



Documentation Record Book for the KMCYPPCN Palliative Prescription Chart for Children and Young People Requiring Symptom Management

Please note that this booklet contains the following supplementary recording documentation for use in conjunction with a valid and in-date prescription and drug administration chart for children and young people requiring symptom management.

This is the documentation record book for:

| | |
|-----------------------------------|--|
| Name of Child/Young Person | |
| Date of Birth | |
| NHS Number | |

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| ALLERGIES | |
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Summary Checklist for Setting up a Syringe Driver

(***Must be used in conjunction with the Syringe Record Chart)

| |
|---|
| Assess Child/Young Person (CYP) |
| <ul style="list-style-type: none"> • Identify and Introduce yourself • Check CYP understanding of treatment • Review CYP's notes • Check prescription clinically appropriate • Explain • Obtain consent |
| Check Prescription |
| <ul style="list-style-type: none"> • Check prescription on chart is legal and correct • Check doses correct including opioids and other medication • Check drug compatibility • Check diluent compatibility • Total Volume |
| Check Equipment |
| <ul style="list-style-type: none"> • Check all equipment is available • Check equipment is in working order • Check the EME service due date |
| Prepare Syringe Driver |
| <ul style="list-style-type: none"> • Decontaminate hands • Wear appropriate clothing • Clean Syringe Driver • Prepare drugs • Label • Power on syringe pump and check battery • Load the syringe and confirm syringe type • Remove the syringe and attach to line, priming if necessary • Reload the syringe and resume • Confirm the infusion parameters |
| Commence Syringe Driver |
| <ul style="list-style-type: none"> • Position CYP • Choose site if new • Check site and line • Double check rate of infusion • Ensure setting correct and locked • Commence • Place syringe driver in appropriate position • Check LED light flashing green intermittently |
| Remove Waste |
| <ul style="list-style-type: none"> • Dispose of healthcare waste correctly • Label waste container |
| Give advice to CYP and/or key person |
| <ul style="list-style-type: none"> • Advise on syringe driver • Advise who to contact if problems |
| Record the administration of the medication and advice given |
| <ul style="list-style-type: none"> • Record on drug chart and in CYP's notes, • Ensure all required documentation complete for Syringe Driver Monitoring • Document sources of drug info e.g. compatibility, diluent, opioid dosing • Document Controlled Drugs in the CD Register • Document advice given |

Syringe Driver Record Chart

Name of Child/Young Person: _____ D.O.B: _____ NHS no.: _____ Weight & Date Weighed: _____

| Medicines and Diluent Name and dose (mg in 24 hours) Batch Number & Expiry date | Site | Date | Time of visit | Time Remaining hh:mm | Rate (ml/hr) | Volume to be infused VTBI | Volume Infused VI | Is the medication being infused as expected? | % Battery Level* | Keypad lock on? | Site Check | Number of days since giving set inserted | Signature and Printed Name | |
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**To check battery life, press the INFO key twice. If the battery level is less than 40% at set-up, then replace the battery with a new battery before you commence the infusion*

Syringe Driver Record Chart

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Example: - Symptom Care Flow Sheet Aide-mémoire

| Sedative Effects | | Site Check | | Respiratory Pattern | |
|-------------------|---|-------------------------|---|---------------------|---|
| Unconscious | 1 | No redness | 1 | Regular | R |
| Asleep/Rousable | 2 | Tracking/Warm | 2 | Tachypnoea | T |
| Awake/Comfortable | 3 | Swollen | 3 | Wheezing | W |
| Agitated | 4 | Inflammation/Tenderness | 4 | Dyspnoea | D |
| | | | | Cheyne Stokes | C |

Out of the Following 3 Pain Tools use the one you think is appropriate

1 FLACC Behavioural Pain Assessment Tool

| Categories | Scoring | | |
|---------------|--|---|---|
| | 0 | 1 | 2 |
| Face | No particular expression or smile | Occasional grimace or frown, withdrawn, disinterested; appears sad or worried | Frequent to constant quivering chin, clenched jaw; distressed-looking face; expression of fright or panic |
| Leg | Normal position or relaxed; usual tone and motion to limbs | Uneasy, restless, tense; occasional tremors | Kicking, or legs drawn up; marked increase in spasticity, constant tremors or jerking |
| Activity | Lying quietly, normal position moves easily; Regular, rhythmic respirations | Squirming, shifting back and forth; tense or guarded movements; mildly agitated (eg. head back and forth, aggression); shallow, splinting respirations, intermittent sighs | Arched, rigid or jerking; severe agitation, head banging, shivering (not rigors); breath-holding, gasping or sharp intake of breaths; severe splinting |
| Cry | No cry / verbalisation | Moaning or whimpers, occasional complaint; occasional verbal outburst or grunt | Crying steadily, screams or sobs, frequent complaints; repeated outbursts, constant grunting |
| Consolability | Content relaxed | Reassured by occasional touching, hugging or being talked to, distractible | Difficult to console or comfort; pushing away caregiver, resisting care or comfort measures |

Revised FLACC – Instructions for Use

- Individualise the tool: The nurse should review the descriptors within each category with the child's parents or carers. Ask them if there are additional behaviours that are better indicators of pain in their child. Add these behaviours to the tool in the appropriate category.
- Each of the five categories (F) Face; (L) Legs; (A) Activity; (C) Cry; (C) Consolability is scored from 0-2, which results in a total score between zero and ten.
- Patients who are awake: Observe for at least 1-3 minutes. Observe legs and body uncovered. Reposition patient or observe activity, assess body for tenseness and tone. Initiate consoling interventions if needed.
- Patients who are asleep: Observe for at least 5 minutes. Observe body and legs uncovered. If possible, reposition the patient. Touch the body and assess for tenseness and tone

2 Wong and Baker Visual Analogue Self-report Pain Assessment Tool



0
No hurt
Alert
Smiling



2
Hurts little bit
No humour
Serious, flat
Can be ignored



4
Hurts little more
Furrowed brow
Pursed Lips
Breath Holding
Interferes with tasks



6
Hurts even more
Wrinkled nose
Raised upper lip
Rapid breathing
Interferes with concentration

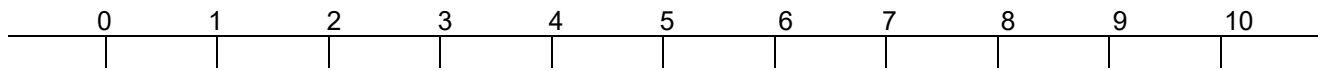


8
Hurts whole lot
Slow blink
Open mouth



10
Hurts worst
Eyes closed
Moaning, crying

3 Numerical Pain Assessment Tool



0 = No Pain
1-3 = Mild Pain
4-7 = Moderate Pain
8-10 = Severe Pain

Is an intervention required, if so what?
Implement intervention or interventions.
Re-score at an appropriate interval to evaluate the effectiveness of intervention or interventions.

References:-

- BNFC <https://www.medicinescomplete.com/mc/>
- NHS Coventry PCT Symptom Care Flow Sheet.
- NHS Coventry and NHS Warwickshire Paediatric Home Terminal Care Policy 2010
- NHS North Staffordshire Community Nursing Authorisation and Administration Record for Patients Requiring Supportive Care.
- NHS South Birmingham Footprints. Pain assessment tools. 5/5/2008

