Clinical Practice Procedures: Drug administration/
Syringe infusion pump – SPRINGFUSOR® 30

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<th>Date</th>
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<td>Purpose</td>
<td>To ensure a consistent procedural approach for Syringe infusion pump – SPRINGFUSOR® 30</td>
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<td>Scope</td>
<td>Applies to all QAS clinical staff.</td>
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<tr>
<td>Author</td>
<td>Clinical Quality &amp; Patient Safety Unit, QAS</td>
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The **SPRINGFUSOR® 30** is a spring driven syringe pump designed for intermittent IV infusions of small volumes (≤ 30 mL). It consists of a re-useable spring-driven cartridge that connects to a (supplied) 30 mL JMS disposable syringe. The output from the syringe is controlled by a short length of narrow bore flow control tubing (FCT). The QAS supplies FCT designed to administer infusions at a set rate of 60 mL/hour (1 mL/minute).[1]

**Indications**

- Intermittent IV infusion of small volumes as specified in QAS DTPs

**Contraindications**

- Evidence of misplaced or dislodged access

**Complications**

- Pain or discomfort on medication administration
- Air embolism
- Infection
- Extravasation and possible tissue necrosis
### Procedure – Syringe infusion pump – SPRINGFUSOR® 30

1. Fill the supplied 30 mL JMS syringe with the desired medication in accordance with the QAS DTP. Ensure syringe is appropriately labelled.

2. Connect the 60 mL/hour FCT to the syringe.

3. Position the syringe flange in the SPRINGFUSOR®, then lock into position by pushing down and twisting 90°.

4. Remove cap from the FCT to commence automatic priming. A drop of fluid will appear when the FCT is fully primed.

5. Connect FCT to the Alaris 2-way extension set connected to the patient's cannula.

6. Check syringe at appropriate intervals to confirm the FCT is delivering medications at the prescribed rate.

**Additional information**

- The QAS has previously used the SPRINGFUSOR® 10 (with 10 mL/5 minute FCT). This device is now redundant however, existing stock should be kept at stations for possible future use.
- The SPRINGFUSOR® device is only to be used with supplied syringes and FCT.
- FCT only controls the rate of administration **NOT** the volume delivered.
- Failure to prime air from the syringe, FCT or extension tubing can result in air being entrained into the patient’s bloodstream and may result in air embolus.