www.palliativedrugs.com survey

Which syringe driver do you use?

December 2010 – January 2011

Number of responses = 126

1) Which syringe driver do you *currently* mainly use for CSCI? (one_of)

answer	*votes*	*% of vote*
Alaris AD	3	2%
CADD fixed rate pump	2	2%
Graseby MS16	28	22%
Graseby MS26A	22	17%
McKinley T34	60	48%
Micrel MP mL/h	0	0%
Micrel MP daily	0	0%
Other (please state in further comments question 5 below)	12	10%

2) Has your unit/area considered swapping to an alternative device? (one_of)

answer	*votes*	*% of vote*
Yes, already swapped	53	42%
	Answer from Q1: 1 Alaris AD 49 McKinley T34 1 Micrel MP mL/h 1 Micrel MP daily 3 Other	
Yes, currently in progress	28	22%
	Answer from Q1: 2 Alaris AD 13 Graseby MS16 11 Graseby MS26A 2 McKinley T34	
Yes, but decided not to swap for cost reasons	13	10%
	Answer from Q1: 8 Graseby MS16 4 Graseby MS26A 1 McKinley T34	
Yes, but decided not to swap for other practical reasons	6	5%
	Answer from Q1: 2 Graseby MS16 1 Graseby MS26A 3 Other	
No	26	21%
	Answer from Q1: 2 CADD fixed rate pump 5 Graseby MS16 6 Graseby MS26A 9 McKinley T34 4 Other	

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3) What are the main advantages and disadvantages of the syringe driver you are currently using?

	Advantages stated	*Disadvantages stated*
McKinley T34	Complies with safety requirements Lightweight Easy to use and monitor Clear display Lock able / tamper proof Easy to calibrate between different syringe brands Calculates the rate Volumes can vary Can use larger syringes and volumes Can change infusion duration easily Set up similar to IV pumps Licensed for epidural use On-line learning tool Company provide training Reliable Durable	Short battery life *(consistently reported – Ed)* High cost of sundries e.g. lockbox Heavier than Graseby drivers Larger for carrying than Graseby drivers especially with box Can get ahead of screen prompts if hurrying Frequent alarming can be distressing in community The syringe support collar is awkward to move Unable to use lockable box with 50mL and some 30mL syringe types Inconsistent in accurately recognising syringe type and size Outer casing breaks/ cracks easily
Graseby MS16	Staff familiarity and experience Long battery life Easy to use Cheap sundries Repair and servicing contract through local hospital	Insufficient safety features Potential for human error Overpriced No PCA Easy to tamper with Needs to be sent to UK from Republic of Ireland for servicing Erratic accuracy
Graseby MS26A	Staff familiarity and experience Only small volumes possible Lightweight Easy to use Reliable	Insufficient safety features Safety issues re calculations Easy to tamper with Boost button misleading Limited alarm system
Alaris AD	Flexible in rate	Caused a lot of problems Not robust – too sensitive when knocked Unreliable Less company support

Further comments.

Some of the relevant comments received:

The main reason for not changing is the large cost in the face of a multimillion PCT deficit.
The NPSA announcement has been well received.
We need to swap syringe drivers as we have run out of Grasebys.
We have to change all policies and documentation.
The process of switching to new unfamiliar pumps may increase the risk of drug errors, but we have been told we must switch.
Disadvantage of swapping: training large numbers of staff in acute trust; negotiating with multiple community providers who make conflicting decisions.
Errors have decreased since introduction of McKinley T34.
Transition to McKinley T34 was very straightforward with good support from the distributor.