

# Checklist for Continuous Subcutaneous Infusion (CSCI) syringe pump

- Complete all checks 4 hourly in hospital/nursing home/hospice & at each visit in community
- Replace battery if less than 15%-10% displayed in hospital/nursing home/hospice setting & daily in community
- Re-site infusion every 3 -7 days or earlier as needed if SC site unsatisfactory

Patient Name:

Patient DOB:

NHS Number:

DATE						
TIME						
Has the syringe been reloaded at this visit?						
Size of the Luer-Lock syringe	ml	ml	ml	ml	ml	ml
Does the brand of the syringe used match that on the display screen?						
Battery level indicated in %	%	%	%	%	%	%
Volume to be infused (VTBI) left in the syringe in ml	ml	ml	ml	ml	ml	ml
Rate of infusion displayed in ml/hr	ml/hr	ml/hr	ml/hr	ml/hr	ml/hr	ml/hr
Is “Lock On” displayed on the display screen? (Mandatory)						
Is fluid in the syringe and the giving set line clear?						
Is skin site satisfactory?						
Have you re-sited infusion (Saf-T-Intima) on this visit?						
How many days has it been since the infusion was last re-sited?						
Impact/asset number (above the barcode on MWL label)						
Inspection due date (must not be used after this date/return to EBME)						
Initials of Registered Nurse						