TROUBLE SHOOTING	(any concerns contact the Palliat	ive Care Team)	
Problem	Cause	Solution	
	Flat battery	Change battery	
	Line kinked	Unkink line	
Is the patient experiencing increase in pain?	Cannula kinked	Change cannula	
	Leaking line	Change line	
	Wrong dose	Check order; replace syringe with correct dose	
	Infusion finished	Reload syringe	
Light not floching	Flat battery	Change battery	
	Line kinked	Unkink line	
	Cannula kinked	Change cannula	
	Wrong volume for syringe type	Check syringe type; change syringe	
Infusion too fast	Line and site recently changed	No action if reduced volume is due to priming line	
	Incorrect rate setting	Check rate setting and adjust to order	
	Wrong volume for syringe type	Check syringe type; change syringe	
	Line kinked	Unkink line	
	Cannula kinked	Change cannula	
Infusion too slow	Flat battery	Change battery	
	Incorrect rate setting	Check rate setting	
	Has driver been stopped for procedure?	No action	
	Site not functioning	Resite cannula	

OPIOID CONVERSIONS

These are average equivalents because of pharmacokinetic variation between individuals; doses are approximate because of the strengths of preparations available.

	morphine oral 30 mg 4-hourly	morphine oral CR or SR 60 mg/day	morphine SC 10 mg 4-hourly
	-		-
fentanyl transdermal*	50 micrograms/hour	25 micrograms/hour	50 micrograms/hour
hydromorphone oral	6 mg 4-hourly	2 mg 4-hourly	6 mg 4-hourly
hydromorphone SC	1.5–2 mg 4-hourly	0.5 mg 4-hourly	1.5–2 mg 4-hourly
morphine SC	10 mg 4-hourly	3 mg 4-hourly	10 mg 4-hourly
morphine CSCI	60 mg/day	20 mg/day	60 mg/day
oxycodone oral	15 mg 4-hourly	5 mg 4-hourly	15 mg 4-hourly
oxycodone oral CR	40 mg twice daily	20 mg twice daily	40 mg twice daily

*On transfer from a Fentanyl transdermal patch to a syringe driver it should be recognised that a significant store of Fentanyl will exist in subcutaneous stores. It is recommended that a 'wash-out' delay of at least 12 hours be implemented between removing the patch and starting the subcutaneous infusion.

CR = controlled-release preparation; **CSCI** = continuous subcutaneous infusion; **SC** = subcutaneous; **SR** = sustained-release preparation

Table 10.7 From Therapeutic Guidelines Palliative Care #2 2005

		C	UT	
	Queensla	n d Gover	nment	
	Queensland H	lealth		
Facility/ Ward:	Service:			
	If poin it	a not oo	ntrollad	
	If pain is	s not co If n	ntrolled, ot effecti	please se ve notify l
	If pain is	s not co If n	ntrolled, ot effecti	please se ve notify l
GRAS	If pain is EBY SYR	s not co lf n RINGE D	ntrolled, ot effectiv RIVER	please se ve notify I
GRAS	If pain is EBY SYR	s not co If n RINGE D	ntrolled, ot effectiv	please se ve notify I
GRAS	If pain is EBY SYR	s not co lf n RINGE D	ntrolled, ot effectiv	please se ve notify I
GRAS It is i	If pain is	s not co If n RINGE D	ntrolled, ot effectiv RIVER There are rences are	please se ve notify Impo e two Gras e noted an
GRAS It is i	If pain is EBY SYR	s not co If n RINGE D	ntrolled, ot effectiv RIVER There are rences are	please se ve notify Impo e two Gras e noted an

It is important that differences are noted and care taken in ensuring the RATE is set correctly.
It is important that differences are noted and care taken in ensuring the RATE is set correctly.
Graseby MS 16A

Blue colour plate, delivers dose in millimetres (mm) per hour
To calculate RATE make the length of the fluid in syringe barrel 48mm divided by 24 hours. This will equal a rate of 2 mm per hour.

Graseby MS 26

Green colour plate, delivers dose in millimetres (mm) per 24 hours
To calculate RATE, take the delivery time, measure the length of the fluid in syringe barrel and make this the rate (mm) for 24hrs. For example, 48mm divided by one day equals 48 mm in 24 hours.

PRIMING THE GIVING SET

A minimum volume extension set is commonly used to connect the pump to the infusion site. There is no need to change the giving set with each syringe. Sites are recommended to adopt a standard for the duration of use for a giving set based upon infection control principles.

NB

Do not prime the line with normal saline solution (NaCl 0.9%) - use the contents of the syringe.
After priming the extension set, the remaining volume of drug will not last 24 hours as the dose calculated for the 24 hour period does not include overage for this purpose.
If changing the concentration, then the extension tubing must be changed and reprimed

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GRASEBY SYRINGE DRIVER SUBCUTANEOUS MEDICATION **INFUSION CHART**

PRN chart for breakthrough analgesia. IO or palliative care team.

ant Note

y syringe driver models. care taken in ensuring the **RATE** is set correctly.

X



YEAR: 20

PRESCRIPTION (valid for up to seven days)

Date/Time	Medication (Print generic name)	Dose (in 24hrs)	Rate (mm/Hr)	Prescriber Signature	Print Your Name	Daily Authorised p 24 hr revie order	Clinical Review erson to sign to indicate w and continuation of for further 24 hrs.
						Date	Signature
_							
-							
-							

SYRINGES ALL SYRINGES MUST BE FILLED TO 48mm (Check Syringe Brand)

Terumo 10 mL syringe:	Fill to 9.4 mL = 48 mm	BD 10 mL syringe:	Fill to 7.8 mL = 48 mm
Terumo 20 mL syringe:	Fill to 15 mL = 48mm	BD 20 mL syringe:	Fill to 15 mL = 48mm
	If volume exceeds 15ml	order must be reviewed	

NURSING CALCULATION AND ADMINISTRATION RECORD

Date / Time							
Medication / Strength	Volume						
	mL						
	mL						
	mL						
	mL						
	mL						
Normal Saline	mL						
Total Volume	mL						
Prepared By / Checked By							
Current Rate (mm/hr)							
Total Volume in Syringe at Commencement of Infusion (after priming)	mL						
Syringe Type							
Syringe Size	mL						
Date Site Changed							

Attach ADR Sticker

(See Medication Chart for details)

Family name: Given names: Address:

NURSING CHECK RECORD

Monitoring of the infusion must be documented every four (4) hours.

- Record below.
- If infusion is not for analgesia write not applicable in the pain score section of the nursing check record.
- Is the site okay?
- Is the patient symptom-free?
- Is the machine whirring intermittently?
- Does the solution appear clear?
- Has the driver pushed through the required number of millimetres?
- Is the light flashing?
- Is the syringe inserted into the driver properly?
- Is the battery inserted properly?
- Are the connectors connected?
- No kinks observed in the line?

Any negative responses and variances must be actioned and documented in the Progress Notes.

Any concerns must be reported to RMO or palliative care team.

Time	Pain Score (0-10)	Nursing Check (Yes/No)	Rate (mm/hr)	Volume Left (mL)	Sign
0400					
0800					
1200					
1600					
2000					
2400					

Date:					
Time	Pain Score (0-10)	Nursing Check (Yes/No)	Rate (mm/hr)	Volume Left (mL)	Sign
0400					
0800					
1200					
1600					
2000					
2400					
Date:					
Date: Time	Pain Score (0-10)	Nursing Check (Yes/No)	Rate (mm/hr)	Volume Left (mL)	Sign
Date: Time 0400	Pain Score (0-10)	Nursing Check (Yes/No)	Rate (mm/hr)	Volume Left (mL)	Sign
Date: Time 0400 0800	Pain Score (0-10)	Nursing Check (Yes/No)	Rate (mm/hr)	Volume Left (mL)	Sign
Date: Time 0400 0800 1200	Pain Score (0-10)	Nursing Check (Yes/No)	Rate (mm/hr)	Volume Left (mL)	Sign
Date: Time 0400 0800 1200 1600	Pain Score (0-10)	Nursing Check (Yes/No)	 (mm/hr)	Volume Left (mL)	Sign
Date: Time 0400 0800 1200 1600 2000	Pain Score (0-10)	Nursing Check (Yes/No)	Rate (mm/hr)	Volume Left (mL)	Sign

DO NOT WRITE IN THIS BINDING MARGIN

DO NOT WRITE IN THIS BINDING MARGIN

(Affix	patient	identification	label here)
١	/ 111/	pation	aonanouation	1000111010	/

URN:

NOT A VALID PRESCRIPTION UNLESS **IDENTIFIERS PRESENT**

Date of birth:

Sex: □M □F

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X

First Prescriber to Print Patient

Name and Check Label Correct: Weight(kg): Height(cm):

• Ask the patient to rate their pain by a numerical scale (0 = no pain, 10 = worst pain imaginable) and record in Nursing Check

h	ours.					
)	pain, 10	= worst pai	n imaginable) a	nd record	in Nursing C	Check
S	core sec	tion of the r	nursing check re	ecord.		
	Date:					
	Time	Pain Score	Nursing Check	Rate	Volume	Sign
	0400	(0-10)	(Yes/NO)		Left (mL)	
	0800					
	1200					
	1600					
	2000					
	2400					
	Date [.]			1	1	
	Time	Pain Score	Nursing Check	Rate	Volume	Sian
	0400	(0-10)	(Yes/No)	(mm/hr)	Lett (mL)	
	0800					
	1200					
	1600					
	2000					
	2400					
	Date.	I		1	1	
	Time	Pain Score	Nursing Check	Rate	Volume	Sian
	0400	(0-10)	(Yes/No)	(mm/hr)	Left (mL)	g.,
	0800					
	1200					
	1600					
	2000					
	2400					
	Date [.]			1	1	
	Time	Pain Score	Nursing Check	Rate	Volume	Sian
	0400	(0-10)	(Yes/No)	(mm/hr)	Left (mL)	- 9
	0800					
	1200					
	1600					
	2000					
	2400					