



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

PATIENT	
NHI NUMBER	DATE OF BIRTH
ADDRESS	
PHONE	
GP NAME	
GP PHONE NUMBER	

Prescriber Name

Registration Number

FENTANYL PATCH	YES	NO	DOSE	PATIENT ALLERGIES:	
SYRINGE DRIVER AUTHORITY: Infuse the following medications subcutaneously over 24 hours					
Date	Medication	Dose	Stopped/changed date + signature	Prescribers Signature	
Date	Medication may be added to syringe driver if required for new symptom	Dose	Indication/Symptom	Prescribers Signature	

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

AS NEEDED "PRN" MEDICATIONS AUTHORITY							
Date	Medication	Dose/Range	Route	Frequency	Indication/Symptom/Special Instructions	Maximum 24 hour dose (PRN + Syringe Driver)	Prescribers Signature