



# NIKI T - SYRINGE DRIVER CHECK LIST

<b>Syringe Drive number : .....</b> <b>Niki T Syringe Driver Check List – One form per syringe driver</b>										
To be completed: On commencement of infusion / change of syringe <b>*Two Nurses to sign on commencement of syringe driver, at shift handover and any change of syringe.</b> To be checked <b>30 minutes</b> after commencing, on <b>handover AND every 4 hours.</b>								Patient Label		
<b>Medication added label checked against prescription</b>								Signature		Signature
<b>Correct syringe identified</b>								Signature		Signature
D A T E	Time 24 hour clock	Battery Level %	Display screen Light flashing	Infusion rate: Mls/hr	Total volume infused TVI	Volume remaining in syringe: VTBI	Time remaining	Site check/ insertion date of needle	Solution / Tubing checked	Signature/s

- \* Solution / Tubing to be checked for colour change/precipitation
- \*Two Nurses to sign/initial on commencement of infusion/change of syringe
- \* Site check – 1. Patent 2. Leaking 3. Red 4. Blood stained

**COMPLETION/DISCONTINUATION: Please clean and prepare Syringe Driver for return to place of origin eg. Storage, Hospice, Hospital**  
 ARC Syringe Driver. MH. Reviewed: 01.2019



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