**A picture containing drawing

Description automatically generated**

**Syringe Driver**

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1. **Purpose & Application**

This policy has been developed to provide guidance and information about how to set up and use a syringe driver.

**What is a Syringe Driver?**

**Setting up a Syringe Driver**

**Labelling the Syringe**

**Removal of Syringe Driver**

**Disposal of Unused Medication**

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The policy will apply to:

* **Permanent employees**
* **Temporary employees**
* **Agency workers**

It will be the responsibility of managers to take any necessary action if this policy is not adhered to, taking into account the relevant regulatory responsibility.

1. **Responsibilities**

**The nominated individual** is accountable for the implementation of this policy in its entirety. They are a key contact for the service.

**The registered manager and any trained nurses** are responsible for the implementation of this policy.

**Any care staff** that have had training and been deemed competent in the care and use of a syringe driver.

1. **Legislation and Regulation**

**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12**

The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills, and experience to keep people safe.

Providers must make sure that the premises and any equipment used is safe and where applicable, available in sufficient quantities.

Providers must prevent and control the spread of infection. Where the responsibility for care and treatment is shared, care planning must be timely to maintain people's health, safety, and welfare.

CQC understands that there may be inherent risks in carrying out care and treatment, and they will not consider it to be unsafe if providers can demonstrate that they have taken all reasonable steps to ensure the health and safety of people using their services and to manage risks that may arise during care and treatment.

CQC can prosecute for a breach of this regulation or a breach of part of the regulation if a failure to meet the regulation results in avoidable harm to a person using the service or if a person using the service is exposed to significant risk of harm. They do not have to serve a Warning Notice before prosecution.

1. **Syringe Driver: Policy & Procedure**

**What is a Syringe Driver?**

A syringe driver is a small, battery-powered pump that delivers medication at a constant rate throughout the day and night. Medicines are put in a syringe, and the syringe driver pushes the medicines through a soft plastic tube and into the body. It is usually inserted just under the skin on the arm, leg, or abdomen. The tube is inserted using a very thin needle, which is then removed.

There are lots of reasons why a syringe driver might be the best way to take medication. For example, a syringe driver might be helpful if people find it difficult to swallow tablets or liquid medicines, symptoms can’t be managed with tablets or injections, the person is vomiting or feels sick, or if the body can’t absorb medicines properly.

Syringe drivers are often used in the last few weeks and days of life, but they can be useful for managing symptoms at any stage.

**Setting up a Syringe Driver.**

All medicines administered via the syringe pump should be clearly and correctly prescribed. The following information must be included:

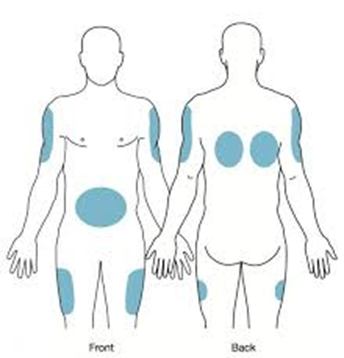
* Patient details,
* Any known allergies,
* Medicine name (generic in CAPITALS),
* Dose over 24 hours,
* Diluent,
* Route of administration,
* Duration of subcutaneous infusion,
* Prescriber’s signature.

The person preparing the medication should check the following:

* Prescription,
* Compatibility of medicines prescribed,
* Diluent,
* Infusion volume required,
* Size of syringe required.

The syringe driver is usually set to give medication continuously over 24 hours. The medicines are changed each day by the nurse as prescribed and changes of the tube every few days. It is important that the person is aware that it might hurt a little bit when the tube is placed under the skin, but once in place the syringe driver should be painless. The medicines take three to four hours to reach a steady level in the body, so people might not feel an effect straight away and may require other analgesia until the effect of the syringe driver takes place.

The syringe driver has an inbuilt computer and a small screen. It calculates the rate at which the medicines that have been prescribed should be given and displays this on the screen.





**Labelling the Syringe**

Ensure the label does not interfere with the mechanism of the syringe pump; for example, where there is contact with the barrel clamp arm. When attaching the label, ensure it does not obscure the visual scales on the syringe which may require to be viewed during the infusion.

The following details are required on the label:

* Patient name,
* Medicine name(s),
* Dose of each medicine,
* Diluent name,
* Total volume in millilitres (mls),
* Date and time prepared,
* Initials of the individual preparing the syringe.

Where drug combinations, commonly an analgesic and an antiemetic, are used, further criteria must be met: the drugs must be compatible with each other, and the diluent must be compatible with the drugs used.

**Staff should not operate a syringe pump unless they have completed Proficiency Training, have undergone a period of supervised practice, and be deemed proficient and confident in setting up a syringe pump.**

Ensure that the syringe pump is fully functional prior to use. Do not use it if it appears faulty in any way. Ensure that annual maintenance and servicing arrangements for syringe pumps are observed as per manufacturers’ recommendations. Do not modify or adapt the device for any use other than those recommended by the manufacturer.

**Removal**

The infusion set should be removed by a Registered Nurse, and empty syringes should be discarded in the sharps container.

**Disposal of Controlled Drugs**

Any medication remaining in the syringe should be measured (volume to be discarded should be recorded before being ejected) from the syringe into the sharps container or DOOP jar, then both nurses to witness the action and sign appropriate documentation such as the CD register.

The needle site should be inspected. If necessary, cover with a dry sterile dressing or plaster (if the patient has no allergies). Document the condition of the needle site on removal. If the syringe pump is no longer required, the battery should be removed and discarded via household waste. The device and associated equipment should be cleaned as per manufacturer’s instructions.

**Things to Look Out For**

Checks must be made for the syringe driver on a regular basis and all checks must be documented to evidence the machine is working and no skin problems have been noted. It is important to check for any changes on the skin where the tube goes in, like skin irritation, redness, or discomfort, and to keep the syringe driver and skin around the tube clean and dry. If the skin becomes red or irritated, this may indicate that a new tube needs to be inserted. If pain or discomfort symptoms aren’t under control quickly, medical, or professional specialist help needs to be consulted, and if needed, changes or adjustments to medicines may be necessary.

If the syringe driver stops working, the effect of the medicines will continue for a while, but it is important that the machine is checked and replaced, if necessary, in a timely manner, to ensure medication continues as prescribed.

**If the Alarm Goes Off**

The alarm will go off if there is a problem with the syringe driver. An alarm may just mean a new battery is needed. This will show on the display. The driver display will display an alert if there are any blockages or leaks. Blockages can happen if the person accidentally lies on one of the tubes, for example.

**Care of the Syringe Driver**

In general, syringe drivers are safe, reliable and don’t need a lot of care, but it is important to keep the skin around the tube dry. If the skin is sore or looks irritated, intervention is needed from the nurse to check for problems. All staff must always report if the syringe driver is dropped to the nurse in charge and make sure the syringe driver is kept dry when washing. Care staff must be aware to take extra care when supporting with washing and dressing to make sure the tube isn’t pulled out. If this happens, the nurse must be informed immediately, and the tube reinserted, and the pump recommenced.

**Common Worries/Problems**

Some people are concerned that having a syringe driver can make death come sooner. There is no evidence to suggest that this is true.

Although syringe drivers can be useful at any stage of illness, they are often used in the last few days and weeks of life. For example, sometimes when someone is approaching death, they stop being able to swallow medicines, or their body stops being able to absorb them properly. In this case, a syringe driver is often the best way to give them medicines to help them feel more comfortable.

Always refer to the manufacturer’s handbook for further information for safety and recalibration timescales.

**All pictures are for example only and may appear different when prescribed.**

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| **Service Specific Information** | |
| Where are the syringe drivers stored? |  |
| Who is responsible for the calibration of the syringe drivers? |  |
| Have nurses received syringe driver competency assessments? |  |
| What are the contingency plans for when the syringe driver is out of the building being calibrated? Are there spare or who would be contacted in the event of one being required? |  |
| Who is responsible for changing the time on the syringe driver when the clocks change? And when is this done? |  |

1. **Equality Impact Assessment**

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| **Equality Impact Assessment Checklist** | | **Yes/No?** | **Comments** |
| **1.** | Does the procedural document affect one group less or more favorably than another on the basis of: |  |  |
| * Race? | No |  |
| * Ethnic origins (including gypsies and travelers)? | No |  |
| * Nationality? | No |  |
| * Gender? | No |  |
| * Culture? | No |  |
| * Religion or belief? | No |  |
| * Sexual orientation, including lesbian, gay and bisexual people? | No |  |
| * Age? | No |  |
| **2.** | Is there any evidence that some groups are affected differently? | No |  |
| **3.** | If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable? | N/A |  |
| **4.** | Is the impact of the procedural document likely to be negative? | No |  |
| **5.** | If so, can the impact be avoided? | N/A |  |
| **6.** | What alternatives are there to achieving the procedural document without the impact? | N/A |  |
| **7.** | Can we reduce the impact by taking different action? | N/A |  |

If you have identified a potential discriminatory impact of this procedural document or need advice, please document the action required to avoid/reduce this impact.