Management of Subcutaneous Infusions in Children Policy and Procedure

V3.0

February 2020
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1. Introduction

1.1. The use of injectable medication has many healthcare benefits for patients. The complexities associated with the prescription, preparation and administration of injectable medicines means that there are greater potential risks for patients than for other routes of administration. Weak operating systems increase the potential risk of harm, and safe systems of work are needed to minimise these risks.

Syringe drivers are commonly used for the administration of drugs via the subcutaneous route in order to enhance symptom management.

These drugs include opiates, anti-emetics, sedatives, non-steroidal anti-inflammatory drugs, anti-convulsants and anti-secretary agents. Syringe drivers are also used in the management of other pathologies.

In this way treatment can be planned and delivered at a regular rate for periods up to 24 hours.

1.2. This version supersedes any previous versions of this document.

1.3. Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can’t rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the ‘information use framework policy’, or contact the Information Governance Team rch-tr.infogov@nhs.net

2. Purpose of this Policy/Procedure

2.1. The purpose of this document is to inform health professionals on the correct, safe and appropriate use of the McKinley T34 syringe driver for subcutaneous infusions.

2.2. Syringe driver training is an annual mandatory requirement within the Cornwall Health Care Community. Only registered nurses and health professionals that have received the appropriate training may use a syringe driver.

2.3. If no such healthcare professional is available, the drugs will be prescribed to be administered by intermittent injection until a syringe driver can be commenced.
3. **Scope**  
It is aimed at healthcare professionals that are involved in the setting up and management of syringe drivers, and the prescribing and administration of syringe driver medication.

4. **Definitions / Glossary**  
- **ANTT** - Aseptic non-touch technique  
- **McKinley T34 syringe driver** - dedicated subcutaneous syringe driver  
- **Saflo™** - Subcutaneous insertion device and delivery system  
- **Occlusion** - closure or blockage

5. **Ownership and Responsibilities**  
5.1. **Role of the Managers**  
Line managers are required to ensure all of the team for which they are responsible have undertaken training in accordance to relevant medical devices training guidelines.

5.2. **Role of the T34 Group/Committee**  
The T34 Group/Committee is responsible for:  
- Reviewing and updating the policy.  
- Engaging with the multidisciplinary team to ensure the policy remains relevant to all users.  
- Ensuring that all users are aware of any updates or training required.

5.3. **Role of Individual Staff**  
All staff members are responsible for:  
- Their own practice.  
- For ensuring that they undertake the appropriate training to carry out this procedure  
- Maintaining their competencies in accordance with their regulatory body. This must also be in accordance with the Professional Guidance on the Administration of Medicines in Heath Care settling(Nursing & Midwifery Council 2019).

It is every practitioner’s accountability and responsibility to ensure they have received training prior to using a T34 Syringe Driver.

Usage of a T34 driver without relevant training is not permitted under any circumstances.
6. Standards and Practice

6.1. Indications for Use

6.1.1. Continuous subcutaneous infusion should not be used indiscriminately, without prior consideration of other alternative routes of administration, for example, rectal, sublingual or transdermal routes.

6.1.2. Not for use in children under 6 months of age, unless under the advice from a Tertiary center.

6.1.3. Situations in which the patient is not able to swallow or absorb oral medication

For example:

- Persistent nausea and vomiting
- An intolerance of oral administration of drugs
- Difficulty in swallowing
- Poor alimentary absorption
- Intestinal obstruction
- Comatose/moribund patient
- Profound weakness
- In order to reduce respiratory or gastrointestinal secretions

6.2. Therapeutic Advantages

- It is possible to achieve stable plasma concentrations over time facilitating symptom control
- Therapies can be planned and delivered over a 24 hour period avoiding the need for 4 hourly injections
- A combination of drugs can be administered in the same syringe subject to compatibility guidelines in the Association of Pediatric Palliative Medicine Master Formulary 5th Edition (2020)
- If more than four drugs need to be combined then seek advice regarding compatibility from RCHT medicines information unit on 01872 252587 or the on call pharmacist on 01872 250000 if out of hours.

NB. A syringe pump may take 4 hours to deliver medication to the optimum therapeutic level; therefore PRN medication must be available in order to aid
symptom control prior to optimum therapeutic plasma level being achieved.

6.3. **Preparation for Use**

Where possible informed verbal consent is obtained and documented. When a syringe driver is commenced the health professional must explain what oral drugs, if any, should be continued or discontinued.

6.4. **Equipment Required**

- Box of required Equipment can be found on CLIC Unit Store cupboard or Equipment library RCHT.
- Syringe driver prescription sheet (CHA3337).
- McKinley T34 syringe driver.
- Prescribed medication including diluents.
- Syringe driver label stating medication, dose, route of administration, diluents, final volume, patient’s name, date of birth, date, time, and signature of healthcare professional.
- 9v alkaline battery (rechargeable batteries are not to be used) McKinley advise Duracell Industrial code 6LR 61.
- Spare battery to be available.
- Appropriate size luer lock syringe – 10ml, 20ml or 30ml.
- 1ml, 2ml or 5ml syringes should be available in case any one-off doses are required.
- Selection of needles for drawing up and giving subcutaneous or intramuscular drugs if needed.
- Saflo™ set and extension tubing
- Sharps disposal bin and denaturing kit for controlled drugs. The denaturing kits can be obtained through Unit 4.
- Driver Lockbox and key.

**NB.** If batteries need to be transported ensure they are carried in a container where they cannot touch each other or anything metal

6.5. **Preparation of Site and Needle Insertion**

6.5.1. Explain the procedure and gain consent as appropriate.

6.5.2. The following sites are the most commonly used as there tends to be more subcutaneous fat present:
• Anterior aspect of upper arms.
• Anterior chest wall.
• Anterior abdominal wall.
• Anterior aspect of upper thigh.
• Scapula area.

6.5.3. The following sites are contraindicated:

• Any lymphoedematous area because absorption is affected and risk of infection.
• Areas of damaged skin e.g. broken, reddened or bruised skin, area of indentation or pressure area.
• Any area currently or recently receiving radiotherapy.
• Any area over a bony prominence or near a joint as there is little subcutaneous tissue and can easily be dislodged.
• Consider physical activity of the child when choosing site.

6.5.4. Apply local anaesthetic cream to the area which has been selected (LMX4 or Ametop) and follow manufacturers’ guidelines.

6.6. Inserting Saflo™ cannula

1. Remove the cannula from the packaging and hold firmly as shown.

2. Advance the slider until it locks in the forward position - a soft click will be heard.
When ready to insert the cannula remove the protective needle guard.

Insert the needle into the prepared site.

Remove the backing off the dressing.

Smooth onto the skin surface.

Hold the tape to prevent movement. Pull the slider backwards, squeeze and pull to detach the needle from the cannula.
6.7. **The Syringe Driver**

6.7.1. The syringe driver currently in use for paediatrics is the **McKinley T34**.

6.7.2. The syringe driver is a portable, battery-operated device for mechanically delivering drugs at a predetermined rate by continuous subcutaneous infusion.

6.7.3. This policy refers only to drugs being delivered subcutaneously.

6.7.4. Syringe drivers work by pushing fluid contained in a syringe into an administration set and thence into the subcutaneous tissue.

6.7.5. The McKinley T34 will be secured in a locked box (supplied with the driver). The key to unlock will be held by the registered practitioner. Keys will not be left at Patient's homes.

6.7.6. The health professional is responsible for checking the date of the last annual service of the syringe driver and documenting

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(Permission from Applied Medical gained Nov 2019 to use Training Photos).
appropriately. Ensure pump is wiped clean between each patient and when visibly soiled using disposable wipes with at least 70% isopropyl alcohol.

6.7.7. The setting up of a syringe driver is a clean technique and hands should be washed as per infection control policy, with the wearing of personal protective equipment as per infection control policy.

6.7.8. Explanation is given to the patient and carers regarding the purpose and function of the syringe driver as appropriate. This is another opportunity to gain consent.

6.8. Initial Set Up

At the initial set up of a syringe driver infusion two nurses/healthcare professionals must check and sign that they have undertaken the procedure.

6.8.1. Check/read prescription. Ensure drug, dosage, rate, Doctors signature and date are all legible. Ensure drugs, dosages are within acceptable parameters. Ensure patient details are clear and legible on the prescription.

6.8.2. Draw up TWO syringes of the medication into the appropriate size syringe. It is considered best practice to make the solution as dilute as possible to reduce the likelihood of drug incompatibility and minimise site irritation. Therefore, if child’s clinical condition / size allows, use diluents to draw fluid volume up to :

- 10ml in a 10ml syringe
- 17ml in a 20ml syringe
- 23ml in a 30ml syringe

McKinley recommends not putting volumes larger than the above within syringes. Water for injections is the diluent of choice except for those drugs listed as incompatible or unstable with water in the Association of Paediatric Palliative Medicine Master Formulary 5th Edition (2020). If further advice is needed, telephone Royal Cornwall Hospitals NHS Trust (RCHT) medicines information unit on 01872 252587. The out of hours on call pharmacists can be contacted via switchboard at Royal Cornwall Hospital (01872 250000).

6.8.3. The solution in the syringe should be clear and free from precipitation and/or crystallisation for the twenty four hours over which the drug is to be delivered. Please note that when using Dexamethasone the solution becomes cloudy but then clears.

6.8.4. If cloudiness or precipitation remains a problems the syringe and its contents should be discarded and the prescriber informed as
the regime may need to be reviewed. This can be done in consultation with the Consultant Pediatrician, Children’s Hospice Doctor or pharmacist.

6.8.5. Label the syringe (not the driver or plastic case) without obscuring the scale on syringe.

6.8.6. Syringe driver labels should contain the following information:-

- Name of the medicines
- Dose
- Route of administration
- Diluents and final volume
- Patient's name and date of birth
- Start time
- Signatures of two registered nurses
- Date

6.9. Priming the Line

6.9.1. With the first prepared syringe manually prime the extension set, the rest of this syringe needs to be wasted in a denaturing kit and recorded on stock sheet.

6.9.2. Attach the second syringe to the primed line.

6.9.3. Insert battery (NB battery dimensions can vary between different brands so it is important that you only use Industrial Duracell code 6LR 61 otherwise it can cause loss of connection or power) into compartment in the McKinley T34, no syringe in place, screen blank and arm down.

6.9.4. Press and hold on/off key until start up screens appear.

6.9.5. Wait until pre-loading has finished (actuator stops moving).

6.9.6. Check battery life, press blue info button until “battery level” displayed on screen, press yes to display. If battery level is not 33% or above discard and use a new battery. **33% is the minimum required to deliver twenty four hours of medication.**

6.9.7. Use the FF/Back keys to move the actuator to the correct position for syringe loading. Load syringe.

6.9.8. Select or confirm (“YES”) syringe size and brand

6.9.9. Check and document the rate setting displayed on the screen over twenty four hours.

*10ml* in a 10ml syringe, giving a rate of 0.42mls/hr (+/- 0.02mls/hr) over 24 hours
17ml in a 20ml syringe, giving a rate of 0.71mls/hr (+/- 0.02mls/hr) over 24 hours
23ml in a 30ml syringe, giving a rate of 0.96mls/hr (+/- 0.02mls/hr) over 24 hours

6.9.10. Press YES to confirm acceptance.
6.9.11. Before starting to infuse, press the FF key to purge the syringe and reduce mechanical slack. Hold the FF Key and follow the instruction on the syringe driver screen. Note: The time and volume to be delivered will reduce slightly but the rate will remain the same.
6.9.12. After purging confirm “syringe type” by pressing yes, then press yes again to resume
6.9.13. Attach primed line to the Saflo™ cannula.
6.9.15. Ensure pump delivering is displayed on screen and light is flashing.
6.9.16. Place the McKinley syringe driver in the ‘lock box’ and lock.
6.9.17. Dispose of all sharps safely checking the empty ampoules before discarding as per Waste Management Policy.
6.9.18. Place syringe pump away from the light or in a suitable bag if the patient is mobile. **Please ensure the pump remains at heart level, visible and unobstructed**.

**6.10. Subsequent Syringe Changes**

6.10.1. **No changes to prescribed drugs**

- Draw up new 24-hour infusion as prescribed ensuring the correct volume is achieved.
- Press stop and hold the off button until the screen is blank
- Remove previous syringe keeping the primed line attached
- Press and hold on/off key until start up screens appear
- Wait until pre-loading has finished (actuator stops moving)
- Check battery life, press blue info button until “battery level” is displayed on the screen, press yes if battery level is 33% or above. If not, discard and use a new battery as 33% is the minimum required to deliver 24 hours of medication
- Load new syringe using the FF/Back keys to move the actuator to the correct position
• Select “YES” to confirm syringe brand and size
• Check and document the rate setting displayed on the screen over 24 hours
• Press “YES” to confirm acceptance
• Remove line from previous syringe and attach to new syringe in the syringe driver
• Press “YES” to start infusion
• Ensure “pump delivering” is displayed on the screen and the light is flashing
• Place the McKinley syringe driver in the ‘lock box’ and lock
• Dispose of all sharps safely checking the empty ampoules before discarding as per Waste Management Policy.
• NB Lines can be used for up to 72 hours

6.10.2. Changes to Prescribed drugs
• If changes are made to the prescribed drugs, then the syringe and infusion line must be replaced.
  o To do this you will need to follow the initial set up as per section 6.8.
• The ‘old’ line and syringe must be discarded as per Waste Management Policy.

6.11. To Lock/Unlock the Keypad

The McKinley T34 syringe pump allows users to lock the operation of the keypad during infusion. This function should be used to prevent tampering with the device.

To activate the keypad lock, press and hold the INFO key until a chart is displayed showing a ‘progress’ bar moving from left to right. Hold the key until the bar has moved completely across the screen and a beep is heard to confirm the lock had been activated.

6.12. Drug Compatibilities


6.12.2. Or advice can be sought from the Royal Cornwall Hospital
6.12.3. Drug incompatibility can lead to precipitation, which may result in blocked cannula and inflammation at the insertion site. It is advised that no more than four drugs should be mixed in one syringe.

6.12.4. The absence of cloudiness does not always guarantee compatibility or stability.

6.13. Observation and Monitoring of Infusion

6.13.1. Children that are inpatients in RCHT, checks on the pump and infusion site should be undertaken four times per 24-hour period and be recorded on the check sheet (CHA3255).

6.13.2. If the syringe driver should occlude at any time during the infusion, the time of the occlusion should be recorded on the check sheet. Further information on how to manage an occlusion is in the trouble shooting section of this document.

6.13.3. Children being nurse in the community should have their pumps and infusion site checks completed at the time of the visit. This must be documented on the check sheet (CHA3255). Any subsequent visits made by a health professional, who is trained in the management of syringe drivers.

6.13.4. Where appropriate, an adult, such as a parent, who has responsibility for the child, may be instructed on checking that the infusion is running correctly and there are no problems with the infusion site. They will need to understand how to contact the Nurse between visits if they are concerned. Any instruction given to a responsible adult must be documented in the child’s records.

6.14. Re-siting and Skin Reactions

The following action is required for patients who experience a painful inflammatory reaction:

- Change needle site – this should be at least 5cm away from the last site.

- Reduce the concentration of the irritant drug by using more dilution or having a reduced dose prescribed (the size of syringe will need to be changed).

- Give irritant drug by another route.

- Change irritant drug.

- Ensure that the needle is not inserted too superficially and that it does penetrate the subcutaneous layer.

**NB if the device is re-sited, then the giving set should also be replaced.**
6.15. Resuming the Infusion after an Interruption

The screen will request confirmation of syringe size and brand.

- Check the syringe size and brand is correct, press the YES key to confirm.

The screen will display “Press YES to Resume” or “NO for New syringe”.

- Press YES key to resume the infusion at the rate it was running prior to interrupting the infusion.
- N.B: If ‘NO for New syringe’ is incorrectly confirmed, the current programme will be deleted and the pump will recalculate the remaining volume to be infused over 24 hours. In this case, the syringe of medication MUST be wasted and a new syringe will need to be set up.

Check the summary screen. The screen will display “Remaining volume, duration and rate of infusion”. The rate must remain the same as before the interruption.

- If correct Press YES to confirm.

The screen will display “Start Infusion”.

- Press YES to Start Infusion.

Reactivate the keypad lock.

6.16. Troubleshooting

On all incidents: Assess the patient and contact the medical practitioner for guidance on safe patient care. Incident report (Datix) as per policy. Inform line manager/on-call manager immediately.

6.16.1. If a syringe driver infusion runs through too slowly:

- Check the position of the child in relation to the insertion site.
- Check record sheet to confirm volume in syringe and time commenced.
- Check giving set for kinking.
- Check infusion site for displacement/leakage or inflammation.
- Check contents of syringe for precipitation or crystallisation.
- Check syringe is secured properly on syringe driver.
- Check infusion rate visually.
• Check battery working using the functions of the McKinley T34.
• Check start function has been commenced.
• Check position of syringe driver – if positioned too low.
• Check the event log on the McKinley T34.

6.16.2. If a syringe driver infusion runs through too quickly:
• Check record sheet to confirm volume in syringe and time commenced.
• Check infusion rate.
• Check position of syringe driver – if positioned too high.
• Exchange syringe driver and send to medical physics for servicing, appropriately labelled with the cause for concern. Keep a record of the asset number.

6.16.3. If the syringe driver has an occlusion:
• Check the infusion line for crystallisation or kinking
• Check the insertion site for infiltration or extravasations
• If there are no obvious reasons for the occlusion, start the pump again.
• If the pump occludes a second time within one hour or less of the first occlusion, repeat steps 1 and 2 and check the delivery volume.
• If there are no obvious reasons for the occlusion contact medical team for advice. The line or pump may need to be changed.

6.17. Stock Management

6.17.1. An accurate record on the drugs kept at the home should be maintained using the Controlled Drug Stock Record (CHA3256).

6.17.2. Stock checks should occur on arrival at the home and after administration of medication.

6.17.3. Records should include details of amount administered/received into the home, batch numbers and amounts of drug discarded into the denaturing kit.

6.17.4. Wasted medication should be destroyed as per the relevant Trust’s Waste Management policy.
6.18. **Discharges and Transfers To/From Inpatient Setting**

Children leaving RCHT with a T34 syringe driver, a MD11 form should be completed sent to the Equipment Library.

If a patient is transferred with a syringe driver unfamiliar to the staff receiving the patient (into the community, hospital, hospice or other care setting) it should be exchanged for one they have received training on immediately.

This pump should then be treated as if an initial set up and procedures followed accordingly.

6.19. **Carriage of Drugs in a Community Setting**

Although responsibility lies with the relative/carer to obtain medication and/or controlled drugs, health care professionals may in exceptional circumstances and in the best interest of the patient, transport prescribed medication and controlled drugs to a patient’s home. Drugs should be taken directly from the pharmacy in the locked drug transit bag to the patient's home and carried in the boot of the car.

The new drugs should then be recorded on the stock sheet.

6.20. **Discontinuing Infusion at Time of Death**

6.20.1. **Expected death:** Keypad lock off, stop infusion and switch Syringe driver off. Syringe driver to be left in situ until death has been verified/certified.

Waste medicines, witnessed by person certifying death

6.20.2. **Unexpected death/Death being reported to Coroner:** Leave the syringe driver in situ, but remove the battery to stop the infusion.

Ensure that all the professionals dealing with the body are aware the syringe pump is still in situ.

7. **Dissemination and Implementation**

7.1. **A copy of the policy will be stored electronically in the paediatric section of the Trust’s document library on the internet/intranet site.**

7.2. **A clear communication will be sent to managers to make them aware that the policy has been issued and that they are responsible for cascading the information to their staff members, including staff members who do not have regular access to email.**
8. Monitoring compliance and effectiveness

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Full adherence to the policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>CLIC and Acute Paediatric Pain Service</td>
</tr>
<tr>
<td>Tool</td>
<td>An agreed audit tool developed by the Directorate and registered with clinical effectiveness as part of the annual records audit, to include the elements to be monitored described above. Datix will also be monitored</td>
</tr>
<tr>
<td>Frequency</td>
<td>2 yearly retrospective audits of patients who have required a subcutaneous infusion will be carried out.</td>
</tr>
<tr>
<td>Reporting arrangements</td>
<td>Audits will be reported via the Divisional Audit and Guidelines meeting in the Directorate. Action plans, incidents and complaints related to discharge and transfer will be brought back to the Directorate via Clinical Governance meetings.</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>Ward managers and lead nurses Community Matron for children’s services</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Lessons will be shared with all the relevant stakeholders by presentation at Child Health audit and guidelines meetings and via the Child Health risk management newsletter. Following liaison with relevant stakeholders, any required changes to practice will be discussed at Directorate Clinical Governance meetings, prior to being reflected in this policy and implemented clinically. Required changes to practice will be identified and actioned within 8 weeks. A lead member of the team will be identified to take each change forward where appropriate.</td>
</tr>
</tbody>
</table>

9. Updating and Review

9.1. The policy will be reviewed every three years.

9.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9.3. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval, and can be re-published accordingly without having gone through the full consultation and ratification process.

9.4. Any revision activity is to be recorded in the Version Control Table as part of the document control process.
10. **Equality and Diversity**

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion & Human Rights Policy' or the Equality and Diversity website.

10.2. **Equality Impact Assessment**
   The Initial Equality Impact Assessment Screening Form is at Appendix 2.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Management Of Subcutaneous Infusions in Children Policy and Procedure V3.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>16 January 2020</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>February 2020</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>February 2023</td>
</tr>
</tbody>
</table>
| Directorate / Department responsible (author/owner): | Karen Berriman  
CLIC Nurse/Child Health |
| Contact details: | 01872 252069 |
| Brief summary of contents | The purpose of this document is to inform health professionals on the correct, safe and appropriate use of the McKinley T34 syringe driver for subcutaneous infusions. |
| Suggested Keywords: | Children subcutaneous infusions  
Palliative infusion in children |
| Target Audience | RCHT: Yes  
CFT:  
KCCG:  |
| Executive Director responsible for Policy: | Medical Director |
| Date revised: | January 2020 |
| This document replaces (exact title of previous version): | The Policy And Procedure For The Management Of Subcutaneous Infusions In Children V3.0 |
| Approval route (names of committees)/consultation: | Child Health Guidelines Group |
| Care Group General Manager confirming approval processes | Debra Shields |
| Name and Post Title of additional signatories | Not Required |
| Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings | {Original Copy Signed}  
Name: Caroline Amukusana |
| Signature of Executive Director giving approval | {Original Copy Signed} |
| Publication Location (refer to Policy on Policies – Approvals and Ratification): | Internet & Intranet: Yes  
Intranet Only: Yes |
### Links to key external standards

- NICE guideline [NG61] December 2016
- End of life care for infants, children and young people with life-limiting conditions: planning and management

### Related Documents:

- CHA3255- Check sheet for McKinley T34 syringe driver for subcutaneous use
- CHA3256- Controlled drug stock record
- CHA3337- Paediatric palliative care syringe driver prescription and administration record
- Medical Devices
- Training Policy Medical Device and Equipment
- Management Policy
- Waste Management Policy

### Training Need Identified?

- Yes.
- 3 yearly medical devices training will be required for the T34 infusion pump.
- Training for the use of Saflo™ cannula.
- Staff will need to ensure they have read the policy and are competent to administer subcutaneous infusions to children,

### Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
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<tbody>
<tr>
<td>Jun 10</td>
<td>V1.0</td>
<td>Initial Issue</td>
<td>Karen Berriman</td>
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<td>Sarah Fox</td>
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<td>Sabrina Tierney</td>
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<td>March 13</td>
<td>V1.1</td>
<td>Amendments made to infection control and prescription chart</td>
<td>Karen Berriman</td>
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<td>Sarah Fox</td>
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<td>Sabrina Tierney</td>
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<tr>
<td>Dec 16</td>
<td>V2.0</td>
<td>Policy update.</td>
<td>Karen Berriman</td>
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<td></td>
<td>Sarah Fox</td>
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<td></td>
<td></td>
<td></td>
<td>Sabrina Tierney</td>
</tr>
<tr>
<td>Jan 20</td>
<td>V3.0</td>
<td>Policy update and Amendments made to Medical, Medicines ,Professional guidance, infection control and battery criteria.</td>
<td>Karen Berriman</td>
</tr>
<tr>
<td></td>
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<td>Sarah Fox</td>
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<td>Sabrina Tierney</td>
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</tbody>
</table>
All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry. This document is only valid on the day of printing.

Controlled Document
This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.
Appendix 2. Initial Equality Impact Assessment Form

| Name of the strategy / policy / proposal / service function to be assessed: |
| Management Of Subcutaneous Infusions in Children Policy and Procedure V3.0 |

| Directorate and service area: |
| Child Health |

| New or existing document: |
| Existing |

| Name of individual completing assessment: |
| Child Health Guidelines Group |

| Telephone: |
| 01872 252800 |

1. **Policy Aim***

*Who is the strategy / policy / proposal / service function aimed at?*

To ensure correct, safe and appropriate use of the McKinley T34 syringe driver for subcutaneous infusions.

2. **Policy Objectives***

The purpose of this document is to inform health professionals on the correct, safe and appropriate use of the McKinley T34 syringe driver for subcutaneous infusions.

3. **Policy – intended Outcomes***

Safe use of subcutaneous infusions in children

4. *How will you measure the outcome?*

An agreed audit tool developed by the Directorate and registered with clinical effectiveness as part of the annual records audit, to include the elements to be monitored described above. Datix will also be monitored

5. Who is intended to benefit from the policy?

Children
Healthcare professionals

6a Who did you consult with

<table>
<thead>
<tr>
<th>Workforce</th>
<th>Patients</th>
<th>Local groups</th>
<th>External organisations</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b). Please identify the groups who have been consulted about this procedure.

Please record specific names of groups
Child Health Guidelines Group

What was the outcome of the consultation?
Guideline approved 16 January 2020

7. The Impact

Please complete the following table. If you are unsure/don’t know if there is a negative impact you need to repeat the consultation step.

<p>| Equality Strands: |</p>
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unsure</th>
<th>Rationale for Assessment / Existing Evidence</th>
</tr>
</thead>
</table>

Are there concerns that the policy could have differential impact on:
<table>
<thead>
<tr>
<th>Age</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (male, female, trans-gender / gender reassignment)</td>
<td>x</td>
</tr>
<tr>
<td>Race / Ethnic communities /groups</td>
<td>x</td>
</tr>
<tr>
<td>Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.</td>
<td>x</td>
</tr>
<tr>
<td>Religion / other beliefs</td>
<td>x</td>
</tr>
<tr>
<td>Marriage and Civil partnership</td>
<td>x</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>x</td>
</tr>
<tr>
<td>Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian</td>
<td>x</td>
</tr>
</tbody>
</table>

**You will need to continue to a full Equality Impact Assessment if the following have been highlighted:**
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation- this excludes any policies which have been identified as not requiring consultation. or
- Major this relates to service redesign or development

8. Please indicate if a full equality analysis is recommended.  
<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>x</th>
</tr>
</thead>
</table>

9. If you are not recommending a Full Impact assessment please explain why.

Not indicated

<table>
<thead>
<tr>
<th>Date of completion and submission</th>
<th>16 January 2020</th>
<th>Members approving screening assessment</th>
<th>Policy Review Group (PRG) APPROVED</th>
</tr>
</thead>
</table>

This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust’s web site.