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Norfolk and Waveney Integrated Care System

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Medicines Optimisation *Key Messages* – *Bulletin 43*

Anticipatory and Syringe Driver Drug Charts

KEY MESSAGE: The use of local standard charts is preferred across Norfolk and Waveney

- Two standard *Syringe driver and variable as required drug prescription and administration record* charts are currently in use in the community across Norfolk and Waveney produced by **Norfolk Community Health & Care (NCHC)** and **East Coast Community Healthcare (ECCH).** Ideally **standard charts** should be used however, photocopies of blank anticipatory drug chart templates may be acceptable ONLY if original charts are not available, and where there would otherwise be a delay in sourcing original charts.
- Pre printed charts are also acceptable as long as they are clinically correct and medicines prescribed comply with local palliative care formulary.
- However, contents of the chart should **not** be photocopied; medicines should always be administered from the **original signed chart.**

General Advice

- Preferably, only **anticipatory medication for PRN** use should be prescribed, supplied and written up on the anticipatory drug chart in **advance.** Quantity prescribed should be sufficient to cover the prescribed dose over a **3 to 4 day period** to allow for weekends and bank holidays.
- **Syringe driver prescriptions** ideally should be written up at the point at which they are **needed** so that the patient's present clinical condition, concurrent medication and PRN doses already administered can be taken in to account. However, it is recognised that this might not be realistic for all patients due to work load and provision over weekends and bank holidays.
- Once the PRN / syringe driver prescription has **started**, ensure that **at least 7 days supply** of medicines is prescribed. This will prevent delays with the repeated prescribing and dispensing of medication.
- Any medication prescribed for a patient must be reviewed by a prescriber on a **monthly** basis as a minimum to ensure that it is still clinically appropriate. This must be documented on a patient's electronic record and where possible on the syringe driver chart, (name of prescriber, time and date.) This review could be completed by any prescriber involved in the patient's care. This is particularly important for anticipatory medicines which have not been used previously. It is **not** necessary to rewrite syringe driver **charts** every 28 days.

Anticipatory, breakthrough and when required medication chart

Medication should be available on an **as required** basis for symptom control for pain, agitation, nausea and vomiting, respiratory secretions, breathlessness and acute terminal events. See below example.

1. Drug (approved name) *Morphine*	**Route** *SC*	**Date /Time**						
Dose *2.5mg - 5mg*	**Min interval/ max in 24 hours** *4 hourly/ Max 30mg in 24 hours*	**Dose**						
Indication & other Instructions *Pain*								
Prescribers name & Signature *Dr A.N.Other*	**Date** *30/07/2022*	**Given By**						

Morphine is the usual preferred *first line opioid* for analgesia at end of life for **opioid naïve patients. Oxycodone** is the preferred **second line opioid.** Please seek guidance in renal impairment.
Note different potencies of injectable opioids – see Key Message Bulletin 40. For appropriate starting doses in opioid naïve patients see Key Message Bulletin 38

Completing the Continuous subcutaneous infusion (CSCI) chart

Refer to below example:

A Ensure that all drugs to be combined in the **same syringe driver** are written in the **same section** of the chart, not as separate signed entries. The CSCI chart allows for up to **four drugs** to be prescribed and administered in one syringe driver. If medicines are given over **2 syringe drivers**, each driver should be prescribed on a **separate chart** and the chart are annotated on top of the 1st page as 1 of 2 and 2 of 2.

B The indication for each drug can be specified in the 'indication' column.

C The need for initiation of certain drugs or delay until required can be highlighted by the prescriber by circling or deleting **'needed'** or **'only start if required'** as appropriate. This allows flexibility in terms of drugs being prescribed but not necessary administered until required without delay in the prescribing and supply.

D Ensure appropriate **starting dose** is prescribed in accordance with patient's current medication and PRN doses. Starting does should **not** be written as **0mg.** Doses for controlled drugs should be written in both **words and figures** for clarity.

E Ensure appropriate maximum dose is specified. Prescribing of large dose ranges of opioids is **not safe practice.**

F Dose increments should typically **not be more than 30-50% of total daily dose.**

G The chart must be **signed** by the prescriber and **prescriber's name** must also be **printed**.

H ***Nursing staff*** *will complete this section, ensuring the appropriate* ***diluent and volume*** *is specified.* **Compatibility** of the medicines mixed in the syringe driver and the most appropriate diluent can be checked using the syringe driver book or https://www.palliativedrugs.com/

A	Drug and Diluent	B Indication	C Circle/ Delete as appropriate	D Start dose	E Max dose	F Increase in increments of	Dose	Date, Time, Signature	Dose	Date, Time, Signature
Start date	1 *Morphine*	*Pain*	Needed / ~~Only start if required~~	*5mg* *FIVE*	*10mg* *TEN*	*2.5mg* *TWO POINT FIVE*				
30/07/2022	2 *Midazolam*	*Restlessness*	Needed / ~~Only start if required~~	*2.5mg* *TWO POINT FIVE*	*5mg* *FIVE*	*2.5mg*				
Prescribers name & signature	3 *Hyoscine Butylbromide*	*Secretions*	Needed / ~~Only start if required~~	*60mg*	*120mg*	20mg				
Dr A.N.Other	4 *Haloperidol*	*Nausea & Vomiting*	~~Needed~~ / Only start if required	*2.5mg*	*5mg*	*2.5mg*				
Rate: over 24 hours	Diluent: *Water for injection*	Volume: To .....X.....mL								

EXAMPLE

- If changes to syringe driver are required, the whole syringe driver chart should be re-written. **Drugs/doses should not be crossed out and amended.**
- **No verbal amendments** to controlled drug prescriptions are acceptable. The prescriber must re-write and sign the chart.
- Bear in mind **other opioids** the patient may be taking that are not prescribed on syringe driver chart e.g. patches
- Each prescription row on the chart has **space for 7 days of administration**. When the row is full continue on the next row if there is no change to the prescription and write *'as above'* in the drug and diluent section.
- The prescription can be used for **up to 28 days** providing it is still clinically appropriate. When the chart is full, all medicines should be crossed through, and current treatment re-written on a new chart.

The key is always regular review as part of an Individualised Plan of Care and not medication titration. Remember reversible causes to a patient's symptoms or deterioration e.g. urinary retention, constipation, hypercalcaemia etc.

Contacts for Advice and Support

Palliative Care Advice Line (Central): 07623916125

Palliative Care Advice Line (West): 01553 613613

NHS Ipswich Regional Medicines Information Service: 01473 704431 (for technical queries on medicines e.g. compatibility)

Reference: Advice based on local palliative care specialist opinion and best practice, NCHC.

Title	KEY MESSAGES Bulletin 43 Anticipatory and Syringe Driver Drug Charts
Description of policy	*To inform healthcare professionals of best practice in completing anticipatory and syringe driver drug charts*
Scope	*All healthcare professionals involved in prescribing and administering drugs at end of life.*
Prepared by	Prescribing & Medicines Management Team
Impact Assessment (Equalities and Environmental)	*Please indicate impact assessment outcome:* ***Positive impact*** *Adverse impact - low - action plan completed as per guidance* *Adverse impact - medium - action plan completed as per guidance* *Adverse impact - high - action plan completed as per guidance* *No impact* ***No policy will be approved without a completed equality impact assessment***
Other relevant approved documents	
Evidence base / Legislation	Level of Evidence: *A. based on national research-based evidence and is considered best evidence* ***B. mix of national and local consensus*** *C. based on local good practice and consensus in the absence of national research based information.*
Dissemination	Is there any reason why any part of this document should not be available on the public web site? ☐ Yes / No ☒
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Version Control (To be completed by policy owner)

Version	Date	Author	Status	Comment
1.0	Aug 18	Medicines Optimisation Team *(LB)*	Final	
1.1	Dec 22	NHS Norfolk & Waveney Medicines Optimisation Team (NC)	Update	Addition of morphine as first choice opioid, example charts updated to reflect this. Information relating to diamorphine removed. Syringe driver charts for administration are not a legal prescription and therefore do not need re-writing every 28 days. This was made clearer on the request of PRG.