

Appendix 5

You have been loaned a syringe driver by Rotherham Doncaster and South Humber NHS Foundation Trust.

Make and Model.....

Serial Number.....

This syringe driver will be cleaned, maintained and tested to ensure it is, and remains fit for purpose by the Nursing team.

We have included an instruction manual for the unit that you have been given.

Please ensure that:

- **The driver is kept dry**
- **It is handled with care**

Delivered by (Print name).....RDaSH Employee

Instruction given - Date.....Signature.....

Syringe driver accepted by (print name).....Patient/carer

Date accepted.....

By accepting this machine I agree to the above.

Signature.....

Patient/carer Advice available from.....

Please contact for any issues or to return the unit.

The equipment specified remains the property of Rotherham Doncaster and South Humber NHS Foundation Trust. When no longer required it must be returned to the contact above in the condition it was received in when no longer required.