Record of Preparation and Monitoring

Patient Name:..... CHI number:.....

Make of Infusion Device:..... Model of Infusion Device: .....

DAILY SET UP			MONITORING								
	Date / time of preparation: Asset / Serial No:	Flow Rate in ml/hr: Battery life % :		Time (4 hourly checks for in-patients)	Initial check within 1 hour						
	Diluent: Batch No.:	Keypad lock on: Yes ☐ No ☐		Syringe appearance e.g. 'Clear'							
	Drug name and batch number(s): 1..... 2..... 3..... Total volume:			Flow rate setting (N.B. do not alter)							
				Volume To be infused							
				Volume Infused (total)							
				Battery check (light flashing)							
	Site used and appearance:	Syringe appearance:		Running to time (Y/N) If NO see 'Troubleshooting'							
	Site changed: Yes ☐ No ☐	Line changed: Y ☐ N ☐		Site appearance e.g. 'OK'							
	Signature(s):			Initial							

Troubleshooting	If infusion is not completed, note volume remaining and sign below	
Alarm conditions – specify:	Volume disposed:	Date and time:
Time and actions taken:	Sign:	Witness (if applicable):
Action if not running to time:	Syringe pump discontinued: ☐ Sign:	

DAILY SET UP			MONITORING								
	Date / time of preparation: Asset / Serial No:	Flow Rate in ml/hr: Battery life % :		Time (4 hourly checks for in-patients)	Initial check within 1 hour						
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Palliative Care Subcutaneous Infusion Prescription and Monitoring Chart for Syringe Pumps

NHS Greater Glasgow and Clyde

NHS Highland (Argyll and Bute CHP)

Retain original chart in the case notes unless transferring patient. Send original chart with patient on transfer and retain photocopy in case notes.

Known Allergies / Sensitivities:

Patient Name:

Address:

CHI No:

Attach patient label here

Use one chart per pump.
Infusion No. _____of _____

Date / Time	Drug(s)	24 hour dose (for each drug)	Prescribed by (full signature for each drug)	Diluent (tick and sign)	Compatibility † (Drugs and Diluent)	Date Stopped	Stopped by
	1..... 2..... 3.....	....	....	☐Water for injection OR ☐Sodium chloride injection 0.9% depending on compatibility *	Stable ☐ Source of information: No data ☐ Comment:		

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)	Prescribed by (full signature for each drug)	Diluent (tick and sign)	Compatibility † (Drugs and Diluent)	Date Stopped	Stopped by
	1..... 2..... 3.....	....	....	☐Water for injection OR ☐Sodium chloride injection 0.9% depending on compatibility *	Stable ☐ Source of information: No data ☐ Comment:		

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	1..... 2..... 3.....	....	....	☐Water for injection OR ☐Sodium chloride injection 0.9% depending on compatibility *	Stable ☐ Source of information: No data ☐ Comment:		

IF YOU WISH TO CHANGE THE PRESCRIPTION AND / OR DOSE:

Stop current infusion, switch OFF pump using the ON / OFF button, discard solution and start again.

* † Consult the current NHS GGC Guidelines OR http://www.palliativecareguidelines.scot.nhs.uk/subcutaneous_medication

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

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Date / time of preparation:

Asset / Serial No:

Flow Rate in ml/hr:

Battery life % :

Diluent:

Batch No.:

Keypad lock on: Yes ☐ No ☐

Drug name and batch number(s):

1.....

2.....

3.....

Total volume:

Site used and appearance:

Syringe appearance:

Site changed: Yes ☐ No ☐

Line changed: Y ☐ N ☐

Signature(s):

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Battery life % :

Diluent:

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Keypad lock on: Yes ☐ No ☐

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