Faculty of Pain Medicine Safety Checklist:

*Intrathecal Drug Delivery Device

- In Hospital/Secondary Care Refill Checklist

Sign in to Theatre/Refill Room. (To be read out loud)

Place addressograph label here

I. Preparing for an Intrathecal Drug Delivery Device refill:

Please tick if appropriate:-

- ☐ Initial team brief undertaken and staff members have introduced themselves?
- ☐ Two personnel present for the pump refill and independent check?
  (note - in exceptional circumstances one person could do as per local hospital guidance and SOP)
- ☐ Patient identity confirmed as per local protocol?
- ☐ Is the necessary equipment available for pump refill (Prescription, IT programmer, Drugs and Refill kit, Ultrasound/Radiology guidance if required)?
- ☐ Have personnel confirmed drugs in refill syringe match the physician prescription as per local prescribing policy?

II. Refilling the Intrathecal Drug Delivery Device:

Please tick or cross. If a cross, kindly address:-

- ☐ IT pump programme read and expected residual volume documented?
- ☐ IT pump reservoir accessed easily?
  Record difficulties here:.....
- ☐ Does the actual reservoir volume (aspirated) correlate with the expected reservoir volume?
  If (X), confirm the access needle is placed correctly? ☐
  If still unexplained, is this discrepancy within the manufactirer recommended tolerance limits? ☐
  If discrepancies are outside the manufacturer recommended tolerance limits or if there is failure to aspirate the reservoir, then involve a senior colleague and consider technical guidance from the manufacturer. If you are unsure always seek help.
- ☐ Aspirated drug discarded as per local drug policy?
- ☐ Refill drug easy to aspirate fully from the reservoir after delivery of the first 5mls
  If (X), check needle position ☐

III. Following Intrathecal Drug Delivery Device Refill:

- ☐ ITDD programmed with new reservoir volume and doses cross checked?
- ☐ Pump alarm date documented and communicated to patient and refill date organised as per local practice?
- ☐ ITDD residual battery life over 18 months?
  If under 18 months confirm date documented and communicated to the patient .....
- ☐ Patient to remain in the clinical area for 30 minutes following refill, in order to detect any early adverse effects of the pump refill.
  NB: Side effects from an inadvertent pocket refill can be delayed and in cases of doubt the patient should be admitted to a HDU area

*This document is a checklist and appropriate assessment of the patient should be done as per local protocol.

Signatures

A.....

B.....

FACULTY OF PAIN MEDICINE of the Royal College of Anaesthetists