

McKinley T34 Syringe Pump

Patient Information

This leaflet explains how the McKinley T34 syringe pump is used to deliver medications, including the benefits, risks and any alternatives and what you can expect when you have a syringe pump in the hospital and community setting.

If you have any further questions, please speak to a doctor or nurse caring for you.



What is a syringe pump?

It is a small, lightweight, battery-operated, portable pump that delivers medicine slowly over a 24-hour period under the skin (subcutaneously). The syringe will contain medications to help with your symptoms which will have been assessed by an appropriate clinician. Your medication will be reviewed daily and changed if necessary, according to your symptoms.

Why should I have a syringe pump?

Syringe pumps are used for several reasons. It is a simpler and more comfortable way to receive medication for people who would otherwise need frequent injections.

Some people find it difficult to swallow their medication in tablet or syrup form and some people may feel sick or vomit frequently, which means it is difficult to take their medications by mouth. Some people's symptoms are difficult to control by tablets alone and therefore a syringe pump may be used.

What are the risks?

Your skin: Sometimes the medication can cause a skin reaction. The nurses will check the insertion site and if the area becomes sore, the needle may be moved to another part of the body.

The Syringe Pump: The pump is quite strong but can be damaged if dropped. Handle the pump with care. The pump should never get wet. Ask the nurse for advice about washing and bathing.

The pump's alarm will bleep approximately 15 minutes before the completion of the infusion or if there is a problem, for example, if there is a blockage of the thin tube. There are several buttons on the pump. Please <u>do not</u> touch them. They are for the nurses when setting up the pump.

The pump must be kept in the locked box while in use.

Keep the syringe pump out of direct sunlight and it should not be placed above the insertion site.

Are there any alternatives?

Currently, there are no alternatives. A syringe pump will be suggested if there are concerns about uncontrolled symptoms, the ability to swallow tablets or when there is no other way of giving medications.

Asking for your consent

It is important that you feel involved in decisions about your care. You will not be asked to sign a consent form but a conversation will take place to explain the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said 'yes' previously. If you would like more details about our consent process, please ask for a copy of the St George's Hospital policy.

What happens when starting a syringe pump?

The liquid medication is put into a syringe connected via long thin tubing. The nurse will insert the needle just under the skin. They will then put a clear dressing over the insertion site to keep it clean, dry and in place. Once in place, you should not feel it and therefore it can stay in place for several days. The normal procedure is to insert it into the upper arm, although other places of the body may be chosen for comfort or convenience.

Will I feel any pain?

You may experience some discomfort initially when inserted but this can remain in place for three days or more if the insertion site remains healthy.

What happens after starting a syringe pump?

The nurses on the ward will check the syringe pump and insertion site every four hours. They will also monitor your symptoms and escalate if any changes are needed with the medications in the pump.

What do I need to do after I go home?

If you go home with a syringe pump, a referral will be made to the district nurses as they will need to visit you at home once a day to change the medication when it runs out. It is also not a long-term solution so it may be that it is stopped or you may be switched to a different form of medication before you leave the hospital.

Will I have a follow-up appointment?

If you are known to the palliative care team on your admission to the hospital, they will support and advise your ward team on how to manage the syringe pump and symptoms. If appropriate you will be referred to community palliative care for follow-up but this will be discussed with you first.

Useful numbers

Contact us

If you have any questions or concerns about the McKinley T34 syringe pump, please contact the St George's Palliative Care Team on 020 8725 3311 (Monday to Sunday, 9am to 5pm) if you remain in the hospital.

For more information leaflets on conditions, procedures, treatments, and services offered at our hospitals, please visit <u>www.stgeorges.nhs.uk</u>

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available: Monday, Tuesday and Thursday between 10am and 4pm Friday between 10am and 2pm. Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

Tel: 020 8725 2453 Email: pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. Web: www.nhs.uk

NHS 111

Call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble Website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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