Elastomeric Pumps as an Alternative to Syringe Drivers in Supportive & Palliative Care in Wigan

**Background & Uses**
- Recall of McKinley T34 v3 syringe driver resulted in a shortage. When considering options for providing continuous subcutaneous infusions (CSCIs), we initially rejected elastomeric pumps as we wanted to stick to one device only for safety reasons.
- With the advent of COVID-19, we realised that we might need a lot more devices, so the balance of risks was reconsidered & approval was granted to use elastomeric pumps in certain circumstances.
- During the peak of the pandemic, we used elastomeric pumps routinely for our COVID-19 patients who needed a CSCI; we found the devices simple & easy to use.
- Currently, we use them: a) in the hospital when demand exceeds supply of McKinley T34s; & b) whenever a patient is discharged needing a CSCI.

**Advantages & Disadvantages**
+ Lighter for patient to carry.
+ Simple mechanical device – less to go wrong.
+ Easy to set up – no programming – fixed flow rate.
+ Larger volume of dilution – less chance of precipitation & less chance of needing 2nd device when using high volume drugs.
+ Potential for some patients to self-manage the device.
+ Easy to clamp & pause infusion (e.g. during bathing, exercise).
  - No alarm if line occludes (N.B. no occlusions to date).
  - Cannot accurately assess volume infused – but rate constant to within +/- 10%.
  - Disposable, so less environmentally friendly.
  - Approximately £14 each (but no maintenance/service costs and no battery to buy).

**The Future...**
- Patient in her 40’s with severe gastroparesis.
- Excellent response to metoclopramide via T34 CSCI: “best I’ve felt in 7 years.”
- Daily DN visits for driver maintenance.
  - **But...**
  - Wants to visit family in Europe.
  - Would like to be able to go swimming and do wheelchair athletics.
  - Approval currently being considered for her to self-administer a daily elastomeric pump.

**Successes**
- Contacted by other trusts and NHS Supply Chain to share our experiences.
- Prevention of T34s ‘going missing’ when patients are discharged on an infusion.

**Contact Information**
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