

**Authority to Administer Medication Via The T34
Syringe Pump Subcutaneous Route Community Use Only
– to be completed by the Prescriber**



Northern Devon Healthcare
NHS Trust

Patient Name	Date of Birth	NHS Number Or Unique Identification Number	GP	Allergies	Weight

Prescription for Subcutaneous Syringe Pump Infusion

Date/Time	Generic Name of Medication & Diluent	Initial Dose	Dose Range	Prescribers Signature (in full) and PRINT NAME/ NMC/GMC Number

NO MORE THAN 3 MEDICATIONS TO BE PRESCRIBED UNLESS IN EXCEPTIONAL CIRCUMSTANCES

Prescription for Bolus Doses as required

Date/Time	Generic Name of Medication & Diluent	Dose	Frequency	Route	Prescribers Signature (in full) and PRINT NAME/NMC/GMC Number

HAS A JUST IN CASE BAG/BOX BEEN PROVIDED TO THE PATIENT: (Please circle) YES NO

Please consider seeking specialist advice for prescribing or joint formulary