

APPENDIX 2: Standard Operating Procedure (SOP) Template for Syringe Pumps



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This document highlights items for consideration by individual boards, as part of a standard operating procedure or similar, to support the local implementation of the national 'Guidelines for the use of syringe pumps in palliative care'.

Item	Local variation	Systems / processes agreed and in place
DIFFERENT SYRINGE PUMPS AVAILABLE	Syringe Pumps: <input type="checkbox"/> CME T34 Version 2 <input type="checkbox"/> CME Version 3 <input type="checkbox"/> BD Body Guard T	<i>*Staff should be aware of, and familiar with, the syringe pumps used locally</i>
EQUIPMENT	Battery	<i>*Staff should be aware of, and familiar with, battery use as per local systems</i>
	Good quality 9 volt (6LR61) alkaline battery:	please specify:
	Battery left in situ when pump not in use:	<input type="checkbox"/> YES (recommended by manufacturer for Bodyguard T) <input type="checkbox"/> NO
	Minimum battery percentage level required at start of infusion:	<input type="checkbox"/> 50% (Community Settings) <input type="checkbox"/> 30% (Hospital / Care Home Settings) <input type="checkbox"/> OTHER: please specify:
	Syringe Size:	<i>*Staff should be aware of syringe sizes used locally & implications of syringe selection i.e. *50ml syringe unlikely to be accommodated with a lock box</i>
	<input type="checkbox"/> 20ml syringe	
	<input type="checkbox"/> 30ml syringe	
	<input type="checkbox"/> 50ml syringe	Assess risk & document any measures put in place:
	Infusion equipment:	<i>*Staff should be aware of, and familiar with, infusion equipment used as per local systems and policies</i>
	Subcutaneous infusion device:	please specify:
	Skin prep prior to insertion of subcutaneous infusion device:	<input type="checkbox"/> YES please specify: <input type="checkbox"/> NO
	Site dressing:	please specify:
	Extension line:	please specify:
Agreed change interval for extension line:	<input type="checkbox"/> 3 Days <input type="checkbox"/> Other: please specify:	

	Lockbox:	<i>*Staff should be aware of, and familiar with, local procedures regarding the use of lockboxes</i>
	Plastic Cover:	<input type="checkbox"/> YES
	Fabric Cover (single use):	<input type="checkbox"/> YES
	No cover required:	<input type="checkbox"/> YES
	KEY:	<input type="checkbox"/> YES Accessed via:
MANAGEMENT OF EQUIPMENT & INCIDENTS	Maintenance & Servicing:	<i>*Staff should be aware of, and familiar with, local procedures for maintenance, repair and reporting errors / incidents</i>
	Department	<input type="checkbox"/> Medical Physics / MEMS <input type="checkbox"/> Other please specify:
	Reporting System	<input type="checkbox"/> DATIX <input type="checkbox"/> Other please specify:
DEATH OF PATIENT WHILE SYRINGE PUMP IS RUNNING	Syringe pump in situ:	<i>*Staff should be aware of, and familiar with, local procedures for the management of the syringe pump & contents when a patient dies</i>
	Expected death:	The syringe pump can be stopped as per national guidance <input type="checkbox"/> Other action(s): please specify
	Unexpected death:	The syringe pump and all associated equipment should be left in situ. Escalate to senior nurse/medical team and await further advice. Check local policy for 'Care Around Death' or equivalent.
		<input type="checkbox"/> Other Action(s): please specify
RECORD KEEPING	Documentation:	<i>*Staff should be aware of, and familiar with, the suite of documents used locally to support the delivery of medicines via a syringe pump i.e. for prescribing, preparing, monitoring and recording</i>
OTHER(S)		