

Checklist for Palliative Care Continuous Subcutaneous Infusion

- Complete all checks 4 hourly in hospital & at each visit in community
- Replace battery if less than 35% displayed
- Re-site infusion every 3 -7 days or earlier if SC site unsatisfactory

Patient Name:
Patient DOB:
NHS Number:

DATE						
TIME						
Has the syringe been reloaded at this visit?						
Size of luer lock syringe	ml	ml	ml	ml	ml	ml
Does the brand of syringe used match that on the display?						
Battery level indicated	%	%	%	%	%	%
Volume to be infused (VTBI) left in the syringe?	ml	ml	ml	ml	ml	ml
Rate of infusion displayed	ml/hr	ml/hr	ml/hr	ml/hr	ml/hr	ml/hr
Is "Lock On" displayed?						
Is fluid in syringe and line clear?						
Is skin site satisfactory?						
Have you re-sited infusion on this visit?						
How many days has it been since the infusion was last re-sited?						
Impact/asset number (above barcode on S&O label)						
Inspection due date (must not be used after this date/return EBME)						
Print Initials						