Faculty of Pain Medicine Safety Checklist:

*Intrathecal Drug Delivery Device (ITDD) Refill

for in hospital/secondary care

Place addressograph label here

SIGN into THEATRE/REFILL ROOM and PREPARING for an ITDD REFILL To be read out loud

- ☐ Initial team brief undertaken and staff members have introduced themselves
- ☐ Two personnel present for the pump refill and independent check?
  (in exceptional circumstances one person could do as per local hospital guidance and SOP)
- ☐ Patient idenity confirmed as per local protocol

Is the necessary equipment available for pump refill such as prescription, IT programmer, drugs and refill kit? (Ultrasound/radiology guidance if required)

☐ Yes ☐ Not applicable

- ☐ Personnel have confirmed that the drugs in refill syringe match the physician prescription (as per local prescribing policy)?

REFILLING the ITDD

IT pump programme read and expected residual volume documented

☐ Yes ☐ Not applicable

IT pump reservoir accessed easily?

☐ Yes ☐ No - Record difficulties here:.....

Does the actual reservoir volume (aspirated) correlate with the expected reservoir volume

☐ Yes ☐ No - CHECK THE ACCESS NEEDLE

In case of discrepancy between expected and aspirated reservoir volume:

Is this discrepancy within the manufacturer recommended tolerance limits?

☐ *Yes - proceed with refill* ☐ *No - Discrepancies with the manufacturer recommended tolerance limits or failure to aspirate the reservoir should trigger a referral to a more senior colleague and possibly technical guidance from the manufacturer. If 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

☐ Yes ☐ No - If no, consider pocket refill. **STOP and discuss with senior clinician**

FOLLOWING ITDD REFILL

ITDD programmed with new reservoir volume and doses cross checked against prescription

☐ Yes ☐ Not applicable

- ☐ Pump alarm date documented and communicated to the patient and refill date organised (as per local practice)?

ITDD battery end of life date documented and communicated to the patient , if under 18 months.

☐ Yes ☐ Not applicable

- ☐ Patient to remain in the clinical area for 30 minutes following refill, to detect any early adverse effects of the pump refill.

NB: Side effects from a pocket refill can be delayed. 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