Shropshire Community Health NHS
NHS Trust

Document Details	
Title	**Policy for the administration of medications via McKinley T34 / BD BodyGuard Syringe Pump for Adults and Children in the Community**
Trust Ref No	1689-81117
Local Ref (optional)	
Main points the document covers	Safe administration of medications via McKinley T34 / BD BodyGuard Syringe Pump
Who is the document aimed at?	NMC registered nursing staff undertaking administration of medication via the T34 McKinley / BD BodyGuard Syringe Pump
Author	Deana James / Georgina English / Nikki Davies / Kate Medhurst
Approval process	
Approved by (Committee/Director)	Clinical Policies Group
Approval Date	11/07/2022
Initial Equality Impact Screening	Yes
Full Equality Impact Assessment	No
Lead Director	Clair Hobbs Director of Nursing and Allied Health Professionals
Category	Clinical
Sub Category	
Review date	11/07/2025
Distribution	
Who the policy will be distributed to	Clinical leads for Nursing, Clinical Practice Teachers, /Associate Medical Director/Locality Clinical Manager / Nursing Team Leaders, Community Children's Nursing team/Clinical Advisors for Community Hospitals/Adult Nurses for wider distribution to all staff involved in medication administration via Syringe Pumps
Method	Governance meetings/email/team meetings, Intranet
Document Links	
Required by CQC	No
Keywords	McKinley/ T34 / BD BodyGuard / Syringe Pump/ End of life

Amendments History		
No	Date	Amendment

1	20/02/2012	• Device used in Trust has changed from Graseby to McKinley T34 • Policy amended to reflect Shropshire Community Health Trust new organisational structure and policy framework
2	17/04/12	Amended to include paediatrics
3	16/02/2016	Updated
4	February 2018	Reviewed and updated
5	July 2022	Reviewed / BD Bodyguard Pump added

Policies, Procedures and Guidelines

Contents

1 Introduction

This policy has been developed in response to the recommendations from the National Patient Safety Agency (NPSA RRR019 2012), which states that organisations develop a policy as a safety initiative for ambulatory Syringe Pump s. The are now two different ambulatory Syringe Pump devices in use across the Trust which are the McKinley T34 and the BD Bodyguard. The McKinley T34 / BD BodyGuard Syringe Pump meets Medicines & Healthcare Products Regulatory Agency (MHRA) safety recommendations for Syringe Pump s that reduce risk of errors and tampering. The McKinley T34 / BD BodyGuard operates in millilitres (ml) per hour, has an events log and a lockable keypad and box.

This policy **MUST** be used alongside full compliance with the Trust McKinley T34 / BD BodyGuard Syringe Pump Resource Pack and Royal Marsden Clinical Guidance (2020).

2 Purpose

This policy has been produced to assist and support healthcare professionals in the safe administration of medication via the McKinley T34 / BD BodyGuard Syringe Pump and promote standardised practice within Shropshire Community Health NHS Trust.

Adults - Syringe Pump s are used for the safe administration of medication into the subcutaneous tissue over a continuous 24-hour period. In exceptional circumstances a shorter infusion may be required but this will be consultant led or specialist led.

Children and Young People- Syringe Pumps are used for the safe administration of medication into the subcutaneous tissue or the intravenous route via a central venous line (CVL) or another subcutaneous device over a continuous 24-hour period. There are occasions where shorter infusion times and different Syringe Pump s are needed. This policy make reference to the risks associated with this in relation to labelling the devices and training.

The use of Syringe Pump s can enhance patient comfort and quality of life, managing their symptoms effectively which normally will enable patients to remain within a community setting

3 Definitions

The McKinley T34 / BD Bodyguard Syringe Pump is a portable battery-operated device which delivers a continuous subcutaneous infusion (CSI) of prescribed drug(s) over a fixed period generally 24 hours, that complies with all current safety standards. In children and young people, a central venous access route maybe used as an alternative in agreement with the lead consultant / speciality team.

Anticipatory Care Planning / Symptom Management- Anticipatory care planning- is a plan to anticipate what may happen as a person's conditions changes and the authorisation to manage those symptoms without delay.

The McKinley T34 / BD BodyGuard Syringe Pump Resource Pack – contain best practice guidelines and resources when setting up and using the McKinley T34/BD Bodyguard Syringe Pump with adults and children in the community.

West Midlands Palliative Care Physicians Palliative Care Guidelines for the use of drugs in symptom control (2020) www.wmcares.org.uk/wmpcp/guide and WestMidlands Palliative Care guidance research education and events (westmidspallcare.co.uk)

West Midlands Children and Young People's Palliative Care Toolkit (2018) – it contains best practice guidelines for palliative care of children and young people to deliver care in line with the Together for Short Lives care pathways http://www.togetherforshortlives.org.uk

4 Duties

4.1 Executive Director and Deputy Directors

Directors of Services are responsible for ensuring the safe and effective delivery of services they manage; this includes securing and directing resources to support the implementation of this policy.
They must ensure that:

- All staff are to have access to this evidence-based policy document
- To ensure that appropriate training and updates are provided to all relevant staff groups
- Staff are to be made aware of any policy changes and new skills update followed by the appropriate training
- All relevant staff have access to appropriate equipment that complies with safety and maintenance requirements according to Shropshire Community NHS Trust Policy (SCHT).

4.2 Locality Clinical Managers/Clinical Service Manager

Individual line managers are responsible for informing staff of this change of policy and any associated policies, guidelines, and documents and that the appropriate education, supervision, and mechanisms are in place to ensure safe practice. Any training requirements must be raised and addressed via personal development reviews or supervision and a record of competencies kept for audit purposes.

4.3 Line Managers and Service Leads and Team Leaders

Managers will ensure that a system is in place within the services which they are responsible, for the implementation of this policy and for monitoring its effectiveness.

4.4 Staff

This policy applies to all healthcare professionals employed by Shropshire Community Health NHS Trust involved in the care and management of patients with a Syringe

Pump in the community settings. They must ensure they work within this policy and associated policies and guidelines. All practitioners must complete the End-of-Life competencies workbook which will include BD online training (via Clinical-Elearning@BD.com) annually and face to face training and lock on competencies three yearly or sooner if deemed clinically appropriate.

5. Use of the McKinley T34 / BD BodyGuard

Refer to Resource Pack alongside this policy.

5.1 Pre use safety checks

The McKinley T34 / BD BodyGuard should be used with the lockable box supplied; each staff member will have responsibility for their own individual key (except in the community hospital) and must ensure they have the key with them to unlock the box when visiting the patient to access the pump. Keys must not be left in the patient's residence.

Please liaise with your team leader if you need a key or a replacement key.

Syringe Pumps must be cleaned with detergent wipes and kept out of direct sun light in an individual single patient use Syringe Pump carrier, this includes within the hospital setting.

Ensure the battery is securely housed in the battery compartment to prevent terminals becoming disconnected. In some devices a foam pad is present to ensure fitting of the battery is secure. If there are any concerns about the fitting of the batteries on set up, please send to Medical Engineering Services (MES) to consider insertion of a foam pad in the battery compartment.

Syringe Pumps must be stored when not in use with a battery in situ as per National best Practice Guidance (as we have various devices in circulation some advocate this so therefore to avoid confusion, please treat all devices the same). Appendix 1

Batteries must be changed every 24 hours when in use for patient drug administration. (Appendix 1)

Please note it is now advocated following a National Patient Safety Alert (Appendix 1 T34 McKinley and BD Bodyguard Syringe Pump Battery and Clock guidance: Step by Step guide to checking and changing the time on the event log) that prior to setting up the Syringe Pump the time and date on the event log is checked for accuracy and changed if needed according to the step-by-step guidance

It is advised to change the Saf-T-Intima device and extension set when clinically indicated – for example redness, heat, pain, discharge, swelling, or problems highlighted with the Syringe Pump running and you have eliminated all other possible causes such as pump issues etc. Please note however the testing of the Saf-T-Intima has been up to 30 days only therefore it is advised not to exceed 30 days. Please indicate on each individual patient interaction involving the Syringe Pump, condition of

the site and ensure this is documented in the patient's clinical record (both in Rio and on the Syringe Pump Monitoring Form) to evidence your clinical decision making.

5.2 Indications for use of a Syringe Pump

The decision to administer medication via a Syringe Pump needs to be taken by the prescriber in consultation with the multidisciplinary team and the patient and/or significant other. Anticipatory care planning and anticipatory drug authorisation is best practice to prevent a delay in managing symptoms. It is important to consider that it will take some time for the prescribed medication in the Syringe Pump to reach therapeutic levels, therefore a stat dose will need to be considered as part of the initial set up process. (Twycross 2002).

5.3 Infusion times

The Syringe Pump is used to deliver drugs at a predetermined rate over a 24-hour period in millilitres per hour, the pumps are set at a default of 24 hours (lock on)**.** Ensure pump duration states 24hours when setting up.

Adults – in rare cases if the decision is made to use an alternative regime for a specific clinical reason (this decision will only be made by a consultant or a specialist) the device must then be set up by Medical Engineering Service (MES) who are based on the Shrewsbury and Telford Hospital (Shrewsbury site SATH) or Princess Royal Hospital Site. MES will advise, label and track any altered pumps.
Care must be taken to ensure any pump which has been set up with an alternative regime does not go into general circulation.

5.4 Authorisation and administration of Palliative Care/symptom management Medicines

Healthcare Practitioners must check that medications have been legally prescribed by a qualified prescribing practitioner before administration. Healthcare Professionals may never see the FP10 prescription as it will be processed by the pharmacy. The label on the medicine indicates there was a legal prescription (FP10). Medications including controlled drugs will only be supplied for the patient following receipt of a legal prescription. Healthcare Professionals will require up to date information on the doses via a current authority to administer (Patient Specific Direction).
Adult Registered Nurses must ensure they have written authorisation via a Patient Specific Direction to commence treatment. (Authorisation from a discharge summary see SCHT Standard Operating Procedure use of Authorisation Forms)
Children's Registered Nurses must ensure they have the drug administration document completed from the West Midlands Children and Young People's Palliative Care tool kit.

5.5 Verbal orders to administer drugs

If remote medication prescribing takes place, a verbal (telephone) prescription or authorisation from an appropriate prescriber authorising administration of medicines is **not** acceptable on its own. Prescription/authorisation form details must be emailed securely using Shropshire Community Health Trust (SCHT) approved documentation

and following SCHT data protection and patient confidentiality policies and procedures. The email and authorisation must be received before administration takes place.

Ideally where possible the original copy of the authorisation should replace the emailed copy within the patient's home documentation pack as soon as possible.

Adults and Children - Signed copies of a Patient specific direction sent via email may be accepted but the email copy must be retained within the client held records (see Medicines Policies in particular Policy Part 1 Section 7).

5.6 Anticipatory prescribing of drugs

It is considered good practice to implement anticipatory prescribing for palliative care patients and symptom management for others when deemed appropriate. This includes prescribing as required (PRN) doses for symptom control at the same time as the daily dose. This enables the professional to administer the medication (there must be a current authority to administer in place) without delay and reduce distress for the patient and/or significant others. Any anticipatory palliative care drugs prescribed should be recorded within the client held documentation. (Please refer to relevant SCHT Standard operating procedures as highlighted below) The provision of palliative care/symptom management drugs and if a Syringe Pump has been initiated should always be identified on the patients' medical records and the GP contacted to update the record with the alert or flagging notice. This ensures out of hours GP cover are aware of the current situation.

For children and young people, there will be some anticipatory medication the parents and carers may be able to administer as required. Parents and carers will receive appropriate training by the lead specialist team.

5.7 Existing oral and transdermal medications

Healthcare Practitioners must ensure that all oral and/or transdermal medications given in the previous 24 hours are taken into consideration when initiating a Syringe Pump and required conversions (i.e, oral Morphine to subcutaneous morphine) are reflected in the prescription/authorisation for the Syringe Pump medications. A conversion guide is available in the British National Formulary and West Midlands Palliative Care Physician Palliative Care Guidelines for the use of drugs in symptom control (2020).

Remember, any transdermal medication should remain in place when the Syringe Pump is commenced, barring exceptional circumstances where there may be clinical justification for it to be removed and the rationale would need to be clearly documented.

5.8 Support and advice

If Healthcare Practitioners require support or advice in managing symptoms or if there are any concerns regarding the dose, side effects, or the appropriateness of the

prescription, the Healthcare Practitioner must liaise with either the prescriber, GP, specialist palliative care team, out of hours Doctor, Palliative care line, hospice (whom we have an agreement with), pharmacist or Medicines Management team **before** administering the medication.

For advice regarding dexamethasone see APPENDIX 2

Please note that if a patient is living with diabetes, either Type 1 or Type 2 please seek further advice accordingly from the Diabetes Specialist Team to support ongoing diabetes management

5.9 Re-stocking palliative care/symptom management medication

The Healthcare Practitioner who uses the medication from the Palliative Care/symptom management Medicines supplied, is accountable for ensuring that replacement prescriptions are issued and delivered or collected for the patient. (See below 5.10) This is to ensure that symptoms can be managed promptly, and the patient's needs are safeguarded on a continuous basis. The Healthcare practitioner needs to ensure that the drug balance records are updated accordingly, documenting when medication is used and when new stocks of medication are received and available in the patient's home.

See relevant Medicine Policies and Standard operating procedure for the collection of medication which protects the position of the Registered Nurse when handling the patient's own drugs, especially controlled drugs. This also supports patient safety. Refer to the documents listed below.

5.10 Transportation of Drugs

The medicines will either be collected by a patient representative or delivered by the pharmacy. The Community Nurse should only transport controlled drugs when all other means of obtaining the medication have been exhausted. In the rare case where community nurses need to transport controlled drugs the process outlined in Medicines Management Policy Part 2 Disposal of Medication must be adhered to and relevant Standard Operating Procedure.

5.11 Return of Palliative Care Drugs no longer required

It is the responsibility of the patient and/or their significant others to ensure that all Palliative Care/symptom management Drugs in the patient's home that are no longer required are returned to the pharmacy. The community nurse will record in the patient held record final quantities on the stock balance chart and within the patient's electronic patient record (EPR) Rio, recording what advice / information on the disposal of medication has been given to the patient's significant others.

Only in exceptional circumstances should a Healthcare Practitioner remove prescribed medication and the line manager / on call manager must be informed with a relevant risk assessment undertaken and justification documented within the patient's electronic record. This is to protect the position of the nurse when taking possession of controlled drugs for the purposes of transporting them to a healthcare professional

who is authorised to dispose of them (i.e. community pharmacist). The nurse should ensure they obtain a signed receipt from the community pharmacy for the return of controlled drugs. Refer to Medicines Policy Part Two Controlled Drugs Disposal Section and relevant Standard operating procedure.

5.12 Record keeping of medication administered via Syringe Pump

A clear, accurate and contemporaneous record of all medication administered must be documented in accordance with the Nursing and Midwifery Council (NMC The Code 2018) and adhering to SCHT Clinical Record Keeping Policy, the Medicines Policy Part 1 and Part 2: Controlled Drugs and relevant Medication SOPs (section 8 & 9) .

5.13 Monitoring the infusion

Healthcare Practitioners should use their professional judgement to decide frequency of patient monitoring and visits – this will be at least every 24 hours within the community home setting. They must clearly document on the Syringe Pump monitoring form at each patient visit including visual observations of the infusion device and site and the patient's condition in terms of symptom control as per guidance in the Trust's Syringe Pump Resource pack.

5.14 Patient Information

Healthcare Practitioners should explain to the patient and/or significant others how the McKinley T34 / BD BodyGuard Syringe Pump works and why it is the preferred method of drug administration. Healthcare Practitioners should also ensure that the patient and/or significant others is aware of the Syringe Pump alerts/alarms and how to contact the most appropriate health service provider if the Syringe Pump is not functioning properly or symptoms are not controlled. The patient and/or significant others must be provided with contact telephone numbers for reporting problems such as those listed below over a 24-hour period:

- light changes from green to red
- alert/alarm sounds
- needle becomes dislodged
- needle site becomes painful or any leakage evident
- Syringe Pump is dropped or immersed in water
- Concern about patient symptoms

A Patient advice sheet (McKinley T34 and BD BodyGuard Syringe Pump Advice Sheet NA206) must be provided to patient and/or significant others and explained and understanding should be clarified and documented within the patients' electronic records.

5.15 Malfunction of the McKinley T34 / BD BodyGuard and its ancillary equipment.

Should a malfunction of a McKinley T34 / BD BodyGuard Syringe Pump or its ancillary equipment occur the infusion should be discontinued and re-started using new

equipment. A Datix incident form should be completed, and the line manager must be informed. In addition, if an adverse event occurs, new equipment may be considered and a Datix incident form must be completed, and the Line Manager informed. If necessary, the manufacturer of either the T34 / BD BodyGuard device or ancillary products should also be informed and consideration to raising a concern with the Medicines and Healthcare product Regulatory Agency (Yellow card).

If the pump is damaged or thought to be malfunctioning in any way, it should be withdrawn from use immediately and sent to Medical Engineering Services as per the Trust McKinley T34 / BD BodyGuard Syringe Pump Resource pack and Medical Devices Management Policy with an indication of the problem and the duration. In cases of pump malfunction the patient must receive adequate symptom management as clinically indicated i.e. via bolus doses until new equipment can be provided.

5.16 Maintenance, servicing, and transportation of Syringe Pump s

Nursing teams must use internal systems to track where their McKinley T34/BD BodyGuard pumps have been supplied to, whether issued for patient use or sent to Medical Engineering Services for a service/remedy of a problem. Devices sent for servicing (and labelled as requiring a service) must be cleaned with a detergent wipe and have a decontamination label attached. When a patient is transferred to another care provider with a McKinley T34/BD BodyGuard pump in use the Nursing teams must check and document the following.

- That the care provider receiving the patient are competent to undertake safe use of the T34/BD BodyGuard pump
- That they have access to a lock box and key
- How the T34/BD BodyGuard pump is to be returned to its original source.

5.17 Nursing Homes

The administration of drugs via a Syringe Pump in Nursing Homes should normally be provided by Nursing Home registered Nursing staff. However, Shropshire Community Nurses may be required to provide support as needed to facilitate the administration of drugs via a Syringe Pump in exceptional circumstances. In this case, nursing care provided by Shropshire Community NHS Trust staff within Nursing Homes must be reported via the DATIX incident reporting system (Incident Management Policy) and to the aligned Care Home team.

6 Dissemination and Implementation

Dissemination of this policy will be via the Trust intranet site. Datix cascade and email to relevant Clinical and Service Leads. The implementation will involve training as follows:

7 Initial Training

All staff must have had initial face to face training prior to using the McKinley T34/BD BodyGuard pumps.

New Healthcare Practitioners must ensure that they access training in the use of the McKinley T34/BD BodyGuard pump as advocated by the Preceptorship lead (Practice Education Facilitator) The formal training involves mandatory elements

Adult Registered Nurses and Children Registered nurses- online training is accessed via Clinical-Elearning@BD.com and relevant face to face training is accessed by the Trust relevant training providers

A) Setting up of the T34/BD BodyGuard pump/Lock on competencies – 3 yearly face to face Training (Severn Hospice Training provider)
B) BD BodyGuard online training – annually
C) Adult only - Safe use of drugs and symptom control in palliative care or necessary treatment (Severn Hospice Training provider)
D) An End-of-life competency document and End of Life workbook are available and should be completed

7.1 Training Records

All training undertaken by staff must be recorded yearly on their Electronic Staff Record (ESR) record and within their personal professional portfolio of evidence and on their clinical skill training record on Microsoft teams. (Adult)

7.2 Competency Self-Assessment

Staff should undertake a yearly competency self-assessment to identify their individual learning needs and access the most appropriate training to address knowledge and skills gap in agreement with their line manager.

7.3 Training Self-Assessment

It is the responsibility of each practitioner to access the appropriate training to maintain competency. It is the responsibility of managers to ensure that practitioners can access mandatory training as detailed above.

8 Monitoring Compliance

This policy will be reviewed every 3 years

Key performance indicators comprise of:

- Clinical Leads, Team Leaders and the Trusts designated trainers will be responsible for ensuring that all Registered Nurses employed within the Trust have attended appropriate face to face training. The online learning tutorial is completed annually and face to face training is completed 3 yearly and other competencies are completed as indicated above in the training section (or as advocated by the team leader due to other circumstances)

- Registered Nurse's attendance at the relevant training sessions will be inputted via our electronic training record (ESR)

- The names of the Registered Nurses who have completed BD BodyGuard online training must be recorded by the practitioner on their ESR record

- All patient's Syringe Pump documentation will be stored within the patient's nursing notes and managed in accordance with Trust Policies and Procedures.

- All incidents and near misses involving Syringe Pump s will be recorded on Datix incident management and investigated appropriately by risk and clinical teams.

9 Associated Trust Documents, Policies & Guidelines

- Scope of Prescribing: Palliative Care V300 Independent Prescribers Medicines Policy Part 6 section 8.
- Consent to Examination or Treatment Policy (2018)
- Medicines Policies – Part 1-2-4-5-6-7-8-9-10
- Adults End of Life Care Strategy (2021)
- Palliative and End of Life Care Strategy for Children and Young People (2021)
- End of Life Care guidance for adults who are in the last months, days, weeks and hours of life and care after death (2021)
- Medical Devices Management Policy (2018)
- Waste Management Policy (2021)
- Incident Reporting Policy (2016)
- Needlestick Injuries, prevention and management, including BBV policy (2018).
- Standard Infection control precautions: hand hygiene and personal protective equipment policy (2019).
- Cleaning and Disinfection Policy (2019)
- Clinical Record Keeping Policy (2019)
- Records Management Policy (2018)
- Fast track pathway tool (2018)

10 Resources to support Syringe Pump administration

- Shropshire End of life plan and prescribing guidelines (2021)
- West Midlands Palliative Care Physicians Palliative Care Guidelines for the use of drugs in symptom control (2020)
- Diabetes End of Life Care Policy (2020)
- Care After Death Policy (2021)
- Adult Mouth Care Policy (2020)
- Patient Group Directive Sodium Chloride 0.9% injection
- Patient Group Directive Water for injections
- Drug label template for syringes (NA 202)
- Five rights label (NA 204)
- Grey bag label (RED) for checking of authorisation form.
- Grey Bag label for medication content
- As required medication authorisation chart

- Syringe Pump medication authorisation chart
- Syringe Pump monitoring form (NA 112)
- Drug stock balance charts (NA 105)
- End of life triage checklist (NA 128)
- Contents of Syringe Pump box form
- Palliative End of life Care Checklist / treatment plan (NA 129)
- ReSPECT Form and easy read leaflet
- Shropshire Telford and Wrekin Integrated Care Systems Advanced care planning document including ReSPECT
- End of life competency document
- Relevant Trust leaflets within the pack including Thinking ahead (Advanced care planning), Information about signs and symptoms at end-of-life care, grieving leaflet and What to do after a death.
- McKinley T34 and BD Bodyguard Syringe Pump useful information guide for patients and significant others
- Think food – at the end of life.
- Palliative Care Help line out of hours
  01743 454912

11 Standard Operating Procedures

Administration of Controlled Drugs for Community Nursing - DN001
Record Keeping for Controlled Drugs - DN003
Receipt and Storage of JIC medication
Documentation for JIC Medication
Collection of Medication
Storge of Medication in the patient's home
Storage requirements for locked box
Filling and storing Syringe Pump carrier boxes at base
Replenishing Syringe Pump boxes at base
Documentation of medication at patient's home
Waste Medication - In the patient home
Disposal of waste medication at the District nurse base
Use of discharge letter
Use of Authorisation forms
Administration of medication (excluding Controlled Drugs)
Using PGDs

Resource Packs

1. Syringe Pump Resource Pack Adult **- this supporting pack is available on the Trust Intranet**

2. Syringe Pump Resource Pack Children **- this supporting pack is available on the Trust Intranet**

3. End of Life Plan- this is available on the Trust Intranet

12 References

- BD Bodyguard T Syringe Pump lock on duration quick reference guide (2021)
- BD Bodyguard T Syringe Pump . Direction for Use (2021)
- Dickman A, Schneider J, and Varga J (2002). The Syringe Pump - Continuous subcutaneous Infusions in palliative care. Oxford University Press
- Medicines & Healthcare Products Regulatory Agency. www.mhra.gov.uk
- Mental Capacity Act (2005) www.dca.gov.uk/legal-policy/mental-capacity/mca-cp.pdf
- Nursing and Midwifery Council (2018) The Code - Standards of conduct, performance and ethics for nurses and midwives. www.nmc-uk.org
- Royal Marsden Clinical guidance (2020) via Trust Portal
- Royal Pharmaceutical Society (2019) https://www.rpharms.com/Portals
- Twycross et al (2002) Palliative care formulary. 2nd ed. Radcliffe Medical Press, Oxon
- West Midlands Paediatric Palliative Care Network (2018) West Midlands Children and Young People's Palliative Care Toolkit http://www.togetherforshortlives.org.uk
- West Midlands Palliative Care Physicians Guidelines for the use of drugs in symptom control (2018) http://www.wmcares.org.uk/wmpcp/guide

13 Consultation

This Policy was distributed to the following groups for consultation and comment.

- Clinical Educators - Mike Smith, Tracey Fisher and Catherine Chaplin
- Chief Pharmacist - Medicines Management - Susan Watkins
- Practice Education Facilitator - Sarah Yewbrey
- Infection Prevention & Control Team Specialist Nurse - Louise Fall
- Adult Service Delivery Group Manager - Mandee Worrall
- Advanced Clinical Practice and End of Life Lead - Kara Ayres
- Community Children's Service Manager – Kate Medhurst
- Team Leader Children's Community Nursing - Nikki Davies
- Clinical Lead for Quality - Children and Families - Sharon Simkin
- Care Home Team leader – Sarah Venn
- Associate Medical Director – Emily Peer
- Head of Nursing and Quality – Adult Services: Angela Cook

Appendix 1 - T34 McKinley & BD Bodyguard Syringe Pump Battery & Clock guidance

Shropshire Community Health NHS Trust

T34 McKinley and BD Bodyguard Syringe Pump Battery and Clock guidance

An alert was presented to Shropshire Community Health NHS Trust by manufacturer BD with information regarding a new update to their Directions for Use (DFU) guidance on the 3rd Edition -T34™ Ambulatory Syringe Pump . These pumps are currently in circulation within the trust.

Please Note: *BD have directed this guidance to the* ***3rd Edition of the T34™ Syringe Pump*** *,* however as a local trust decision the new policy will advocate these actions apply to **ALL** T34™ Syringe Pump s including T34™ McKinley and the BD Bodyguard range to avoid any confusion.

Description of the Problem

Following customer feedback, BD have found that when that when the T34™ Syringe Pump s are stored without the 9V battery for several days/weeks this may result in depletion of the internal 3V battery.

The Internal 3V battery powers the internal real-time clock and depletion may trigger two different issues;

-Timer's battery fail alarm

-Real time clock time lag

Directions for Use (DFU) and Manufacturer Guidance

The following 2 statements below have been provided by BD as an addition to their current Directions for Use booklet which is indicated below.

Syringe Pump and Unpacking

Verify that the date and time are accurate before starting the infusion by checking the last entry in the event log. If the date and time are not correct, adjust the date and time as below.

Pump Storage

If the pump has been stored without a 9V battery, verify the date and time are accurate before starting the infusion by checking the last entry in the event log. In the case, date and time is not correct, please adjust date and time accordingly.

Real Time Clock

Please Note: *Running an infusion isn´t dependent on an accurate 'Real Time Clock' and will not cause any deficit or safety issues to patient care as advised by BD.*

The clock is only visible when assessing the event log. Although the time and date would be incorrect, the sequence and the time between events would be correct. Inaccurate timing would only affect auditing and investigation; however, the investigator would still be able to obtain any data needed.

For guidance on how to change the real time clock please see below. Guidance will also be available in the Syringe Pump box (this information will be included in the Syringe Pump contents of box form).

9V Battery Information

Due to recent stock supplies of Duracell Plus 9V Batteries – ***BD have advocated the use of the Panasonic Powerline 9V as an alternative battery.***

Please Note: The Duracell Plus 9V and Panasonic Powerline 9V are the only approved batteries for the T34 McKinley and BD Bodyguard Syringe Pump s. Both batteries have been laboratory tested by the manufacturer and are deemed to be the safest and are available via oracle.

The Trust advocates that due to the complexity of the mechanical systems in which the pumps are made that batteries are changed when in use at each 24-hour intervention to prevent any error in patient medication administration.

All Syringe Pump s must be stored with a battery in place.

Additional information

Attached to this alert;

-BD Safety Alert: URGENT: FIELD SAFETY NOTICE – MMS-21-3992

-BD Technical Bulletin - T34™ 3V Battery Depletion Effects on Real-Time Clock

-BD - Battery Recommendations

- BD - BodyGuard T information guide

Credits

The information was sourced from BD who now own, manage and distribute T34™ McKinley Syringe Pump s and BD Bodyguards Syringe Pump s. All information given is correct as of the 22/03/2022 and has been developed by the support of BD and Mike Smith (Clinical Practice Teacher) and Deana James (Clinical Practice Teacher) from Shropshire Community Health NHS Trust.

This information will also be available within the new version of Shropshire Community Health NHS Trust's - 'Policy for the administration of medications via McKinley T34™ / BD Bodyguard Syringe Pump for adults and children in the community'

For any supporting information please contact;

T34FieldAction@bd.com **–** For information from BD in relation to this information

bd-blackpool-salesorders@bd.com – For any enquires

Mike.Smith24@nhs.net and Deanajames@nhs.net for any trust information or advice.

Guide to changing Syringe pump date and time

TOGGLE DOWN TO 'CHANGE SET UP' MENU USING THE ARROW BUTTONS AND SELECT

USE ARROW BUTTONS AND TOGGLE TO PASSCODE '99' AND SELECT

Toggle down to 'Time & Date' and select

USING THE ARROW BUTTONS TOGGLE TO THE CORRECT YEAR AND SELECT

USING THE ARROW BUTTONS TOGGLE TO THE CORRECT MONTH AND SELECT

USING THE ARROW KEYS TOGGLE TO THE CORRECT DAY AND SELECT

TOGGLE USING THE ARROW BUTTONS TO THE CORRECT HOUR AND SELECT

TOGGLE USING THE ARROW BUTTONS TO THE CORRECT MINUTE AND SELECT

SELECT 'EXIT' TO RETURN TO 'INFO MENU'

Appendix 2 – Dexamethasone information

Shropshire Community Health NHS Trust

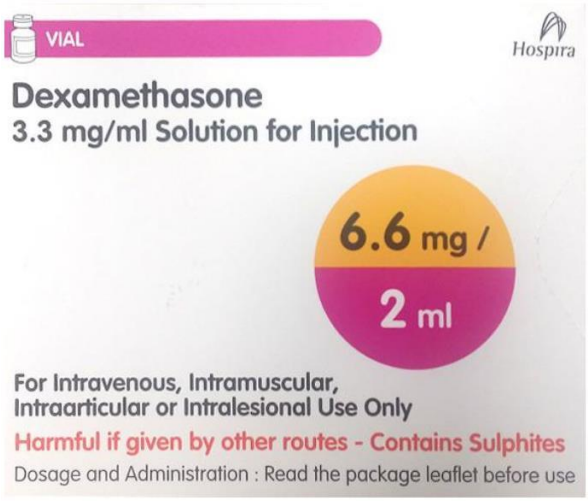
DEXAMETHASONE
What does it do?

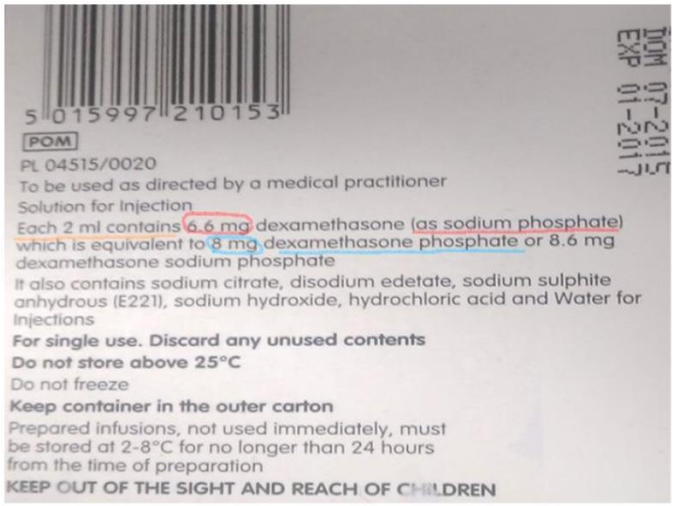
Dexamethasone is a steroid. Its most common use is in cancer services, where it is often used as an anti-inflammatory (for cerebral oedema) or as an anti-emetic with chemotherapy. It can also be used to treat or prevent allergies when administering chemotherapy.

In palliative care, it is the corticosteroid of choice for a variety of uses, including anorexia, anti-emesis, raised intra-cranial pressure and spinal cord compression. In addition, for patient's receiving a syringe driver, it can be co-administered to reduce inflammation at the site.

Dosing

- Can be oral, sub-cutaneous, intra-venous or IM
- It is given ONCE or TWICE daily (oral or injection) Usually MORNING +/- LUNCHTIME
- When used in palliative care for site patency, it is always SUB-CUTANEOUSLY & over 24 HOURS
- **Always check the combination is compatible prior to mixing a syringe driver**
- When mixing in a syringe driver with other drugs, always add the Dexamethasone **last**
- Dexamethasone injection has caused confusion in the past due to the change in how it is labelled





- **SCHT will follow local guidance of the Severn Hospice and**

- **When given as an injection:** Dexamethasone should be prescribed as Dexamethasone Phosphate
  - Thus 6.6mg/2ml (base) is equivalent to 8mg/2ml Dexamethasone Phosphate
  - Oral Dexamethasone is equivalent to the injectable, 4mg orally is equivalent to 4mg injection
  - In syringe drivers for reducing site inflammation the dose is 1mg = 0.25ml (of the 3.3mg/ml as we're saying this is 4mg/ml Dexamethasone Phosphate) over 24 hours

Common adverse effects:

The most frequently reported adverse effects for Dexamethasone:

- Increased appetite
- Irritability
- Difficulty sleeping (insomnia)
- Swelling in ankles and feet (fluid retention)
- Heartburn
- Muscle weakness
- Impaired wound healing
- Increased blood sugar levels. (Patients with Diabetes may need to have blood sugar levels monitored more closely and possible adjustments to diabetes medications).

Interactions:

- May enhance or reduce effect of Warfarin
- Diuretics can be less effective
- Hypokalaemia is more common when used with diuretics
- Increased risk of gastro-intestinal side-effects when taken with NSAIDs

Other factors regarding Dexamethasone include:

- Patients on long-term therapy should not stop suddenly
- Patients on long-term therapy should carry a steroid card

References:

- SPC: https://www.medicines.org.uk/emc/medicine/23134
- BNF(September 2016)
- UKMi https://www.sps.nhs.uk/wp-ontent/uploads/2016/03/Dexamethasonereportversion3Nov2014final.pdf
- Palliativedrugs.com: http://www.palliativedrugs.com/download/dexamethasone_injection_changes_V11_141218_aw_final.pdf