 1pm	Closed	01302 853538
J M McGill Ltd	The Scott Practice	DN4 0TG	8am - 10.30pm	8am - 10pm	8am - 9.30pm	01302 310030

Lloyds Pharmacy	24 High Street	S64 9AU	9am - 5.30pm	9am - 5pm	Closed	01709 583315
Lloyds Pharmacy	3 Market Place	DN11 9HT	8.30 - 6pm (5.30 Thurs)	9am - 5pm	Closed	01302 742576
Lloyds Pharmacy	34 Nostell Place	DN4 7JA	9am - 6pm	9am - 5pm	Closed	01302 532321
Lloyds Pharmacy	6-8 Cusworth Lane	DN5 8JL	9am - 6pm	11am - 4pm	Closed	01302 782455
Lloyds Pharmacy	Rear of 83 Thorne Road	DN1 2ES	8am - 11pm	8am - 11pm	10am - 8pm	01302 730519
Lloyds Pharmacy	Thorne Road	DN2 5PS	8am - 11pm	8am - 11pm	10am - 8pm	01302 730519
Rowlands Pharmacy	St John Church School	DN4 0PT	8.30am - 6.15pm	9am - 12pm	Closed	01302 854000
Tesco Pharmacy	Thorne Road	DN3 2JE	6.30am (8am Mon) - 10.30pm	6.30am - 10pm	10am - 4pm	01302 946033