



Queensland
Government

Surefuser™+ Subcutaneous Medication Infusion Order (50mL/1-day) – Community

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Facility:

Date of birth:

Birth Sex: M F I

First Prescriber to Print Patient Name and Check Label Correct:

Prescribing Information

Important notes:

- Assess opioid use in the previous 24 hours as a guide to dose initiation or adjustment. Include both regular and PRN doses. DO NOT include PRN doses given for pre-cares or pre-activity.
- Opioid PRN breakthrough dose is approximately 10 to 20% of current total 24-hour opioid dose.
- For guidance on opioid dose conversion, refer to the pallIMEDS app, ANZCA FPM app, your local Specialist Palliative Care Service or PallConsult

Preparing Infusion Device – Important Notes

- There are different Surefuser™+ infusion devices available to deliver continuous subcutaneous medicine infusions, which require different volumes and deliver infusion at different rates. Ensure the appropriate device is available.
- The infusion flow rate is affected by changes in ambient temperature. The Surefuser™+ can deliver medicines faster when the room temperature is hot and slower if room temperature is cool.
- Use only luer lock syringes to prepare Surefuser™+ infusion device.
- Ensure the Robert clamp is closed while preparing the Surefuser™+.
- If needed, seek pharmacist or palliative care advice for compatibility information.

For Subcutaneous Use Only

Patient: _____
Dose: _____ PRN

Medication	Amount (mL)	+	Volume (mL)	=	Dose (mL/hour)
_____	_____		_____		_____

Client: _____
Date: _____ Prepared by: _____
Time: _____ Checked by: _____

Priming the infusion line

- Prime the line with the infusion contents prior to connecting to the patient.
- Hold the Surefuser™+ infusion line filter in an upright position (arrow should point upwards) and open the Robert clamp.
- If changing the medicines or the concentration, the infusion device must be discarded and a new device prepared.

Subcutaneous Subcutaneous

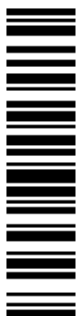
Commenced: _____ Date: _____
Time: _____

Trouble Shooting

Problem	Check	Action
Patient experiencing increase in symptoms	<ul style="list-style-type: none"> • The Robert Clamp is open and tubing is not kinked • Solution in the balloon reservoir and infusion line is clear • Subcutaneous site is not red or swollen • Appropriate use of prn medication 	<ul style="list-style-type: none"> • Open the Robert Clamp and/or unkink/untangle tubing • If the solution is discoloured, foggy or crystallised stop the infusion and contact the health care team • If the subcutaneous site is red or swollen, resite and reconnect infusion device • Consider administration of prn medicine to ensure comfort
Infusion too fast	<ul style="list-style-type: none"> • Is the subcutaneous cannula in position and connected to tubing? • Surefuser™+ casing stored at the same level as the subcutaneous cannula insertion site • Is the room temperature too warm? 	<ul style="list-style-type: none"> • Reposition/reconnect subcutaneous cannula • Reposition Surefuser™+ casing to the same level as the subcutaneous cannula insertion site. • Cool the room with fan or air-conditioner
Infusion too slow	<ul style="list-style-type: none"> • Flow controller is in direct contact with the person's skin • Surefuser™+ casing stored at the same level as the subcutaneous cannula insertion site • Is the room temperature too cold? 	<ul style="list-style-type: none"> • Reposition/reconnect the flow controller with the person's skin • Reposition Surefuser™+ casing to the same level as the subcutaneous cannula insertion site • Warm the room and/or patient if the room is cold

DO NOT WRITE IN THIS BINDING MARGIN

V1.0.06/2026



SM1345



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Attach ADR Sticker

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Opioid patch to remain?

Yes No (document removal in patient notes) N/A

For **subcutaneous administration** use brown subcutaneous labels as well as medicine name label, according to national labelling standard.

Allergies and Adverse Drug Reactions (ADR)

Nil known Unknown (tick appropriate box or complete details below)

Medicine (or other)	Reaction/type/date	Initials

Sign:

Print Name:

Date:

Date:

Time (24hr):

FROM

TO

Prescriber name:

Name:

Service:

Service:

Contact details:

Contact details:

Order is not valid unless form is authorised by prescriber.

Medication in Surefuser™+ 1-day (per 24 hours)

Medicine (print generic name)	Dose	Route	Indication
	/24hrs	Subcutaneous infusion	
	/24hrs		
	/24hrs		
	/24hrs		

PRN

Medicine name	Dose	Frequency	Route	Indication
			Subcutaneous infusion	

Prescriber (print name):

Designation:

Signature:

Please forward a signed copy ASAP as the telephone order is valid for 24 hours only.

The onus is on the prescriber to ensure that this is done.

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SUREFUSER™+ SUBCUTANEOUS MEDICATION INFUSION ORDER (50ML/1-DAY) - COMMUNITY

