# **Appendix J – Audit Form**

**Patient and Informal Carer Administration of Subcutaneous Medication by Intermittent Injection – Adult Palliative Care**

**Information about the patient:**

Male Female

Age \_\_\_\_

Diagnosis: Cancer Non-Cancer

 Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Self Administration

Informal Carer Administration

**HSCP/Board Area**

|  |
| --- |
| Please tick one box |
| Aberdeen City |  |
| Aberdeenshire |  |
| Moray |  |
| Orkney |  |
| Shetland |  |
| Western Isles |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Has a risk assessment been completed? |  |  |
| Were any subcutaneous injections administered?If yes, please identify below |  |  |

**Medicines Used**

|  |  |
| --- | --- |
|  | Comments |
| Diamorphine |  |
| Morphine  |  |
| Oxycodone  |  |
| Hydromorphone  |  |
| Metoclopramide  |  |
| Levomopromazine (nausea) |  |
| Levomopromazine (agitation) |  |
| Cyclizine  |  |
| Midazolam  |  |
| Hyoscine Butlbromide  |  |
| Other ( specify) |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| Did the patient or carer ask for additional advice about administering medicines under this policy? |  |  |  |
| If so who did they contact and at what time of day? |  |
| Did they continue to administer subcutaneous injections? |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | N/A (patient self administration) | Comments |
| Would the carer be willing to administer subcutaneous injections should a similar situation arise in the future? |  |  |  |  |

Further comments or suggestions relating to this policy:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please can you send completed form to Project Support Officer, Palliative Care Network Office, Summerfield House, Aberdeen.