



## **SYRINGE DRIVER POLICY**

### Document History

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Has this Policy previously been known under another title? If so please state previous title.	No
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### Revision History

Version	Revision date	Summary of Changes
2	June 2012	<ul style="list-style-type: none"> <li>Updated to reflect general practice and ease of use for practitioners.</li> <li>New format and update section 5.3 including: Added a sentence 'Please make a note of the rate ml/hr at this stage'. Added a sentence on when to apply the keypad lock after setting up the syringe driver; and section 10 for training.</li> </ul>
2.1	Mar 2014	Changes to Syringe Driver allocation
3	Dec 2014	Reviewed
3.1	Mar 2016	Appendix 5 –Hyperlink to Medical Devices policy inserted

## SYRINGE DRIVER POLICY

To help ensure that this policy is as accessible as possible, it has been left-aligned and is available in alternative formats and languages. To obtain a copy of the policy in large print, audio, Braille (or other format) or in a different language, please contact The Communications Team, by Tel: 01773 525099 or email [communications@dchs.nhs.uk](mailto:communications@dchs.nhs.uk)



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## 1. AIM /PURPOSE

The use of a portable battery operated syringe driver for subcutaneous medications is now a well-established technique in palliative care; this view is supported by Dickman et al 2005. The syringe driver “allows for a minimally invasive route of drug administration, which produces relatively constant levels of medication which avoids peaks, which can result in reduced symptom control” (Twycross and Wilcock, 2002).

Palliative care patients often present with multiple symptoms that can necessitate the need for several drug treatments. If the patient’s condition deteriorates and the oral route cannot be used a continuous subcutaneous infusion via the syringe driver provides a simple and effective way to control symptoms (Dickman et al 2005).

A subcutaneous infusion pump is an effective method of administering therapeutic drugs via subcutaneous route, which can no longer be tolerated orally or rectally by the patient. The aim of this policy is to provide guidance for staff in the use of the McKinley T34 pump across adult services. Using a uniform policy will reduce the level of risks associated with syringe pump management and will facilitate the introduction of the McKinley T34 Syringe pump within DCHS NHS Trust.

## 2. INTENDED USERS

<b>DCHS</b>	
Finance Performance and Information	No
Quality	No
Strategy	No
Service Delivery	Yes
Human Resources	No
Medical Directorate	Yes
Leicester Employees	No

Within this policy where it states “all employees”, please note that it relates to all the employees who are highlighted in the table above

## 3. DISCLAIMER STATEMENT

It is a requirement that the reader follows this policy and accepts professional accountability and maintains the standards of professional practice as set by the appropriate regulatory body applicable to their professional role and to act in accordance with the express and implied terms of your contract of employment, in accordance with the legal duties outlined in the NHS Staff Constitution (section 3b). If there are any concerns with this document then the reader should initially discuss the specific issue with their line manager or raise it through appropriate “raising concerns” channels. The line manager should agree a course of action that is appropriate and reflect this in the patients notes and with the policy sponsor.

## 4. DEFINITIONS AND AN EXPLANATION OF TERMS USED

A syringe pump is a medical device, which is a small portable, battery operated

infusion pump. It is used to deliver medication via the subcutaneous route over a calculated period of time providing a continuous level of medication.

## 5. FULL DETAILS OF THE POLICY

### Equipment required

20ml/30ml BD Plastipak luer lock syringes.

This provides sufficient dilution to reduce the risk of adverse site reactions and incompatibility, without providing too large a volume for comfortable administration. If the medications total is greater than 10ml before dilution, it may be necessary to use a 30ml syringe and dilute further.

Size of BD Plastic Luer Lock Syringe	Maximum fill volume as stated in user manual
20ml syringe	18ml
30ml syringe	23ml
50ml syringe (Exceptional circumstances)	34ml

### Administration line

A 100cm luer lock Codan manometer line is recommended (Code FSB066) it requires 0.8ml to prime.

BD Saf-T-Intima™ 22 Gauge cannula (blue), stores code number L003052.



The BD Saf-T-Intima cannula, shown above, is the choice of cannula for SC medications at DCHS. The rationale for this preference is:

- Site reactions are less common
- Insertion is less traumatic
- Needle stick injury is reduced to patient and staff
- Less expensive than alternative Teflon devices
- Can remain in situ longer than other devices (Dawkins et al, 2000)

Note: The BD Saf-T-Intima cannula has a dead space of 0.2ml. It is **NOT** primed before or after insertion. If a patient is started on a continuous SC infusion they will require a separate BD Saf-T-Intima cannula for bolus medications.

The medication should be flushed with at least 0.2ml of Water for Injection to accommodate the dead space.

#### Choice of infusion site

##### **Acceptable SC cannula insertion sites (see diagram 1):**

- Anterior aspect of the upper arms or anterior abdominal wall
- Anterior aspect of thigh
- The scapula if the patient is distressed and /or agitated
- Anterior chest wall (least common)

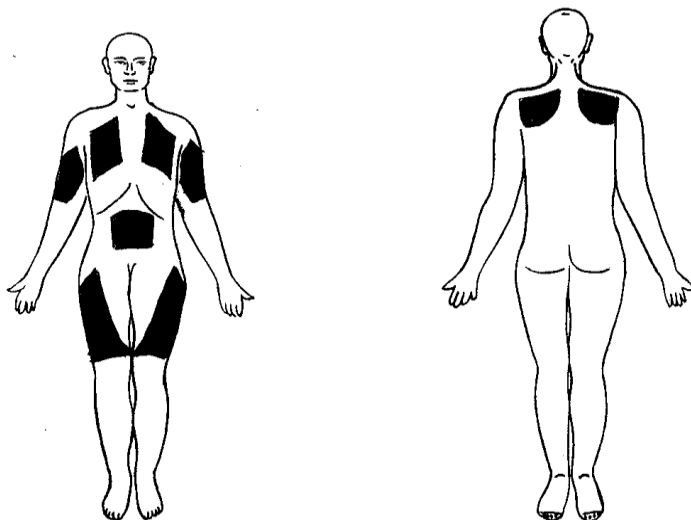
##### **Sites not suitable for insertion:**

- Skin folds and breast tissue
- Directly over a tumour site
- Lymphoedematous limb or oedema – absorption may be reduced
- The abdominal wall if ascites is present
- Bony prominences – little SC tissue, absorption reduced
- Previously irradiated skin – skin may be sclerosed, poor blood supply
- Sites near a joint – uncomfortable, increased risk of displacement
- Infected, broken or bruised skin

If a local reaction occurs, the cannula should be recited using a fresh cannula and administration set. If this recurs, consider further diluting the drug(s).

The cannula may remain in place for up to seven days, unless removal is indicated

**Diagram 1 – Acceptable SC Cannulation sites**



**Labelling**

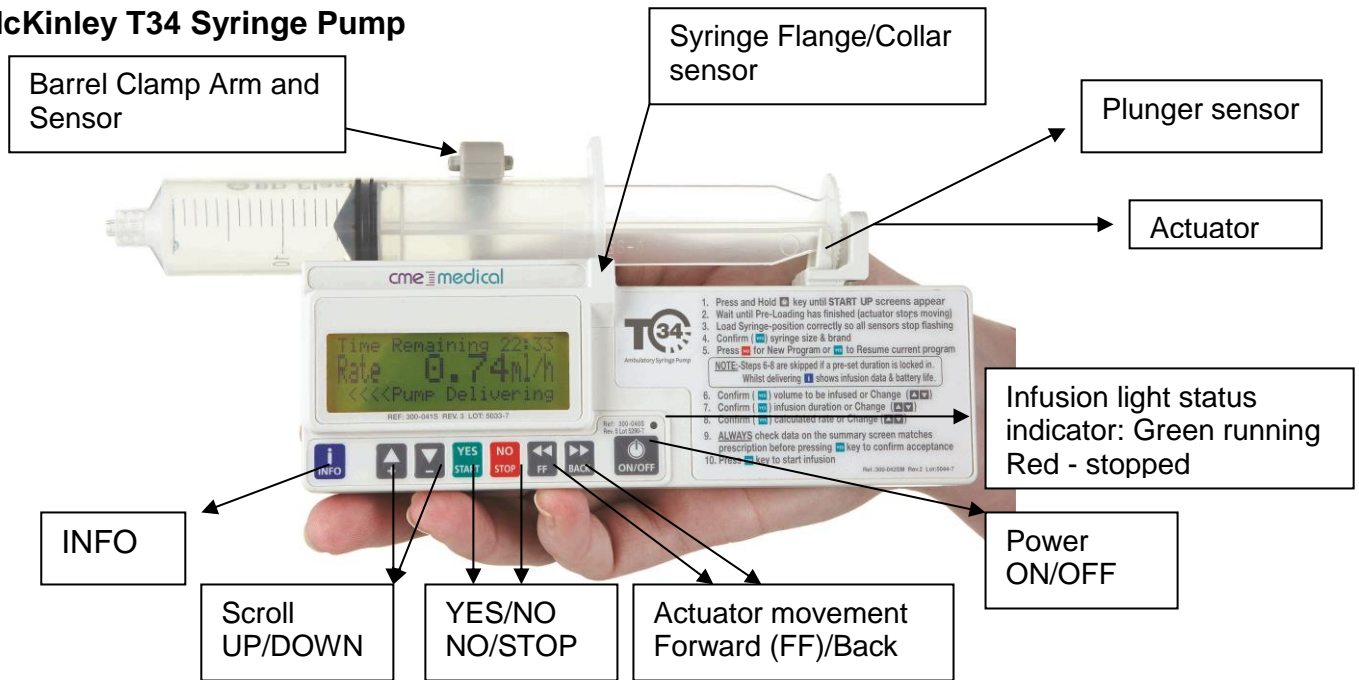
- All syringes containing drug additives must be fully labelled.
- If there is any doubt as to the contents of a syringe, the contents should be discarded. (This is particularly important for continuity of care, especially where patients transfer from one care setting to another).
- Complete the label details in black ink

**The label should state:**

- The name, Date of Birth and NHS Number of the patient for whom it is intended.
- The date and time of preparation
- The initials of the persons preparing and checking the contents
- The name and dose of all the drugs
- The name of the diluent

Attach label to the syringe. Ensure the label does not interfere with the mechanism of the infusion device, i.e. where there is contact with the barrel clamp arm. Flag the label at the tip end of the syringe, leaving the scale visible so that it can still be read.

**McKinley T34 Syringe Pump**



**Best Practice Point:**  
 For many patients the setting up of a syringe driver is a response to unrelieved symptoms. Following **initial** set-up of the driver it takes 4-6 hours for drugs to reach therapeutic blood levels. Therefore, if the patient is experiencing unrelieved symptoms, consider the use of a PRN breakthrough dose which can be administered before the syringe pump is set up.

**5.6 Procedure: First time set up of the syringe pump.**

- Wash hands with bactericidal soap and water.
- Adhere to Aseptic Non-Touch Technique (ANTT) principles throughout the procedure.
- Ensure that the Saf-T-Intima cannula has been inserted/ or reassessed that it is in good condition for use.

**Procedure.**

1. Ensure barrel clamp arm is down and no syringe in place.
2. Press ON/OFF key to power up for 2 to 3 seconds - *the actuator moves (pre-loading) and the first four screens display automatically.*

**ALWAYS allow the pre-loading programme to complete and the flashing syringe icon to appear BEFORE loading the syringe onto the pump.**

3. Software version and pump identification is then displayed.

T34  
 Version NCAT xxxxxx  
 ID: (hospital number)

The actuator is moving to the position of the syringe that was in place at the start of the previous infusion.

Pre-loading  
 USE NO to interrupt



The pump will then display the default settings

Occlusion	750mmHg
Max rate	5ml/hr
Program lock	ON
Battery status	85%

Check Battery level: Press **blue INFO** key then **YES**.  
 In the community, batteries reading less than 40% at the start of a 24 hour infusion should be changed.  
 For community hospitals this will be when 'low battery alert displayed'.

Load syringe * flashing syringe image*
---

- Load Syringe - Secure the syringe onto the pump ensuring that the syringe is placed correctly in the plunger and collar sensors.  
 If Necessary, align syringe to sensors and use the FF/BACK keys to move the actuator for syringe placement

4. If the syringe size/brand displayed matches the one used, confirm by pressing YES.
5. Infusion summary displays.  
**DO NOT CONFIRM**, remove the syringe.

Volume	15.0ml
Duration	24:00
Rate	0.62ml/hr
Confirm, Press YES	

**Please make a note of the rate ml/hr at this stage.**

6. Attach syringe to the administration set and prime the set manually. Slide clamp across the administration set to prevent siphoning.
7. Reload the syringe; use the FF key to adjust actuator.
8. If the syringe size/brand displayed matches the one used, confirm by pressing YES.

20ml BD Plastipak Select ↑↓, press YES
---

9. Press YES to resume

Press YES to resume, No for New Syringe
--

10. Check all settings displayed on screen and confirm by pressing YES.

Volume	14.1ml
Duration	22:40
Rate	0.62ml/hr
Confirm, Press YES	

Connect the primed administration line to the Saf-T-Intima cannula.

11. Press YES to start the infusion when ready to do so.

Start Infusion?
-----------------

12. Infusion running. (Alternating last line messages)

Time Remaining 22.40 Rate 0.62ml/hr 20ml BD Plastipak
---

Time Remaining 22.40 Rate 0.62ml/hr <<<Pump Delivering
--

- Press and hold down the blue info key and wait for the keypad lock to be activated.

**The syringe pump panel must be locked when not in use by a staff member.**

- The McKinley T34 syringe pump should be secured in the locked box provided – this will protect the syringe from accidental knocks.  
Each ward will have two keys, one per team, located on the CD keys. In the community each community nurse will have their own key, which they are responsible for. **This key should not be left in the patient's home.**

**What to do when changing the syringe with the same prescription and :**

When a new syringe is due to be loaded into the pump;

- Stop the infusion.
- Press and hold the info key to deactivate the keypad lock facility.
- The pump should be turned off and the infused syringe removed.
- Place a bung to the end of the administration set whilst loading the new syringe
- Switch pump back on again, allowing pre-loading programme to complete. This is to ensure that the previous programme is cleared.
- Follow steps 1 – 6
- At step 7 press yes to confirm. The reason for this is the administration line is already primed.

If the syringe pump does not undergo the preloading sequence and gives the option of resuming a previous programme. **THIS OPTION MUST NOT BE TAKEN.** A new programme **MUST** be set for each syringe **change**.

If this occurs, staff must check that the keypad lock function is off and turn off the syringe pump.

- Turn the syringe pump back on
- The syringe pump will then undergo the preloading sequence.
- Continue to set up the syringe pump.

**When the pump is no longer required:**

- Stop the infusion – note how many millimetres remain in the syringe and that this corresponds with the syringe infusion summary.
- Press and hold the info key to deactivate the keypad lock facility.
- Switch off the pump.
- Remove the battery
- Clean as specified in section 5.10
- Follow DCHS Medicine Code for the correct removal and disposal of parental drug therapy.

**5.7 Reasons for Alarms:**

Screen	Description	Implication/action
Low battery	Alert: Battery is almost depleted	Prepare to change the battery.
Program nearly complete	Alert: Infusion will end soon	Prepare to change syringe or turn pump off
Pump paused too long	Alarm: Pump has been left in STOP mode (on hold) for 2 minutes	Either start the infusion, continue pause or turn the pump off
End battery	Alarm: Battery is depleted	Change battery

End program	Alarm: Infusion is complete	Close down or start a new infusion
Syringe displaced, Check syringe	Alarm: One or more of the syringe detection sensors is not detecting	Check screen messages for assistance. Check the syringe and re-seat as necessary
Occlusion Check line and syringe – see below for further information.	Alarm: Patient access device is blocked, occluded, clamped or kinked	Replace access device, release the clamp or un-kink tubing.

**Changing the battery in the middle of an infusion:**

- Make a note of rate ml/hr, volume to be infused and volume left to be infused and duration left
- Stop the syringe pump
- Deactivate keypad lock and turn the syringe pump off
- Replace battery
- Turn syringe pump back on
- There will be no preloading sequence as the syringe has not been removed from the syringe pump.
- The syringe pump will ask a prompt question
- Press YES to resume
- Infusion summary displays
- Check this information with what was documented before turning off the pump, if all matches, press YES to confirm.

Press YES to resume.  
NO for a New Syringe

Volume            12.0ml  
Duration           16.25  
Rate                0.70ml/hr  
Confirm, Press YES

**What to do in the event of an occlusion:**

If the pump alarms, indicating an occlusion, press stop.  
Check the administration line for kinks or damage and check the cannula site.

**What to do if the cannula is no longer viable: (note all infusion summary information)**

- Place clamp on administration line.
- Disconnect the administration set from the Saf-T-Intima cannula and apply a bung to the end of the line whilst inserting a new cannula.
- A new cannula should be sited.
- Reconnect the administration line to the cannula, remove the clamp and press yes to start.

**What to do if the administration line is no longer viable: (note all infusion summary information)**

- Place clamp on the Saf-T-Intima cannula and a bung on the end.
- Detach the administration line from the Saf-T-Intima cannula and syringe.
- Attach a new administration line and prime.
- Use FF key to realign the actuator, reload on to the pump.
- Press start on the syringe pump
- Press YES to resume.

Press YES to resume.  
NO for a New Syringe

The pump will recalculate the volume and keep the infusion time the same.

## 5.8 Documentation and monitoring

The Subcutaneous Infusion Monitoring Form (Appendix 1 for Hospital staff and Community staff) must be used to record details of preparation and subsequent administration and monitoring.

The following must be documented:

- details of preparation and commencement
- checks at 1 hour after commencement or syringe change and at 4 hourly intervals in Community Hospitals and 24 hourly intervals if patients are being cared for by community nursing services: site appearance (no redness, pooling swelling, pain, hardness)
- Rate of infusion(according to infusion chart)
- Syringe/line contents appearance (absence of clouding, crystallisation or colour change)  
Volume remaining: check the amount displayed to be infused corresponds with the amount within the syringe pump
- Volume infused
- Battery status (shown as a percentage on the display panel on the front of the syringe pump).
- Any problem noted and action taken.
- Disposal of any remaining syringe contents.

## 5.9 Transfer to another care setting.

It is essential to contact the relevant health professional who will be receiving the patient, i.e. District Nursing Team, ward team as soon as the admission/discharge date/time is known and inform them of plan to admit/discharge patient with a McKinley T34 syringe driver.

- For community/hospital staff receiving patients with a syringe pump insitu, they will need to change the pump on first visit and return to the discharging service (e.g. DHU, acute hospital, hospice or community hospital).
- Spare syringe pumps will be located at the following sites:

Hospital/ Area	Address	Contact Number
Babington Hospital <b>Baron Ward</b>	Derby Road, Belper, Derbyshire DE56 1WH	01773 824171
Ilkeston Community Hospital <b>Hopewell Ward</b>	Heanor Road, Ilkeston, Derbyshire DE7 8LN	01159 305522
Cavendish Hospital <b>Fenton Ward</b>	Manchester Road, Buxton, Derbyshire SK17 6TE	01298 212800
Ashgate Hospice (The Ward)	Ashgate Road, Old Brampton, Chesterfield S42 7JD	01246 568801
Bolsover Hospital <b>Rowan Ward</b>	Welbeck Road, Bolsover, Chesterfield S44 6DH	01246 827901
Swadlincote Health Centre. Only until 6.30pm. After this time care homes would contact 111 or Rightcare if the patient is registered.	Civic Way, Swadlincote, Derbyshire DE11 0EA	01283 818000

- Hospital staff to complete the Syringe Pump Loan Sheet (Appendix 3), it is the wards responsibility to follow up the loan of any equipment if it has not been returned to the ward.
- For patients who are residents (regardless of status, nursing or residential) in care homes then community nursing teams are the first contact for a syringe pump.
- If all community nursing teams syringe driver are in use, then care home staff should contact the nearest hospital or health centre to obtain a syringe driver. This should be collected by care home staff with valid identification.
- It is recommended that all equipment used in the community setting for setting up a syringe pump and for the administration of PRN anticipatory doses are kept together in a designated syringe pump box. **DO NOT LEAVE A KEY TO THE SYRINGE PUMP IN THE PATIENTS HOME.**

### **5.10 Risk management**

- Care must be taken to ensure that The McKinley T34 is **NOT** immersed in water
- In the event of an incident, an incident form must be completed.
- Annual service and maintenance must be carried out.

What defines an incident?

- Administration of incorrect medication, dose and /or diluent
- Infusions completing ahead of time or carrying on beyond intended time of completion
- Device not alarming
- Any other incident or near miss which may compromise patient safety or comfort.

Where there has been a problem with the syringe pump it must be sent to the Medical Engineering Department for investigation. The medical engineering department will have access codes to access the pumps event logs. You need to ensure that the pump has been decontaminated prior to going for inspection. A completed certificate of decontamination must be completed (see appendix 5) and kept with the pump for the medical engineering department. The certificate can be located within the Medical Devices Policy.

### **5.11 Cleaning and Decontamination**

Carry out cleaning of the syringe pump and lockbox with Clinell Universal Sanitising wipes as per DCHS Patient Equipment Cleaning policy. If any additional cleaning is required e.g. contamination with bodily fluids or cleaning the threads of the screws the actuator moves along, contact your local Medical Engineering Department and/or Infection Prevention & Control Team for advice. Do not use chemicals such as Xylene, acetone/similar solvents as this will damage components and labels. Lockboxes should **not** be cleaned with alcohol-based products as this causes the lockbox to become more brittle.

Lock boxes (figure 1) must be cleaned with Acticlolor if contaminated with blood or body fluids or in contact with a patient with a known infection, refer to DCHS Decontamination Policy.

Figure 1 - Lock Box



The syringe pump must never be submerged in water, and if it is accidentally dropped in water, it must be withdrawn from use immediately and sent to the Medical Engineering Department.

The re-usable pouch can be cleaned with detergent based wipes containing water or alcohol. When thorough cleaning is required machine wash at 30°C. Do not bleach or iron.

## 6. SUPPORT AND ADDITIONAL CONTACTS

Yvonne Jackson Workforce Development Lead Trainer - Tel: 01246 515627

Donna Wilson Workforce Development Lead Trainer - 07500993779

Malcolm Steward Head of Medicines Management - Tel: 01246 253056

**North County** - Medical Engineering Department - Tel: 01629 812525

**South County** - Clinical Engineering Department The Royal Derby Hospital Tel 01332 788031

## 7. SUPPORTING DOCUMENTS OR RELEVANT REFERENCES

[DCHS Hand Hygiene Policy](#)

[DCHS Consent Policy](#)

[DCHS Medical Devices Policy](#)

[DCHS Record Keeping Policy](#)

[DCHS Patient Equipment Cleaning Policy](#)

Dickman A. et al. (2005) The Syringe Driver. University Press, Oxford.

Hunt T. (2002) in: Pension J. Fisher R. Palliative care for people with Cancer. Arnold, London:

National Patient Safety Agency Rapid Response Report (2010) NPSA/2010/RRR019 Safer Ambulatory Syringe Drivers

McKinley T34 Ambulatory Syringe Pump Operation Manual, March 2006

## 8. APPROVAL AND RATIFICATION ROUTE

This policy will be audited by Operational Clinical Services prior to review or if there is a change in national recommendations and ratified by the Clinical Safety Group on a 2 yearly basis. I'm not sure who will be auditing this policy?

## 9. MONITORING/AUDIT

It is necessary to routinely check whether or not a policy is being followed. Appendix 1 should be completed for all clinical policies and can be used to determine compliance for all policies. This section should also be used to make reference to any other monitoring of this policy (e.g. planned audits).

- All staff using the McKinley T34 syringe driver must be competent and professionally accountable in the use and operation of this device.
- Staff must have attended a McKinley T34 pump training session and complete the competency workbook, this is provided by Workforce Planning and Development Team.
- Staff can utilise the e-learning package provided by CME for the Mckinley T34, as an update.  
[http://www.dchs.nhs.uk/assets/public/dchs/dchs\\_staff\\_zone/your\\_development/elearning%20/E%20Learning%20Alqorythm%20June%202011.doc](http://www.dchs.nhs.uk/assets/public/dchs/dchs_staff_zone/your_development/elearning%20/E%20Learning%20Alqorythm%20June%202011.doc)
- Records of staff training will be held on electronic staff record (ESR).
- All staff must complete bi-annual updates. Training will be advertised on the [Learning and Development intranet site](#).

## 10. EQUALITY IMPACT

To help populate this section, please refer to the Policy Development Framework (Section 5.3.2.1) and complete the DCHS' Equality Impact Assessment 'Assessing Equality Relevance' forms, which can be found [here](#).

What effect or impact will the new/changed policy have on each of the Protected Characteristics (age, gender, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sexual orientation)?

EIA/CHANNAN/14062012

If this effect or impact is negative or disadvantages one or more of the Protected Characteristics, what changes are going to be made to either remove entirely or minimise this effect or impact? (Note: if the policy could be discriminatory, seek immediate advice from the Head of Equality, Diversity and Inclusion)

EIA/CHANNAN/14062012

The person responsible for equality impact assessment of this policy is Caroline Hannan Tel 0115 9316200

## **11. APPENDICES**

### **Appendix 1 – MONITORING/AUDIT TOOL**

#### **Guidelines for Completion of the Core Standards Template**

- The core standards template must be used for all clinical policies but can be completed for any policy.
- All new policies will have the core standards template already included in the policy template
- All existing policies which are due for renewal will need to be formatted into the new policy template which will include the core standards template.
- The purpose of the template is to identify the standards with which to undertake audits and gain assurance that the standards are being met consistently.
- The core standards will provide all managers at all levels a toolkit to measure and demonstrate performance against the policy.
- This template is designed to be used locally by service providers e.g. Ward Managers/Matrons/Team Leaders.
- The number of standards required will be variable and should relate directly to the policy.
- Below is an example of the template, (refer to Policy Development Framework Appendix 3 for an example of a completed template).


If you require further information regarding Clinical Policies please contact  
Matron for Professional Standards and Safe Care



## Appendix 1 – Monitoring/Audit Tool

### CORE STANDARDS (relevant to this policy)

Indic. No	Description of the Core Standard	Standard (%)	Exception's	Definitions and Instructions
1	Is there a process in place to ensure that the Mckinley T34 has followed an annual service plan?	100%		
2	On the infusion chart has the pump asset number been inserted?	100%		
3	In the hospital setting has the infusion been monitored within a four hour period whilst infusing?	100%		
4	In the community setting is there documented evidence that the infusion has been monitored daily?	100%		
5	Have the condition of the site been correctly described and any variances actioned?	100%		
6	Has the effectiveness of the drugs being infused been correctly described?	100%		
7	Has the Saf-T-intima been replaced every 5-7 days or earlier if the condition of the site has been compromised?	100%		
8	Has the syringe been labelled with the patients name, d.o.b and NHS number, date & time prepared, the initials of the person(s) preparing and checking the contents, the name and dose of all the drugs and the name of the diluent	100%		
9	Is the "keypad lock" activated at all times when the Mckinley T34 is not being accessed by staff	100%		
10	When the Mckinley T34 is not in use has the amount not infused, the amount infused been clearly documented on the infusion monitoring sheet.	100%		
11	Is there clear evidence within the documentation of consent (where able) to commence a Mckinley T34 syringe driver.			

<b>Appendix 2 - <a href="#">Subcutaneous Infusion Monitoring Form</a></b>	
<b>Appendix 3 - <a href="#">Syringe Pump Loan Sheet</a></b>	
<b>Appendix 4 - T34 Lock On Load and Prime Quick User Guide</b>	 T34 Lock On Load Prime QUG v1 May 20
<b>Appendix 5 - Certificate of Decontamination</b>	Within <b><a href="#">MEDICAL DEVICES POLICY</a></b>