

Continuation record for CME/McKinley T34 syringe pump

- Adhere to the requirements for prescribing and administration stated in Medicines Management Policies/Procedures
- Opioid doses for syringe pumps should be written in both words and figures
- **Where an opioid is prescribed and there is an intended dose increase, the dose should not normally be more than 50% higher than the previous dose**
- Before mixing two or more medicines in syringe, confirm compatibility using reference texts or other information sources
- Medicines for management of 'breakthrough' symptoms must be prescribed separately.

Prescription Chart Serial Number:

Continuation Record Number:

Use addressograph-otherwise write in capitals

Surname: _____

First names: _____

Patient number: _____

DoB: _____

Address: _____

GP: _____

Check identity

Check prescription for allergies/medicine sensitivities

Preparation and Administration					
Date					
Batch numbers for medicine 1					
Batch numbers for medicine 2					
Batch numbers for medicine 3					
Batch numbers for medicine 4					
Batch numbers for diluent					
Expiry dates checked Yes/No					
Battery life (%)					
Pump delivering Yes/No					
Syringe pump ID number					
Final volume (ml)					
Line primed Yes/No					
Rate (ml/hr)					
Site					
Time commenced					
Lock on Yes/No					
Prepared and commenced by					

Monitoring checks (Checks to be completed according to Trust policy)

Date	Time	Rate (ml/hr)	Pump delivering Yes/No	Volume (ml) to be infused (VTBI)	Volume (ml) infused (VI)	Solution checked Yes/No	Line checked Yes/No	Lock on ? Yes/No	Site checked Yes/No	Specific problems see codes or enter None	Action taken/comments	Signature
Year												

Use addressograph - otherwise write in capitals

Surname: _____

First names: _____

Patient number: _____

DoB: _____

Address: _____

GP

Check identity

Where contents are discarded, the following section should be completed according to Trust policy.

Amount discarded (ml)	Date	Time	Signature 1	Signature 2

For patient transfer conduct a monitoring check and complete the section below.

Date	Time	Transferring ward/dept	Receiving ward/dept

Codes for specific problems:

BL = bleeding CC = colour change P = pain
 BR = bruising L = leakage R = redness
 C = crystallisation O = other and specify SW = swelling

