

(Clyde only)

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

(Argyll and Bute CHP)

Name: _____

CHI No. _____

Attach sticky label here

Known Allergies / Sensitivities: _____

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.

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

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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

*****THIS CHART SHOULD BE RETAINED IN THE PATIENT'S NOTES*****

Patient:..... Record of Preparation and Monitoring

McKinley T34 Syringe Pump Asset No.: Flow rate in ml/hour

DAILY SET UP	Date / time of preparation / set-up		Flow rate in ml / hr	MONITORING	Time	Initial check within 1 hr							
			Battery life percentage:		(4 hrly checks for in-patients)								
	Diluent:				Site appearance e.g. "OK"								
	Batch number:				Syringe appearance e.g. "clear"								
	Drug name and batch number(s):				Flow rate setting (N.B. do not alter)								
	1) _____				Volume To Be Infused								
	2) _____				Volume Infused (total)								
	3) _____				Battery check (light flashing)								
	Total volume:				Initial								
	Site used and appearance		syringe appearance										
Signature(s)													
If infusion is discarded note volume remaining and sign.													
Volume Disposed :				Date and Time:				Sign:					
<input type="checkbox"/> Syringe pump has been removed from patient (tick and initial)													
Witness (if available):													
Notes:													

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