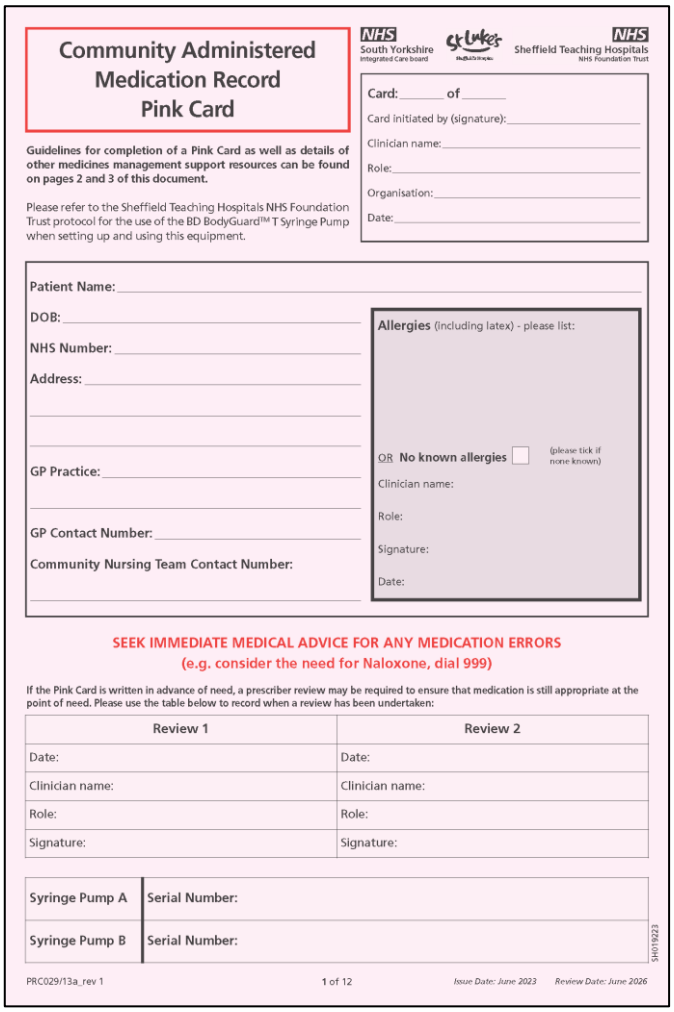
Summary of Key Changes made to:
Community Administered Medication Record Pink Card *(issue date June 2023)*

The Pink Card has:

- Been reviewed and revised to ensure it meets the most up-to-date guidance for medication, equipment, and administration recording standards.
- Been reformatted for improved ease of use.
- More comprehensive guidelines for completing and using the Pink Card.
- An additional page for recording subcutaneous 'when required' medications to reduce frequency of rewriting.
- A new section for recording a dose administered under written instruction.

The table that follows outlines the key changes:

Page Number	Key Changes	Page Image
Page 1	• 'Card initiated by' box expanded and a line added to record the number of Pink Cards in use. • Sheffield Clinical Commissioning Group logo changed to that of South Yorkshire Integrated Care Board. • Name of syringe pump device updated to BD BodyGuard™ T and reference changed to BD BodyGuard™ T Syringe Pump Protocol. • Patient information box and allergy box increased in size for easier completion. • Guidelines and resources expanded and moved to pages 2 and 3. • Section added for record of prescriber review. • Term 'Syringe Driver' changed to 'Syringe Pump'. • Syringe Pump Serial Number boxes expanded and reformatted.	

Community Administered Medication Record Pink Card

NHS South Yorkshire Integrated Care Board · St Luke's · NHS Sheffield Teaching Hospitals NHS Foundation Trust

Card: _____ of _____
Card initiated by (signature): _____
Clinician name: _____
Role: _____
Organisation: _____
Date: _____

Guidelines for completion of a Pink Card as well as details of other medicines management support resources can be found on pages 2 and 3 of this document.

Please refer to the Sheffield Teaching Hospitals NHS Foundation Trust protocol for the use of the BD BodyGuard™ T Syringe Pump when setting up and using this equipment.

Patient Name: _____
DOB: _____
NHS Number: _____
Address: _____
GP Practice: _____
GP Contact Number: _____
Community Nursing Team Contact Number: _____

Allergies (including latex) - please list:
OR **No known allergies** ☐ (please tick if none known)
Clinician name:
Role:
Signature:
Date:

SEEK IMMEDIATE MEDICAL ADVICE FOR ANY MEDICATION ERRORS
(e.g. consider the need for Naloxone, dial 999)

If the Pink Card is written in advance of need, a prescriber review may be required to ensure that medication is still appropriate at the point of need. Please use the table below to record when a review has been undertaken:

Review 1	Review 2
Date:	Date:
Clinician name:	Clinician name:
Role:	Role:
Signature:	Signature:

Syringe Pump A	Serial Number:
Syringe Pump B	Serial Number:

SH019223

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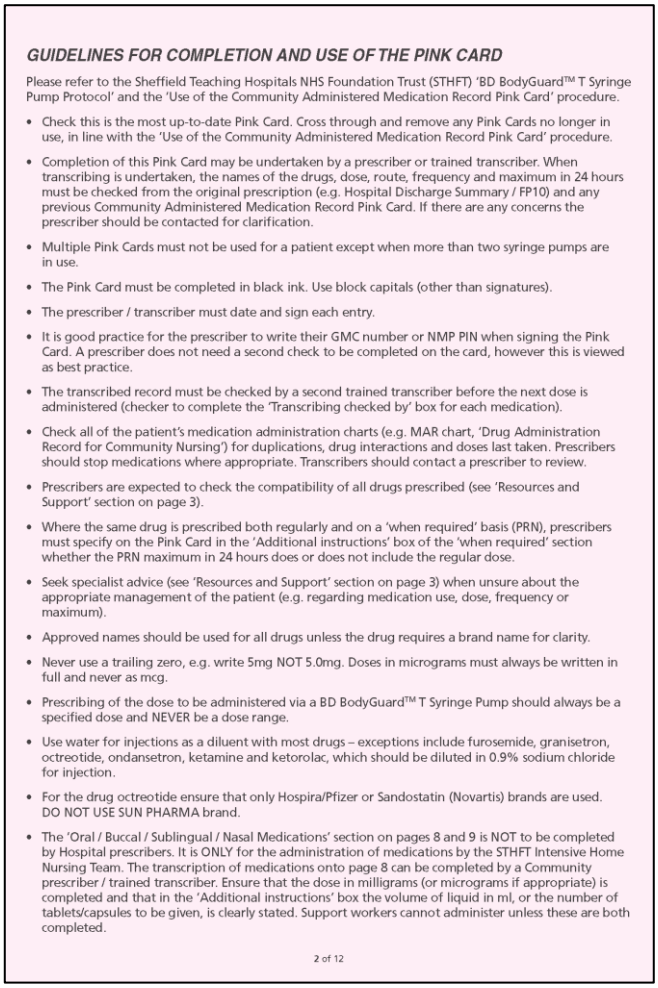
Page 2

- 'Syringe Pump A - Subcutaneous Infusion Medication Record' moved to page 4.
- This page now contains improved guidance for completion and use of the Pink Card.
- This page of the card **must be read** prior to first using the Pink Card.



GUIDELINES FOR COMPLETION AND USE OF THE PINK CARD

Please refer to the Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) 'BD BodyGuard™ T Syringe Pump Protocol' and the 'Use of the Community Administered Medication Record Pink Card' procedure.

- Check this is the most up-to-date Pink Card. Cross through and remove any Pink Cards no longer in use, in line with the 'Use of the Community Administered Medication Record Pink Card' procedure.
- Completion of this Pink Card may be undertaken by a prescriber or trained transcriber. When transcribing is undertaken, the names of the drugs, dose, route, frequency and maximum in 24 hours must be checked from the original prescription (e.g. Hospital Discharge Summary / FP10) and any previous Community Administered Medication Record Pink Card. If there are any concerns the prescriber should be contacted for clarification.
- Multiple Pink Cards must not be used for a patient except when more than two syringe pumps are in use.
- The Pink Card must be completed in black ink. Use block capitals (other than signatures).
- The prescriber / transcriber must date and sign each entry.
- It is good practice for the prescriber to write their GMC number or NMP PIN when signing the Pink Card. A prescriber does not need a second check to be completed on the card, however this is viewed as best practice.
- The transcribed record must be checked by a second trained transcriber before the next dose is administered (checker to complete the 'Transcribing checked by' box for each medication).
- Check all of the patient's medication administration charts (e.g. MAR chart, 'Drug Administration Record for Community Nursing') for duplications, drug interactions and doses last taken. Prescribers should stop medications where appropriate. Transcribers should contact a prescriber to review.
- Prescribers are expected to check the compatibility of all drugs prescribed (see 'Resources and Support' section on page 3).
- Where the same drug is prescribed both regularly and on a 'when required' basis (PRN), prescribers must specify on the Pink Card in the 'Additional instructions' box of the 'when required' section whether the PRN maximum in 24 hours does or does not include the regular dose.
- Seek specialist advice (see 'Resources and Support' section on page 3) when unsure about the appropriate management of the patient (e.g. regarding medication use, dose, frequency or maximum).
- Approved names should be used for all drugs unless the drug requires a brand name for clarity.
- Never use a trailing zero, e.g. write 5mg NOT 5.0mg. Doses in micrograms must always be written in full and never as mcg.
- Prescribing of the dose to be administered via a BD BodyGuard™ T Syringe Pump should always be a specified dose and NEVER be a dose range.
- Use water for injections as a diluent with most drugs – exceptions include furosemide, granisetron, octreotide, ondansetron, ketamine and ketorolac, which should be diluted in 0.9% sodium chloride for injection.
- For the drug octreotide ensure that only Hospira/Pfizer or Sandostatin (Novartis) brands are used. DO NOT USE SUN PHARMA brand.
- The 'Oral / Buccal / Sublingual / Nasal Medications' section on pages 8 and 9 is NOT to be completed by Hospital prescribers. It is ONLY for the administration of medications by the STHFT Intensive Home Nursing Team. The transcription of medications onto page 8 can be completed by a Community prescriber / trained transcriber. Ensure that the dose in milligrams (or micrograms if appropriate) is completed and that in the 'Additional instructions' box the volume of liquid in ml, or the number of tablets/capsules to be given, is clearly stated. Support workers cannot administer unless these are both completed.

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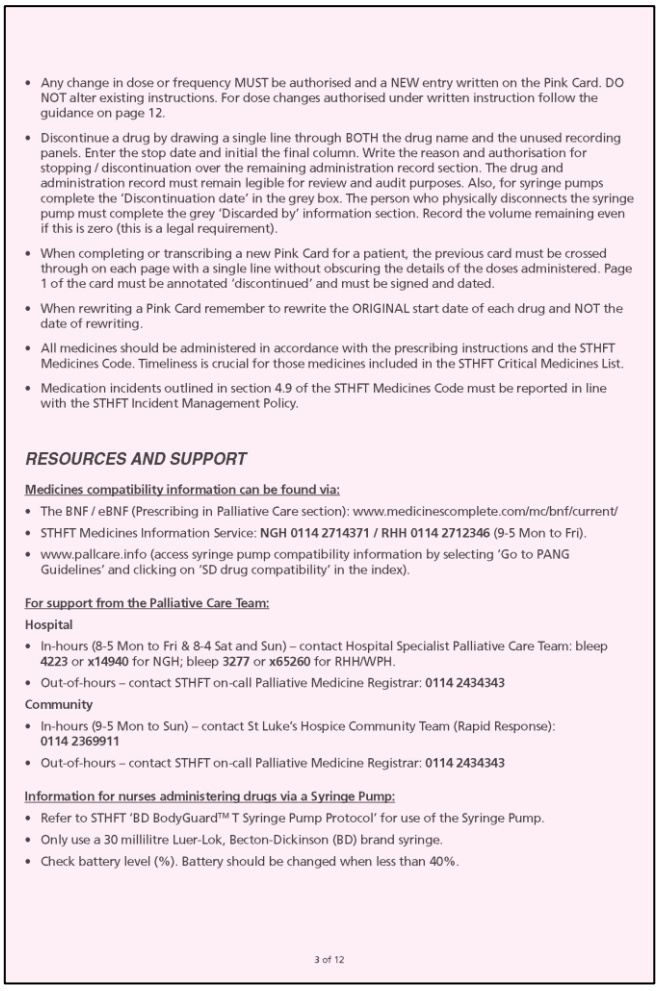
Page 3

- 'Syringe Pump A – Nurse Administration Record' moved to page 5.
- This page now contains improved:
  - Guidance for completion and use of the Pink Card.
  - Resources and support.
  - Information for nurses administering drugs via a syringe pump.



- Any change in dose or frequency MUST be authorised and a NEW entry written on the Pink Card. DO NOT alter existing instructions. For dose changes authorised under written instruction follow the guidance on page 12.
- Discontinue a drug by drawing a single line through BOTH the drug name and the unused recording panels. Enter the stop date and initial the final column. Write the reason and authorisation for stopping / discontinuation over the remaining administration record section. The drug and administration record must remain legible for review and audit purposes. Also, for syringe pumps complete the 'Discontinuation date' in the grey box. The person who physically disconnects the syringe pump must complete the grey 'Discarded by' information section. Record the volume remaining even if this is zero (this is a legal requirement).
- When completing or transcribing a new Pink Card for a patient, the previous card must be crossed through on each page with a single line without obscuring the details of the doses administered. Page 1 of the card must be annotated 'discontinued' and must be signed and dated.
- When rewriting a Pink Card remember to rewrite the ORIGINAL start date of each drug and NOT the date of rewriting.
- All medicines should be administered in accordance with the prescribing instructions and the STHFT Medicines Code. Timeliness is crucial for those medicines included in the STHFT Critical Medicines List.
- Medication incidents outlined in section 4.9 of the STHFT Medicines Code must be reported in line with the STHFT Incident Management Policy.

RESOURCES AND SUPPORT

Medicines compatibility information can be found via:

- The BNF / eBNF (Prescribing in Palliative Care section): www.medicinescomplete.com/mc/bnf/current/
- STHFT Medicines Information Service: **NGH 0114 2714371 / RHH 0114 2712346** (9-5 Mon to Fri).
- www.pallcare.info (access syringe pump compatibility information by selecting 'Go to PANG Guidelines' and clicking on 'SD drug compatibility' in the index).

For support from the Palliative Care Team:

Hospital

- In-hours (8-5 Mon to Fri & 8-4 Sat and Sun) – contact Hospital Specialist Palliative Care Team: bleep **4223** or **x14940** for NGH; bleep **3277** or **x65260** for RHH/WPH.
- Out-of-hours – contact STHFT on-call Palliative Medicine Registrar: **0114 2434343**

Community

- In-hours (9-5 Mon to Sun) – contact St Luke's Hospice Community Team (Rapid Response): **0114 2369911**
- Out-of-hours – contact STHFT on-call Palliative Medicine Registrar: **0114 2434343**

Information for nurses administering drugs via a Syringe Pump:

- Refer to STHFT 'BD BodyGuard™ T Syringe Pump Protocol' for use of the Syringe Pump.
- Only use a 30 millilitre Luer-Lok, Becton-Dickinson (BD) brand syringe.
- Check battery level (%). Battery should be changed when less than 40%.

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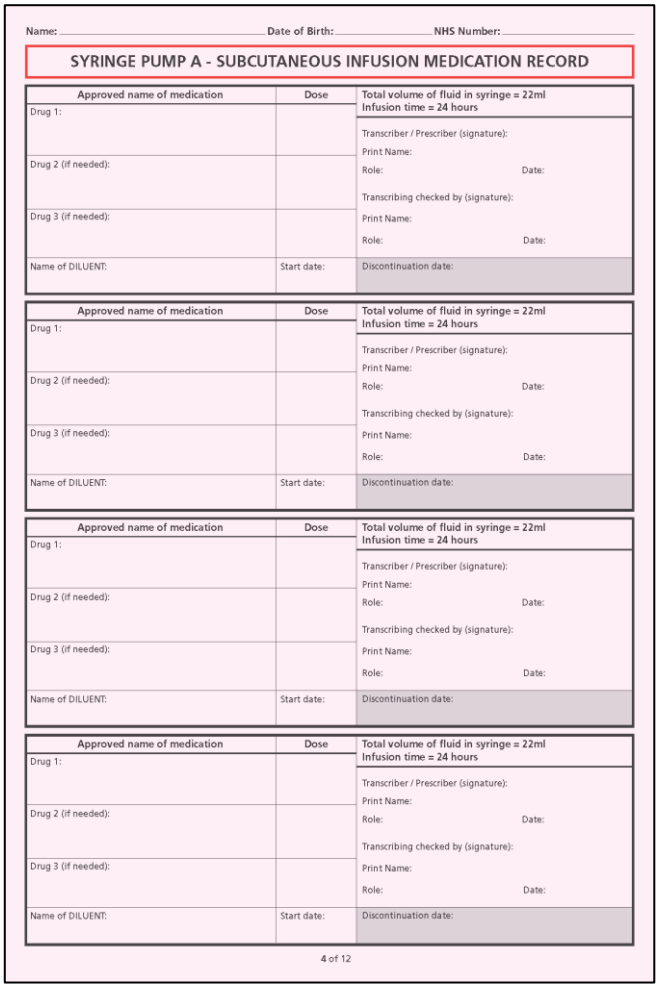
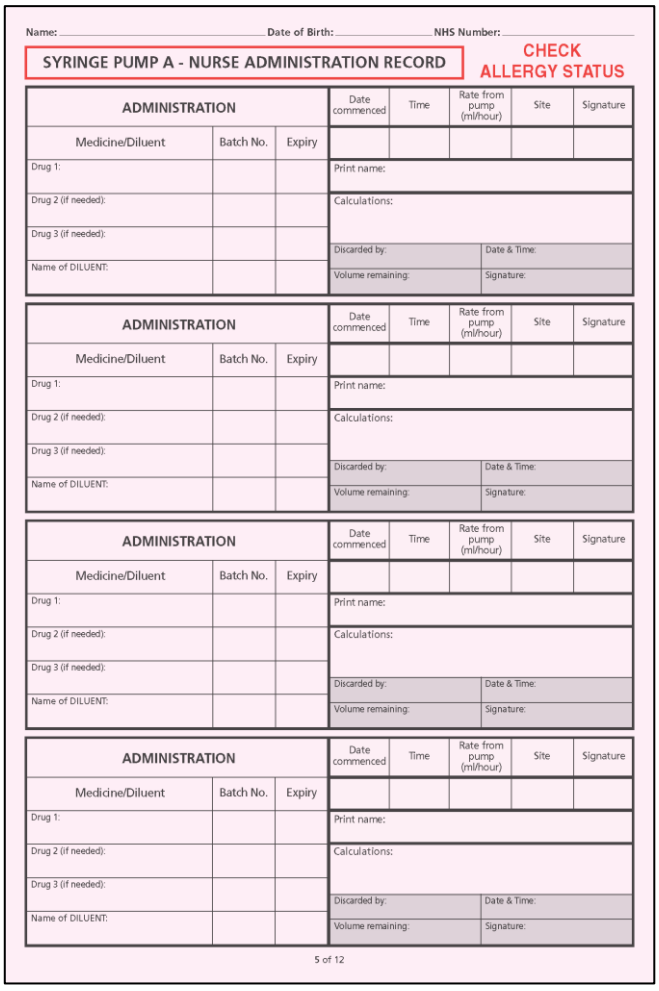
Page 4	Now 'Syringe Pump A - Subcutaneous Infusion Medication Record'. • Term 'Syringe Driver' changed to 'Syringe Pump'. • Format revised to make completion of boxes more user-friendly.	
Page 5	Now 'Syringe Pump A – Nurse Administration Record'. • Term 'Syringe Driver' changed to 'Syringe Pump'. • Format revised to make completion of boxes more user-friendly.	

Name: Date of Birth: NHS Number:

SYRINGE PUMP A - SUBCUTANEOUS INFUSION MEDICATION RECORD

Approved name of medication	Dose	Total volume of fluid in syringe = 22ml Infusion time = 24 hours
Drug 1:		Transcriber / Prescriber (signature): Print Name: Role: Date:
Drug 2 (if needed):		Transcribing checked by (signature): Print Name: Role: Date:
Drug 3 (if needed):		
Name of DILUENT:	Start date:	Discontinuation date:

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Name: Date of Birth: NHS Number:

SYRINGE PUMP A - NURSE ADMINISTRATION RECORD

CHECK ALLERGY STATUS

ADMINISTRATION			Date commenced	Time	Rate from pump (ml/hour)	Site	Signature
Medicine/Diluent	Batch No.	Expiry					
Drug 1:			Print name:				
Drug 2 (if needed):			Calculations:				
Drug 3 (if needed):			Discarded by:		Date & Time:		
Name of DILUENT:			Volume remaining:		Signature:		

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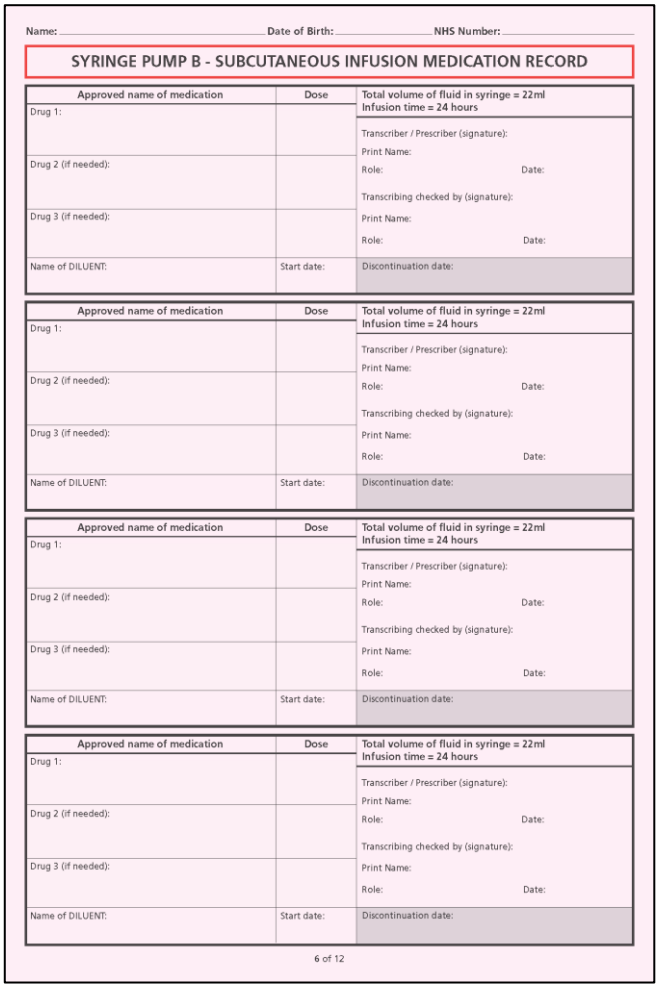
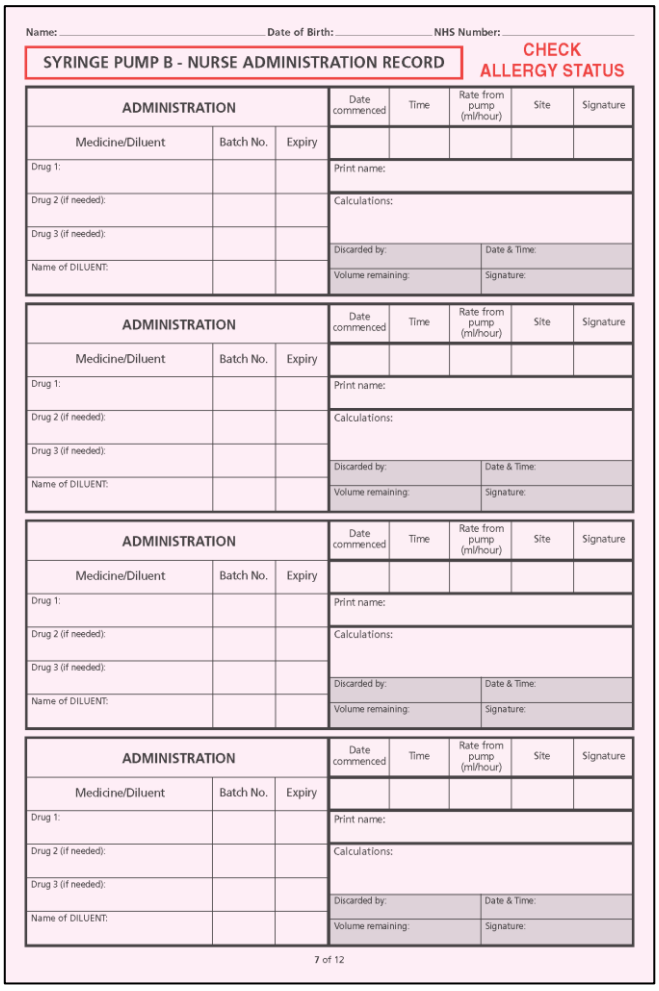
Page 6	Now 'Syringe Pump B - Subcutaneous Infusion Medication Record'. • Term 'Syringe Driver' changed to 'Syringe Pump'. • Format revised to make completion of boxes more user-friendly.	
Page 7	Now 'Syringe Pump B – Nurse Administration Record'. • Term 'Syringe Driver' changed to 'Syringe Pump'. • Format revised to make completion of boxes more user-friendly.	

Name: Date of Birth: NHS Number:

SYRINGE PUMP B - SUBCUTANEOUS INFUSION MEDICATION RECORD

Approved name of medication	Dose	Total volume of fluid in syringe = 22ml Infusion time = 24 hours
Drug 1:		Transcriber / Prescriber (signature): Print Name: Role: Date:
Drug 2 (if needed):		Transcribing checked by (signature): Print Name: Role: Date:
Drug 3 (if needed):		
Name of DILUENT:	Start date:	Discontinuation date:

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Name: Date of Birth: NHS Number:

SYRINGE PUMP B - NURSE ADMINISTRATION RECORD

CHECK ALLERGY STATUS

ADMINISTRATION			Date commenced	Time	Rate from pump (ml/hour)	Site	Signature
Medicine/Diluent	Batch No.	Expiry					
Drug 1:			Print name:				
Drug 2 (if needed):			Calculations:				
Drug 3 (if needed):			Discarded by:		Date & Time:		
Name of DILUENT:			Volume remaining:		Signature:		

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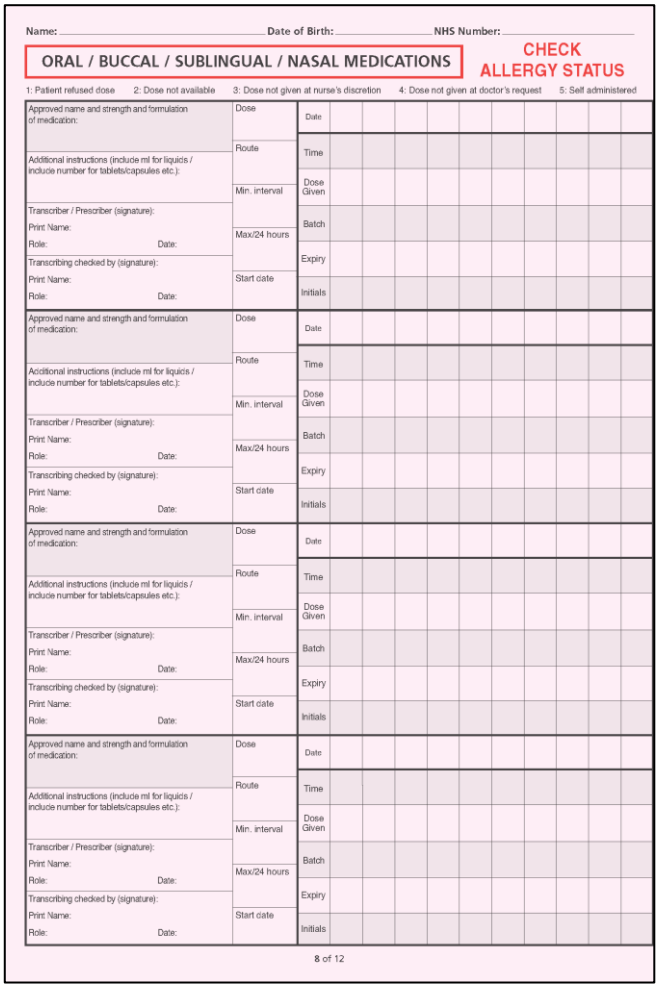
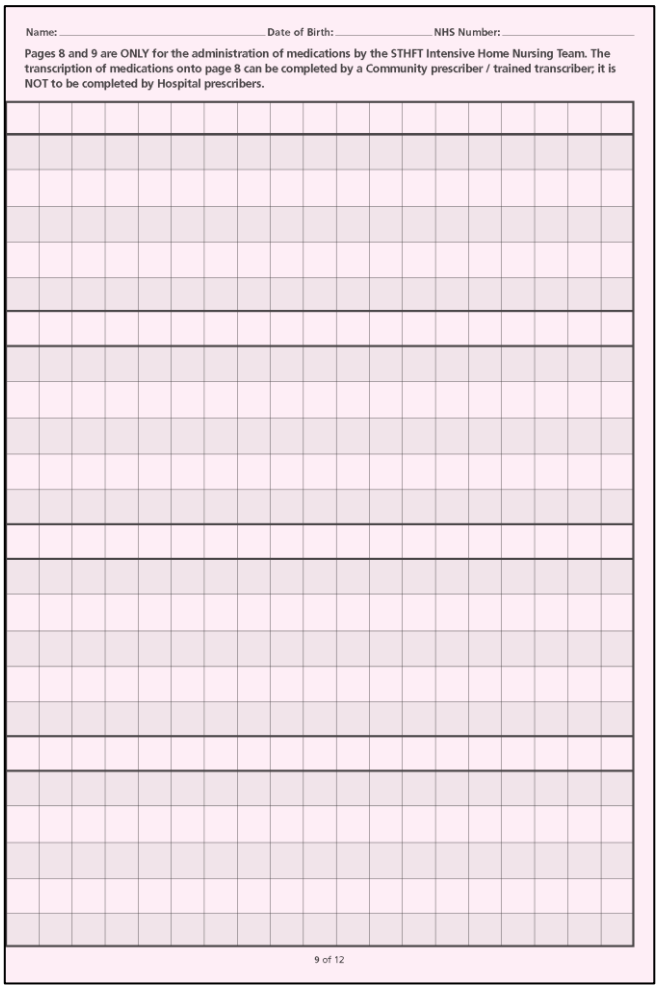
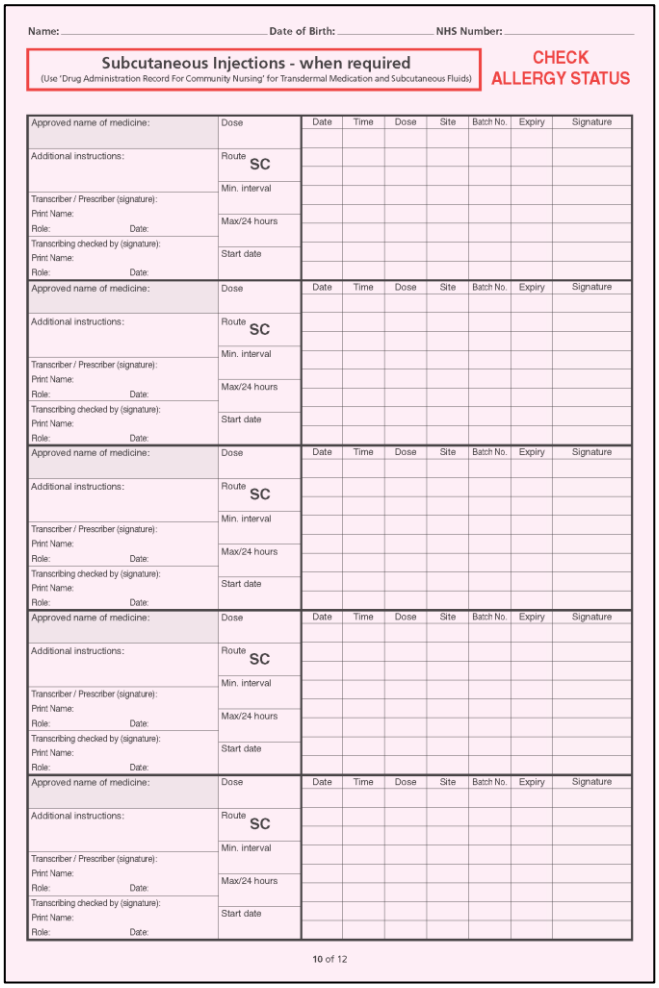
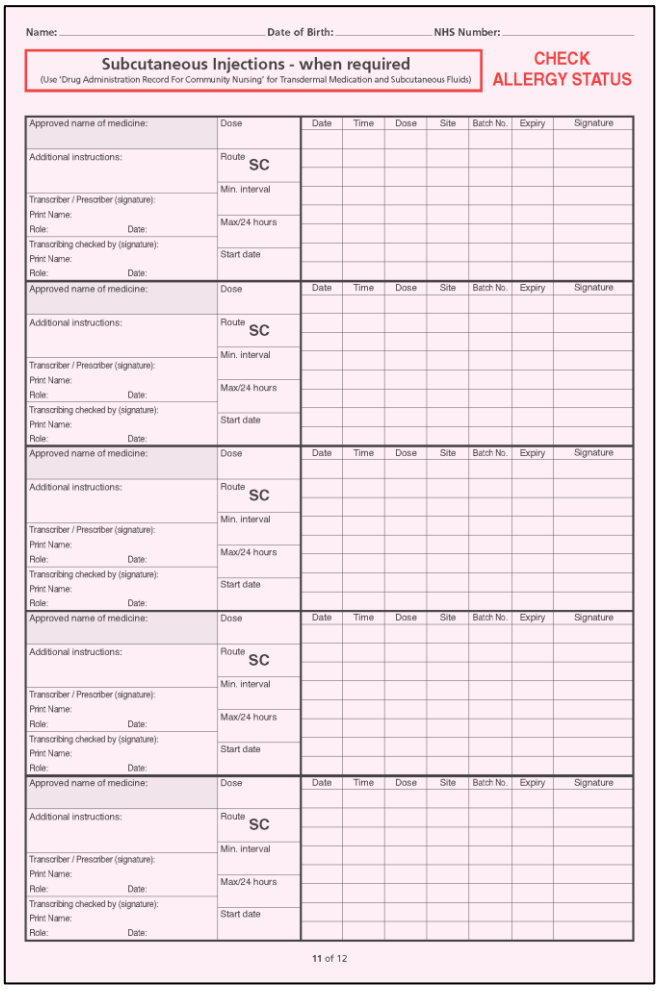
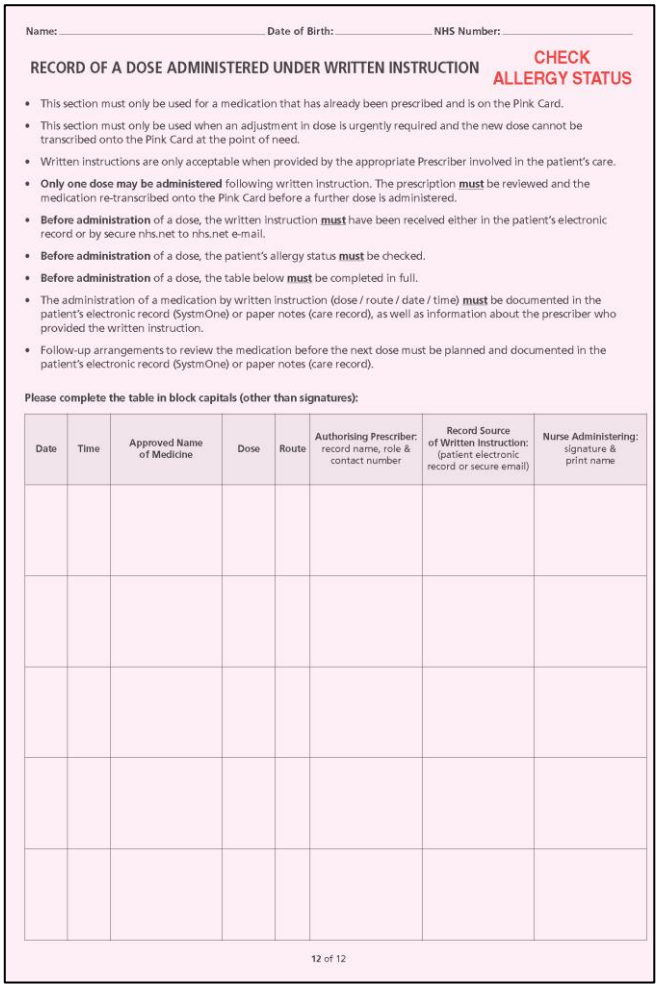
Page 8	Now 'Oral / Buccal / Sublingual / Nasal Medications'. • Format revised to make completion of boxes more user-friendly.	
Page 9	Now Oral / Buccal / Sublingual / Nasal Medications administration record continuation page. • The following has been added to the top of the page: - Area to record patient details. - Explanatory note about the use of pages 8 & 9.	

Page 10	Now ‘Subcutaneous Injections – when required’. • Format revised to make completion of boxes more user-friendly.	
Page 11	Now ‘Subcutaneous Injections – when required’. • This is an additional page to increase longevity of the Pink Card. • Format revised to make completion of boxes more user-friendly.	

Page 12	• This is a new page on the Pink Card. The guidance at the top of this page **must be read** before using it. • It must only be used: - for a medication that has already been prescribed and is on the Pink Card. - when an adjustment in dose is urgently required and the new dose cannot be transcribed onto the Pink Card at the point of need. • Only one dose may be administered following written instruction. The prescription must be reviewed and the medication re-transcribed onto the Pink Card before another dose is administered.	

Name: Date of Birth: NHS Number:

RECORD OF A DOSE ADMINISTERED UNDER WRITTEN INSTRUCTION CHECK ALLERGY STATUS

- This section must only be used for a medication that has already been prescribed and is on the Pink Card.
- This section must only be used when an adjustment in dose is urgently required and the new dose cannot be transcribed onto the Pink Card at the point of need.
- Written instructions are only acceptable when provided by the appropriate Prescriber involved in the patient's care.
- **Only one dose may be administered** following written instruction. The prescription **must** be reviewed and the medication re-transcribed onto the Pink Card before a further dose is administered.
- **Before administration** of a dose, the written instruction **must** have been received either in the patient's electronic record or by secure nhs.net to nhs.net e-mail.
- **Before administration** of a dose, the patient's allergy status **must** be checked.
- **Before administration** of a dose, the table below **must** be completed in full.
- The administration of a medication by written instruction (dose / route / date / time) **must** be documented in the patient's electronic record (SystmOne) or paper notes (care record), as well as information about the prescriber who provided the written instruction.
- Follow-up arrangements to review the medication before the next dose must be planned and documented in the patient's electronic record (SystmOne) or paper notes (care record).

Please complete the table in block capitals (other than signatures):

Date	Time	Approved Name of Medicine	Dose	Route	Authorising Prescriber: record name, role & contact number	Record Source of Written Instruction: (patient electronic record or secure email)	Nurse Administering: signature & print name

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