Guidance Notes for Users

Important points

1. **Use a separate chart for each pump**
2. All drugs for inpatients must also be prescribed on a drug cardex
3. For further information on compatibility contact St Andrew's Hospice; Palliative Care Community Pharmacy; Acute Specialist Palliative Care Team.

Patient's details (page 1)

1. Enter infusion number.
2. Enter the patient's name and CHI number.
3. Enter any known allergies/sensitivities.

Prescribing a subcutaneous infusion (page 1)

1. In box (a) enter the date and time.
2. In box (b) enter the name of the drug(s). Number the drugs as shown below.
3. In box (c) enter the dose **to be infused over 24 hours** for each drug.
4. Box (d) is included to ensure that the diluent (water or saline) has been authorised by a prescriber. It is not necessary to specify here which diluent is to be used however a full signature must be provided.
   The person(s) setting up the infusion will tick the diluent used. The compatibility of the drug combination must be checked, if compatible, tick and sign.
5. The prescriber must provide a full signature in box (e).

Date/ Time (a)	Drug(s) (b)	24 hour dose (for each drug) (c)	Diluent (please tick and sign) (d)	Prescribed by (full signature for each drug) (e)	Date stopped (f)	Stopped by (g)
	1._____ 2._____ 3._____	_____ _____ _____	☐ Water for injection ☐ Sodium Chloride 0.9% ☐ Compatible Checked by:	_____ _____ _____		

6. To discontinue an infusion the whole prescription box is scored through as shown below.
   (note: for inpatients all discontinued infusions must also be discontinued on the patients cardex)
7. Enter the date of discontinuation in box (f).
8. The prescriber discontinuing the infusion must sign box (g).

Date/ Time (a)	Drug(s) (b)	24 hour dose (for each drug) (c)	Diluent (please tick and sign) (d)	Prescribed by (full signature for each drug) (e)	Date stopped (f)	Stopped by (g)
	1._____ 2._____ 3._____	_____ _____ _____	☐ Water for injection ☐ Sodium Chloride 0.9% ☐ Compatible Checked by:	_____ _____ _____		

9. To prescribe a new infusion follow steps 1 to 5 in the subsequent prescription box.

Record of preparation and monitoring (page 2 & 3)

Setup

10. Enter the pump serial number at the top of the page
11. Enter date and time of preparation of syringe / set-up. (24 hour clock)
12. Enter the flow rate of the infusion
13. Enter time remaining on starting the infusion *(N.B should state 23:59 for a 24hr infusion)*
14. Enter the battery life percentage.
15. Enter the details of the diluent used: name and batch number.
16. Enter the drug name and batch number.
    N.B. batch numbers do not need to be recorded on the syringe label as they are recorded on the chart.
17. Enter the total volume in the syringe
18. Enter the site used.
19. The staff involved with the set up of the infusion and pump must sign the record of administration. There may be one or two signatures depending on local policy.

DAILY SET UP			MONITORING							
	Date / time of preparation of syringe / set-up	Flow rate in ml / hr		Time (4 hrly checks for in-patients)						
	Time Remaining on starting infusion:	Battery life percentage:								
	Diluent Batch No.:	Site Used		Site Appearance						
	Drug name and batch number(s): 1) ____ 2) ____ 3) ____			Syringe appearance e.g. "clear"						
				Flow rate setting (N.B. do not alter)						
				Volume to be infused (VTBI)						
	Total volume in syringe:			Volume infused (V.I)						
				Battery check (light flashing)						
	Signature(s)			Initial						

If infusion is discarded note volume remaining and sign. Volume Disposed: Date and Time: Sign:

Monitoring

20. For in-patients, the operation of the pump should be checked within 1 hr of setup then every 4 hours. Enter the time of the check. (24 hour clock)
21. For patients in the community the operation of the pump should be checked just before leaving the patient's house then at each nurse visit. Enter the time of the check.
22. Check the site appearance and comment. If the infusion needs to be re-sited, mark "resited" and state new site *(make a note in the margin).*
23. Check the syringe appearance and comment. *N.B. If the solution has precipitated, discontinue the infusion. Record the reason for discontinuation. Seek advice re compatibility.*
24. Confirm the flow rate setting. *N.B. This must not be altered.*
25. Without removing the syringe, check and enter the total volume infused and the total volume remaining using the info key.
26. Tick if the light is still flashing (this is an adequate check of the battery status).
27. Initial the bottom of the column when the check is completed.
28. If the contents of any part-used syringe have to be discarded before the infusion has been competed, document the disposal in the box including the date and time of disposal and sign.

St. Andrew's Hospice — Caring for the people of Lanarkshire

McKinley T34 Subcutaneous Infusion
Prescription and Monitoring Chart

NHS Lanarkshire

Infusion No. ___ of ____ (Use one chart per pump)

Name:

CHI No.

Attach sticky label here

Known Allergies / Sensitivities:

Remember to also prescribe breakthrough medication

Date/ Time	Drug(s)	24 hour dose (for each drug)	Diluent (please tick and sign)	Prescribed by (full signature for each drug)	Date stopped	Stopped by
	1._____ 2._____ 3._____	_____ _____ _____	☐ Water for injection ☐ Sodium Chloride 0.9% ☐ Compatible Checked by:	_____ _____ _____		

Date/ Time	Drug(s)	24 hour dose (for each drug)	Diluent (please tick and sign)	Prescribed by (full signature for each drug)	Date stopped	Stopped by
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******THIS CHART SHOULD BE RETAINED IN THE PATIENT'S NOTES******

Instructions on how to complete the form on reverse.

Pump Serial No.:_____

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Time Remaining on starting infusion:	Battery life percentage:								
Diluent: Batch No.:	Site Used		Site Appearance						
Drug name and batch number(s): 1) _____ 2) _____ 3) _____ Total volume in syringe:			Syringe appearance e.g. "clear"						
			Flow rate setting (N.B. do not alter)						
			Volume to be Infused (VTBI)						
			Volume Infused (VI)						
			Battery check (light flashing)						
Signature(s)			Initial						

If infusion is discarded note volume remaining and sign. Volume Disposed: Date and Time: Sign:

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