

### **Siting the Driver**

- a) The skin should be clean, dry and unbroken in the area you intend to use.
- b) Swab the skin with an alcohol wipe.
- c) Lift up a fold of the skin and gently insert needle/cannula, release the fold of skin when inserted (should be inserted at 45° angle).
- d) Remove metal introducer, leaving plastic cannula and dispose of in correct manner.
- e) Secure to skin with a small piece of micropore tape (check patient allergy). This is to help prevent drag of the line.
- f) Attach infusion line to the end of plastic cannula and secure all of this with the tegaderm/opsite clear dressing.
- g) Ensure the syringe and the line are connected and secured in the proper manner to the syringe pump by fastening with the black cord and the end of the syringe touching the plunger mechanism.

### **Patient Information and Education**

Before using a syringe driver always ensure it is with the permission of the patient and/or family. There should always be a valid reason for using a driver i.e. unable to swallow oral medication. It is also essential that the patient understands why a syringe driver has been suggested and exactly how it works in controlling symptoms.

In the example of a patient who is unconscious then the discussion should be with relatives or carers.

You should always allay any fears or anxieties, which are often accompanied when syringe driver use is suggested.

### **Prior to Using a Syringe Driver**

- a) Ensure you are familiar with the syringe driver policy and know how one can be obtained (every ward should have full policy).
- b) Check you have all the equipment needed to set up the driver and that you have signed the record sheet kept in central store with date, patient name and ward where the driver is to be used.
- c) Ensure you are aware of what to do should a patient be discharged home, transferred to another ward or hospital (ensure Palliative Care Team is informed).

