GUIDELINES WHEN USING SYRINGE PUMP COMMUNITY CHARTS

These charts have been developed by a multi-professional team of specialists on behalf of the London Cancer Alliance (LCA). Their design is based on best practice when using syringe pumps so that safety can be improved and a consistent approach to practice encouraged across the LCA area.

They are for use when any patient requires a syringe pump to deliver their medication in the community. They may also be used on in-patient units where in-house prescriptions do not provide the necessary space and scope.

Notes for prescribers

- The Palliative Network Guidelines are available on line at http://book.pallcare.info. Contact your palliative care team for advice if required.
- When prescribing a dose range consider use of the word '*to*' rather than a dash, for example *morphine 5mg to 10mg to 15mg.* A dash can be misread and lead to errors.
- When prescribing small doses and only where clinically appropriate, consider using whole numbers for doses as this is clearer, for example *oral morphine 1 mg to 2 mg.*
- Doses less than 1 mg should be written in micrograms, e.g. *500 microgram to 1 mg alfentanil, 600 microgram to 1.2 mg glycopyrronium.*
- Clarify which medication is to be used 1st line and 2nd line when prescribing more than one for the same indication.
- For the management of breathlessness, opioids may be appropriate. Contact your palliative care team for advice.
- If a range of doses is prescribed, aim to administer the lowest possible dose of medication to control the symptom. If symptoms remain uncontrolled or if you need advice, contact the palliative care team.

Notes for nurses

- The contents of the syringe must be written clearly on a standard syringe pump label attached to the barrel of the syringe. Be aware of how to obtain supplies of these labels.
- Confirm the contents of a syringe pump already running when the patient crosses from one care setting to another. Do this using at least two sources of information, for example: syringe pump label/ syringe pump infusion administration record/ discharge letter.
- Ensure sufficient stock of injections in the home. Pay particular attention before weekends and bank holidays.

Notes on disposal

- Medications that have been prescribed for patients remain their own property.
- Encourage carers to return unwanted medications to a community pharmacy for safe disposal (this does not have to be the pharmacy that dispensed the medications).
- Practitioners can remove medications for disposal at their own discretion, for example where they consider there to be a risk if left in the home.
- Where possible practitioners should obtain a verbal consent from the patient/ carer to remove unwanted medications on their behalf and document this in the clinical notes. For controlled drugs complete the 'CD Stock Balance Chart'.
- Be aware of any local guidance for the disposal of unwanted medications.

Helpful information	
Palliative care team name/ contact details:	**Community pharmacy name/ contact details:**

Acknowledgement: These charts are based on an original design developed by the department of palliative care, Guy's & St. Thomas' NHS Foundation Trust

SUBCUTANEOUS SYRINGE PUMP DRUG AUTHORISATION CHART

When transferring care, confirm current drugs & doses using syringe pump infusion administration record & checklist. This document should remain with the patient.

Patient Name:		**Allergies and adverse drug reactions**	
DOB:		☐ no known allergies	
NHS Number		Medicine / substance:	Reaction:
		Prescriber sign & print	

CONTACT THE PALLIATIVE CARE TEAM FOR ADVICE AS REQUIRED

Prescriber contact details: ……

Pain			
Date:	Medication:	Dose range:	Prescriber sign & print:

Nausea / Vomiting			
Date:	Medication:	Dose range:	Prescriber sign & print:

Agitation / Distress			
Date:	Medication:	Dose range:	Prescriber sign & print:

Respiratory tract secretions			
Date:	Medication:	Dose range:	Prescriber sign & print:

Other medication - specify indication here:			
Date:	Medication:	Dose range:	Prescriber sign & print:

Other medication - specify indication here:			
Date:	Medication:	Dose range:	Prescriber sign & print:

DILUENT		
Date:	Diluent	Prescriber sign & print:

‘AS REQUIRED’ (PRN) DRUG AUTHORISATION & ADMINISTRATION RECORD

When transferring care, confirm current drugs & doses using syringe pump infusion administration record & checklist. This document should remain with the patient.

Patient Name:		**Allergies and adverse drug reactions**	
DOB:		☐ no known allergies	
NHS Number:		Medicine / substance:	Reaction:
		Prescriber sign & print:	

CONTACT THE PALLIATIVE CARE TEAM FOR ADVICE AS REQUIRED

Prescriber contact details: ……

Pain			Date:									
Medication:			Time:									
Dose range:	Max frequency:	Subcut	Dose:									
Prescriber sign, print & date:			Signed:									

Nausea / Vomiting			Date:									
Medication:			Time:									
Dose range:	Max frequency: Max 24hr dose:	Subcut	Dose:									
Prescriber sign, print & date:			Signed:									

Agitation / Distress			Date:									
Medication:			Time:									
Dose range:	Max frequency: : Max 24hr dose:	Subcut	Dose:									
Prescriber sign, print & date:			Signed:									

Respiratory tract secretions			Date:									
Medication:			Time:									
Dose range:	Max frequency: Max 24hr dose:	Subcut	Dose:									
Prescriber sign, print & date:			Signed:									

Other – specify indication here:			Date:									
Medication:			Time:									
Dose range:	Max frequency: Max 24hr dose:	Route:	Dose:									
Prescriber sign, print & date:			Signed:									

Other – specify indication here:			Date:									
Medication:			Time:									
Dose range:	Max frequency: Max 24hr dose:	Route:	Dose:									
Prescriber sign, print & date:			Signed:									

CONTROLLED DRUG STOCK BALANCE CHART

Patient Name:		**Medication:** **Form:** **Strength:**
DOB:		**Opening stock balance transferred from page no:**
NHS Number:		**This page no:**

Date:	Time:	Opening stock balance received into stock (no. ampoules)	Dose given (milligram/ microgram):	Wasted (milligram/ microgram):	Closing stock balance/ amount removed for disposal (no. ampoules):	Sign & print:

Closing stock balance transferred to new balance chart. Page No:	Sign & print:
OR	
Closing stock balance disposed of – enter details of disposal in patient notes.	Sign & print:

NON-CONTROLLED DRUG STOCK BALANCE CHART

Patient Name:		**Medication:** **Form:** **Strength:**
DOB:		**Opening stock balance transferred from page no:**
NHS Number:		**This page no:**

Date:	Time:	Opening stock balance received into stock (no. ampoules)	Dose given (milligram/ microgram):	Wasted (milligram/ microgram):	Closing stock balance/ amount removed for disposal (no. ampoules):	Sign & print:

Closing stock balance transferred to new balance chart. Page No:	Sign & print:
OR	
Closing stock balance disposed of – enter details of disposal in patient notes.	Sign & print:

LONDON CANCER ALLIANCE West and South LCA

Developed for any patient who requires their medications delivered by a syringe pump

SUBCUTANEOUS T34 SYRINGE PUMP INFUSION ADMINISTRATION RECORD & CHECKLIST

When transferring care confirm current drugs & doses using this page. This document should remain with the patient.

Version 1 AUG14/ Review AUG 15

Patient Name:		Allergies and adverse drug reactions	☐ no known allergies	**Notes:** When re-siting the needle press 'stop' on the pump (do not switch off as this will reset pump). BD Plastipak ™ syringe max volumes are: 18mL (for a 20mL syringe) and 23 mL (for a 30mL syringe).
DOB:		Medicine / substance:	Reaction	
NHS Number:		Prescriber sign & print:		ASSET No. on pump

Start a new chart section each time the syringe is changed (cross out the old chart section no longer in use)

1. Contents of syringe			**2. Set up pump**		**3. Check pump while in use**											
Medication(s):		Dose:	mL in syringe at start:		Time	Battery light flashing green? (yes / no)	Battery life remaining (%)	Spare battery available? (yes / no)	Rate on display pad (mL /hr)	Volume left to be infused (mL) 'vtbi'	Time remaining? (hrs/mins)	Syringe line & contents clear? (yes / no)	Needle site condition ? (ok / re-sited)	Lock keypad (✓)	Any action required? (yes / no)	Sign
			Start time:	Rate set: ___mL/hr												
			Site of needle:	Syringe size:												
Date	Diluent:_____	Duration _____hrs	Time infusion to finish: _____ :_____hrs													
	Nurse print/sign:		☐ Tick box to confirm additive label attached to syringe													

Start a new chart section each time the syringe is changed (cross out the old chart section no longer in use)

1. Contents of syringe			**2. Set up pump**		**3. Check pump while in use**											
Medication(s):		Dose:	mL in syringe at start:		Time	Battery light flashing green? (yes / no)	Battery life remaining (%)	Spare battery available? (yes / no)	Rate on display pad (mL /hr)	Volume left to be infused (ml) 'vtbi'	Time remaining? (hrs/mins)	Syringe line & contents clear? (yes / no)	Needle site condition ? (ok / re-sited)	Lock keypad (✓)	Any action required? (yes / no)	Sign
			Start time:	Rate set: ___mL/hr												
			Site of needle:	Syringe size:												
Date	Diluent:_____	Duration _____hrs	Time infusion to finish: _____ :_____hrs													
	Nurse print/sign:		☐ Tick box to confirm additive label attached to syringe													

LONDON CANCER ALLIANCE West and South LCA

Developed for any patient who requires their medications delivered by a syringe pump

SUBCUTANEOUS T34 SYRINGE PUMP INFUSION ADMINISTRATION RECORD & CHECKLIST

When transferring care confirm current drugs & doses using this page. This document should remain with the patient.

Version 1 AUG14/ Review AUG 15

Patient Name:		Allergies and adverse drug reactions	☐ no known allergies	**Notes:** When re-siting the needle press 'stop' on the pump (do not switch off as this will reset pump). BD Plastipak ™ syringe max volumes are: 18mL (for a 20mL syringe) and 23 mL (for a 30mL syringe).
DOB:		Medicine / substance:	Reaction	
NHS Number:		Prescriber sign & print:		ASSET No. on pump

Start a new chart section each time the syringe is changed (cross out the old chart section no longer in use)

1. Contents of syringe			**2. Set up pump**		**3. Check pump while in use**											
Medication(s):		Dose:	mL in syringe at start:		Time	Battery light flashing green? (yes / no)	Battery life remaining (%)	Spare battery available? (yes / no)	Rate on display pad (mL /hr)	Volume left to be infused (mL) 'vtbi'	Time remaining? (hrs/mins)	Syringe line & contents clear? (yes / no)	Needle site condition ? (ok / re-sited)	Lock keypad (✓)	Any action required? (yes / no)	Sign
			Start time:	Rate set: ___mL/hr												
			Site of needle:	Syringe size:												
Date	Diluent:_____	Duration ____hrs	Time infusion to finish: ____ :____hrs													
	Nurse print/sign:		☐ Tick box to confirm additive label attached to syringe													

Start a new chart section each time the syringe is changed (cross out the old chart section no longer in use)

1. Contents of syringe			**2. Set up pump**		**3. Check pump while in use**											
Medication(s):		Dose:	mL in syringe at start:		Time	Battery light flashing green? (yes / no)	Battery life remaining (%)	Spare battery available? (yes / no)	Rate on display pad (mL /hr)	Volume left to be infused (ml) 'vtbi'	Time remaining? (hrs/mins)	Syringe line & contents clear? (yes / no)	Needle site condition ? (ok / re-sited)	Lock keypad (✓)	Any action required? (yes / no)	Sign
			Start time:	Rate set: ___mL/hr												
			Site of needle:	Syringe size:												
Date	Diluent:_____	Duration ____hrs	Time infusion to finish: ____ :____hrs													
	Nurse print/sign:		☐ Tick box to confirm additive label attached to syringe													

LONDON CANCER ALLIANCE West and South LCA

Developed for any patient who requires their medications delivered by a syringe pump

SUBCUTANEOUS T34 SYRINGE PUMP INFUSION ADMINISTRATION RECORD & CHECKLIST

When transferring care confirm current drugs & doses using this page. This document should remain with the patient.

Version 1 AUG14/ Review AUG 15

Patient Name:		Allergies and adverse drug reactions	☐ no known allergies	**Notes:** When re-siting the needle press 'stop' on the pump (do not switch off as this will reset pump). BD Plastipak ™ syringe max volumes are: 18mL (for a 20mL syringe) and 23 mL (for a 30mL syringe).
DOB:		Medicine / substance:	Reaction	
NHS Number:		Prescriber sign & print:		ASSET No. on pump

Start a new chart section each time the syringe is changed (cross out the old chart section no longer in use)

1. Contents of syringe			**2. Set up pump**		**3. Check pump while in use**											
Medication(s):		Dose:	mL in syringe at start:		Time	Battery light flashing green? (yes / no)	Battery life remaining (%)	Spare battery available? (yes / no)	Rate on display pad (mL /hr)	Volume left to be infused (mL) 'vtbi'	Time remaining? (hrs/mins)	Syringe line & contents clear? (yes / no)	Needle site condition ? (ok / re-sited)	Lock keypad (✓)	Any action required? (yes / no)	Sign
			Start time:	Rate set: ___mL/hr												
			Site of needle:	Syringe size:												
Date	Diluent:_____	Duration ____hrs	Time infusion to finish: ____ :____hrs													
	Nurse print/sign:		☐ Tick box to confirm additive label attached to syringe													

Start a new chart section each time the syringe is changed (cross out the old chart section no longer in use)

1. Contents of syringe			**2. Set up pump**		**3. Check pump while in use**											
Medication(s):		Dose:	mL in syringe at start:		Time	Battery light flashing green? (yes / no)	Battery life remaining (%)	Spare battery available? (yes / no)	Rate on display pad (mL /hr)	Volume left to be infused (mL 'vtbi'	Time remaining? (hrs/mins)	Syringe line & contents clear? (yes / no)	Needle site condition ? (ok / re-sited)	Lock keypad (✓)	Any action required? (yes / no)	Sign
			Start time:	Rate set: ___mL/hr												
			Site of needle:	Syringe size:												
Date	Diluent:_____	Duration ____hrs	Time infusion to finish: ____ :____hrs													
	Nurse print/sign:		☐ Tick box to confirm additive label attached to syringe													