CME T34 (McKinleyT34) 24 Hour Subcutaneous Infusion Set up, Record of Administration and Monitoring Chart: for Community Use (Adults and Children)			Note: USE ONE CHART PER PUMP  Infusion No:of  Sheet No:				1	Namo			NHS Lothian		
Time/ Date		Medication	on(s)	24 hour Batch dose number			Expiry date	Prepare (Full sig	_	e/Print	name)		
Date					4000				dato	(1 411 019	jiiatare	71 11110	riairio)
	Diluer	nt:											
	Serial	no. of pump:		Time:									
	Date s	ervice due:		Site: (I=intact C= changed)									
	Syring	e size:	MONITORING	Syringe and line: (tick if intact)									
SET UP	Total v	olume:		Flow rate in mls/hr (NB Do not alter)									
တ				Volume remaining in mls									
	Flow ra	ate ml/hr:	Ž	Volume infused in mls from start of infusion									
	Site of	cannula:		_	to time?								
	Battery	/ level:		Initial									
Time	Time Comment / Action taken if not runn				ng to tim	e:				Signa	ture/P	rint na	ame
If any medication(s) discarded, note volume and date													
As red	As required medication recording												
Date	ate Time Medicati			on Dose Batch Expiry Signature/Pri					Print r	name			

Date	Time	Medication	Dose	Batch number	Expiry date	Signature/Print name

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CME T34 (McKinleyT34) 24 Hour Subcutaneous Infusion Set up, Record of Administration and Monitoring Chart: for Community Use (Adults and Children)			Note: USE ONE CHART PER PUMP  Infusion No:of  Sheet No:				Addressograph label or Name  DOB  CHI			J	NHS Lothian		
Time/ Date	(-)		24 hour Batch dose number			Expiry Prepared by date (Full signature/Print nan		name)					
										, ,	<u>,                                      </u>		,
	Diluo	-4·											
	Dilue	it.											
	Serial	no. of pump:		Time:									
	Date s	ervice due:		Site: (I=intact C= changed)									
	Syring	e size:	ŋ	Syringe and line: (tick if intact)									
T UP	Total v	olume:	MONITORING	Flow rate in mls/hr (NB Do not alter)									
SET			Ξ	Volume remaining in mls									
	Flow ra	ate ml/hr:	MO	Volume i from sta									
	Site of	cannula:	nnula:		Running to time? Y/N If No, document action below								
	Battery	y level:		Initial									
Time	me Comment / Action taken if not running				ng to tir	ne:				Signa	ture/P	rint na	ame
If any	If any medication(s) discarded, note volume and date												
As red	quired	medication	recor	ding									
Date	ate Time Medicati			on Dose Batch				Expiry	Expiry Signature/Print name			ame	

Date	Time	Medication	Dose	Batch number	Expiry date	Signature/Print name

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