Pump Guide

This guide reviews Baxter Pump and IV Tubings & Filters, PCA/PCEA, and Syringe Pumps.

Baxter Pump

Overview of the Baxter Pump:

8 minute Video Baxter Pump Overview: https://bcove.video/3Lclg32

- No concurrent flow with these pumps
- Pumps needs to be on the pole – at waist level (When the pump is lowered on the pole, there is less air getting in the line)
- Pump will hold memory for 24 hours if you turn off the pump
- Battery indicator on top left of screen – keep plugged in when not in use
- Wireless connection icon on the right hand of top of screen
- Drug Library:
  - All pumps are wireless and their location is tracked wirelessly
  - You must use the drug library for EVERY DRUG
  - Wireless indicator is the green icon – if it changes color, then it is looking for a server
- Primary tubing is **18ml and Secondary tubing is 9ml**
- Prime tubing and loading tubing in the pump:
  - Close blue roller clamp before you start
  - Note the primary bag needs to be 24 inches from the pump
  - Open the clamp to start flow then invert valve and flick the valve while priming to assist in preventing air in the line
  - If *Air in Line* alert presents, unlock blue clamp and assess air bubbles- always clamp line so air/fluids don't free flow into patient. If in double, detach line from patient
  - Blood tubing: do not squeeze the chamber. Invert the chamber while priming until full, then flip over and continue to prime the rest of the tubing.
  - TPN tubing only has one port below the pump to add the lipid infusion. If you have to connect more infusions to the TPN line, use either a stopcock device or a Y-connector extension set. If you need more than one open port, then you can add as many devices as you need to create open ports. Remember for mobile patients, it is more secure to use the extension set over the stopcock – stopcocks can easily disconnect and crack. Do not piggyback anything into TPN
  - Make sure that your tubing is on tight if using the y-type extension set otherwise it will read occlusion (the tubing has to puncture through 2 valves in the cap)

- Blue roller clamp needs to be 20 inches from the Y-site
- Blue key hole clamp – clamp it and insert into the pump
- Snap in 1-2-3
- Remove key hole clamp from the pump and then open the blue roller clamp

1. Priming and programing a primary infusion

- Turns pump on
- Prepares pump (spike fluids, prime tubing, and advance tubing through system)
- After system self-checks, Area Selection screen will appear; choose the Clinical Area
- Program Primary Infusion-**UNDER "IV FLUID" IN DRUG LIBRARY**
- Once running, type "KEY" on pad. Notice that the screen is locked. Type "KEY" again to unlock.

2. Priming and Programming a secondary infusion

- **VERY IMPORTANT – remember, anything that you piggyback (secondary line) will STOP your primary fluids from infusing.**
- **NOTHING should be piggybacked into TPN.**
- **Fluid boluses should not be piggybacked – they should have their own pump**
- **If a primary line is set to TKO, then you can use that line to piggyback medications as well.**

- Prepare secondary (Spike secondary bag, connect tubing to primary tubing port above Baxter Pump, hang bag below primary bag to back prime tubing, hang the primary IV bag below the secondary bag using clip)
- Program and start Secondary Infusion
- Secondary callback?- **Yes** if call back is selected, IV pump will beep alerting the nurse once medication is completed
- Once secondary is complete, primary will begin running again.

3. Bolus

- **Max 999mL/hour**
- **Recommended to NOT bolus from the secondary line – If you do, MUST clamp the primary line with an additional clamp – remember to put secondary line higher than the primary line**

- **If your piggyback rate is >250mL/hour, you must clamp the primary line above the pump (blue clamps in stock room) otherwise the pump will pull some fluid from the primary bag – this may cause problems with the piggyback bag not emptying by the end of the infusion.**

  - Choose bolus mode
  - The bolus button will appear for those fluids that you are able to bolus
  - Hit bolus- enter volume (ex 5ml)- select ok- enter time (ex 1 minute) then run
  - Note the cancel bolus button if you need it
  - When done with the bolus the pump will return to the primary fluid rate

4. **Hard Limits Example**
   - Choose drug library care area (ex – Adult CC/ED)
   - Enter DO (first two letters of dopamine) – select 400mg/250mL
   - **Note clinical advisory – pharmacy enters this for any medications that have specific infusion guidelines**
   - Click Exit
   - Enter 75kg, dose 3mcg
   - Rate is calculated automatically, VTBI (volume to be infused) = 250mL
   - Dose change button – enter 21, note soft limit **in red color font**
   - Dose change – enter 41, notice hard limit
   - **You cannot override hard limits for certain medication – all medications have their own limits which are programmed in the drug library for each medication and was reviewed by pharmacy, nursing leadership, educators, and CNS**

Frequently Asked Questions

- **How often should primary tubing be changed?**
  - All IV tubing needs to be changed every 96 hours. Certain medications require tubing to be changed every 24 hours. These include TPN, lipids, prograf, etc. Propofol IV tubing must be changed every 12 hours.

- **How often should secondary tubing be changed?**
  - Secondary tubing can also be changed every 96 hours if it stays a closed system. Meaning, you should always back prime the tubing between medications. There is no need to connect a new set of secondary tubing for each medication. (No spaghetti trees!). If the system is opened, the secondary tubing must be changed every 24 hours.

- **What is included in the tubing change? (What should be changed?)**

- All tubing is changed down to the central line hub (this includes stopcocks, if applicable). This includes the needleless CLAVE injection ports on each lumen of the central line. All needleless injection ports are changed with the tubing every 96 hours, or every 24 hours, depending on what is infusing.

- **What would you do for an air in line alarm?**

  - Unlock blue clamp and assess air bubbles- always clamp line so air/fluids don't free flow into patient. If in doubt, detach line from patient.
  - Remember: when priming the tubing, invert the ports and flick out the air. This will help alleviate air in your line.
  - For primary lines, you can program your volume to be delivered to be a little less than what is in the bag – this will help to prevent your line from going dry, alleviating air as well.
  - If re-priming of the line is needed, detach the IV tubing from patient!

- **How would you trouble shoot an occluded alarm?**

  - Check down your IV tubing line to ensure the line is not kinked or clamped.
  - Check for bend in arm if IV placed in AC.
  - Assess your IV site. IV should be flushed before IV therapy initiation to check for patency.
  - Assess the peripheral access device site for catheter placement, catheter patency, and signs of infiltration or extravasation at least every 1-4 hours and as needed, depending on infusate, and document in the medical record. **(PC 231)**

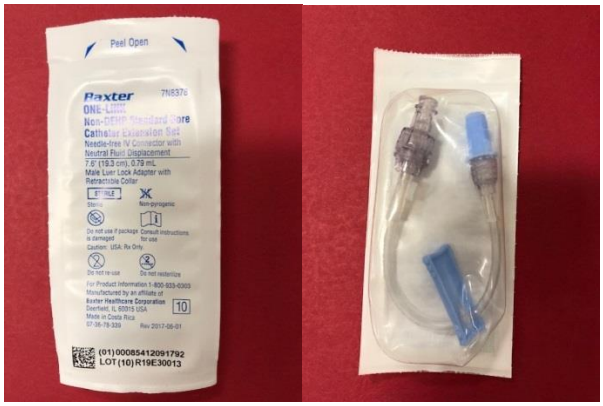
- **What other types of tubing are available?**
  - Regular
  - Filters (.2 and 1.2 micron filters) – examples: used for amiodarone and TPN/Lipids
  - Blood
- **Documentation**
  - Intake & Output should be ongoing and totaled at the end of 12 hour shift or more frequently depending on order

Policy References:

- PC 231: Peripheral Vascular Access Devices

IV Tubings and Filters

All maintenance IV fluids are infused via Baxter pump.
Use the continuous IV infusion set, with the extension tubing attached.

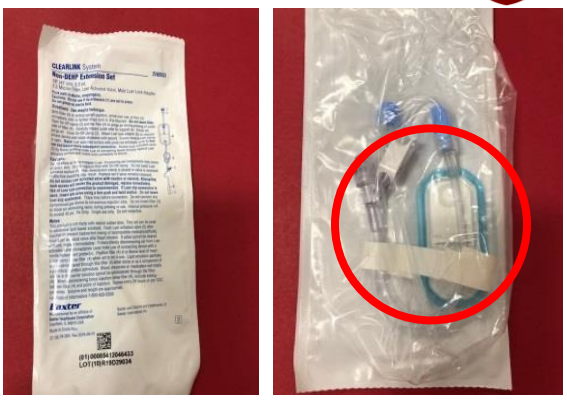


The short extension tubing can be disconnected from IV infusions; and often used as a “saline lock”.

When administering blood products, use the Y tubing with filter attached to the extension tubing.

TPN is filtered through a 0.2 micron filter, attach the filter between primary IV pump tubing and extension set OR obtain the tubing with attached 0.2 micron filter. Lipids must be filtered through a 1.2 micron filter.

-Lipids Y into the TPN BELOW the filter



Lipids = 1.2 micron filter

TPN = 0.2 micron filter

CADD Patient Controlled Analgesia (PCA) PUMP

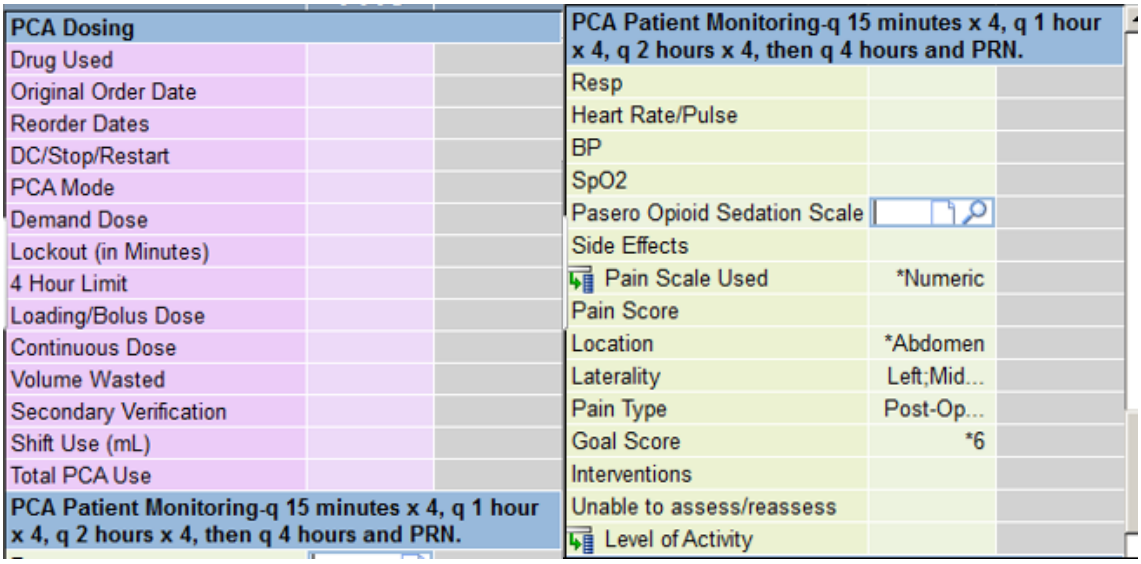
- The CADD PCA Pump includes a lock box with a key kept in Omnicell. Nurses remove the key under the patient's name.
- PCA syringes are loaded under the CADD pump into the CADD Medication Cassette. Medications include Hydromorphone, Morphine, or Fentanyl located in the Omnicell.
- PCA Tubing is clear and Ys into compatible primary tubing. PCA tubing can be found in the supply room.
- When priming the PCA tubing, the medication should be primed to where the tubing connects to the main primary tubing. The main primary tubing should be primed with compatible IV fluid down through the end of the line.
- Pumps are locked with a lock out code. Obtain lock out code from unit leadership.

CADD Patient Controlled EPIDURAL Anesthesia (PCEA) PUMP

- The CADD PCEA Pump includes a lock box with a key kept in Omnicell. Nurses remove the key under the patient's name.
- Anesthesiologist or Acute Pain Service will program and set up the epidural pump. Note start time in the MAR.

- Nurses make rate and bolus dose changes per the physician's order.
- Acute Pain Service manages patients on epidural pain therapy and therefor will need to be notified in the event of any changes to the patient's condition and or the epidural site.
- Epidural medication is hung through a medication bag inside a yellow plastic container case. The Epidural tubing is yellow and flows to the insertion site at the spine.
- Epidural site should monitor for drainage, pus or pain. Notify Pain Service if present. Nurses can reinforce the dressing if needed while waiting on service.
- Air in the epidural line: notify Pain Service.
- Nurses change the epidural infusion bag q24 hrs/PRN. Notify pharmacy two hours before new bag is required to avoid an interruption in epidural analgesia.
- Secure the connector site of the epidural/catheter tubing to the patient to prevent inadvertent disconnection.
- If the catheter should be become disconnected DO NOT RECONNECT. Shut off pump maintain sterility of catheter.
- Replace the CADD pump batteries at 25% remaining. You will see the battery light turn from green amber. 4 AA batteries are needed to be in pump at all times.
- Pain service will discontinue the therapy and leave the pump and the medication bag in room.
- Nurses will waste the medication through RN double check with another RN and document in the MAR/Epidural flow sheet.

Documentation for PCA and PCEA includes Documentation Flow Sheet, Pain Assessment, Sedation Score, Acute or Chronic Pain Care Plan and corresponding Education.



PCA Dosing	
Drug Used	
Original Order Date	
Reorder Dates	
DC/Stop/Restart	
PCA Mode	
Demand Dose	
Lockout (in Minutes)	
4 Hour Limit	
Loading/Bolus Dose	
Continuous Dose	
Volume Wasted	
Secondary Verification	
Shift Use (mL)	
Total PCA Use	
PCA Patient Monitoring-q 15 minutes x 4, q 1 hour x 4, q 2 hours x 4, then q 4 hours and PRN.	

PCA Patient Monitoring-q 15 minutes x 4, q 1 hour x 4, q 2 hours x 4, then q 4 hours and PRN.		
Resp		
Heart Rate/Pulse		
BP		
SpO2		
Pasero Opioid Sedation Scale		
Side Effects		
Pain Scale Used	*Numeric	
Pain Score		
Location	*Abdomen	
Laterality	Left;Mid...	
Pain Type	Post-Op...	
Goal Score	*6	
Interventions		
Unable to assess/reassess		
Level of Activity		

Setting up the pump for a new patient

Prepare the pump for a new patient

1. Begin without the cassette attached to the pump.
2. Insert four new 1.5 volt AA alkaline batteries or a rechargeable battery pack.
3. Press the power switch to turn the pump on.

Start new patient

4. Screen displays "Do you want to start a new patient?" Press Yes.
5. The "Select Therapy" menu is displayed.
6. Scroll ↑ or ↓ to highlight the desired therapy. Press Select.
7. Scroll ↑ or ↓ to highlight the desired qualifier. Press Select.
8. Scroll ↑ or ↓ to highlight the desired drug and concentration (or unit). Press Select.
9. Unlock the keypad using the security code or the pump key.
10. Confirm that you have selected the correct therapy, qualifier, drug and concentration [or unit]. Verify and press Yes.
11. "Review pump settings" displays. Press Review.
12. To edit for a patient specific parameter press Select. Scroll ↑ or ↓ to the new value then press Save.

    NOTE: If the desired value is outside the soft limit, press Confirm. Verify the soft limit override by pressing Yes.

    NOTE: The next bolus setting allows for a one time override of the intermittent bolus cycle as defined by the bolus interval.
13. Continue until all patient specific parameters have been reviewed and/or edited. Press Accept Value for each setting. A check mark appears next to each patient specific parameter you have accepted.
14. To change a patient specific parameter after you have accepted it, repeat step 12. When completed press Next.
15. "Cassette not attached. Attach cassette before starting pump." is displayed.

When programming for the new patient is complete

16. Attach, latch, and lock the cassette to the pump.
17. "Prime Tubing?" displays. Press Yes if priming is needed.
18. "Disconnect tubing..." displays. Press Prime. Press Stop Priming when complete.
19. "Continue Priming?" displays. Press Yes or No.
20. "Start pump?" displays. Press Yes when you are ready to begin the infusion. The pump begins running.

Changing a patient's current program while the pump is running

With the pump running, all parameters can be changed except reservoir volume

Program the pump

1. Scroll ↑ or ↓ to highlight the patient specific parameter you want to change. Press Select.
2. Unlock the keypad using the security code or the pump key.
3. The patient specific parameter is displayed. Scroll ↑ or ↓ to the new value then press Save.

   NOTE: If the desired value is outside the soft limit, press Confirm. Verify the soft limit override by pressing Yes.

   Repeat steps 1 and 3 for each patient specific parameter that you want to change.

   NOTE: If a security code was used to unlock the keypad, always relock the keypad after making a change by pressing the right soft key twice (Tasks, then Lock Keypad). If a key was used, turn the key clockwise to relock the cassette and keypad.
4. Verify that the keypad and cassette are locked.

Changing a patient's current program with the pump stopped

Stop the pump

1. Press Stop/Start.
2. "Stop Pump?" displays. Press Yes.

Program the pump

3. Scroll ↑ or ↓ to highlight the patient specific parameter you want to change. Press Select.
4. Unlock the keypad using the security code or the pump key.
5. The patient specific parameter is displayed. Scroll ↑ or ↓ to the new value then press Save.

   NOTE: If the desired value is outside the soft limit, press Confirm. Verify the soft limit override by pressing Yes.

   NOTE: The next bolus setting allows for a one time override of the intermittent bolus cycle as defined by the bolus interval.

   Repeat steps 3 and 5 for each patient specific parameter that you want to change.

When programming is complete

6. Press Stop/Start.
7. "Review pump settings" displays. Press Review.
8. Choose Accept Value to confirm the value is correct for the highlighted patient specific parameter or press Select to edit the highlighted parameter.

Changing a patient's current program with the pump stopped continued

9. Continue until all patient specific parameters have been reviewed, accepted and display checkmarks. Press Next.
10. "Start Pump?" displays. Press Yes.

    NOTE: If a security code was used to unlock the keypad, the keypad automatically relocks when the pump is started. If a key was used to unlock the cassette/keypad, use the key to relock the cassette/keypad lock.

Resetting the reservoir volume without changing the cassette

Changing the IV bag or syringe without changing the tubing

Stop the pump

1. Press Stop/Start.
2. "Stop Pump?" displays. Press Yes.

   Aseptically remove the empty IV bag or syringe from the tubing and attach the new IV bag or syringe.

Reset reservoir volume

3. Scroll ↓ until Reservoir Vol is highlighted. Press Select.
4. Screen displays "Reservoir Volume remaining: XXmL Reset?" Press Yes.
5. Unlock the keypad using the security code or the pump key.
6. The screen displays the current reservoir volume and a scroll range.
7. Press Select to reset the reservoir volume or scroll ↑ or ↓ to adjust the value. Press Save.

When programming is complete

8. Press Stop/Start.
9. "Review pump settings" displays. Press Review.
10. Choose Accept Value to confirm the value is correct for the highlighted patient specific parameter or press Select to edit the highlighted parameter.
11. Continue until all patient specific parameters have been reviewed, accepted and display checkmarks. Press Next.
12. "Start Pump?" displays. Press Yes.

    NOTE: If a security code was used to unlock the keypad, the pump will automatically relock when the pump is started. If a key was used to unlock the cassette/keypad, use the key to relock it.
13. If you're not starting the pump immediately, press No when "Start Pump?" appears. Lock the keypad by pressing the right soft key twice (Tasks then Lock Keypad). Ensure that the cassette is also locked by turning the cassette/keypad lock clockwise to the locked position.

Clinician bolus

Pump must be running

1. From the home screen press Tasks.
2. "Give Clinician Bolus" displays. Press Select.
3. Enter the clinician security code.
4. The screen displays the clinician bolus scroll range available. Scroll ↑ or ↓ until the desired value appears. Press Deliver.

   NOTE: If the desired value is outside the soft limit, press Confirm. Verify the soft limit override by pressing Yes.
5. Choose Stop Bolus anytime during delivery to cancel the bolus.

   NOTE: Never leave the pump unattended while on the Clinician Bolus Edit screen. You must press Deliver to deliver the programmed value or Cancel to leave the screen.

Viewing reports

Pump reports should be cleared in accordance with institution policy.

Pump may be running or stopped to view reports.

Option 1:

1. From the home screen press Reports. Scroll ↑ or ↓ to the desired report and press Select.
2. Press Back to return to the Reports menu, and then press Back again to return to the home screen.

Option 2:

1. From the home screen press Tasks. Scroll ↓ to View Reports and press Select. Scroll ↑ or ↓ to the desired report and press Select.
2. Press Back to return to the Reports menu. Press Back again to return to the home screen.

To clear Given and PCA dose counters

1. From the home screen press Reports. Scroll ↑ or ↓ to the "Given and PCA Dose Counters" report. Press Select.
2. Choose Clear Given to clear Total Given and set a new time.
3. Scroll down to "PCA doses Given/Attempted". Press Clear Doses to clear and set a new time.
4. Press Back to return to the reports menu, and then press Back again to return to the home screen.

Changing the batteries

Stop the pump

1. Press Stop/Start.
2. "Stop Pump?" displays. Press Yes.
3. Remove the used batteries.
4. Insert the new batteries.
5. Press the power switch to turn the pump on.
6. The screen displays "Do you want to start a new patient?" Press No.
7. Press Stop/Start to start the pump.
8. "Start Pump?" displays. Press Yes.

Screensaver

The screensaver allows the pump to conserve battery power when not in an edit mode and if no keypad buttons have been pressed for 30 seconds. The pump displays a blank screen. Press any button on the keypad to turn the display on.

Alarms and troubleshooting

Alarm Conditions

High Priority Alarm

If the pump is running, it always stops when a high priority alarm is activated. Accompanied by a red screen, it continues until acknowledged or until the condition that triggered the alarm goes away.

Medium Priority Alarm

This alarm does not stop the pump. Accompanied by an amber screen, it continues until acknowledged or until the condition that triggered the alarm goes away.

Low Priority Alarm

A low priority alarm does not stop the pump. Accompanied by a blue screen, the alarm automatically clears after 5 seconds or until the condition that triggered the alarm goes away.

Informational Message

This alarm does not stop the pump. This message appears in the status bar. It is displayed for 5 seconds and is generally silent, requiring no acknowledgement.

Alarms and troubleshooting continued

Troubleshooting

Screen is blank and alarm is sounding

Alarm Priority High. The pump has lost power and is no longer delivering. The pump was delivering and the batteries were removed or the battery door was opened. Clear this alarm by replacing the batteries or closing the battery door. Then turn the pump back on or the alarm stops after the power has been off for a minimum of 2 minutes.

Air-in-line detected. Press "acknowledge" then prime tubing

Alarm Priority High. The pump is stopped and can not run. The air detector has detected air in the fluid path; the fluid path may contain air bubbles. Acknowledge the alarm. Then, if the fluid path contains air bubbles, close the clamps, disconnect the fluid path from the patient, and follow the instructions for priming to remove the air.

Battery depleted. Pump stopped

Alarm Priority High. Install 4 new AA batteries or a fully charged rechargeable battery pack. In order to start delivery, good batteries must always be installed, even when an external source of power is connected. If appropriate, restart the pump.

Battery low, replace battery

Alarm Priority Low. Change the rechargeable battery pack or the 4 AA batteries soon.

Current settings require high/standard volume set. Change cassette

Alarm Priority High. A high volume or standard volume administration set is required. The pump is stopped and will not run. Remove the administration set to continue.

Delivery limit reached. Or, delivery limit reached and partial dose delivered

Pump's status bar reads "KVO = 0"

Alarm Priority Low. The programmed delivery limit has been reached, and the pump is not delivering fluid. This alarm occurs when the continuous rate or a PCA dose has caused the delivery limit to be exceeded. Acknowledge the alarm (the alarm automatically clears after 5 seconds).

Pump's status bar reads "Del Limit"

Alarm Priority Low. The programmed delivery limit has been reached, and the pump is delivering fluid at the KVO rate of 0.1mL/hr. This alarm occurs when the continuous rate or a PCA dose has caused the delivery limit to be exceeded. Acknowledge the alarm (the alarm automatically clears after 5 seconds).

Alarms and troubleshooting continued

Downstream occlusion. Clear occlusion between pump and patient

Alarm Priority High. The pump has detected high pressure, which may be resulting from a downstream blockage, kink in the fluid path, or a closed tubing clamp. Delivery pauses and resumes if the occlusion is removed. Remove the obstruction or stop the pump to silence the alarm for 2 minutes, then remove the obstruction and restart the pump.

Reservoir volume low

Alarm Priority Medium or Low (depending on how the alarm is programmed in Admin Settings). Level of fluid in the reservoir is low. Prepare to install a new reservoir, if appropriate.

Reservoir volume is zero. Pump stopped

Alarm Priority High. The reservoir volume has reached 0.0 ml. The pump stops and can not run. Acknowledge the alarm. Install a new fluid container. Reset or edit the value of the reservoir volume.

Upstream occlusion. Clear occlusion between pump and reservoir

Alarm Priority High. Fluid is not flowing from the fluid container to the pump, which may be resulting from a kink, a closed clamp, or air bubble in the tubing between the fluid container and pump. Delivery is paused and will resume if the occlusion is removed. Remove the obstruction to resume operation. The alarm clears when the occlusion is removed. You will be required to acknowledge this alarm after it clears if it has occurred and cleared more than 3 times within 15 minutes.

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Ambulatory Infusion System
Version 3.0
with Programmed Intermittent Bolus

Protocol Programming using Code or Key

A Battery Compartment
B Display
C Indicator Lights
D USB Port
E Blue AC Power Light
F AC Power Jack
G Remote Dose Cord Jack
H Keypad
I Cassette Latch
J Cassette/Keypad Lock
K Power Button

CADD®

Clearing the PCA Pump

Summary

PCA pumps will now be cleared at the end of each shift with 2 RNs. Policy PC 95 has been revised to reflect the changes. This tip sheet outlines the process for appropriately clearing shift totals and documenting in the Epic flowsheet.

- Under the Reports screen, the Given and PCA Dose Counters tab displays the Given Amount and Volume since the date and time indicated, which is the last time they were cleared manually or when a new protocol or new patient was started
- "Given" is the TOTAL amount and volume of drug given including continuous rate, clinician boluses, intermittent boluses, and PCA doses

✓ To clear this report, highlight "Given" and press **Clear Given**

- "PCA Doses Given" displays the number of PCA doses actually delivered to the patient, including any doses stopped in progress
- "PCA Doses Attempted" displays the total number of PCA doses attempted by the patient while the pump was running, including those that were delivered, locked out, and stopped in progress

✓ These values will not be cleared, they will keep a running total of doses given and attempted

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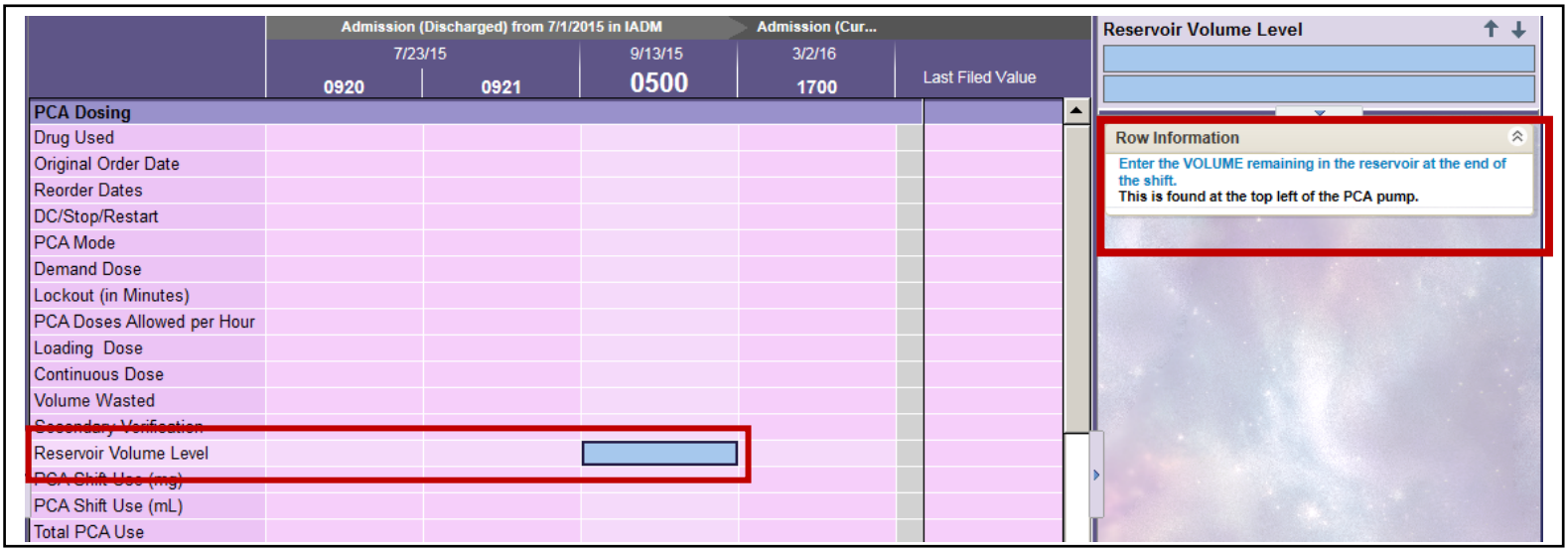
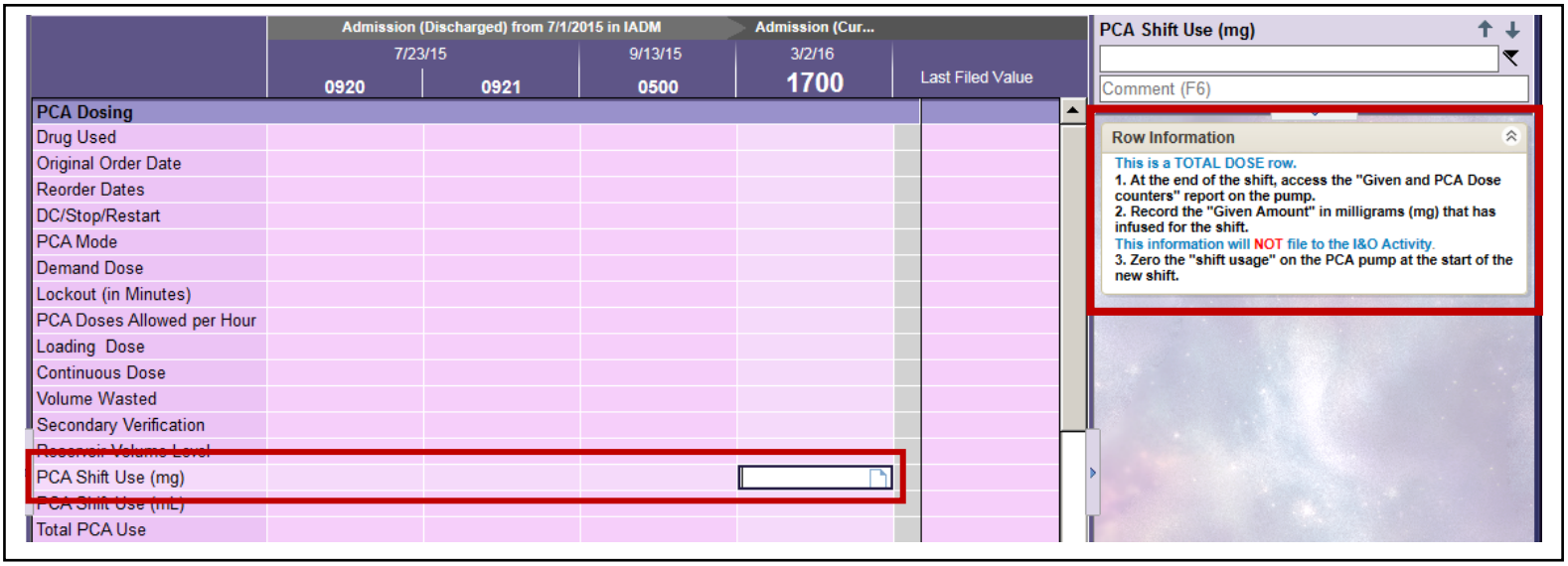
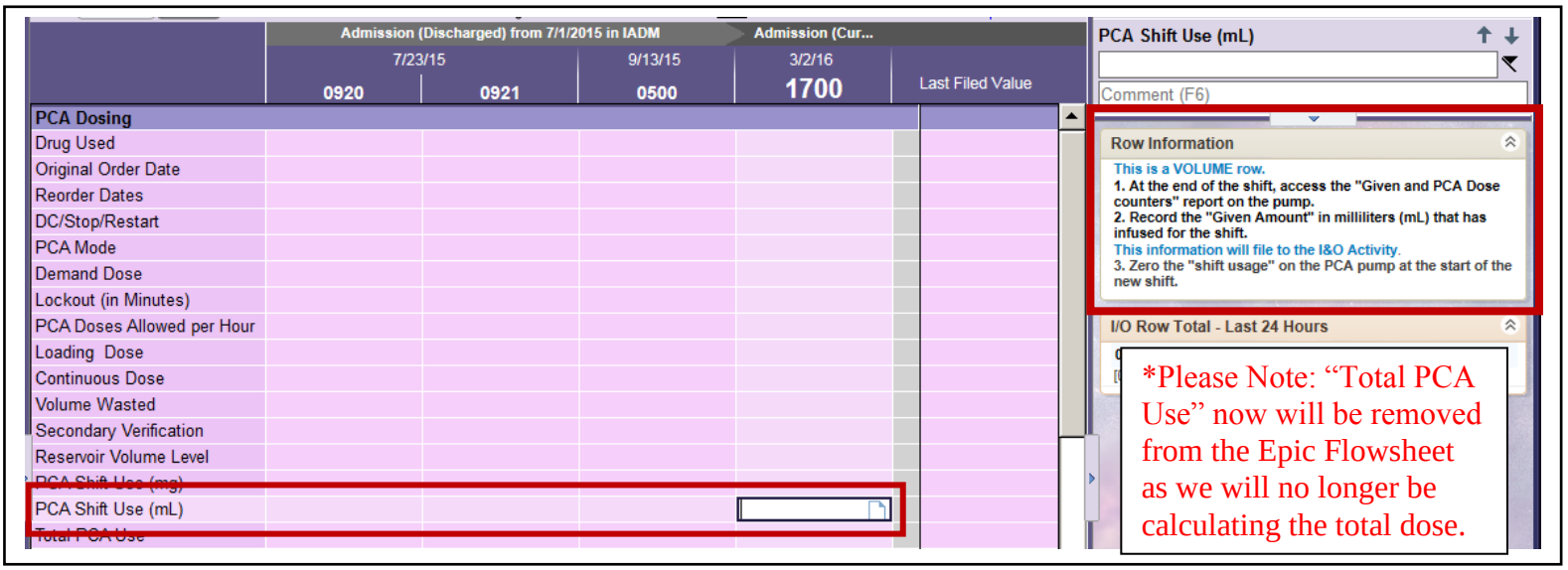
Revised: [03/31/2016]

Clearing the PCA Pump







*Please Note: "Total PCA Use" now will be removed from the Epic Flowsheet as we will no longer be calculating the total dose.

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Revised: [03/31/2016]

Adult Info- Syringe Pumps

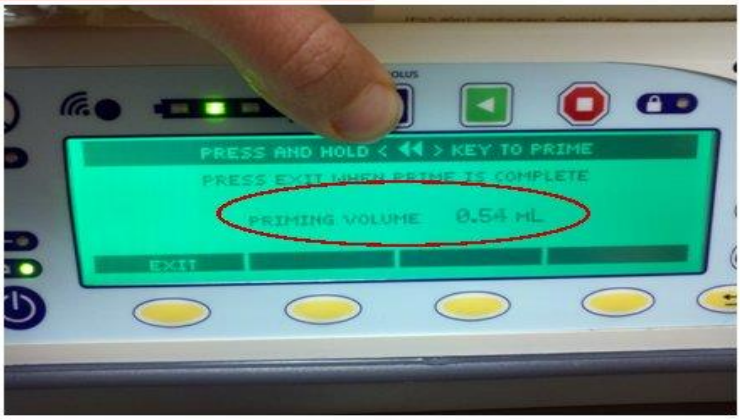
Priming Syringe Pumps: The PRIME feature of the new syringe pumps should ONLY be utilized BEFORE the tubing/infusion is connected to the patient's line

Please Note—PRIMING SYRINGE PUMPS

The **PRIME** feature of the new syringe pumps should **ONLY** be utilized **BEFORE** the tubing/infusion is **connected** to the patient's line

*****Failure to do so WILL LEAD TO AN INADVERTANT BOLUS of the medication to THE PATIENT *****

(see the priming volume noted below –the longer you hold the button down, the more volume in pushed)



If you are changing a syringe of an infusion or starting a previously held infusion **DO NOT prime unless you have disconnected the tubing from the patient's line.**

Otherwise, please EXIT from the prime screen.

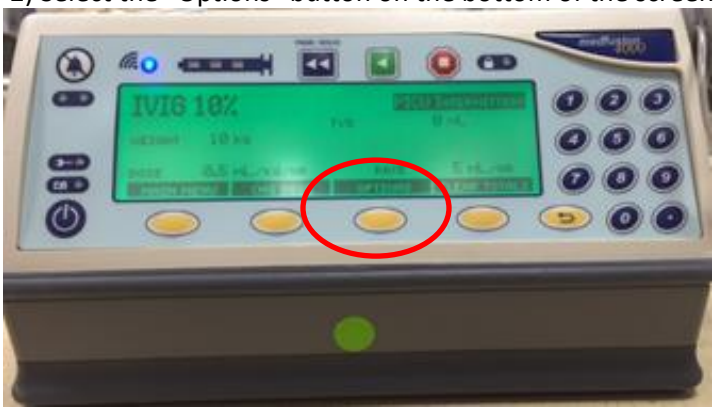
So why/when press the prime button?
Using the prime button – IN ADDITION to "priming" the tubing, also primes the pump to administer the infusion. Basically, it gets the infusion started sooner. This is a great feature IF YOU ARE STARTING A NEW DRIP and would like it to be infusing as soon as possible (like a vasoactive drip). **Just be sure to prime PRIOR to connecting to the patient**

Programming Syringe Pumps

Syringe Pumps DO NOT have the multistep programming capability that the Baxter Pumps have. The Call back feature is helpful when you have a drug to be infused via syringe pump where you must titrate the rate of infusion.

1) Program your starting rate

2) Select the "Options" button on the bottom of the screen



3) Select Option #3 "Periodic Callback Alarm"

4. Enter the callback time frame. The pump will alarm in this example 30 minutes later and you can then program your dose change as well as your next call back alarm

Syringe Pumps

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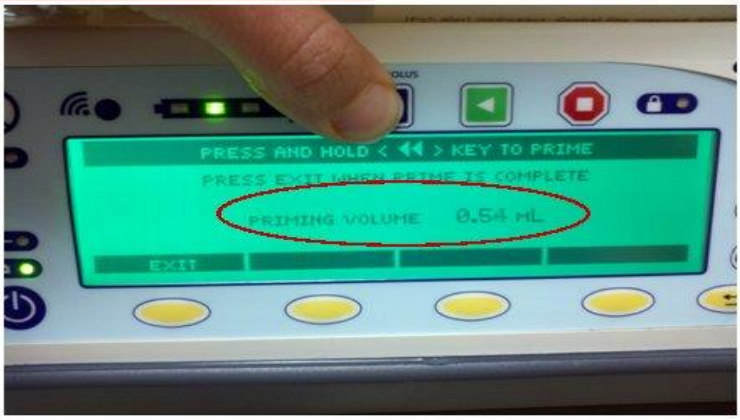
Please Note—PRIMING SYRINGE PUMPS

The **PRIME** feature of the new syringe pumps should **ONLY** be utilized **BEFORE** the tubing/infusion is **connected** to the patient's line

*****Failure to do so WILL LEAD TO AN INADVERTANT BOLUS of the medication to THE PATIENT *****

(see the priming volume noted below –the longer you hold the button down, the more volume in pushed)



If you are changing a syringe of an infusion or starting a previously held infusion **DO NOT prime unless you have disconnected the tubing from the patient's line.**

Otherwise, please EXIT from the prime screen.

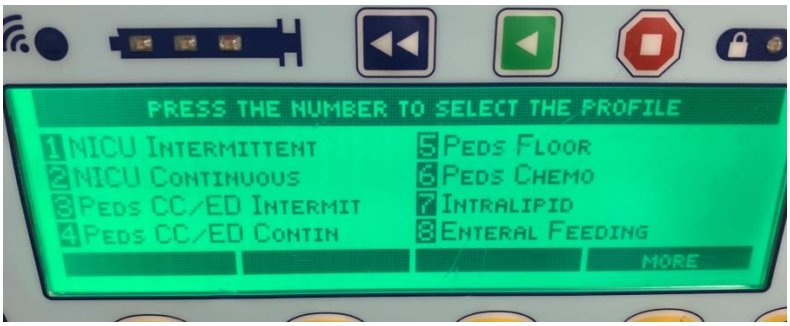
So why/when press the prime button?
Using the prime button – IN ADDITION to "priming" the tubing, also primes the pump to administer the infusion. Basically, it gets the infusion started sooner. This is a great feature IF YOU ARE STARTING A NEW DRIP and would like it to be infusing as soon as possible (like a vasoactive drip). **Just be sure to prime PRIOR to connecting to the patient**

Programming Syringe Pumps

***PLEASE NOTE:** When programming medications on the pump – the drug library MUST be used.

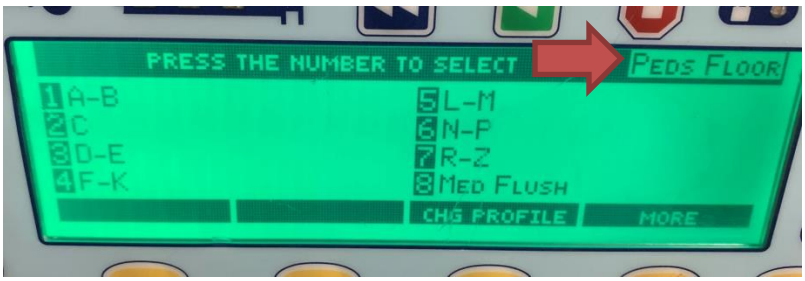
1. Locate your specific care area

For example: General Pediatrics = 5 Peds Floor



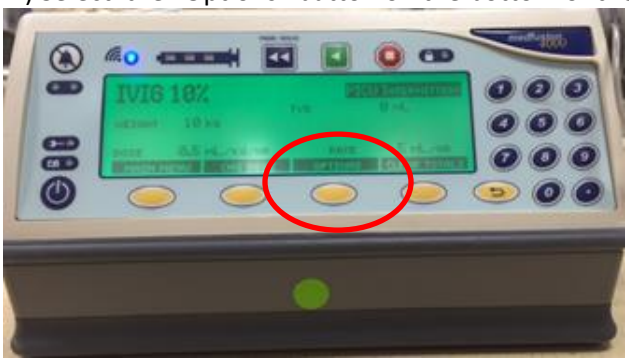
Medications are listed in alphabetical order

2. Locate your medication & program accordingly



Syringe Pumps DO NOT have the multistep programming capability that the Baxter Pumps have. The Call back feature is helpful when you have a drug to be infused via syringe pump where you must titrate the rate of infusion.

1) Program your starting rate
2) Select the "Options" button on the bottom of the screen



3) Select Option #3 “Periodic Callback Alarm”

4. Enter the callback time frame. The pump will alarm in this example 30 minutes later and you can then program your dose change as well as your next call back alarm

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