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Dear Colleagues

This guidance is currently under review by the author.

NHS Grampian Policy and Staff Guidance on Patient and Informal Carer Administration of Subcutaneous Medication by Intermittent Injection – Adult Palliative Care, Version 2

This document has been risk assessed by the author and deemed appropriate to be used during this review period. A copy of the risk assessment can be provided on request.

If you have any queries regarding this, please do not hesitate to contact the Medicines Guidelines and Policy Group (MGPG) email at gram.mgpg@nhs.scot


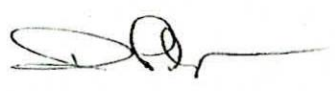
Yours sincerely



Lesley Coyle
Chair of MGPG, NHSG

NHS Grampian Policy And Staff Guidance On Patient And Informal Carer Administration Of Subcutaneous Medication By Intermittent Injection - Adult Palliative Care

Co-ordinators: Specialist Pharmacist in Palliative Care	Consultation Group: See Page 11	Approver: Grampian Area Drugs Therapeutics Committee (GADTC)
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Signature: 		Signature: 
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Identifier: NHSG/Guid/PC_PIC/ GADTC1111	Review Date: November 2023	Date Approved: November 2020 (published March 2021)
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Version 2

Executive Sign-Off

This document has been endorsed by the Medical Director, NHS Grampian

Signature:  _____

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Note this document has been impact assessed 26/10/20.

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Title: NHS Grampian Policy And Staff Guidance On Patient And Informal Carer Administration Of Subcutaneous Medication By Intermittent Injection - Adult Palliative Care

Unique Identifier: NHSG/Guid/PC_PIC/GADTC1133

Replaces: NHSG/Guid/PC_PIC/GMMG5001

Lead Author/Co-ordinator: Associate Specialist in Palliative Care

Subject (as per document registration categories): NHS Grampian Policy And Staff Guidance On Patient And Informal Carer Administration Of Subcutaneous Medication By Intermittent Injection - Adult Palliative Care

Key word(s): Policy palliative carer controlled drugs

Process Document: Policy, Protocol, Procedure or Guideline Policy

Document application: NHS Grampian

Purpose/description: To ensure the appropriate training and support for individuals or their informal carers who wish to be involved in the administration of symptomatic relief medicines via subcutaneous injection as part of the delivery of palliative care.

Group/Individual responsible for this document: Specialist Palliative Care Pharmacist

Policy statement: It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols procedures.

Responsibilities for ensuring registration of this document on the NHS Grampian Information/SharePoint:

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Physical location of the original of this document: Medicines Management Team Office

Job title of creator of this document: Associate Specialist in Palliative Care

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Responsibilities for disseminating document as per distribution list:

Lead Author/Co-ordinator: Associate Specialist in Palliative Care

Responsibilities for implementation:

Organisational: Operational Management Team and Chief Executive
 Sector: General Managers, Medical Leads and Nursing Leads
 Departmental: Clinical Leads
 Area: Line Manager

Review frequency and date of next review: This policy will be reviewed in three years or sooner if current treatment recommendations change

Responsibilities for review of this document:

Lead Author/Co-ordinator: Specialist Palliative Care Pharmacist

Revision History:

Revision Date	Previous Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Marked* (Identify page numbers and section heading)
October 2020		Update with new Appendix I	Appendix I, page 23
		(New) Sample completed Direction to administer medicines by subcutaneous injection by patient or named carer (Appendix G)	Appendix G, page 19
		(New) Sample completed Record of medicines given by patient or named carer (Appendix H)	Appendix H, page 21

		Addition of risk assessment information	Section 4. Criteria to Undertake Protocol page 6
		Addition of appendix J Audit form	Appendix J, page 24
		Addition of appendix K Risk Assessment form	Appendix K, page 26

* Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading

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NHS Grampian Policy And Staff Guidance On Patient And Informal Carer Administration Of Subcutaneous Medication By Intermittent Injection - Adult Palliative Care

1. Introduction

Palliative care should be provided through person-centred and integrated health services that pay special attention to the specific needs and preferences of individuals. ^[1]

The Scottish Government has expressed a similar view in the national action plan for palliative and end of life care. ^[2] In the vision for palliative and end of life care in Scotland it identifies that the planning of care and support should be undertaken in a way that accords with the needs and preferences of people, their families and carers. ^[3]

It is widely acknowledged that for many people an important element of choice relates to their preferred place of care. ^[4] However, the presence of uncontrolled symptoms, particularly pain, is one of several possible reasons which may prevent patients from remaining at home at the end of life. This is especially so if the patient is unable to tolerate oral medication. Rapid access to drugs in the community is important to avoid crises at home and to reduce unwanted or unnecessary admissions in the last days of life. ^[5]

National Policy ^[2] reflects the importance of access to medication by promoting anticipatory prescribing and the use of Just-in-Case Boxes to ensure that injectable drugs commonly required at the end of life and specifically prescribed for the individual are available in the home. To ensure the availability of medication the NHS Grampian Palliative Care Network of Community Pharmacists hold a stock of core palliative care drugs and member pharmacists are able to provide assistance Out of Hours.

Currently such medications are administered by healthcare professionals in response to patient need but response times may, on occasions, be more lengthy than desired. Potential contributing factors to such a delay include geography and rurality and professional availability, particularly Out of Hours.

Informal carers have a significant role in symptom management and commonly administer or assist with the administration of oral medication. However there may be times when it could be helpful for them to administer subcutaneous palliative medication. ^[5] A parallel already exists as it is not uncommon for informal carers to administer subcutaneous medications such as insulin and dalteparin.

Policies, protocols and educational guidance for patient and/or informal carer administration of subcutaneous medication in adult palliative care have been developed elsewhere within the United Kingdom [\[Section 5\]](#). In Australia the benefits of this practice are reported as not only affording immediate symptom relief but that

carers valued their role and felt it gave them a sense of empowerment, pride and achievement as opposed to feelings of helplessness.^[6]

Precedents for informal carers to administer palliative medications by subcutaneous injection currently exist. Patient and carer preference, in addition to factors identified above, may act as drivers for this option of symptom control, particularly in unusual or exceptional circumstances, to be available and formally supported in Grampian.

A crucial element of this support will be education and training to enable informal carers to be adequately prepared to undertake the task confidently and competently. Current evidence suggests that educational interventions delivered face-to-face, supported by written and/or other resources and appropriate follow up, have the potential to improve family carers' knowledge and self-efficacy for pain management.^[7]

To assist staff to communicate with patients and informal carers with a limited command of English, the "Language Line" telephone interpretation service is widely available. By prior arrangement, "face to face" interpreters can also be provided and material in translation. If the patient or their informal carer has a communication disability, appropriate communication support such as British Sign Language (BSL) interpreters can be provided.

This policy provides the guidance for healthcare professionals to support patients and informal carers in the safe administration of prescribed medication by the subcutaneous route.

2. Aims and Objectives

This protocol and the associated documentation concerning procedures, training, patient/carer information and medication management provide a comprehensive and safe framework for health care professionals, patients and informal carers in relation to the subcutaneous administration of palliative medication by patients and informal carers.

The guidance it contains will:

- Facilitate effective symptom control and offer greater patient choice and informal carer involvement.
- Afford patients and informal carers a greater understanding of the medicines prescribed, their indications, actions and side-effects.
- Assist healthcare professionals in the training and assessment of patients and informal carers in a consistent and safe manner.

It is not anticipated that the need for this protocol will become commonplace but that it should only be relevant for a small number of patients in unusual and/or exceptional circumstances.

The individual elements of this protocol have been developed in accordance with current evidence and review of existing relevant protocols from other NHS sources.

2.1. Definitions

- The term informal carer refers to an adult providing care for a palliative patient (most likely in the home environment) who is not employed by NHS Grampian or a care provider organisation to provide care to that palliative patient. The likelihood is they will be a family member.
- Subcutaneous administration relates to the administration of prescribed medication via a subcutaneous cannula which has been inserted previously by a healthcare professional.

3. Clinical Situation

The patient and informal carer wish to have an active role in the management of unpredictable and intermittent symptoms (most commonly pain) by the administration of subcutaneous medication.

- Such medication will have been prescribed by an appropriate healthcare professional.
- Administration will be via a pre-inserted cannula.
- There will be an agreed maximum number of doses of each 'break through' medicine which can be administered by the patient or informal carer in a 24 hour period without requesting professional advice.
- A Just-in-Case Box containing the appropriate medication should be in place (home environment only).
- The patient and informal carer must meet the eligibility criteria [Section 3.1].
- The procedure should be patient led and should not be imposed upon them by healthcare professionals.
- The patient and/or informal carer is under no obligation to continue administering the injections should they no longer wish to and can request that these are administered by healthcare professionals.
- Support and supervision will be provided by a multidisciplinary team.

3.1. Eligibility Criteria

- The patient is an adult with a palliative illness who may experience unpredictable symptoms requiring 'breakthrough' medication by the subcutaneous route.
- The patient wishes to self-administer medication.
- The patient wishes an informal carer to administer medication.

- The informal carer is willing to undertake the procedure and has been assessed as having the capability (physical, mental and cognitive) to do so.
- The patient and/or informal carer have successfully undertaken the necessary education/training.
- Both patient and carer are aged 16 years or over.

3.2. Exclusion Criteria

- The patient and informal carer are under the age of 16 years.
- The patient or informal carer is deemed unable to cope (physically, emotionally or cognitively) with the procedure.
- The patient or informal carer has a known history of substance misuse or there is someone with a known history of substance misuse who has access to the property.
- There are concerns that relationship issues between the patient and informal carer may compromise safety.
- Failure to adhere to the protocol and the agreed plan of management.
- The decision for any exclusion should be made following discussion within the multidisciplinary team and the reason(s) for the exclusion clearly recorded in both the medical and nursing record.

3.3. Consent

The patient must give informed consent, in writing if possible, to:

- The self-administration of subcutaneous medication.
- The administration of subcutaneous medication by a named informal carer.

Informed consent requires the patient and/or carer to:

- Have an adequate explanation of the procedure.
- Have an adequate explanation of the benefits and risks.
- Understand the information given.
- Feel free from pressure or coercion.
- Understand that consent may be withdrawn at any time.

In order for informed consent to be given, the patient and/or informal carer must be aware of the existing medical and nursing services, particularly during Out of Hours periods, available to them.

When such consent has been obtained, the appropriate patient and informal carer consent forms [[Appendices D](#) and [E](#)] should be completed and filed in the patient held nursing notes.

4. Criteria to Undertake Protocol

The Multidisciplinary Team (MDT) responsible for the patient's care must collectively determine that the eligibility criteria relating to patient, informal carer and circumstances have been met.

A risk assessment should be undertaken using the appropriate NHS Grampian General Risk Assessment form. The Risk Assessment Checklist [[Appendix K](#)] is for guidance only.

A health care professional must be identified as the individual responsible for the training and support of patient and/or informal carer. The same named health care professional will also be responsible for the monitoring of all aspects of the procedure.

Should the General Practitioner not have been involved in the MDT discussion, the decision to implement the protocol must have his/her agreement as ongoing prescriber.

5. Evidence Base

This protocol and associated guidance has been developed following a comprehensive literature search and review of existing protocols developed elsewhere in the United Kingdom.

- Subcutaneous Drug Administration by Carers (Adult Palliative Care), Bradford and Airedale Teaching Primary Care Trust (2006).
- Patients and or Carers Administration of Subcutaneous Drugs by Intermittent Subcutaneous injections: Adult Palliative Care, NHS Lothian (2009).
- The Lincolnshire Policy for Informal Carer's Administration of as Required Subcutaneous Injections in Community Palliative Care. Lincolnshire Community Health Services NHS Trust (2013).

6. Description of Practice

An adult patient with a palliative illness, and/or informal carer, wish to undertake the administration of subcutaneous medication by intermittent injection to facilitate the management of symptoms.

The Request To Do So Should Be Patient/Informal Carer Initiated And Not Suggested By A Healthcare Professional.

Healthcare professionals should be familiar with The Responsibilities of Medical and Nursing Staff checklist. [\[Appendix A\]](#)

The patient and/or informal carer must be fully advised as to the procedure and the individual tasks involved so that they might understand completely what will be required of them.

The teaching guide [\[Appendix B\]](#) provides a practical step by step approach to ensuring the consistent and safe preparation and administration of a subcutaneous injection via a pre-inserted cannula. The patient and/or informal carer should be supported by a named healthcare professional who will:

- Ensure the patient and informal carer fully understand the nature of the tasks involved.
- Be responsible for assessing the patient's and/or informal carer's ability to undertake these tasks.
- Record in the training checklist [\[Appendix C\]](#) when the patient and/or informal carer is both confident and competent to undertake these tasks.

On completion, a copy of the training guide should be given to the patient or informal carer and a copy of the signed training checklist should be filed in the patient's nursing and/or medical records.

It is important that staff respect the religious or belief requirements of patients and their informal carers. Guidance on the different requirements is available in the NHS Grampian Booklet: "Religions and Cultures in Grampian", which is available on-line and in hard copy. Guidance can also be obtained from members of the Chaplaincy Department.

The patient and/or informal carer must have a good understanding of the prescribed medication to be administered. Such understanding should include not only indication, dose, intended benefit and potential side effects but also the disposal of unused medication.

The patient or informal carer should only administer an agreed maximum number of prescribed doses of any one medication in a 24 hour period. Should symptom control not be achieved and maintained with the agreed dose regime the patient or informal carer must seek advice from a doctor or nurse so that the patient and their management can be reassessed. The agreed maximum number of doses which may be administered in a 24 hour period may vary from patient to patient and according to individual circumstances but should always be determined by the prescriber and multidisciplinary team.

The patient and carer information leaflet and contact details of medical and nursing professionals for both during the day and Out of Hours should be provided [\[Appendix F\]](#).

The patient or informal carer is responsible for keeping an accurate record of the medication administered. Details of the drug, dose, date and time of administration should be recorded accurately on the Record of Medicines Given By Subcutaneous

Injection By Patient or Named Carer sheet [[Appendix H](#)]. This should be kept with the Direction to Administer Medicines by Subcutaneous Injection by Patient or Named Carer [[Appendix G](#)].

Failure to adhere to the agreed plan of management or to maintain accurate drug administration documentation should immediately trigger a review of the suitability of the patient and/or informal carer to undertake the procedure. The occurrence of a drug error should also trigger such a review.

Patients and/or informal carers will be taught the correct technique for the disposal of 'sharps' and be informed of the steps to take in the event of a needle stick injury in line with NHS Grampian policy.^[8]

In the case of an individual who is approaching the end of their life, there is the possibility that they might die soon after appropriately receiving a subcutaneous injection for symptom control. Death may be perceived by the carer to be attributable to this 'last injection'. To reduce the risk of resulting carer distress, healthcare professionals should consider discussing this possible eventuality during the training period.

There must be clear documented evidence in nursing and medical records that the patient or informal carer is administering subcutaneous medication. This information should also be shared with the Out of Hours medical and nursing services by completing, whenever possible, an Electronic Palliative Care Summary (ePCS) or Key Information Summary (KIS).

In the event of the patient being transferred from home to a hospital or hospice, nursing staff in the admitting unit must be made aware that the patient has been self-administering subcutaneous medication or has had such medication administered by an informal carer. Should the training have been undertaken in a hospital setting it is imperative that the general practitioner and community nursing team be advised before the patient is discharged home.

7. Professional Responsibilities and Governance

Section 7 of the Misuse of Drugs Regulations (2001) permits any person other than a doctor to administer any of the controlled drugs listed Scheduled 2, 3 and 4 of the Act in accordance with the directions of a doctor.

Similarly, any person may administer, in accordance with the specific directions of a nurse independent prescriber, any controlled drug which such a nurse independent prescriber may prescribe under regulation 6B provided it is administered for a purpose for which it may be prescribed under regulation.

Regulatory bodies provide professionals with clear and more detailed advice:

General Medical Council

The GMC advises that when you delegate care or treatment you must be satisfied that the person to whom you delegate has the knowledge, skills and experience to provide the care involved.^[9]

Further advice is provided in the publication Delegation Referral 2013 which also advises that if you delegate care you are still responsible for the overall management of the patient.^[10]

Nursing and Midwifery Council

The NMC, in the Standards for Medicines Management 2015, (section 8, administration) advises that:

- The registrant delegating should be satisfied that the individual has an appropriate level of education and training and has been assessed as competent.
- A record of the individual's training and assessment should be kept and all refresher or continuing education and training should also be routinely kept.

Section 11 of the NMC Code (2015) provides more detailed advice on delegation:

- You must be accountable for your decisions to delegate tasks and duties to other people.
- Only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions.
- Make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care.
- Confirm that the outcome of any task you have delegated to someone else meets the required standard.

Further information and advice is available from the National Institute for Health and Care Excellence (Controlled drugs: safe use and management 2016) and from the National Prescribing Centre: a guide to good practice in the management of controlled drugs in primary care (England) 2009.

8. Monitoring

It is the responsibility of the patient and informal carer to keep an accurate record of the medication given by entering the details of each injection in the Record of Medicines Given sheet [[Appendix H](#)] provided.

A member of the multidisciplinary team should, on a daily basis, check that the record is correct and that the frequency and dose of the drugs administered and the reason for their administration comply exactly with the instructions in the Direction to Administer Medicines [[Appendix G](#)] sheet.

Any discrepancy must trigger an immediate review of the appropriateness of the arrangements in place.

The patient should be assessed on a regular basis and the effectiveness of symptom control and overall patient care determined. The presence of new symptoms or a failure to adequately control existing symptoms indicate the need for urgent patient review.

8.1. Audit

Healthcare professionals are responsible for undertaking audit activity in their clinical areas of practice.

Since the procedure of patient and/or informal carer administration of medication by subcutaneous injection will apply to unusual or exceptional circumstances, it is anticipated that the number of patients involved will be small.

Audit of the procedure and the protocol should be undertaken on an individual basis and the effectiveness of the protocol and impact on practice determined.

A structured data gathering form is available for download from the NHS Grampian Palliative and End of Life Care Intranet site and should be completed for every patient for whom the protocol is used. ([Appendix J](#))

Completed forms should be returned to the Project Support Officer, Palliative Care Network Office, Summerfield House, Aberdeen so that the NHS Grampian Palliative and End of Life Care Steering Group may be involved in the review and audit process.

9. References

- 1) World Health Organisation fact sheet N 402, palliative care, July 2015.
- 2) The Scottish Government, Living and Dying Well: a national action plan for palliative and end of life care in Scotland (2008).
- 3) The Scottish Government, Strategic Framework for Action-palliative and end of life care (2015).
- 4) Gomes B, Calanzani N, Higginson I; Local Preferences and place of death in regions within England, Cicely Saunders International, 2011.
- 5) Twycross R, Wilcock A; Palliative Care Formulary, Ed 5.
- 6) Anderson A, Kralik B ; Palliative care at home: Carers and medication management; Palliative and Supportive Care 2008.
- 7) Latter S et al; How can we help family carers manage pain medicines for patients with advanced cancer? A systematic review of intervention studies: BMJ Supportive and Palliative Care, 2016.
- 8) Standard Infection Control Precautions (SICPs) –9. Safe disposal of waste (including sharps) www.hps.scot.nhs.uk.

- 9) General Medical Council (2013) Good medical practice, para 45, London, GMC.
- 10) General Medical Council (2013) Good practice in prescribing and managing medicines and devices, London, GMC.

10. Original Development and Consultation Team

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Review Consultation Group –September 2020

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Appendix A - Responsibilities Of Medical And Nursing Staff

Discussed/Completed	Date	Signed
To ascertain if the patient / informal carer is willing to undertake this task		
To ensure the patient / informal carer has been deemed suitable and capable by the clinical team involved		
To undertake a risk assessment which is documented on the appropriate form and filed in the patients' notes		
To obtain written / verbal consent from the patient / informal carer (if possible)		
To provide the patient and informal carer with the necessary training / support and be assured of their competency to undertake the task		
To act upon any concerns by discussing with the specialist palliative care team		
To insert, review and renew subcutaneous device (cannula) as per NHS Grampian Policy		
To arrange daily visits to provide support for patient / informal carer (including on-going review of appropriateness of patient / informal carer involvement)		
To ensure all members of team involved are aware of patient / informal carer involvement, including out of hours teams		
To provide the patient / informal carer with contact details for 24 hour advice and support		

Appendix B - A Guide For Patients And Informal Carers On How To Prepare And Administer Medicines In A Syringe For Injection Via A Subcutaneous Device (e.g. Saf T Intima)

Step 1: Check the administration sheet for the time the last dose was given making sure it is safe to give a further dose.

Step 2: Wash Hands And Dry Thoroughly

Step 3: Check The Entry Site And Infusion Line

- Are there any signs of leakage, discomfort, redness or swelling at the entry site of the subcutaneous device?
- Has the device fallen out or become dislodged?
- If **Yes, Do Not** proceed and contact the nursing team.

Step 4: Prepare Equipment Required

- Prescription Sheet
- Administration Sheet
- Medication required
- Water for Injection (Flush)
- Syringes and Blunt Fill Needle
- Sharps Bin.

Step 5: Preparing The Medicine For Administration

- Read the prescription sheet and the information on the label of the prescribed medicine.
- Draw up prescribed medicine as written on prescription sheet.
- Dispose of unused/excess medicines and needles used into sharps bin.
- Draw up prescribed diluent – 1mL of water for injection (Flush) into a 5mL syringe

Step 6: Administering The Subcutaneous Medicine

- Remove cap from the infusion line.
- Using syringe slowly administer prescribed medicine through the subcutaneous device (cannula), followed by syringe with water for injection (flush).
- Secure cap back onto infusion line.

Step 7:

- Dispose of used syringes and used vials into sharps bin.
- Wash hands and dry thoroughly.
- Document medicine given on administration record for carers.
- Store all equipment and medicines as instructed by your nursing team.

Appendix C - Teaching Checklist

	Discuss, Demonstrate & Feedback		Date	Observe Procedure		Perform with Supervision (1)		Perform with Supervision (2)		Competent doing Procedures(s)	
	Healthcare Professional (sign)	Patient / Informal Carer (sign)		Learner Initials (Date)	HCP Initials (Date)	Learner Initials (Date)	HCP Initials (Date)	Learner Initials (Date)	HCP Initials (Date)	Learner Initials (Date)	HCP Initials (Date)
Describe medicines to be administered, why they are being used, expected benefits and potential side effects											
Demonstrate hand washing and discuss importance											
Describe equipment required to administer subcutaneous medication											
Describe the importance of administering a flush and be able to differentiate between the syringes of prepared medicine and flush											
Describe and demonstrate the administration of subcutaneous medication and flush.											
Describe and demonstrate how to document medication given											
Describe how to store and discard equipment											

Patient or Informal Carer's Name:

Healthcare Professional: Designation:
 (Sign and Print when complete):

**Appendix D - Consent Form - Self-Administration Of Subcutaneous Injections
By Patient**

The patient: Name: _____ date of birth: _____

CHI number: _____

has requested to self-administer prescribed medication by subcutaneous injection for the purpose of symptom relief.

The patient fulfils the eligibility criteria.

The patient:

- has undergone the necessary training and has been assessed as competent in performing the technique.
- is happy to proceed with this delegated responsibility in the knowledge that they have contact numbers for support (in and out of hours] and that they can relinquish the role at any time they wish.
- will adhere to the agreed management plan.

Multidisciplinary Team members who considered and agreed to the request for the self-administration of subcutaneous injections by the patient:

Name	Designation	Date

Training delivered by : name: _____, designation: _____

and completed on: _____

Signature of patient: _____ date: _____

Appendix E - Consent Form -Administration Of Subcutaneous Injections By Informal Carer

The patient: Name: _____ date of birth: _____
 CHI number: _____

has requested that their carer, _____ administer prescribed medication by subcutaneous injection for the purpose of symptom relief.

The patient and named carer fulfil the eligibility criteria.

The named carer:

- _____ has undergone the necessary training and has been assessed as competent in performing the technique.
- _____ is happy to proceed with this delegated responsibility in the knowledge that they have contact numbers for support [in and out of hours] and that they can relinquish the role at any time they wish.
- _____ will adhere to the agreed management plan.

Multidisciplinary Team members who considered and agreed to the request for the administration of subcutaneous injections by an informal carer:

Name	Designation	Date

Training delivered by: name: _____, designation: _____

and completed on: _____

Signature of patient: _____ date: _____

Signature of carer _____ date: _____

Appendix F - Information Leaflet For Relatives And Informal Carers Giving As Required Injections For Symptom Control

As patients become more poorly they often lose the ability to swallow and so are unable to take the medication they need by mouth.

If this happens, symptoms such as pain and sickness can be controlled by using a device called a syringe pump. The pump, which is managed by the community nurses, ensures that the patient receives their medication by the prescribed amount regularly over 24 hours.

Unfortunately however, patients may experience episodes of increased pain and other troublesome symptoms at any time of the day or night. These episodes can be unpredictable and require extra medication (often called 'break through' medication) by a small injection.

Relatives and carers can be taught how to give these injections to ensure comfort and help control pain and other symptoms. This is similar to when you gave the medication by mouth but the route of giving the medication has now changed since the patient is no longer able to swallow.

For the sake of comfort, a nurse will insert a simple device (cannula) under the patient's skin, usually on the arm, so that when you give an injection you only inject into the device and not directly into the patient.

The general practitioner, community nurse and MacMillan nurse will support you and teach you everything you need to know to be able to give the injections safely and confidently.

If at any time you feel you can no longer give these injections let the doctor or nurse know so that alternative arrangements can be made.

It is important to remember that patients experience symptoms at any time during their illness, even in the last few hours. It may be that an injection you give to ease their discomfort comes close to the end of their life. This is not unusual and you must not worry that the injection has in any way caused the patient's life to end.

Please do not hesitate to ask any healthcare professional any question that will help you to care for the patient and enable them to remain comfortable.

Contact Numbers

Community Nurse

In Hours: -----

Out-Of-Hours: -----

General Practitioner

In Hours: -----

Out-Of-Hours: -----

Macmillan Nurse: -----

Other: -----

In order to prepare medicines for subcutaneous injection and give them safely, there are a number of things that you need to know and steps that you need to follow.

You will need to know:

- the names and doses of any drugs that have been prescribed.
- the symptoms or problems that these drugs have been prescribed to treat.
- any possible side- effects to look out for.

You will also need to know how to:

- follow the information and instructions in the Direction to Administer Medicines sheet for each drug that has been prescribed.
- keep an accurate written record of each subcutaneous injection you give - drug, dose and time you gave it in the Record of Medicines Administered sheet.
- dispose of equipment and any unwanted medicine.
- check the cannula site for pain, swelling or redness. This must be done before every injection and on a daily basis even if no subcutaneous injections have been required in the previous 24 hours.
- prepare (fill) a syringe for giving a subcutaneous injection.
- give a subcutaneous injection.

Remember:

If at any time you have any concerns or questions please do not hesitate to contact the GP or Community Nurse for advice or help.

Appendix G

Private & Confidential



Direction to Administer Medicines by Subcutaneous Injection by Patient or Named Carer

Surname	SMITH	Community Health Index (CHI)	XXXXXXXXXX	Known medicine allergies / sensitivities NO KNOWN DRUG ALLERGIES
Forename	JOHN	Date of Birth	00 / 11 / 2021	
Address	123 Any street Any town	Male	<input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Postcode		General Practitioner	A. DOCTOR	
	or affix patient label	Address	NAMED MEDICAL PRACTICE	
		Telephone	0123 456789	

Date DD MM YYYY	Medicine and Strength ¹	Dose ¹	What the medicine should be given for	Prescribed by name & full signature for each medicine	Number of doses that may be given in 24 hours ²	How frequently can the dose be repeated ³	Date Stopped	Stopped by name & full signature
01/01/2021	MORPHINE SULPHATE INJECTION 10mg/1ml	10mg	PAIN OR BREATHLESSNESS	A. DOCTOR	4	1 HOURLY		
01/01/2021	LEVOMEPRMAZINE INJECTION 25mg/1ml	2.5mg	NAUSEA AND VOMITING	A. DOCTOR	2	12 HOURLY	03/01/21	A. DOCTOR
01/01/2021	MIDAZOLAM INJECTION 10mg/2ml	2mg	AGITATION	A. DOCTOR	3	1 HOURLY		
03/01/2021	LEVOMEPRMAZINE INJECTION 25mg/1ml	5mg	NAUSEA AND VOMITING	A. DOCTOR	2	12 HOURLY		
Please remember to prescribe and supply WATER FOR INJECTION for use to flush after each injection is given								
03/01/2021	WATER FOR INJECTION	1ml	FLUSH AFTER EACH INJECTION	A. DOCTOR	n/a	n/a		

- The prescriber **MUST** ensure that a supply of each medicine is available and labelled with the same instructions as the direction above.
- The prescriber **MUST** specify the number of doses of each medicine that may be given in a 24 hour period without the need for the patient / carer to seek the advice of the healthcare team.
- If frequent repeat doses are required, contact the healthcare team responsible for the patient to review the appropriateness of the medicines and doses prescribed.

NB: If you are not sure about any aspect of giving these subcutaneous injections or are unwilling to proceed with this direction, you MUST contact the team looking after the patient as soon as possible

Appendix G

Private & Confidential

Direction to Administer Medicines by Subcutaneous Injection by Patient or Named Carer



Surname	Community Health Index (CHI)	Known medicine allergies / sensitivities
Forename	Date of Birth DD MM YYYY	
Address	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Postcode	General Practitioner	
or affix patient label	Address	
	Telephone	

Date DD MM YYYY	Medicine and Strength ¹	Dose ¹	What the medicine should be given for	Prescribed by name & full signature for each medicine	Number of doses that may be given in 24 hours ²	How frequently can the dose be repeated ³	Date Stopped	Stopped by name & full signature
Please remember to prescribe and supply WATER FOR INJECTION for use to flush after each injection is given								

- 1** The prescriber **MUST** ensure that a supply of each medicine is available and labelled with the same instructions as the direction above.
- 2** The prescriber **MUST** specify the number of doses of each medicine that may be given in a 24 hour period without the need for the patient / carer to seek the advice of the healthcare team.
- 3** If frequent repeat doses are required, contact the healthcare team responsible for the patient to review the appropriateness of the medicines and doses prescribed.

NB: If you are not sure about any aspect of giving these subcutaneous injections or are unwilling to proceed with this direction, you MUST contact the team looking after the patient as soon as possible

Appendix H

Record of Medicines Given by Subcutaneous Injection by Patient or Named Carer Sheet Number 1

Surname SMITH	Community Health Index (CHI) XXXXXXXXXX	NO KNOWN DRUG ALLERGIES
Forename JOHN	Date of Birth 00 11 2021	
Address 123 Any street	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Any town	General Practitioner A. DOCTOR	
Postcode	Address NAMED MEDICAL PRACTICE	
<small>or affix patient label</small>	Telephone 0123 456789	

Date DD MM YYYY	Time (24 hour clock)	Medicine Given	Dose Given	Number of ampoules used for this dose ²	Tick to confirm that a flush has been given ¹	Number of doses given in last 24 hours (include this dose) ³	Reasons for giving this medicine	Signature of person giving the medicine
01/01/2021	19:50	MORPHINE SULPHATE	10mg	One	✓	One	Pain	A. Carer
02/01/2021	02:40	MORPHINE SULPHATE	10mg	One	✓	Two	Pain	A. Carer
02/01/2021	03:00	LEVOMEPRMAZINE	2.5mg	One	✓	One	Nausea	A. Carer
03/01/2021	08:30	LEVOMEPRMAZINE	2.5mg	One	✓	One	Vomiting	A. Carer
03/01/2021	10:00	MORPHINE SULPHATE	10mg	One	✓	One	Pain	A. Carer

- 1** ALWAYS administer a FLUSH of Water for Injection after each dose as instructed
- 2** Ensure that the stock balance sheet for each drug is updated after a dose of medication is given.
- 3** If frequent repeat doses are required, contact the healthcare team responsible for the patient to review the appropriateness of the medicines and doses prescribed.

NB: If you are not sure about any aspect of giving these subcutaneous injections or are unwilling to proceed with this direction, you MUST contact the team looking after the patient as soon as possible

Appendix H

Record of Medicines Given by Subcutaneous Injection by Patient or Named Carer Sheet Number

Surname 	Community Health Index (CHI)	Known medicine allergies / sensitivities
Forename	Date of Birth DD MM YYYY	
Address	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Postcode	General Practitioner	
 or affix patient label 	Address	
	Telephone	

Date DD MM YYYY	Time (24 hour clock)	Medicine Given	Dose Given	Number of ampoules used for this dose ²	Tick to confirm that a flush has been given ¹	Number of doses given in last 24 hours (include this dose) ³	Reasons for giving this medicine	Signature of person giving the medicine

- 1** ALWAYS administer a **FLUSH** of Water for Injection after each dose as instructed
- 2** Ensure that the stock balance sheet for each drug is updated after a dose of medication is given.
- 3** If frequent repeat doses are required, contact the healthcare team responsible for the patient to review the appropriateness of the medicines and doses prescribed.

NB: If you are not sure about any aspect of giving these subcutaneous injections or are unwilling to proceed with this direction, you MUST contact the team looking after the patient as soon as possible

Appendix I – Commonly prescribed injections and available strengths

Morphine Sulphate	10mg/1ml 15mg/1ml 20mg/1ml 30mg/1ml 60mg/2ml
Oxycodone	10mg/1ml 20mg/2ml 50mg/1ml
Hydromorphone	2mg/1ml 10mg/1ml
Diamorphine (as powder for reconstitution)	5mg 10mg 30mg <i>*higher strengths available – seek specialist advice</i>
Cyclizine	50mg/1ml
Hyoscine Butylbromide	20mg/1ml
Levomepromazine	25mg/1ml
Metoclopramide	10mg/2ml
Midazolam	10mg/2ml

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	<input type="checkbox"/>
Aberdeenshire	<input type="checkbox"/>
Moray	<input type="checkbox"/>
Orkney	<input type="checkbox"/>
Shetland	<input type="checkbox"/>
Western Isles	<input type="checkbox"/>

	Yes	No
Has a risk assessment been completed?	<input type="checkbox"/>	<input type="checkbox"/>
Were any subcutaneous injections administered? If yes, please identify below	<input type="checkbox"/>	<input type="checkbox"/>

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.

Appendix K – Risk Assessment Template

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

This assessment template is a simple summary of the inclusion and exclusion criteria which need to be considered. It for guidance only and does not replace the agreed NHS Grampian Risk Assessment, which should be completed prior to using the protocol

Patient

Has capacity	
Agrees to procedure	
Is aged 16 years or over	

Carer

Has capacity	
Willing to participate	
Is 16 years or over	
Has agreed to undergo the necessary training	
There are no concerns about the carer administering medicines under this policy	

Environment

No history of substance abuse in household or family contacts	
Health care team involved are not aware of any environmental risk or 'non-clinical' potential hazards	

Signature	
Designation	
Date	