

INFUSION PUMP REFERENCE SHEET

Common Problems and Alarms		
Problem/Alarm	Description	Corrective Action
Check Fluid Side	It may mean that there is not enough “back pressure” from the bag. This is a common occurrence when hanging very small volumes of fluid (for ex, 100mL Amiodarone). The pump/IV tubing simply isn’t sensitive enough to detect that amount of fluid. Drip set is clamped or shut off somewhere	This can be addressed by placing a B/P cuff or pressure infusion bag around the bag. Remember, this infusion is still being controlled by a pump, and will not rapidly infuse just because you place this extra pressure on it. Ensure line is flushed without issue prior to connecting to patient
Cassette Jammed	While your cassette may actually be jammed, there are many times when this alarm occurs for no reason at all. This usually occurs right after you have placed the cassette, heard the 3 chime confirmation, and begun your infusion.	If you have confirmed that the set is flushed, the cassette does not appear damaged, and you have gotten the 3 chime confirmation (air sensor/tubing collar in place, cassette closed properly and filled with fluid), you can be confident that this alarm is false. In this instance, it is acceptable to press “start” again after the alarm goes off. This may need to be repeated 2-4 times just after the infusion begins before the false alarm goes away.
Pumping Latch Closed *information obtained from the MedSystemIII System Software manual, which can be found on AC for a more detailed reference	Pumping latch jaw located to right of air sensor is closed or broken.	Using only your finger, push down pumping latch jaw until it snaps open. If pumping latch jaw is visibly broken, press <i>SERVICE</i> and notify your QIC
Check Air Sensor or Air in Line	Drip set is not properly flushed or air sensor/tubing collar is not properly seated in the chamber	Disconnect set from pump and patient, ensure it is properly flushed, then place back into pump. Ensure air sensor/tubing collar is properly placed, wait for the 3 chime confirmation, then connect the set to the patient and begin infusion
Drug desired NOT in drop down list in “calc on” mode	Pump was programmed to match drug names with common units at the time of programming (could be outdated treatment). This normally becomes an	Simply go back and change the drug to “drug?”. This allows you to choose any <i>dose</i> , <i>rate</i> , or <i>unit</i> you need, without being bound to what the pump thinks you should be using as a dose.

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	issue when hospitals switch from universal to weight-based doses.	
Drug desired is available in drop down list when “ <i>calc on</i> ” is selected, but the pre-programmed units/dose do not match what the hospital is giving you	Pump was programmed to match drug names with common units at the time of programming (could be outdated treatment). This normally becomes an issue when hospitals switch from universal to weight-based doses.	Simply go back and change the drug to “ <i>drug?</i> ”. This allows you to choose any <i>dose</i> , <i>rate</i> , or <i>unit</i> you need, without being bound to what the pump thinks you should be using as a dose.

General note on programming infusions:

While a volumetric rate may be convenient while on scene (just copying the mL/hr on the hospital pump’s display), it does not allow you to titrate the drug if needed later on, unless of course you intend to recalculate the dose and rate by hand. Always use “*calc on*” mode when delivering a drug that may need titration, or any drug that requires precise dose (within decimal points). Obviously, this is not necessary when administering drugs like antibiotics. However, you should always know, document, and relay to the receiving facility the actual dose.