

Patients Name: _____

NHS Number: _____

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Authorisation for daily medications over 24 hours via a CONTINUOUS SUBCUTANEOUS INFUSION (CSCI)					Administration				
Drug			Date commenced		Date				
Dose range:			Date discontinued		Time				
Start dose	Increase by	Maximum dose	pump 1	pump 2	Dose				
Indication					Given by				
Signature			Date		Batch No.				
Print Name					Expiry date				
Drug			Date commenced		Date				
Dose range:			Date discontinued		Time				
Start dose	Increase by	Maximum dose	pump 1	pump 2	Dose				
Indication					Given by				
Signature			Date		Batch No.				
Print Name					Expiry date				
Drug			Date commenced		Date				
Dose range:			Date discontinued		Time				
Start dose	Increase by	Maximum dose	pump 1	pump 2	Dose				
Indication					Given by				
Signature			Date		Batch No.				
Print Name					Expiry date				
Drug			Date commenced		Date				
Dose range:			Date discontinued		Time				
Start dose	Increase by	Maximum dose	pump 1	pump 2	Dose				
Indication					Given by				
Signature			Date		Batch No.				
Print Name					Expiry date				
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Indication					Given by				
Signature			Date		Batch No.				
Print Name					Expiry date				
Drug			Date commenced		Date				
Dose range:			Date discontinued		Time				
Start dose	Increase by	Maximum dose	pump 1	pump 2	Dose				
Indication					Given by				
Signature			Date		Batch No.				
Print Name					Expiry date				

DO NOT MIX MORE THAN 2 DRUGS WITHOUT SPECIALIST ADVICE
DO NOT MIX CYCLIZINE AND HYOSCINE BUTYLBROMIDE IN THE SAME SYRINGE