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| Name:  DOB:  HcRN:  Address:  Primary Consultant:  Ward | **Assessment: Ambulatory Pump Disconnection** |

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| **Infusion Details** | | | |
| Date/Time: | Type of CVAD: PICC🞏 Port🞏 Hickman🞏 | | Is there a translator present?  Yes🞏 No🞏 |
| **Is infusion complete** Yes🞏 No🞏  Estimate remaining volume: mls  Report to physician Yes🞏 No🞏  Report to pharmacy Yes🞏 No🞏  Comments: | | **Reasons for pump non infusion**  Reason unknown🞏  CVAD blocked🞏  Tubing kinked🞏  Line left clamped🞏  Flow restrictor not placed on patient skin🞏  Other🞏  Comments: | |
| **Patient Tolerance of Infusion:** Drug reactions Yes🞏 No🞏 Adverse events Yes🞏 No🞏  Comments: | | | |

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| **Pump Disconnection** | |
| Pump disconnected and CVAD flushed? Yes🞏 No🞏  Resistance on flushing? Yes🞏 No🞏 Details:  Any interventions/actions taken: | |
| Huber removed if applicable? Yes🞏 No🞏 | |
| Signs of localised exit site infection? | Yes🞏 No🞏 If yes, describe symptoms and action taken  Swab taken🞏 Other🞏 Comments |
| Dressing changed | Yes🞏 No🞏 NA🞏Type of Dressing used?  \*Label dressing with date and time and nurse initials |

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| Signature: | Print: |

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| Date/Time | **Notes** | Sign |
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| **Signature Bank** | | | | |
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