

CME McKinley T34 Subcutaneous Infusion Prescription and Monitoring Chart



(Clyde only)

Infusion No. of.....
Use one chart per pump

(Argyll and Bute CHP)

Name:	Known Allergies / Sensitivities:
CHI No.	
Attack attalas lakal have	
Attach sticky label here	

Date/ Time	Drug(s)	24 hour dose (for each drug)	Diluent (please circle and sign)	Prescribed by (full signature for each drug)	Compat -ibility † (Drugs and Diluent)	Date stopped	Stopped by
	1 2 3		water for injection OR sodium chloride injection 0.9% depending on compatibility*		stable / not stable		

Remember to also prescribe breakthrough medication

Discontinue infusion by scoring through whole box, dating and signing.

Write new prescription in boxes below.

Date/ Time	Drug(s)	24 hour dose (for each drug)	Diluent (please circle and sign)	Prescribed by (full signature for each drug)	Compat -ibility † (Drugs and Diluent)	Date stopped	Stopped by
	2		water for injection OR sodium chloride injection 0.9% depending on compatibility*		stable / not stable		
	3						

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	1 2 3		water for injection OR sodium chloride injection 0.9% depending on compatibility*		stable / not stable		

IF YOU WISH TO CHANGE THE PRESCRIPTION AND / OR DOSE stop current infusion, discard solution and start again.

*† Consult the NHS Greater Glasgow and Clyde (Clyde only) and NHS Highland (Argyll and Bute CHP) Syringe Pump Guidelines 2007

For further information about compatibility etc. contact local hospital pharmacy, palliative care community pharmacy or specialist palliative care team

Pati	ient:		. Re	ecord of Prep	aratio	on and	d Moni	toring			
	McKinley T34 Syring	e Pump Asset	No.:					Flow rat	e in ml/l	<u>nour</u>	
	Date / time of preparation / set-up	Flow rate in ml / hr Battery life percentage:	-	Time (4 hrly checks for in-patients)	Initial check within 1 hr						
- UP	Diluent: Batch number:		SN S	Site appearance e.g. "OK"							
SET	Drug name and batch number(s) 1)		MONITORING	Syringe appearance e.g. "clear" Flow rate setting							
DAILY	2)		ONI	(N.B. do not alter) Volume							
	3) Total volume:		Σ	To Be Infused Volume Infused (total)							
		appearance		Battery check (light flashing)							
If infu:	sion is discarded note volume rema	aining and sign.	Volume	Initial e Disposed :	Date	and Time:		Sigr	า:		
	yringe pump has been removed from pa			•			Witness	(if available,			
Notes:											
	Date / time of preparation / set-up	Flow rate in ml / hr Battery life percentage:	-	Time (4 hrly checks for in-patients)	Initial check within 1 hr						
UP	Diluent: Batch number: Drug name and batch number(s): 1)		MONITORING	Site appearance e.g. "OK"							
SET				Syringe appearance e.g. "clear"							
DAILY	2)	2)		Flow rate setting (N.B. do not alter) Volume							
D/	3)		_	To Be Infused Volume							
	Total volume: Site used and appearance syringe	appearance		Infused (total) Battery check (light flashing)							
	Signature(s)			Initial							
	sion is discarded note volume rema		Volume	e Disposed :	Date	and Time:	Witness	Sigi			
	Date / time of preparation / set-up	Flow rate in ml / hr Battery life percentage:		Time (4 hrly checks for in-patients)	Initial check within 1 hr						
UP	Diluent: Batch number:		9	Site appearance e.g. "OK"							
SET	Drug name and batch number(s) 1)		ORII	Syringe appearance e.g. "clear"							
DAILY	2)		MONITORING	Flow rate setting (N.B. do not alter) Volume							
DA	3)		M	To Be Infused Volume							
	Total volume: Site used and appearance syringe appearance			Infused (total) Battery check (light flashing)							
	Signature(s)	Signature(s)		Initial							
	sion is discarded note volume rema yringe pump has been removed from pa		Volume	e Disposed :	Date	and Time:	Witness	Sigr (if available			

Notes:

	Date / time of preparation / set-up	Flow rate in ml / hr		Time	Initial				
		Battery life percentage:	4	(4 hrly checks for	check within 1 hr				
		Battery life percentage:		in-patients)					
	Diluent: Batch number:		T	Site appearance					
			MONITORING	e.g. "OK"					
		rug name and batch number(s):		Syringe appearance e.g. "clear"					
	2)			Flow rate setting (N.B. do not alter)					
	3)		Q W	Volume To Be Infused					
	Total volume:			Volume Infused (total)					
	Site used and appearance syringe	appearance		Battery check (light flashing)					
	Signature(s)		1	Initial					
fu	sion is discarded note volume rema	aining and sign.	Volum	e Disposed :	Date	and Time:	,	Sign:	
5	Syringe pump has been removed from pa	tient (tick and initial)				W	itness <i>(if availa</i>	able):	
es:									
-									
	Date / time of proporation / cet up	Flow rate in ml / hr		Time	Initial				
	Date / time of preparation / set-up	Flow rate in ml / hr		Time	check within				
		Battery life percentage:		(4 hrly checks for in-patients)	1 hr				
	Diluent:		1	Site appearance					
	Batch number:		NG	e.g. "OK"					
DAILY SET	Drug name and batch number(s): 1)		MONITORING	Syringe appearance e.g. "clear"					
	2)			Flow rate setting (N.B. do not alter)					
	3)			Volume To Be Infused					
			2	Volume					
	Total volume: Site used and appearance syringe	appearance	\dashv	Infused (total) Battery check					
	Signature(s)		1	(light flashing) Initial					
ıfu	sion is discarded note volume rema	aining and sign.	Volum	e Disposed :	Date	and Time:		Sign:	
.5	Syringe pump has been removed from pa	tient (tick and initial)				W	itness <i>(if availa</i>	able):	
							(
es:									
	Date / time of preparation / set-up	Flow rate in ml / hr		Time	Initial check				
		Battery life percentage:	1	(4 hrly checks for in-patients)	within 1 hr				
	Dilyont		4	in patients)					
	Diluent:		ی	Site appearance e.g. "OK"					
	Batch number: Drug name and batch number(s)	<u> </u>	Ž	Syringe appearance					
	1)		MONITORING	e.g. "clear" Flow rate setting					
	2)		.IN	(N.B. do not alter) Volume					
	3)	3)		To Be Infused					
	Total volume:			Volume Infused (total)					
	Site used and appearance syringe appearance			Battery check (light flashing)					
		Signature(s)							
	Signature(s)			Initial					

Pati	ient:		•••••	Record of	Prepa	aration	and I	Monito	oring	
	Date / time of preparation / set-up	Flow rate in ml / hr		Time	Initial check					
		Battery life percentage:		(4 hrly checks for in-patients)	within 1 hr					
r up	Diluent: Batch number:		MONITORING	Site appearance e.g. "OK"						
SET	Drug name and batch number(s): 1)			Syringe appearance e.g. "clear"						
	2)			Flow rate setting (N.B. do not alter)						
DAILY	3)			Volume To Be Infused						
			≥	Volume						
	Total volume: Site used and appearance syringe	appearance	1	Infused (total) Battery check						
	Signature(s)		-	(light flashing)						
If infu	sion is discarded note volume rema	aining and sign	Volume	Initial e Disposed :	Date :	and Time:		Sign		
			Volum	e Disposed .	Date	and mine.	\			
— 3	yringe pump has been removed from pa	tient (tick and initial)					withess	(if available):	:	
Notes:										
	Date / time of preparation / set-up	Flow rate in ml / hr		Time	Initial check					
		Battery life percentage:		(4 hrly checks for in-patients)	within 1 hr					
UP	Diluent: Batch number: Drug name and batch number(s): 1)		၌	Site appearance e.g. "OK"						
SET			R	Syringe appearance						
			MONITORING	e.g. "clear" Flow rate setting						
DAILY	2)			(N.B. do not alter) Volume						
D/	3)	3)		To Be Infused Volume						
	Total volume:		1	Infused (total)						
	Site used and appearance syringe	appearance		Battery check (light flashing)						
	Signature(s)			Initial						
If infu	sion is discarded note volume rema	aining and sign.	Volume	e Disposed :	Date a	and Time:		Sign	1:	
	yringe pump has been removed from pa	tient (tick and initial)					Witness	(if available):	:	
Notes:										
									_	
	Date / time of preparation / set-up	Flow rate in ml / hr		Time	Initial check within					
		Battery life percentage:		(4 hrly checks for in-patients)	1 hr					
r up	Diluent: Batch number:		NG	Site appearance e.g. "OK"						
SET	Drug name and batch number(s) 1)		<u>K</u>	Syringe appearance e.g. "clear"						
	2)		MONITORING	Flow rate setting (N.B. do not alter)						
DAILY			Q	Volume To Be Infused						
	,		2	Volume						
	Total volume: Site used and appearance syringe	appearance		Infused (total) Battery check						
	Signature(s)			(light flashing)						
If infe	sion is discarded note volume rema	aining and sign	Volume	Initial e Disposed :	Doto	and Time:		Sign		
	sion is discarded note volume rema yringe pump has been removed from pa		volum	г ызроsea :	Date 8	anu HIIIE:	Witness	Sign (if available):		
Notes:										