



Queensland Government

# Surefuser™+ Subcutaneous Medication Infusion Order (100mL/3-day) - Community

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Birth Sex:  M  F  I

First Prescriber to Print Patient Name and Check Label Correct: .....

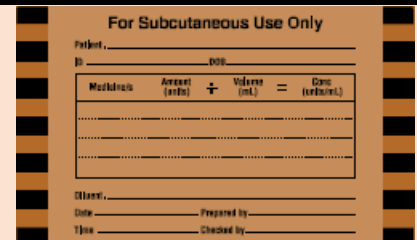
## Prescribing Information

### 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

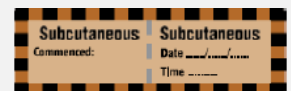
### Preparing Infusion Device – Important Notes

- 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.



### 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.



### Trouble Shooting

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

DO NOT WRITE IN THIS BINDING MARGIN

V1.0 06/2026



SM1347



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**Attach ADR Sticker**

**First Prescriber to Print Patient Name and Check Label Correct:**

**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™+ 3-day (per 72 hours)

Medicine (print generic name)	Dose	Route	Indication
	/72hrs	Subcutaneous infusion	
	/72hrs		
	/72hrs		
	/72hrs		

## 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 (100ML/3-DAY) - COMMUNITY

