Queensland Government

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

Facility / Service: .....

Ward / Unit: ..... Year: **20** .....

(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 see page 4.

General guide for changing to subcutaneous route for opioid therapy

Note: This information may not be clinically appropriate for all patients.

Changing FROM	Time to COMMENCE infusion
Oral SR opioid ONCE or TWICE a day formulation	2 to 4 hours BEFORE next oral SR opioid dose due
Buprenorphine patch	12 to 18 hours AFTER patch removed
Fentanyl patch	6 to 8 hours AFTER patch removed
It may be clinically appropriate for the patch to be left *in situ* when infusion is commenced—check with treating team. Inform nursing staff if patch is to be removed and document on page 2.	

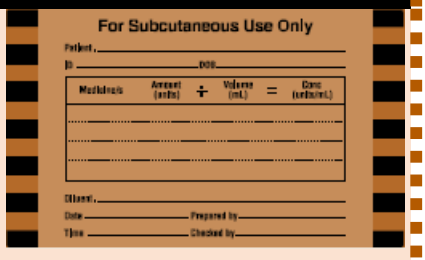
Changing TO	Time to CEASE infusion
Oral SR opioid ONCE a day formulation	4 to 6 hours AFTER first oral dose
Oral SR opioid TWICE a day formulation	2 to 4 hours AFTER first oral dose
Buprenorphine patch	12 to 18 hours AFTER applying patch
Fentanyl patch	6 to 8 hours AFTER applying patch
It may be clinically appropriate for the infusion to continue beyond these time frames—check with treating team. Inform nursing staff of time frames for concurrent use of infusion and patch and document on page 2.	

Patient Assessment – Important Notes

- If symptoms are not controlled, administer PRN doses prescribed on patient medication chart.
- Seek medical review from treating prescriber if two consecutive symptom scores (as recorded on page 3) are greater than 4 despite PRN breakthrough. Treating prescriber may seek advice if required from Palliative Care, Acute Pain Management Service, or Pain Service.

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.

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V1.0 06/2026

SW1344

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Attach ADR Sticker

☐ NKDA
☐ Unknown

(See Medication Chart for details)
Sign ..... **Print** ..... **Date** .....

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.....

Opioid patch to remain?
☐ Yes ☐ No (document removal in patient notes) ☐ N/A

Infusion to commence at: ..... hours

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

Prescription (valid for 7 days but should be reviewed daily)

Date / Time	Medicine (print generic name)	Route		Dose to be delivered in 24 hours	Prescriber Signature	Print Your Name	Pharmacist Review (sign and date)
/ :		Subcutaneous infusion	Dilute with 0.9% sodium chloride (Use water for injection for cyclizine)				
/ :							
/ :							
/ :							

Nursing Calculation

Date	/	/	/	/	/	/	/
Time	:	:	:	:	:	:	:
Medicine / Ampoule conc	**Volume**	**Volume**	**Volume**	**Volume**	**Volume**	**Volume**	**Volume**
/	mL	mL	mL	mL	mL	mL	mL
/	mL	mL	mL	mL	mL	mL	mL
/	mL	mL	mL	mL	mL	mL	mL
/	mL	mL	mL	mL	mL	mL	mL
/	mL	mL	mL	mL	mL	mL	mL
/	mL	mL	mL	mL	mL	mL	mL
/	mL	mL	mL	mL	mL	mL	mL
0.9% sodium chloride	mL	mL	mL	mL	mL	mL	mL
Total volume	mL	mL	mL	mL	mL	mL	mL
Prepared by / Checked by							
Rate	**2.1mL/hr**	**2.1mL/hr**	**2.1mL/hr**	**2.1mL/hr**	**2.1mL/hr**	**2.1mL/hr**	**2.1mL/hr**
Date site changed	/	/	/	/	/	/	/
Volume discarded at end of infusion	mL	mL	mL	mL	mL	mL	mL
Discarded by / Witnessed by							
Pharmacist review							

Infusion to be ceased at: ..... **hours**

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Nursing Observations and Monitoring (every 4 hours or when infusion order is changed)

Symptom score: Ask the patient to rate the symptom (pain, dyspnoea, or other – specify in comments) using a numerical score 0 to 10 (0 = nil, 10 = worst). Document the score

Site Check:
- Check infusion site
- Record the results *(e.g. B1 = Mild swelling)*

A Redness
B Swelling
C Tenderness/ hardness
D Leakage
E Urticaria
F Haematoma

0 None
1 Mild
2 Moderate
3 Severe
4 Very severe

Device Check:
Check device, solution, and line using the list below:
- Required volume has been delivered
- Infusion running at correct rate
- Connections are secure
- Solution is clear
- Line is kink free and unclamped
- Volume remaining is sufficient to maintain continuous infusion as prescribed

Record results:
- Y (Yes) if all checks positive
- N (No) if any check negative (document problem and action in progress notes)

Date	Time	Symptom Score (0 to 10)			Site Check	Device Check	Volume Left	Sign	Comments (detail in notes)
		Pain	**Dyspnoea**	**Other**					
	04:00						mL		
	08:00						mL		
/	12:00						mL		
	16:00						mL		
	20:00						mL		
	24:00						mL		
	04:00						mL		
	08:00						mL		
/	12:00						mL		
	16:00						mL		
	20:00						mL		
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	24:00						mL		
	04:00						mL		
	08:00						mL		
/	12:00						mL		
	16:00						mL		
	20:00						mL		
	24:00						mL		

Opioid Conversions

There are multiple opioid conversion resource tools available (e.g. ANZCA FPM app, palliMEDS app, eTG, AMH). Check which tool is preferred by your local service.

Conversion may include a change in opioid DOSE and / or ROUTE of administration.

↓

Calculate the total amount of opioid taken during a 24-hour period as an average over the last couple of days.
A sudden increase needs to be considered in the clinical context.

Include regular and breakthrough PRN doses, but not those for pre-cares or pre-activity.
It is suggested that a second clinician checks the dose calculated.

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Convert total daily opioid dose to the equivalent ORAL morphine dose.

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Convert to equivalent dose of the NEW opioid and ROUTE of administration.

Alternatively, use opioid conversion tools to convert directly to alternative opioid and route.
Note: conversion to methadone requires specialist advice.

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Review the calculated dose regimen to ensure it is clinically appropriate for the patient considering age, kidney and liver function.

For a conservative approach, give 50 to 75% of calculated equivalent dose.
No dose reduction may be clinically indicated if symptoms are severe or if patient is approaching end of life.
Seek advice from Palliative Care, Acute Pain Management Service, or Pain Service if needed.

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Calculate or adjust breakthrough PRN dose.

Generally PRN dose is 10 to 20% of total daily opioid dose.
Frequency is generally 1-hourly or 2-hourly unless significant kidney or liver impairment.

↓

Consider time to commence infusion when switching (see page 1 – Prescribing information).

Delay in commencing infusion may not be clinically indicated when symptoms are severe, or at end of life.

Trouble Shooting

Problem	Check	Action
Patient experiencing increase in symptoms	• The Robert Clamp is open and tubing is not kinked	• Open the Robert Clamp and/or unkink/untangle tubing
	• Solution in the balloon reservoir and infusion line is clear	• If the solution is discoloured, foggy or crystallised stop the infusion and contact the health care team
	• Subcutaneous site is not red or swollen	• If the subcutaneous site is red or swollen, resite and reconnect infusion device
	• Appropriate use of prn medication	• Consider administration of prn medicine to ensure comfort
Infusion too fast	• Is the subcutaneous cannula in position and connected to tubing?	• Reposition/reconnect subcutaneous cannula
	• Surefuser™+ casing stored at the same level as the subcutaneous cannula insertion site	• Reposition Surefuser™+ casing to the same level as the subcutaneous cannula insertion site.
	• Is the room temperature too warm?	• Cool the room with fan or air-conditioner
Infusion too slow	• Flow controller is in direct contact with the person's skin	• Reposition/reconnect the flow controller with the person's skin
	• Surefuser™+ casing stored at the same level as the subcutaneous cannula insertion site	• Reposition Surefuser™+ casing to the same level as the subcutaneous cannula insertion site
	• Is the room temperature too cold?	• Warm the room and/or patient if the room is cold

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