Queensland		(Affix identification label here)				
Government		URN:				
		Family name:	NOT A VALID			
NIKI T34 [™] , T34 [™] and E	•	Given name(s):	PRESCRIPTION UNLESS IDENTIFIERS PRESENT			
Subcutaneous Medicatio	on Infusion Chart	Address:				
		Date of birth:	Sex: 🗌 M 🗌 F 🛄 I			
NIKI T34™, T34™ and E	BodyGuard™ T ≲	Syringe Pump Pro	oblem Solving			
Troubleshooting alerts and						
Screen information	Result/cause		Possible actions			
Program nearly complete	Alert: Program is a is almost em		Prepare to change syringe or discontinue pump use.			
Low battery	Alert: Battery is alr	nost depleted.	Prepare to change battery.			
Pump paused too long		pump has been sed for more than thout any key	Either press key to resume the infusion, press to continue pause for another two minutes or turn the power off.			
Syringe empty, remove syringe	Alarm: Current infus completed/s	sion program has yringe is empty.	Prepare to change the syringe or discontinue pump use.			
End battery	Alarm: Battery will fail imminently.		Change battery.			
Syringe displaced Check syringe	Alarm: One or more detection ser detecting.		Check the syringe and re-seat as necessary. Check screen messages for assistance.			
Occlusion/empty syringe Check line	Alarm: Clamped set kinked. Actua minimum tra	ator has reached the	Release the clamp, flush/replace the access device or clear the occlusion.			
System error (high priority alarm) Press and hold 🕞 key for details. If problem persists send pump for service.	Alarm: An internal system error has occurred.		If error recurs: Take pump out of use. Press 🔂 key to obtain error message Record error code and summary of fa and return to designated service cent			
Error. Startup motmov fail. <i>If problem persists send pump for service.</i>						
Date and time Incorrect date/time. Press key to restore	Alarm: The internal been deplete values have	ed and date/time	Press the > key , then enter current date and time.			
Technical problem/error and	I failure identification	on				
• The syringe nump alarms if	an internal system for	ult has been detector	and the unit will be inonerative			

The user may be prompted to power off and restart, which may rectify the error.

If the problem cannot be rectified: power off and remove from patient use.

Refer to the Technical Service Manual for full details of all technical alarms.

Follow local policy and/or contact your authorised Medical Engineering Department for advice.

The Event Log within the NIKI T34[™], T34[™] and BodyGuard[™] T syringe pump will record the error/alarm event.

Subcutaneous Cannula Sites

- If the Occlusion alarm continues after problem solving actions have occurred, remove and replace the subcutaneous cannula as it may be kinked under the skin.
- If frequent (i.e. every 24 to 48 hours) re-siting of the subcutaneous cannula is required due to site reactions, consider:
- » Changing to a less irritant medicine¹.
- » Adding dexamethasone 1mg to the infusion as an anti-inflammatory agent¹.
- » Using NIKI T34™, T34™ or BodyGuard™ T syringe pumps to separate medicines and increase infusion dilution.

Therapeutic Guidelines Limited. Palliative Care: Subcutaneous drug administration in palliative care (Appendix 10.1). [Internet]. West Melbourne (Victoria): Therapeutic Guidelines Limited; July 2016 [eTG August 2020 edition]. Available from: Palliative Care Subcutaneous Drug Administration in Palliative Care (Appendix 10.1).

Queensland	(Affix identification label here)				
Government	URN:				
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NIKI T34™, T34™ and BodyGuard™ T	Given name(s):	PRESCRIPTION UNLESS			
Subcutaneous Medication Infusion Charl	Address:				
	Date of birth:	Sex: M F I			
Facility:	First Prescriber to Print Patient Name and Check Label Correct:				

Remember the NIKI T34[™], T34[™] and BodyGuard[™] T syringe pump is pre-programed to run over 24 hours for palliative care patients.

To standardise practice, it is recommended to:

- pump safety Lockbox.
- as much as practical.
- the local service provider.
- day for a particular symptom.
- Change the extension set every 72 hours or whenever medicine orders are changed.

Battery Guide

DO NOT WRITE

IN THIS BINDING MARGIN

BINDING MARGIN

IN THIS

NOT WRITE

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07/2021

v2.00

Ballery Guiu	le
Niki T34™	Any 9V alkaline disposable battery
T34™ and BodyGuard™ T	9V alkaline disposable battery with battery casing).
	Brands that meet this requirement • WINC 9V premium alkaline batter • Battery World ultra alkaline batter Battery life approx: 24 hours for T3

Commencing an Infusion

Prime the extension set using the PURGE function on the NIKI T34[™], T34[™] and BodyGuard[™] T syringe pump before connecting it to the patient.

Purging can use up to 2mL of the infusion volume, hence the duration of the infusion can be two to two and a half hours shorter for that day.

Once the infusion has commenced, remember to press and hold the information button to lock the NIKI T34[™], T34[™] and BodyGuard[™] T syringe pump keyboard.

Terminal Care Prescribing

- NPS MedicineWise PalliMEDS app.
- and respiratory tract secretions.
- opioid therapy should be reassessed. In particular, consider whether opioid patches should be continued.
- Opioid breakthrough dosing is usually 10% of the total (24 hour) background opioid dose.

• Use 30mL Luer lock syringes. Luer lock syringes prevent risk of disconnection. A 30mL syringe is the largest size syringe that can be contained within the NIKI T34[™], T34[™] and BodyGuard[™] T syringe

Use sodium chloride 0.9% as the diluent of choice, unless incompatible with medicine to be infused. Draw up medicine(s) plus sodium chloride 0.9% to a combined volume of 20mL to dilute the infusion

Complete the documentation record sheet on a regular basis, as required by policy and procedures of

Contact the prescriber for advice if more than three doses of breakthrough medicine are required in a

ry. Battery life up to 72 hours.

th IEC code 6LR61 (code will be written on the

nt are: tery ery ⁻34[™] and 50 hours for BodyGuard[™] T

For information concerning terminal phase medicine doses and opioid conversions download the

When using a NIKI T34[™], T34[™] and BodyGuard[™] T syringe pump for terminal phase symptom management, it is best practice to also prescribe anticipatory medicines for pain, agitation, nausea

When commencing patients on a NIKI T34[™], T34[™] or BodyGuard[™] T syringe pump any existing

Page 1 of 4

NIKI T34™, T34TM AND BODYGUARDTM T SUBCUTANEOUS MEDICATION INFUSION CHART

	Queens	sland			(Affix identification label here)				
	Govern	ment			URN:				
NIKI 1	r <mark>34™,</mark> 1	r34™ and	d BodyGua	rd™ T	Family name:			OT A VALI	
Subcut	aneous	Medica	tion Infusio	on Chart	Given name(s): PRESCRIPTION UNLESS IDENTIFIERS PRESENT			
					Address:				
		DR Stic	Ker Unl	II	Date of birth:	th: Sex: M F I			
		on Chart for o			First Prescriber	to Print Patier	nt Name and Cl	neck Label Cor	rect:
<u> </u>					abla				
Opioid pa			Yes No						
Prescri	-	Should be i	reviewed daily	and is valid for	or up to seven Dose to be		Prescriber	Pha	armaceutical
Date	Time (24hr)	(pri	Medication int generic nar	ne)	delivered in	Print your n		ature (si	review
			•		24 hours				gn and date)
				chloride		_			
				chlc					
				sodium		-			
				0% SO					
				o		_			
				e with					
				Dilute v		_			
Nursin	g Calcı		and Admin	istration	Record				
		Date							
		Time							
Medicatio	on/Ampo	ule conc.	Volume	Volume	Volume	Volume	Volume	Volume	Volume
	1		mL	mL	mL	mL	mL	mL	mL
	/		mL	mL	mL	mL	mL	mL	mL
	/		mL	mL	mL	mL	mL	mL	mL
	1		mL	mL	mL	mL	mL	mL	mL
	/		mL	mL	mL	mL	mL	mL	mL
	1		mL	mL	mL	mL	mL	mL	mL
	/		mL	mL	mL	mL	mL	mL	mL
Sodiur	m chloride	e 0.9%	mL	mL	mL	mL	mL	mL	mL
	Tot	al volume							
	Pre	epared by							
	Cł	necked by							
	Ra	ate (mL/hr)	mL/hr	mL/hr	mL/hr	mL/hr	mL/hr	mL/hr	mL/h
	Total	volume at							
comment		of infusion er priming)	mL	mL	mL	mL	mL	mL	mL
		e changed							
Vo		carded at	mL	mL	mL	mL	mL	mL	mL
	Disc	arded by/ nessed by							
		harmacist		/					

Queensland Government URN Fam NIKI T34[™], T34[™] and BodyGuard[™] T Give **Subcutaneous Medication Infusion Chart** Addr Date Site Check and Device Check Record Monitor PAIN SCORE Pain Time Date Site ch score · Ask the patient to (24hr) (0-10) rate the pain by a numerical scale 0–10 (0 = No pain, 10 = Worst pain imaginable) Document the score SITE CHECK Check infusion site Record the results (e.g. B1 = Mild swelling) A Redness **B** Swelling C Tenderness/ hardness D Leakage E Urticaria F Haematoma 0 None 1 Mild 2 Moderate 3 Severe 4 Very severe DEVICE CHECK Check the device, solution and line using the check list below. Required volume (mL) has been delivered Connections are secure Solution is clear • Lines are kink free Battery life adequate (refer to relevant product information) Volume remaining is sufficient to maintain continuous infusion as prescribed Record results: • Y (Yes) if all checks positive N (No) if any check negative If N, document problem and action in progress notes

DO NOT WRITE IN THIS BINDING MARGIN

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lress:								
e of bii	rth:		Sex:	Μ	□ F □ I			
ring of	f the infusion r	nust be docu	mented ev	ery four	(4) hours			
	Device	Volume						
heck	check (√)	left (mL)	Sign	Co	mments			
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