

# Clinical Procedure Competency Document

## Set-up and Preparation of an infusion via McKinley T34 syringe driver Core Competency (Nurse)

Name

Date

Expiry Date

| PRACTICAL DEMONSTRATION OF REQUIRED SKILLS AND KNOWLEDGE                                                                                                                                        | LEVEL REACHED |   |   |   |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---|---|---|---|
|                                                                                                                                                                                                 | 1             | 2 | 3 | 4 | 5 |
| Ensure all appropriate equipment is present prior to commencing procedure                                                                                                                       |               |   |   |   |   |
| Ensure environment is clean and prepared for procedure                                                                                                                                          |               |   |   |   |   |
| Decontaminate hands (adhering to IPC policy) and apply PPE                                                                                                                                      |               |   |   |   |   |
| Check CYPs' MAR Chart/syringe driver prescription and dosages. (Ensure correct dosages taking account symptom management/ assessment of CYP and total breakthrough doses in previous 24 hours.) |               |   |   |   |   |
| Check drug compatibility                                                                                                                                                                        |               |   |   |   |   |
| Draw up medication, complete CD record, syringe driver documentation, syringe label,                                                                                                            |               |   |   |   |   |
| Prime infusion set with loaded syringe                                                                                                                                                          |               |   |   |   |   |
| Label syringe                                                                                                                                                                                   |               |   |   |   |   |
| Load syringe into syringe driver                                                                                                                                                                |               |   |   |   |   |
| Prepare the CYP (Patient specific), explain procedure and gain consent                                                                                                                          |               |   |   |   |   |
| Check Saflo site for redness, swelling, pain, leakage                                                                                                                                           |               |   |   |   |   |
| Demonstrate insertion of Saflo 90 device, explain how to choose appropriate site                                                                                                                |               |   |   |   |   |
| Check battery life in syringe driver- ensure over 40% charged, which battery should be used?                                                                                                    |               |   |   |   |   |
| Check volume remaining to be infused is accurate (not necessary if new infusion)                                                                                                                |               |   |   |   |   |
| Prime infusion set with loaded syringe                                                                                                                                                          |               |   |   |   |   |
| Document time, date, volume to be infused, rate of infusion, battery life                                                                                                                       |               |   |   |   |   |
| Attach infusion line from replenished syringe to Saflo                                                                                                                                          |               |   |   |   |   |
| Commence infusion                                                                                                                                                                               |               |   |   |   |   |
| Ensure infusion is delivering- green light etc                                                                                                                                                  |               |   |   |   |   |
| Lock keypad on syringe driver                                                                                                                                                                   |               |   |   |   |   |
| Lock syringe driver box                                                                                                                                                                         |               |   |   |   |   |
| Discard remaining medication from previous syringe in CD destruction kit and document                                                                                                           |               |   |   |   |   |
| Dispose of equipment                                                                                                                                                                            |               |   |   |   |   |
| Documentation                                                                                                                                                                                   |               |   |   |   |   |
| 4 hourly syringe driver checks/ complete documentation in house                                                                                                                                 |               |   |   |   |   |
| Discuss and demonstrate administration of a bolus dose of medication                                                                                                                            |               |   |   |   |   |

# Clinical Procedure – Core Competency

## Competency Sign Off Sheet – Continuous subcutaneous infusion

### STAFF NURSE

I \_\_\_\_\_ confirm that I have received theoretical learning, practical instruction and guidance in the above procedure. I confirm that I am in agreement that I be deemed competent following the assessment which I have just undertaken. I understand the scope of this competency and my duties in relation to this competency. I will not carry out any procedures which contradict the teaching I have received or that have not been covered in this training.

I will accept the responsibility for my own learning and seek out further training or practical sessions if I have any concerns related to my competency. I also understand that the aforementioned competency has an expiry date (identified on pg. 1) and I will seek to start the process of renewal at least 4 weeks before confirmed expiry date. I understand that if I allow my competency to lapse, I will not be licenced to perform this competency and will be expected to revalidate.

|                    |  |             |  |
|--------------------|--|-------------|--|
| STAFF NAME (PRINT) |  | DESIGNATION |  |
| SIGNATURE          |  | DATE        |  |

### NMC REGISTRANT

I as an NMC registrant can confirm that the above named individual (the carer) documented above is competent to carry out the procedure detailed overleaf.

|                       |  |             |  |         |  |
|-----------------------|--|-------------|--|---------|--|
| ASSESSOR NAME (PRINT) |  | DESIGNATION |  | NMC PIN |  |
| SIGNATURE             |  | DATE        |  |         |  |