

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 subcutaneous use in children**

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	Chart current rate, to ensure correct dose
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	If occlusion alarms, record how many times in that period
<b>If any alteration to rate or syringe is made please complete checklist at that time.                      PLEASE INITIAL BOX AFTER CHECKING</b>	

Date:	Start time:	Time:	Time:	Time:
Site				
Position				
Connections				
Syringe (Volume to be infused)				
Rate (as displayed on machine)				
Stability of solution				
Battery level				
Occlusions				

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Site				
Position				
Connections				
Syringe (Volume to be infused)				
Rate (as displayed on machine)				
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Battery level				
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