

HEPMA	Transferring patients between secondary care HEPMA areas and primary care (including community hospitals and care homes) on a subcutaneous syringe pump			
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Purpose: To outline the process for sharing prescription information regarding a continuous subcutaneous infusion (CSCI) delivered via a syringe pump from a HEPMA secondary care area to primary care

Scope The introduction of HEPMA to secondary care areas has brought this process under review. This SOP (Standard Operation Procedure) is to be used for all patients receiving care in a HEPMA area with a syringe pump in situ on transfer / discharge between secondary and primary care settings. The SOP **only** applies to patients with a syringe pump in situ for palliative or end of life care needs.

Responsible Personnel: HEPMA Clinical Team (Hospital Electronic Prescribing and Medication Administration) Medical, nursing and pharmacy staff from the discharging ward. Primary care medical and nursing teams.

Procedure: Accessing patient information to support the prescription of medication delivered via a syringe pump on transfer / discharge between secondary and primary care settings.

1. A CDD (Core Discharge Document) is generated for each patient regardless of whether the patient is in a HEPMA or non HEPMA area in secondary care. All prescribed medicines including the contents of the syringe pump (medicines and diluent) and anticipatory / just in case medications are recorded on the CDD.
2. A community nursing referral should be made to highlight a patient is being discharged with a syringe pump in situ. A follow up phone call **must** take place to discuss the time of syringe change and any other potential issues on a case by case basis.
3. The CDD **must** be finalised by medical staff without delay to ensure that it is accessible to view by primary care teams in a timely manner. A copy of the CDD must also be sent home with the patient/carer/guardian. A minimum one week supply of medicines required for preparing the syringe pump and an appropriate quantity of anticipatory / just in case medicines reflecting patient's usage should be dispensed and sent with patient/carer/guardian. This is required for all patients including those being transferred / discharged to a Community Hospital of Nursing Home. Local processes in place to arrange for the return of the syringe pump to the secondary care setting should be followed.
4. A 24hr MAP (Medicines Administration Profile) report **must** be sent with the patient/carer/guardian for attention of community nursing team to show history of just in case medication administrations.
5. A photocopy of the syringe pump chart **will no longer** be shared from HEPMA areas. Primary Care teams will access the CDD to gather the information required to generate a new prescription for the continued use of the syringe pump in the community setting.

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