

**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

SECTION: **INPATIENT PHARMACY SERVICES**
SUBJECT: **PATIENT PUMPS BROUGHT INTO
THE HOSPITAL**

CODE: 3.32.0
DATE: 11/24/09
REVISED: 4/19/22
APPROVED: Tinh Tran, Pharm. D
MEC APPROVED: 12/16/09
PAGES: 1 of 3

PURPOSE

Address the conditions for use of existing patient pumps including but not limited to implanted pumps that are brought into the hospital.

PROCEDURE

- 1 The facility staff should be notified in advance, in-serviced and oriented to the pump by the pump manufacturer to provide for the safe, proper use, care, and maintenance of the pump prior to the patient's arrival. When in-service is not possible or available, the following guidelines should be followed:
 - a. The patient, caregiver, or family member should be knowledgeable about the pump type, make, and model number as well as the manufacturer's service number. This information should be readily available. It is highly recommended that the manufacturer have a toll-free number with a "live" 24-hour customer service representative.
 - b. The patient, caregiver, or family member should demonstrate competency in the management and care of the pump.
 - c. The patient, caregiver, or family member will cooperate with the hospital staff keeping the hospital staff informed about the infusion rate, bolus amounts, problems, and changes in infusion sites with nursing assistance as needed.
 - d. The patient, caregiver, or family member will notify the hospital staff, in advance, of any supplies or refills in medication, which may not be available in the hospital.
 - i. Medications will be verified by the practitioner or pharmacist.
 - e. At the time of admission, the medical staff will:
 - i. Identify and document the presence of a pump, the medication, and infusion rate as applicable.
 - ii. Assess and document the efficacy of the medication, and any side effect or adverse effects.
 - iii. Order appropriate labs and set monitoring parameters as applicable.
Evaluate contraindications for continuation of pump therapy:
 1. Altered state of consciousness.
 2. Critical illness (e.g. sepsis, trauma) requiring intensive care.
 3. Risk for suicide.
 4. Patient refusal or inability to participate in care.

Reviewed: 8/25/14bj, 12/28/2018bdk, 4/19/2022 TT

Approved By: 

**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

SECTION: INPATIENT PHARMACY SERVICES

**SUBJECT: PATIENT PUMPS BROUGHT INTO
THE HOSPITAL**

CODE: 3.32.0
DATE: 11/24/09
REVISED: 4/19/22
APPROVED: Tinh Tran, Pharm. D
MEC APPROVED: 12/16/09
PAGES: 2 of 3

5. Caregiver or family member refuses or inability to participate in care.
 6. Radiologic procedure that may affect the pump because of the electromagnetic fields.
 7. Other circumstances identified by the practitioner.
- iv. If pump therapy is decided, a patient agreement is obtained and the admitting practitioner will write an order for continued pump therapy.

**POLICY AND PROCEDURE MANUAL
PHARMACY SERVICES**

CODE: 3.32.0
DATE: 11/24/09
REVISED: 4/19/22
APPROVED: Thinkh Tran, Pharm. D
MEC APPROVED: 12/16/09
PAGES: 3 of 3

SECTION: **INPATIENT PHARMACY SERVICES**
SUBJECT: **PATIENT PUMPS BROUGHT INTO
THE HOSPITAL**

INFUSION PUMP THERAPY AGREEMENT

For your safety and optimal medical care during this hospitalization, we request that you agree to the following recommendations. If you feel you cannot agree to these recommendations, we would like to treat your condition with another means of therapy and that you discontinue the use of your pump.

During my hospital stay, I will agree to:

- 1 Show the nurse the bolus dose I give myself with each monitoring parameter, as needed.
- 2 Show the nurse my infusion rate. Changes in any of my infusion rate will only be made with a doctor's order.
- 3 Change the infusion set every 48-72 hours or as needed for:
 - a. Skin problems, or
 - b. Abnormal monitoring parameters that could be attributed to the sets.
- 4 Provide my own non-medication pump supplies.
- 5 Show and report the total daily dose of medication.
- 6 Report signs of abnormal parameters to the nurse.
- 7 Report any pump problems.
- 8 Ask questions that I may have about the use of the pump or doctor's orders.
- 9 If I cannot manage the pump myself and the medical staff is not familiar with the pump, I may have a caregiver or family member assist me and the medical staff with the operation of the pump on condition that they remain in the hospital during my entire hospital stay. If the caregiver or family member cannot remain in the hospital, the pump will need to be disconnected and alternate therapy.

I also understand that my pump may be discontinued and a different method of delivery will be offered or used for any of the following:

- 1 Doctor's orders
- 2 Changes in my judgment
- 3 Changes in the level of awareness or consciousness
- 4 Any imaging procedure may include pump removal by tubing disconnect and/or removal of pump and tubing per physician order.
- 5 Other reasons deemed necessary by the medical staff.

Patient Signature: _____

Date: _____

Family Member Signature: _____

Date: _____

Witness Signature: _____

Date: _____