

SUMMARY OF THE USE OF SYRINGE DRIVERS IN
PALLIATIVE CARE PATIENTS (ADULT)

This is a summary for registered nurses to clarify issues of educational need when an adult palliative care patient has a syringe driver.

The numbers in brackets refer to the page numbers of the Oxford Radcliffe Hospitals NHS Trust Protocol for the Use of Syringe Drivers in Palliative Care Patients (adults) where the issue is described.

- Why use a syringe driver (3)
- Which syringe driver to use (3)
- Considerations to be aware of when using a syringe driver (5)
- What drugs are compatible and the diluent to be used (5)
- How to calculate the correct starting dose of analgesia (5,6)
- The equipment needed to set up and start a syringe driver (6)
- Where to re-order equipment from, including order numbers (12)
- What to consider when preparing the patient and family (6)
- How to check the safety system when first setting up the syringe driver (7)
- Measure before or after priming the line? How to set the correct rate (7)
- Why set the rate this way (12 and 13)
- What to do if a patient experiences a distressing symptom at the time of setting up or re-loading the syringe driver (7)
- Where to insert the butterfly needle (8)
- How to re-load the syringe (8)
- What to do when the drug or drug dose is changed or a new drug is added (8)
- What needs checking regularly (8)
- How to turn off the syringe driver, including what to do when a patient dies with a syringe driver insitu (9)
- How often and when to change the infusion line (9)
- How to calculate breakthrough (prn) medication (10)
- The important rule regarding the boost button (10)
- Issues when discharging a patient home with a syringe driver (11)
- Issues when admitting a patient with a syringe driver (11)
- Where specialist advice can be sought from, day or night (12)

Other sources of education include the Oxford Radcliffe Hospitals NHS Trust Workbook for the Use of Syringe Drivers in Palliative Care Patients (adult), the Oxford Radcliffe Hospitals NHS Trust Infusion Device Training and the Palliative Care Support Team's.