

# SUBCUTANEOUS T34 SYRINGE PUMP INFUSION ADMINISTRATION RECORD AND CHECKLIST

Developed for any patient who requires their medications delivered via syringe pump

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

<b>Patient name:</b>		<b>Allergies and adverse drug reactions</b> <input type="checkbox"/> no known allergies				<b>Notes:</b>			
<b>DOB:</b>		Medicine / substance:	Reaction:			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 23mL (for a 30mL syringe).			
<b>NHS Number:</b>		Prescriber sign & print:							

**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) : (mins)													
	Nurse print/sign:		<input type="checkbox"/> Tick box to confirm additive label attached to syringe													

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