How to: Complete the Community Administered Medication Record Pink Card

1. The Community Administered Medication Record Pink Card is commonly known as the Pink Card and must be used for patients who require medication administered via a T34 ambulatory pump.

2. Within Sheffield Teaching Hospitals Foundation Trust (STHFT) acute services the syringe driver is referred to as the T34 ambulatory pump rather than T34 syringe driver. As community based services commonly refer to the T34 device as a syringe driver rather than a pump this terminology has been retained in the pink card to reduce confusion and limit potential for error.

3. When instigating a new Pink Card the patient / family carer should be informed that the card is the property of Sheffield Teaching Hospitals NHS Trust and is a record of care provided. This will be retained as part of the service care records.

4. Before completing this card the Clinician undertaking this process must have read and understood the T34 ambulatory pump protocol and guidance printed on the front of the Pink Card.

5. STHFT clinicians who undertake transcribing or complete the Pink card as an authorisation to administer must undertake this following the STHFT Transcribing Procedure. Other organisations are subject to local procedure and training requirements.

6. Completed Pink Cards should be removed from the home when no longer in use when it is deemed safe to do so; and retained in the patients notes by the service providing care.

7. The Pink Card must not be used for subcutaneous Sodium Chloride 0.9% / Insulin or transdermal patches. These should be recorded on the green 'Drug Administration Record for Community Nursing' Card.

8. Be aware that there may be other MAR charts in the home. Care must be taken to ensure that medication is not duplicated. If in doubt refer to prescriber.

Community Administered Medication Record Pink Card

Sheffield Teaching Hospital
NHS Foundation Tru

NHS Sheffield Clinical Commissioning Group

St Luke's

Please refer to the Sheffield Teaching Hospitals Foundation Trust (STHFT) protocol for the use of the T34™ Ambulatory Syringe Pump on setting up and using this equipment.

Card initiated by (sign
Name:
Role:
Organisation:
Date:

Fully complete your details in the Card initiated box. This is essential information for other HCP's managing care of the patient

Patient demographics must be completed for all patients. Additional information about GP or nurse team may be in patient's notes in the home if not known

lame:
ddress:
P Practice:
elephone:
urse Team contact number:

NHS number:
D.O.B.

Allergies - including latex, please list:

OR
No known allergies ☐ (please tick if none kno
Signature: Date:
Name: Role:

Allergy status must always be completed. NKA means there are no known allergies, not that a check in patient records has not been undertaken.

UIDELINES Please refer to STHFT T34™ Ambulatory Syringe Pump Protocol and the Procedure for Use of Community Administered Medication Reco

Completion of this card may be undertaken by a prescriber or transcriber. When transcribing is undertaken the names of the drugs, dose, r frequency must be checked from original prescription (e.g. TTO/FP10/previous Community Administered Medication Record Pink Card). If t concerns the prescriber should be contacted for clarification.

The prescriber / transcriber must date and sign each entry.

- It is good practice for the prescriber to write GMC number or NMP PIN when signing the prescription. A prescriber does not need a second completed on the card.
- The transcribed record must be checked by a second Health Care Professional before the next dose is administered.
- Prescribing of the dose to be administered via a T34™ Ambulatory Syringe Pump should always be a specific dose and NEVER be a dose ra
- Clearly print all areas of the Pink Card, other than signatures. Approved names should be used for all drugs, unless the drug requires a brand clarity. Never use a trailing zero eg. write 5mg NOT 5.0mg.
- Discontinue a drug by drawing a line through BOTH the drug name and the unused recording panels. Enter the stop date and initial the fi Write reason and authorisation for stopping/discontinuation over the remaining administration record section.
- Any change in dosage or frequency MUST be authorised by writing a new entry. DO NOT alter existing instructions.
- When rewriting a medication record card please 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 Medicine Code. Timeliness is crucial for medicines included in the STHFT Critical Medicines List.
- Medication incidents outlined in section 4.8 of the STHFT Medicine Code must be reported in line with the STHFT Incident Management Po

Before completing the card you must ensure that you are familiar with the guidelines including the T34 protocol.

If you are unsure ask for support before completing the card

Transcribers and Prescribers

- Check all other available 'administration charts' e.g. MAR charts, 'Drug Administration Record For Community Nursing' for duplications, dru interactions and doses last taken. Stop medications where appropriate.
- Check the compatibility of all drugs prescribed. 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-Fri)
  - www.palliativedrugs.com (register for a free login) Access syringe driver compatibilities via SDSD tab.
- Use water for injections as a diluent with most drugs - exceptions include octreotide, granisetron, ondansetron, ketamine & ketoralac, whic diluted in 0.9% sodium chloride.
- For support from the Palliative Care Team:
  Working hours - contact St Luke's Hospice Community team (Rapid Response) 0114 236 9911.
  Outside working hours - contact STHFT Palliative Care on-call Specialist Registrar 0114 243 4343.

If transcribing

- you must be deemed competent under organisational policy / procedures.
- Ensure you have up to date source information

Notes for Nurses Administering drugs via a syringe driver

- Please refer to STHFT T34™ Ambulatory Syringe Pump Protocol
- Only use a 30 millilitre Luer-Lok, Becton-Dickinson (BD) brand syringe
- Check battery level (%). Battery should be changed when less than 40%.

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

Syringe Driver A	Serial Number:
Syringe Driver B	Serial Number:

- The serial number of Syringe Driver MUST be completed
- The card allows for 2 Syringe Drivers to be in use at the same time
- Syringe Driver B can be used as the only syringe driver **ONLY IF** Syring Driver A has been annotated as no longer in use

This is completed by the clinician when all new medication is transcribed.
A second check is only required for transcribing.

Complete each drug including dose. Do not abbreviate micrograms

Ensure patient information is completed

Up to 3 medications can be completed in one box each time a driver us set up or a dose reviewed.

Only to be completed when drug is discontinued

Ensure diluent is stated

Ensure start date is stated

When doses are changed cross out, initial and date over the discontinued doses and write a new entry in the section below.

The original medication and dose must still be clear as a record of administered doses

Name: _____ **Date of Birth:** _____ **NHS Number:** _____

SYRINGE DRIVER A - SUBCUTANEOUS INFUSION MEDICATION RECORD

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

		otal volume of fluid in syringe = 22ml nfusion Time = 24 hours ranscriber / Prescriber (signature) Print Name: Role: Date: Transcribing checked by (signature) Print Name: Role: Date:
Drug 2 (If needed)		
Drug 3 (If needed)		
Name of DILUENT:	Start date:	Discontinuation date:

ved name of medication	Dose	Total volume of fluid in syringe = 22ml
		Infusion Time = 24 hours Transcriber / Prescriber (signature) Print Name: Role: Date: Transcribing checked by (signature) Print Name: Role: Date:
	Start date:	Discontinuation date:

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

2 of 8

Ensure patient information is completed

Name: _____ Date of Birth: _____ NHS Number: _____

SYRINGE DRIVER A - NURSE ADMINISTRATION RECORD

CHEC
ALLERGY S

Ensure administration section is fully completed

ADMINISTRATION

Medicine/Diluent	Batch No.	Expiry
Drug 1		
Drug 2 (If needed)		
Drug 3 (If needed)		
Name of DILUENT:		

Date commenced	Time	Rate from pump (ml/hour)	Site	Signature

Print name:

Calculations:

Discarded by:	Date & Time:
Volume remaining:	Signature:

Only complete this section when drug is discontinued

ADMINISTRATION

Medicine/Diluent	Batch No.	Expiry
Drug 1		
Drug 2 (If needed)		
Drug 3 (If needed)		
Name of DILUENT:		

Date commenced	Time	Rate from pump (ml/hour)	Site	Signature

Print name:

Calculations:

Discarded by:	Date & Time:
Volume remaining:	Signature:

ADMINISTRATION

Medicine/Diluent	Batch No.	Expiry
Drug 1		
Drug 2 (If needed)		
Drug 3 (If needed)		
Name of DILUENT:		

Date commenced	Time	Rate from pump (ml/hour)	Site	Signature

Print name:

Calculations:

Discarded by:	Date & Time:
Volume remaining:	Signature:

ADMINISTRATION

Medicine/Diluent	Batch No.	Expiry
Drug 1		
Drug 2 (If needed)		
Drug 3 (If needed)		
Name of DILUENT:		

Date commenced	Time	Rate from pump (ml/hour)	Site	Signature

Print name:

Calculations:

Discarded by:	Date & Time:
Volume remaining:	Signature:

3 of 8

Syringe Driver B should be completed in the same way as Syringe Driver A

Page 4

Syringe Driver B should be completed where a second syringe driver is required OR it may be used when Syringe Driver A section is full ONLY if this is recorded on the front of the card and it is clearly documented in the patients notes

Name: ____________________ **Date of Birth:** ____________

SYRINGE DRIVER B - SUBCUTANEOUS INFUSION ME

Approved name of medication	Dose	Total volume c
Drug 1		Infusion Time Transcriber / Pr
Drug 2 (if needed)		Print Name: Role: Date: Transcribing checked by (signature)
Drug 3 (if needed)		Print Name: Role: Date:
Name of DILUENT:	Start date:	Discontinuation date:

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

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

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

4 of 8

Syringe Driver B Administration should be completed in the same way as Syringe Driver A Administration

Date of Birth: ______________ NHS Number: ______________

ADMINISTRATION RECORD

CHECK ALLERGY STATUS

ADMINISTRATION

Medicine/Diluent	Batch No.	Expiry
Drug 1		
Drug 2 (If needed)		
Drug 3 (If needed)		
Name of DILUENT:		

Date commenced	Time	Rate from pump (ml/hour)	Site	Signature
Print name:				
Calculations:				
Discarded by:		Date & Time:		
Volume remaining:		Signature:		

ADMINISTRATION

Medicine/Diluent	Batch No.	Expiry
Drug 1		
Drug 2 (If needed)		
Drug 3 (If needed)		
Name of DILUENT:		

Date commenced	Time	Rate from pump (ml/hour)	Site	Signature
Print name:				
Calculations:				
Discarded by:		Date & Time:		
Volume remaining:		Signature:		

ADMINISTRATION

Medicine/Diluent	Batch No.	Expiry
Drug 1		
Drug 2 (If needed)		
Drug 3 (If needed)		
Name of DILUENT:		

Date commenced	Time	Rate from pump (ml/hour)	Site	Signature
Print name:				
Calculations:				
Discarded by:		Date & Time:		
Volume remaining:		Signature:		

ADMINISTRATION

Medicine/Diluent	Batch No.	Expiry
Drug 1		
Drug 2 (If needed)		
Drug 3 (If needed)		
Name of DILUENT:		

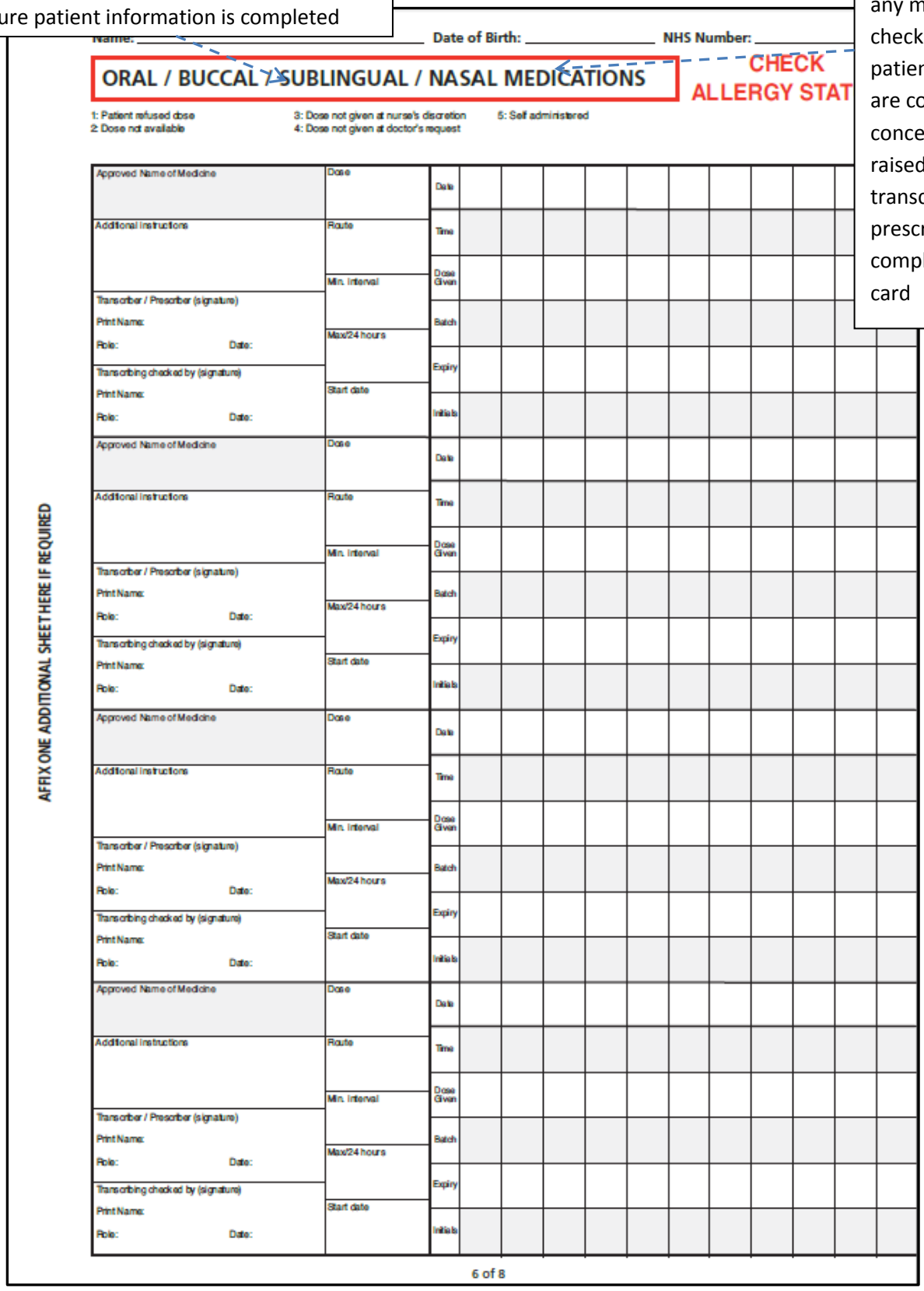
Date commenced	Time	Rate from pump (ml/hour)	Site	Signature
Print name:				
Calculations:				
Discarded by:		Date & Time:		
Volume remaining:		Signature:		

Page 6 and 7

This section is 2 pages wide with the right hand side page providing recording space for medicines administration which forms **Page 7** of the Pink Card.

Ensure patient information is completed

Before administering any medication check the patient's details are correct. Any concerns must be raised with the transcriber/ prescriber who completed the card



Name: _____ Date of Birth: _____ NHS Number: _____

ORAL / BUCCAL / SUBLINGUAL / NASAL MEDICATIONS

CHECK ALLERGY STAT

1: Patient refused dose
2: Dose not available
3: Dose not given at nurse's discretion
4: Dose not given at doctor's request
5: Self administered

AFFIX ONE ADDITIONAL SHEET HERE IF REQUIRED

Approved Name of Medicine | Dose | Route | Min. Interval | Max/24 hours | Start date

Additional Instructions

Transcriber / Prescriber (signature) Print Name: Role: Date:

Transcribing checked by (signature) Print Name: Role: Date:

Date | Time | Dose Given | Batch | Expiry | Initials

6 of 8

Ensure patient information is completed

Ensure all information in for medication to be given is completed or there is a clear indication why information is omitted.

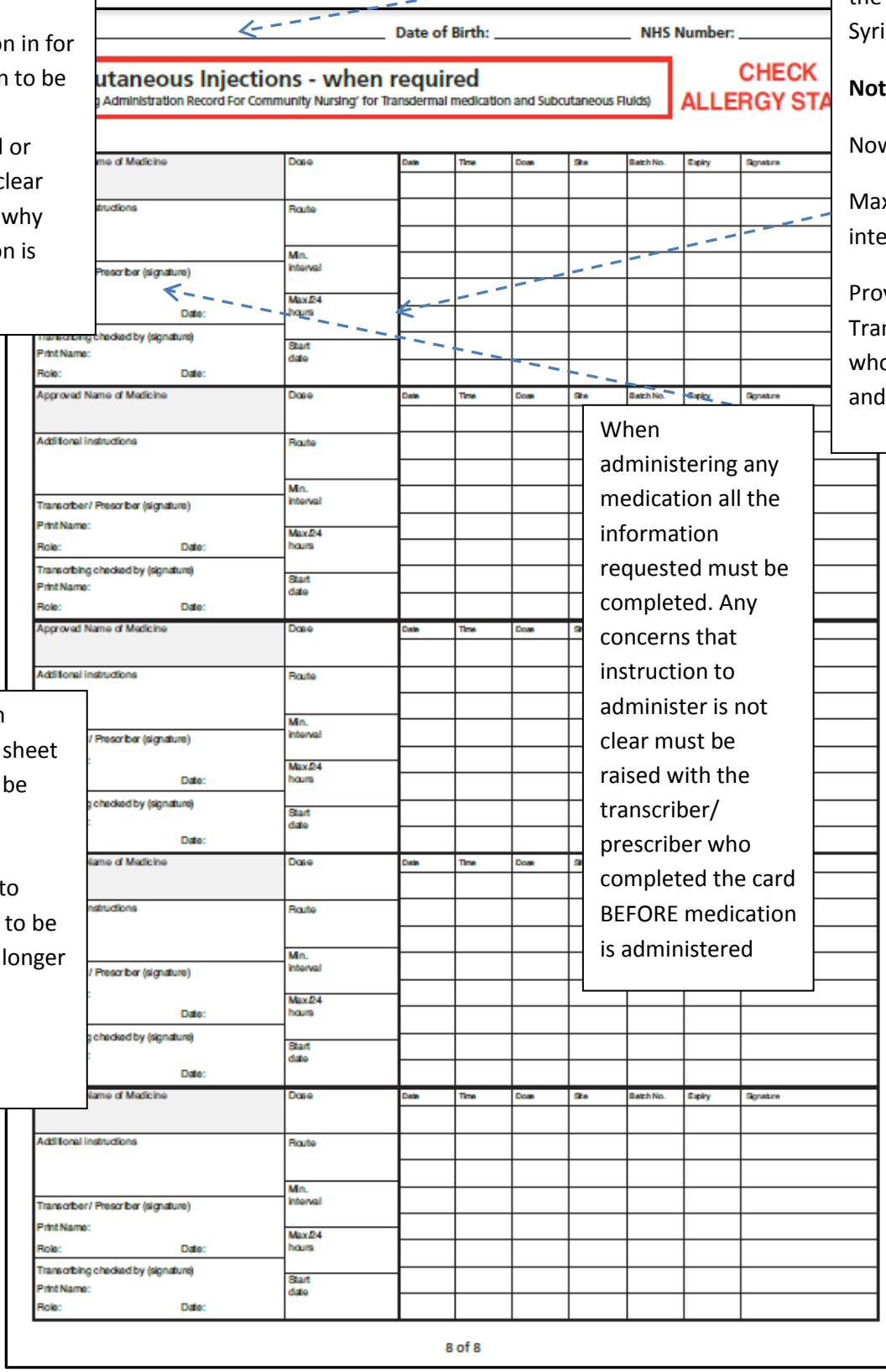
This section appears to be the same as the T34 Syringe Driver Card.

Note:

Now states

Max in 24 hours NOT Max interval

Provides space for Transcriber/Prescriber who completes the card and for a second check



When administering any medication all the information requested must be completed. Any concerns that instruction to administer is not clear must be raised with the transcriber/ prescriber who completed the card BEFORE medication is administered

There is an additional sheet which can be affixed for additional recording to allow card to be used for a longer period

There is an additional sheet which can be affixed for additional recording to allow card to be used for a longer period