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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 takenSwab 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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