## 6. [EXAMPLE] 24 HOURS CONTINUOUS SUBCUTANEOUS INFUSION FROM A SYRINGE PUMP ADMINISTRATION RECORD AND CHECKLIST V3

This document should remain with the patient.

| | |
|---|---|
| Patient name: **A N Other** | DOB: **11/11/1111** |
| NHS number: **XXXXXXXXXXX** | SERIAL NO. on T34 pump:**AB234** |

**1.Set up pump**

| | | | | |
|---|---|---|---|---|
| Start Date | **15/04/2020** | **16/04/2020** | | |
| Start Time | **09.30** | **09.30** | | |
| Battery life remaining % | **98%** | **78%** | | |
| Volume to be infused (VTBI) (mL) | **16.4mL** | **17mL** | | |
| Rate set mL/hr | **0.68 mL/hr** | **0.71 mL/hr** | | |
| Infusion site | **Right arm** | **Right arm** | | |
| Syringe size and Brand | **20 mls BD Plastipak** | **20 mls BD Plastipak** | | |
| Time infusion to finish (hrs/mins) | **24 hours** | **24 hours** | | |
| Tick box to confirm additive label attached to syringe | ☑ | ☑ | ☐ | ☐ |

**2. Contents of syringe**

| | | | | |
|---|---|---|---|---|
| Date | **15/04/2020** | **16/04/2020** | | |
| Medication | | | | |
| **Morphine Sulphate** | Dose: **10mg**<br>Batch no.: **xyz1233**<br>Expiry Date: **02/2022** | Dose: **10mg**<br>Batch no.: **xyz1233**<br>Expiry Date: **02/2022** | Dose:<br>Batch no.:<br>Expiry Date: | Dose:<br>Batch no.:<br>Expiry Date: |
| **Cyclizine** | Dose: **150mg**<br>Batch no.: **wtz123**<br>Expiry Date: **04/2022** | Dose: **150mg**<br>Batch no.: **wtz123**<br>Expiry Date: **04/2022** | Dose:<br>Batch no.:<br>Expiry Date: | Dose:<br>Batch no.:<br>Expiry Date: |
| **Water for Injections** | Dose: **N/A**<br>Batch no.: **wtz123**<br>Expiry Date: **04/2022** | Dose: **N/A**<br>Batch no.: **wtz123**<br>Expiry Date: **04/2022** | Dose:<br>Batch no.:<br>Expiry Date: | Dose:<br>Batch no.:<br>Expiry Date: |
| | Dose:<br>Batch no.:<br>Expiry Date: | Dose:<br>Batch no.:<br>Expiry Date: | Dose:<br>Batch no.:<br>Expiry Date: | Dose:<br>Batch no.:<br>Expiry Date: |
| | Dose:<br>Batch no.:<br>Expiry Date: | Dose:<br>Batch no.:<br>Expiry Date: | Dose:<br>Batch no.:<br>Expiry Date: | Dose:<br>Batch no.:<br>Expiry Date: |
| Sign and print: | **my example xxxx** | **my example xxxx** | | |

**3. Check pump while in use**

| Time | **10.30** | **14.30** | **19.30** | | **10.30** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Battery light flashing Green? (yes/no) | YES | YES | YES | | YES | | | | | | | | | | | |
| Battery life remaining % | 98% | 90% | 89% | | 78% | | | | | | | | | | | |
| Spare battery available? (yes/no) | YES | YES | YES | | YES | | | | | | | | | | | |
| Rate on display pad (mL/hr) | 0.68 mL/hr | 0.68 mL/hr | 0.68 mL/hr | | 0.71 mL/hr | | | | | | | | | | | |
| VTBI (Volume to be infused) (mL) | 15.7 mL | 13 mL | 9.6 mL | | 16.3 mL | | | | | | | | | | | |
| Visual volume checked (yes/no) | YES | YES | YES | | YES | | | | | | | | | | | |
| VI (Volume infused) | 0.7 mL | 3.4 mL | 6.8 mL | | 0.7 mL | | | | | | | | | | | |
| Time remaining (hrs/mins) | 23hrs | 19hrs | 14hrs | | 23hrs | | | | | | | | | | | |
| Syringe line & contents clear? (yes/no) | YES | YES | YES | | YES | | | | | | | | | | | |
| Is the infusion site condition okay? (yes/no) | YES | YES | YES | | YES | | | | | | | | | | | |
| Keypad locked (✓) | ☑ | ☑ | ☑ | ☐ | ☑ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Patient comfortable? (yes/no) | YES | NO | YES | | YES | | | | | | | | | | | |
| Any action required? (yes/no) | NO | YES | NO | | NO | | | | | | | | | | | |
| **Sign and print** | my example xxxx | my example xxxx | my example xxxx | | my example xxxx | | | | | | | | | | | |

EXAMPLE