

File within 3rd spine



Royal Cornwall Hospitals
NHS Trust

NHS number: _____
 Name: _____
 Address: _____

 Date of birth: _____
 CR number: _____

Affix patient label

Check sheet for McKinley T34 syringe driver for use in adults

For inpatients, checks must be done every 4 hours

Rationale for checks

Starting time	Commencement / change of syringe
Site	Appropriate placement / intact / no pain / no inflammation / no discharge
Position	Syringe driver must be level with patients trunk
Connections	Luer lock / secure / no leaks
Syringe (approximate volume remaining)	Record the volume to be infused, to check whether delivery is correct
Rate	Ensure driver is running at correct rate 0.96 mls per hour (0.94 to 0.98 mls per hour is acceptable)
Stability of solution	Clear / colourless / no crystallisation / protected from light
Battery level	Press INFO key, then YES key. Replace battery when 33% or below
Occlusions	Record the time of each occlusion during a 24 hour period. Refer to 6.11.3 of Policy and Procedure for the Management of Subcutaneous Infusions in Adults 2016.

If any alteration to the rate or syringe is made, please complete checklist at the time of the change.

Date: Asset No:	Start time:	Time:	Time:	Time:	Time finished:
Document Syringe (volume remaining)					
Document rate per hour					

Please initial boxes below after checking

Site					
Position					
Connections					
Stability of solution					
Battery level					
Signature					
Occlusions					
Signature					
Print name					

Comments:

affix patient label

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