

CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP for suspected or confirmed COVID-19 patients

Developed for any patient who requires their medications delivered via syringe pump

This document should remain with the patient.

Patient Name:		Allergies and adverse drug reactions	
DOB:		<input type="checkbox"/> no known allergies	
NHS Number:		Medicine / substance:	Reaction:
Doses are for administration over 24 hours. For shorter infusion periods strike through above and state here: Doses are for administration over hours		Prescriber sign & print:	
Prescriber contact details:			

CONTACT THE PALLIATIVE CARE TEAM FOR ADVICE AS REQUIRED

Breathlessness / Pain							
Date:	Medication: MORPHINE SULFATE 10mg/1ml	Dose range:		Prescriber sign & print:			
Agitation / Distress							
Date:	Medication: MIDAZOLAM 10mg/2ml	Dose range:		Prescriber sign & print:			
DILUENT							
Date:	Diluent: WATER FOR INJECTIONS			Prescriber sign & print:			
Delirium / Nausea & Vomiting				Date:			
Medication: OLANZAPINE 10mg oral-dispersible tablets				Time:			
Dose range: 10mg	Max frequency: ONCE A DAY	Dissolve on tongue	Dose :				
Prescriber sign, print & date:				Sign:			
Respiratory tract secretions/ Nausea & Vomiting				Date:			
Medication: HYOSCINE 1.5mg patch				Time:			
Dose range: 1.5 milligrams	Max frequency: Every 72 hours	Transdermal	Dose :				
Prescriber sign, print & date:				Sign:			

