Canterbury District Health Board
Te Poari Hauora ō Waitaha

Canterbury Regional Cancer and Haematology Service, Palliative Care

(Attach Label here or Complete Details)

NAME:_____ NHI:_____

GENDER: ____ DOB:_____ AGE:_____ WARD:_____

Intrathecal Pump Delivery Record

Date	Check Time	Pain Score 0-5	Line check for clamps	Green light flashing	Basal Rate	Bolus Dose	Lock out time	Site check	Number of bolus given	No. of bolus attempts	Total 24hr boluses given	Daily Total volume Infused	Signature

Checks done every 4 hours during titration phase must occur at least every 24 hours in stable phase

Total the number of boluses given each 24 hours and the total volume infused for 24 hours, each day at 0900 hours.

INTRATHECAL PUMP DELIVERY RECORD

C280024