

Clinical Skills Competency Assessment

McKinley T34 Syringe Driver

WE STATEMENT

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

INTRODUCTION

This competency has been designed to promote the safe and effective administration of subcutaneous medications, using the McKinley T34 Syringe Driver. The objective of this competency is to determine the Registered Nurse's skills and knowledge for the preparation, the administration and the monitoring of the McKinley T34 Syringe Driver and medications used within.

The competency should be completed by each Registered Nurse, to demonstrate efficiency and competency in the use of the McKinley T34 Syringe Driver and should be assessed by a fellow Registered Nurse, who has previously completed this competency and can demonstrate competency in the use of the McKinley T34 Syringe Driver. The Registered Nurse should have confidence in his/her actions performing this activity satisfactorily without supervision and/or assistance displaying high quality of work with understanding and appropriate application (Benner 1984). The NMC Code of Conduct should be adhered to, to ensure the Registered Nurse understands his/her responsibilities with regards to the management and disposal of controlled and non-controlled medications and guarantee safe clinical practice.

The Registered Nurse should have completed the Competency for the administration of medications, prior to the completion of this competency and be familiar with the EFHL Medication Policy. Please refer to EFHL Medication Policy, if required.

The McKinley T34 Syringe Driver can be used for residents, in the event of:

- Symptom control, with an aim to maintaining their quality of life, and can be considered to be used in end of life care.
- Symptom control, in acute illness and/or disease, whereby the resident is not classed as being at the end of life.

Registered Nurse Name:	
Registered Nurse Signature:	
Assessor Name:	
Assessor Signature:	
Date Competency completed:	

Responsibilities in Practice Learner

Competency & Awareness	RN Signature	Comments	Assessor's Signature
Pre-operational Inspection			
Define the expected number of nurses required to set up a McKinley syringe driver within an EFHL home.			
Define the two reasons for Syringe driver use, as stated above.			

Explain the equipment required in setting up the driver.			
Explain the type and sizes of syringes that can be used.			
Explain the battery type required and at what point the battery should be changed.			
Identify where on the driver you can verify the battery Life (%).			
Identify the correct infusion line and why the line priming volume is important.			
Explain how you would confirm that the infusion is running correctly.			
Explain the use of the different keys on the driver, to identify functions and monitoring.			
Demonstrate how to apply the keypad's safety lock.			
Explain how to recognise alerts and what actions to take when an alert is triggered.			
Explain how to recognise an alarm and what actions to take when an alarm is activated.			
Operation of the McKinley T34			
Decontaminate the syringe driver, using antibacterial wipes. Ensure that the driver and the case is clean and safe for use.			
Decontaminate hands, using soap or antibacterial hand gel, as per policy.			
Assess and how you would establish that the syringe driver recalibration / service is in date.			
Operation of the McKinley T34 continued			
Identify the resident. If the resident is unable to state their name and DOB, please use the photo on EMAR.			
Establish a safe infusion site – explain why this area has been chosen and areas that should be avoided.			
Review the prescription on EMAR and cross reference the label on the medication, to			



ensure that prescription and instructions for use match.			
Draw up medications into the driver appropriately (prime the line and load syringe following local palliative care guidance and policy – please contact the local palliative care team for advice and support, if required).			
Ensure adequate mixing of medications by inverting the syringe several times.			
Turn the Syringe driver on and check its battery level. New battery added, is required.			
Load the syringe into the driver and confirm the correct syringe brand in use.			
Review the syringe volume, its duration and the rate of the infusion.			
Connect line to the patient, ensuring that secured in place correctly. Ensure that the location of the site is stated on EMAR.			
Start the infusion, ensuring that you check and confirm the infusion is running.			
Attach the lock box and lock securely. Storing the syringe driver inside the allocated and dignified storage case available in each home.			
Apply documented sticky label to identify the contents of the syringe, within the driver and information.			
Syringe Driver Monitoring			
Identify and describe own professional accountability (NMC code of conduct).			
Identify the correct document for the evidencing of syringe driver checks.			
Explain how often the syringe driver checks should take place.			
Explain in detail, what should be checked and reviewed within this 4-hourly check.			

Demonstrate, how to check the volume infused, since the last 4-hourly check.			
Whilst the infusion is running, demonstrate how to check the battery level on the driver.			
Check the site of the needle, observe that the infusion is running correctly through the needle site and that the skin is free from irritation, pain, inflammation and discolouration.			
The RN can activate and /or deactivate the keypad lock.			
Demonstrate how to establish the last service date of the driver. Is it within date?			
How/To Who would you send the syringe driver for a service? Define the location and contact details.			
Explain what to do is the medication inside the syringe started to crystalize.			
Explain what to do with the syringe driver, should the resident be found to have passed away.			
What action should be taken if the infusion ends early.			
State the correct procedure to follow should a medication error occur.			
State who can be contacted for support with medication and symptom control.			
State who you would contact if you required an emergency / replacement driver.			
How and to who would you sent your syringe driver off to for recalibration / service? (provide contact details)			
Reflection and Learning required			
This section is for the Nurse & Assessor to reflect on any issues identified.			
Syringe Driver Medication Awareness			

<p>Explain what medication would be used in a syringe driver for a resident experiencing pain. (Most commonly used: Morphine, Diamorphine, Oxycodone, Alfentanil)</p>			
<p>Explain what medication would be used in a syringe driver for a resident experiencing nausea or vomiting. (Most commonly used: Metoclopramide, Cyclizine, Levomepromazine)</p>			
<p>Explain what medication would be used in a syringe driver for a resident experiencing agitation. (Most commonly used: Midazolam, Haloperidol, Levomepromazine)</p>			
<p>Explain what medication would be used in a syringe driver for a resident experiencing Secretions. (Most commonly used: Hyoscine Butylbromide, Hyoscine Hydrobromide, Glycopyrronium.)</p>			
<p>Explain what medication would be used in a syringe driver for a resident experiencing seizures. (Most Commonly used: Midazolam, Levetiracetam, Dexamethasone)</p>			

Competency Complete.