EXAMPLE ONLY

Rau ora hospice eastern bay of plenty

SYRINGE DRIVER AUTHORITY FOR ADMINISTRATION OF MEDICATION BY A HOSPICE EBOP PALLIATIVE CARE NURSE

PATIENT	MICKEY MOUSE	
NHI NUMBER	XXX9999	DATE OF BIRTH 01/01/01
ADDRESS	1 MOUSE ST	
PHONE	00 000 000	
GP NAME	DR SOMEBODY	
GP PHONE NUMBER	11 1111 11	

Prescriber Name DR SOMEBODY **Registration Number** XXXXX

FENTANYL PATCH *YES*	*NO* ✓	DOSE	PATIENT ALLERGIES: AMOXICILLIN

SYRINGE DRIVER AUTHORITY: Infuse the following medications subcutaneously over 24 hours

Date	Medication	Dose	Stopped/changed date + signature	Prescribers Signature
12/12/12	MORPHINE	10MG		
12/12/12	MIDAZOLAM	5MG		

Date	Medication may be added to syringe driver if required for new symptom	Dose	Indication/Symptom	Prescribers Signature
12/12/12	HALOPERIDOL	1MG	NAUSEA	
12/12/12	HYSOCINE BUTYLBROMIDE	60MG	SECRETIONS	

AUTHORITY FOR MEDICATIONS IN SYRINGE DRIVER TO BE INCREASED OR DECREASED IF INDICATED

Date	Medication	Dose/Range	Indication/Symptom	Maximum 24 hour dose (PRN + Syringe Driver)	Prescribers Signature
12/12/12	MORPHINE	10MG INCREMENTS	PAIN	100MG	
12/12/12	MIDAZOLAM	5MG INCREMENTS	AGITATION	60MG	
12/12/12	HALOPERIDOL	1MG INCREMENTS	NAUSEA	4MG	
12/12/12	HYSOCINE BUTYLBROMIDE	20MG INCREMENTS	SECRETIONS	100MG	

AS NEEDED "PRN" MEDICATIONS AUTHORITY

Date	Medication	Dose/Range	Route	Frequency	Indication/Symptom/Special Instructions	Maximum 24 hour dose (PRN + Syringe Driver)	Prescribers Signature
12/12/12	MORPHINE	2.5-5MG	SC	Q1HRLY	PAIN/SOB	100MG	
12/12/12	MIDAZOLAM	2.5-5MG	SC	Q1HRLY	AGITATION/RESTLESSNESS	60MG	
12/12/12	HALOPERIDOL	0.5MG	SC	Q4HRLY	NAUSEA	4MG	
12/12/12	HYOSCINE BUTYLBROMIDI	20MG	SC	Q4HRLY	SECRETIONS	100MG	

Please fax this completed form to Hospice EBOP: Fax 07 307 8057

Please email/fax prescriptions to patient's pharmacy and notify patient to collect.