

The BD BodyGuard™ T syringe pump is used across Lothian to administer subcutaneous infusion of medication for pain and symptom control in palliative care. The pumps must be available when needed, as lack of equipment constitutes a clinical risk, delaying patient treatment and adding unnecessary work to clinical staff attempting to locate equipment. There is also the financial risk of lost pumps (pumps cost approx. £1000 each). Consequently, it is imperative that we track and return devices to allocated areas.

## 1.0 Responsibilities

### 1.1. Inventory:

- 1.1.1. Medical Physics will create and maintain an NHS Lothian wide inventory with the following information: BD BodyGuard™ T serial number, ID Asset number, area/base allocated, date of purchase, order number, and date of last service.
- 1.1.2. Staff/ managers can contact Medical Physics to check pumps allocated to their area and in guiding where to return a pump if unsure. Staff should have the ID/Asset number of the pump available.

### 1.2. Return of pumps after service:

- 1.2.1 After any service or repair Medical Physics will return pumps to their allocated area.
- 1.2.2 If the pump was not received for maintenance in Medical Physics from its allocated area, then Medical Physics will inform the area concerned that the pump is being returned to its allocated area and not to them.

### 1.3. ID on pumps:

Pumps are labelled with the allocated location, both electronically (visible on startup of the pump) and with an external label that includes the telephone number of the maintenance organisation, and the device servicing number. The BD BodyGuard™ T serial number can be found on the rear right of the pump, immediately below the bar code.

### 1.4. Responsibility:

- 1.4.1 Charge Nurses and District Nurse Team Managers are responsible for managing the pumps allocated to their area. This includes maintaining a local register of their allocated pumps, ensuring the process for tracking and retrieving pumps borrowed or transferred with a patient to another area (page 2) is in place, and completing an annual review to confirm the allocated pumps are still within their area and have been serviced annually.

1.4.2 It is the Chief Nurse's/Associate Nurse Director's responsibility to recover and or replace any lost pumps.

### **1.5. Caution – use of non-Lothian pumps:**

Within NHS Lothian, only BD BodyGuard™ T syringe pumps with an NHS Lothian ID should be used for continuous subcutaneous infusion for palliative care. This is because devices in different Health Boards may be configured differently and there is a risk to the patient if a staff member sets up and uses a pump configured in a different way.

### **1.6. Packaging for returning pumps:**

Within Lothian, use padded envelopes, ensuring that the pump is within its Perspex box. Outwith Lothian, consult your local Medical Physics department.

## **2.0 Movement from your area with one of “your” BD BodyGuard™ T pumps**

### **2.1 Record the pump movement:**

Record the following details in the local register:

- Pump details: Serial Number and pump ID
- Date (and time): When the patient left your care area
- Patient destination: Inpatient unit: ward and site
- Home: Community base and CHP with contact details
- Patient details: Log the transfer of the pump in the patient records

### **2.2 Fill in the pump movement and return form:**

Fill in Form A (below) and send with the patient.

If the patient has been admitted from home, the community nurse should fax a copy as soon as she/he is aware that the patient has been admitted. Where the admission is planned, the form should be completed in advance. When returning the pump, complete the lower section of Form A and send it with the pump.

- Record return of pump in your local register, noting date returned.
- Pump not returned: must be followed up.

### **2.3 Issue reminder if the pump is not returned within 7 days (Form B below)**

If the pump has not been returned after 14 days inform the Charge Nurse/District Nurse Team Manager of your area. They should contact the Charge Nurse/District Nurse Team Manager of the area to which the patient was transferred to ascertain why the pump has not yet been returned.

Pump not returned after this, the Charge Nurse/District Nurse Team Manager of the allocated area should inform their Clinical Nurse Manager, complete a Datix Incident Report, and inform the Medical Physics department.

## **2.4 Pump loans:**

- Please note that this process should also be followed if you loan a pump to another area.
- If the loan is to a care home, a Care Home Loan Form must also be completed.

## **3.0 You receive a BD BodyGuard™ T syringe pump from another area**

If a patient is transferred to your area with a BD BodyGuard™ T syringe pump you must, at the earliest opportunity, transfer the patient onto a BD BodyGuard™ T syringe pump that has been allocated to your area, e.g., at the next syringe change.

Return the pump as soon as possible:

- NHS Lothian pumps are labelled with the allocated area, and this is also displayed on the LCD screen on startup of the pump.
- Contact the area from which the patient was transferred, informing them that the pump is being returned.
- Record in your local register pump details (see 1.1 above) that you have returned the pump and by what method i.e. internal mail, carer, post.
- See notes above about safely returning pumps.

**Request that the BD BodyGuard™ T syringe pump is promptly returned**

Date: .....

The patient (below) transferred to your care area has a BD BodyGuard™ T syringe pump.

Patient name: .....

CHI number: .....

Pump serial number: .....

Pump ID number: .....

The BD BodyGuard™ T syringe pump should be changed, at the earliest opportunity, to a BD BodyGuard™ T that has been allocated to your ward/base.

The BD BodyGuard™ T you remove from the patient should be returned as below:

Address for return:

.....  
.....  
.....

**Instructions for returning pumps:**

Within Lothian: place in a padded envelope, marked 'fragile' and send in the internal mail.

Outwith Lothian: appropriate options for return should be explored e.g. would it be appropriate for carer to return, or to send through post. Contact your local Medical Physics department for advice on how to return the pump. You can also contact NHS Lothian Medical Physics department on 0131 537 2168.

If you wish to discuss further, please do not hesitate to telephone me.

Print name: .....

Job title: .....

Department/Area: .....

Location: .....

Phone number: .....

**Return note: BD BodyGuard™ T syringe pump**

Date:

.....

Patient name:

.....

CHI number:

.....

Pump serial number:

.....

Pump ID number:

.....

Please find enclosed the BD BodyGuard™ T syringe pump transferred to us with the above patient.

Yours sincerely

Print name:

.....

Job title:

.....

Department/Area:

.....

Location:

.....

Phone number:

.....

**Reminder: Return BD BodyGuard™ T syringe pump to allocated area**

Date: .....

The patient (below) was transferred to your care area with a BD BodyGuard™ T syringe pump as follows:

Patient name: .....

CHI number: .....

Date of transfer: .....

Pump serial number: .....

Pump ID number: .....

**We have not yet received the return of this syringe pump and ask that you:**

a) Confirm by telephoning \_\_\_\_\_ [telephone number] that the pump has been sent back to us by \_\_\_\_\_ [print name].

b) Make arrangements to send the pump back to \_\_\_\_\_ [department/area] upon receipt of this letter.

If the pump is not received with 7 days an incident form will be completed and the Chief Nurse/Clinical Nurse Manager will be notified. It should be noted that there may be a charge (cost of new pump) associated with failure to return.

If you wish to discuss further, please do not hesitate to telephone me.

Yours sincerely

Print name: .....

Job title: .....

Department/Area: .....

Location: .....

Phone number: .....

**Return note: BD BodyGuard™ T syringe pump**

Please find enclosed the return of the following BD BodyGuard™ T syringe pump, transferred to us with the patient below.

Patient name: .....

CHI number: .....

Date of transfer: .....

Pump serial number: .....

Pump ID number: .....

Yours sincerely

Print name: .....

Job title: .....

Department/Area: .....

Location: .....

Phone number: .....