

**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.

Patient name:		Allergies and adverse drug reactions <input type="checkbox"/> 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 23mL (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) : (mins)										<input type="checkbox"/>		
Nurse print/sign:		<input type="checkbox"/> Tick box to confirm additive label attached to syringe											<input type="checkbox"/>		

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