The Lincolnshire Policy for Informal Carer's Administration of As Required Subcutaneous Injections in Community Palliative Care

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Lincolnshire Community Health Services NHS Trust

(Informal Carer's giving subcutaneous injections in community palliative care)

Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1		New Document	April 2013	Petra Clarke
2	Throughout	Updated reference to NMC (2015) The Code- Professional Standards of practice and behaviour for nurses and midwives.	June 2015	Lyn Wilkinson
3	4.1	Inclusion of hospice in the hospital	June 2015	Lyn Wilkinson
4	6.6	Addition of paragraph	June 2015	Lyn Wilkinson
	6.7	Addition of paragraph	June 2015	Lyn Wilkinson
5	Appendices	Addition of appendices 1 to 8	June 2015	Lyn Wilkinson
6	7.8	Change to name of Policy now states St Barnabas Lincolnshire Safeguarding Adults Policy and Procedure (2015).	June 2015	Lyn Wilkinson
7	12.1	Paragraph removed	June 2015	Lyn Wilkinson
	12.2	Removal of the words, "following this".	June 2015	Lyn Wilkinson
	12.3	Paragraph removed as awareness and promotion of policy will be added to syringe driver training	June 2015	Lyn Wilkinson
8	On the web version need to remove LPFT and ULH as these two organisations have not adopted this policy		June 2015	Lyn Wilkinson

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Policy Statement

1 Introduction

Palliative care services strive to support patients to live and to die within a setting of their choice, usually at home with optimal symptom control and with a pattern of care that is also supportive of the carers / families (East Midlands Cancer Network 2012). In the last decade there has been a major shift in patients choosing to die within their own home (Moback et al 2011). This has had a major impact upon the work of the primary health care team involved in caring for palliative care patients in the community. Uncontrolled pain and symptoms have the potential to prevent patients being able to die at home (East Midlands Cancer Network 2012), especially when patients are no longer able to tolerate oral medication. Whilst the government has allocated funding to educate community staff in palliative care (Department of Health 2001), Liverpool Care Pathway (Ellershaw & Wilkinson 2003) and the Gold Standard Framework (Thomas 2003), little has been done to recognise the input required from informal carers to enable this process to suceed. The input of informal carers is a fundamental resource to aid success in achieving this. East Midlands Cancer Network (2012) suggests that there may be times when it would be helpful for them to administer subcutaneous injections to ensure patients symptoms are well managed at home.

The likelihood of patients remaining symptomatically well managed at home is enhanced by informal carers, and there are times when it may be helpful for them to administer subcutaneous medication (East Midlands Cancer Network 2012). This requires education and resources to assist them to manage confidently this aspect of their care giver role (East Midlands Cancer Network 2012). This role is promoted by others in palliative care (Lee and Headland 2003, Bradford and Airedale PCT 2006, Twycross and Wilcox 2011). In addition, it is common practice that carers administer other subcutaneous (s/c) medication such as Clexane/ Insulin. National documents support the role of effective symptom control in achieving preferred place of death (Department of Health 2008). It is also quite common practice in Australia for carers to administer in palliative care (Healy et al 2011). Indeed, in Australia the benefits of this practice have been reported as not only immediate symptom relief, but carers highly valued this role and felt that it gave them a sense of empowerment, pride, achievement and avoided feelings of helplessness (Anderson and Kralik 2008). Whilst the Nursing and Midwifery Council (NMC 2015) supports carers administering medicines this does not specifically relate to a palliative care setting. In Lincolnshire we are fortunate as we do have community and hospice at home nurses in hours and Marie Curie Rapid Response out of hours available to administer as required subcutaneous injections within community palliative care. However, due to the rurality of the county some response times for this can be up to one hour. This is lengthy and involving and supporting carers in this role could enhance timely symptom control.

In order to address the need for effective 24 hour symptom control, this policy has been developed to give health care professionals a safe framework to work within when the patient's symptoms may not be controlled by the usual methods, that is oral medication or 24 hour syringe drivers to promote patient choice. It is supported in the East Midlands Cancer Network Statement of Support (East Midlands Cancer Network 2012).

This policy is based on previous work undertaken by the author (Lee and Headland 2003) as well as similar work undertaken in another PCT (Bradford and Airedale 2006).

2 Scope and Purpose

2.1 Informal carer(s) relates to lay carer(s) / relative(s) of the patient in community palliative care who are not employed by an organisation.

2.2 This document relates specifically to informal carers giving medication via a Subcutaneous injection or subcutaneous injection line if required. The document has been written to provide health care professionals working in community and hospice settings with a safe framework to follow.

2.3 The need to implement this procedure should be led by the needs of the patient/carer and should not be imposed on the patient/carer by health care professionals. It is not anticipated that this procedure will be relevant for all carers.

2.4 It must be made clear to the patient (if feasible) / carer(s) that from the outset they are able to discontinue this procedure at any time, should they wish to.

2.5 In order to reduce risk, easy dosing (e.g. using full vials/ easy drawing up of part vials) should be considered and this may guide drug choices/ vial sizes where possible.

2.6 This policy is to be read in conjunction with the Policy for Pre-emptive Prescribing and Supply of Palliative Care Medication for Adults (Access to Palliative Medicines Group 2013).

3 Objective/Expected Outcomes

3.1 To provide a safe framework for health care professionals, carers and patients in the administration of an agreed medication via a subcutaneous injection line or subcutaneous injection.

3.2 This guidance will facilitate effective symptom control, patient choice, carer involvement and preferred place of care. This will be delivered within a safe and supportive environment.

3.3 A registered nurse will be responsible for ensuring this procedure is administered safely with reviews and monitoring at least weekly.

3.4 A registered nurse will ensure that the carer(s) who will administer the injection has been taught using a step by step training procedure.

4 Patients covered/ Service Area

4.1 This policy provides guidance to all registered nurses employed by Lincolnshire Community Health Services (LCHS), Marie Curie Rapid Response, St Barnabas Lincolnshire Hospice and Hospice in the Hospital who are required to treat adult patients 18 years and above with a palliative/ terminal illness.

5 Target Users

5.1 All registered nurses working within community services employed by Lincolnshire Community Health Services, Marie Curie Rapid Response and St Barnabas Lincolnshire Hospice who visit palliative care patients.

6. Responsibilities

6.1 It is the responsibility of every registered nurse employed by Lincolnshire Community Health Services, Marie Curie Rapid Response and St Barnabas Lincolnshire Hospice who care for palliative care patients to be familiar with this policy and procedure.

6.2 Registered nurses involved in the administration of s/c injections/management of syringe drivers will be responsible for maintaining and updating their knowledge and practice (NMC 2015).

6.3 Registered nurses administrating any medicines, assisting with administration or overseeing any self-administration of medicines must exercise professional judgement, apply knowledge and recognise their professional accountability as per NMC Standards for Medicines Management (2008).

6.4 Registered nurses are responsible for recognising any limitations in their knowledge and competence and declining any duties they do not feel able to perform in a skilled and safe manner (NMC The Code – Professional standards of practice and behaviour for Nurses and Midwives 2015).

6.5 The Multidisciplinary Team (MDT) (either GP or palliative care doctor and case Manager / higher level hospice nurse or above) will identify the carer(s) responsible for administering the subcutaneous injection and the person(s) responsible for training, monitoring and supporting them through the implementation of the procedure.

6.6 GP as continuing prescriber must be included and be happy with MDT decision.

6.7 St Barnabas IPU can be contacted out of hours for professional advice when using this procedure.

7 Risk Management

7.1 The registered nurse must ascertain that the informal carer(s) have not been put under undue pressure by a loved one to administer injections. It must be recognised that a patient cannot demand a level of care from relatives which those relatives do not feel able to provide (Randall and Downie 1996).

7.2 The registered nurse must not increase the burden of care by placing informal carers in distressing and emotive situations whereby a patient may ask them to end their suffering by using a subcutaneous injection meant to manage symptoms. Only carer(s) willing to participate will be considered. A risk assessment SystmOne template must be completed for each carer being considered (see risk assessment at end of this policy). A checklist must also be completed by the registered nurse (see checklist at the end of this policy).

7.3 Should a drug error occur, and the carer's competency is in question or carers intentions be in doubt then the procedure must be stopped immediately.

7.4 Consideration should also be given to the bereavement process and how professionals will support informal carers should they be involved in symptom management in relation to death after giving the "last injection". Planned bereavement support must be provided.

7.5 The relative/carer will only be allowed to administer a maximum of 3 prescribed subcutaneous injections of any drugs in any 24 hour period without consulting the patient's own GP/ Out of Hours first contact. This could be 3 doses of one drug or 3 injections of various drugs. Other areas have chosen to allow 4 injections before contact Lee et al (2003) and Bradford and Airedale (2006).In addition once injection(s) have been given the carer must ensure the patients are receiving a visit from their community nurse team within the next 24hrs, otherwise they must contact the community team or Marie Curie Rapid Response to arrange.

7.6 The Prescriber and MDT will need to decide the appropriateness and number of injections available for the carer to give. It may be that not all subcutaneous drugs are prescribed for the carer to give.

7.7 All carers will be provided with a sharps bin and taught the correct technique for sharps disposal. Carers will be informed of the steps to take in case of needle stick injury: make it bleed, wash it, cover it, report to GP within 72 hours for medical plan and report to community nursing team/hospice team for incident reporting.

7.8 Where the patient has capacity to consent to the carer being delegated this task, this will be sought. It is however recognised that a number of patients will have lost capacity to agree and this procedure must be undertaken in the patient's best interest. Carers will also be required to have mental capacity to undertake this delegated task. Please refer to mental capacity policies; LCHS Mental Capacity Act (2005) policy available at: https://www.lincolnshirecommunityhealthservices.nhs.uk/Staff/filebrowser/download/1768 and St Barnabas Lincolnshire Hospice Mental Capacity Act Policy and Procedure.

7.9 Carers will not be given an opportunity to participate if there are any safeguarding concerns. Please refer to safeguarding policies: LCHS Safeguarding Adults Policy available at: https://www.lincolnshirecommunityhealthservices.nhs.uk/Staff/filebrowser/download/1742 and St Barnabas Lincolnshire Safeguarding Adults Policy and Procedure (2015).

7.10 All adverse incidents and significant untoward events are to be reported by normal reporting arrangements and communicated to all involved in the patients care immediately. In addition all incident reporting pertaining to this policy will be shared by all organisations at the Lincolnshire Palliative and End of Life Care Collaborative Forum.

8 Best Practice (as recommended by East Midlands Cancer Network 2012)

Procedures and safeguards for informal carers giving subcutaneous injections (1)
Careful evaluation of the situation by the healthcare team. Signed consent obtained from the patient (if feasible). Informal carers, particularly if qualified nurses or doctors, must not be pressured to give injections, and should be able to discontinue at any time. Carer's fears must be explored, including the possibility of the patient dying shortly after an injection. Carers must: • be trained and assessed as competent, and this must be documented and retained • be provided with written information for each drug, including the name, dose, indication, likely undesirable effects, the time before a repeat dose is permitted, maximum number of injections/24h • keep a record of all injections given, including date, time, drug strength, formulation and dose, and name of person giving the injection • be provided with contact telephone numbers for both in- and out-of-hours Regular support and review of the situation must be carried out by healthcare professionals. Close liaison with the primary health care team, and all out-of-hours services. 1. Twycross R and Wilcock A (2011) Palliative Care Formulary 4th edition. Palliativedrugs.com Ltd. Nottingham, UK.

9 Criteria for Suitability

- Patients with unpredictable symptoms where PRN injections maybe required.
- Patient has been referred to the community nurse team.
- Patients who may require a stat dose of a medication in an anticipated emergency, for example, seizure.
- *The decision for a carer(s) to administer PRN subcutaneous injections in a community palliative care setting must be agreed prior to discussions with patient and/or family/carer(s), by a minimum of 2 multidisciplinary team members which includes either the patient's own GP or Palliative care doctor with agreement of GP and led by either* Community Case Manager, Registered Community Nurse in consultation and with the agreement of the Community Case Manager, Higher level Hospice Nurse, in consultation and with the agreement of the Community Case Manager and the Hospice Team Leader or Macmillan CNS
- The patient would like the carer to undertake the procedure
- The willingness and capability of the carer to undertake the procedure has been ascertained.
- The carer(s) are over the age of 18 years to participate
- **The relative/carer will only be allowed to administer a maximum of 3 prescribed subcutaneous injections in any 24 hour period without consulting the patient's own GP/ out of hours first contact practitioner or non-medical prescriber .**

10 Criteria That Might Prevent Suitability

- This procedure MUST NOT be undertaken by any family members with a known history of substance misuse or where there is someone known to misuse substances who has access to the house.
- If the family member is an employee of LCHS or St Barnabas Lincolnshire Hospice, they must seek advice and agreement from their employer before undertaking this procedure.
- There are relationship issues/ safeguarding concerns between the patient and carer.
- There is concern that the carer will not be able to cope physically with undertaking the procedure.

11 Procedure

ACTION	RATIONALE
Prepare equipment required including: Care plan / written documentation/ consent form Patient/ carer information leaflet Carers direction to administer controlled/ symptom management drugs, CD2 and CD3 forms Yellow s/c saf t intima device Sterile film dressing Supply of 2ml leurlock syringes Supply of blue needles 2 ml ampoules of water for injection Prescribed drug for PRN use Sharps box	To facilitate safe practice Minimise risk of errors
It is the responsibility of the First Level Registered Nurse (RN) to discuss the suitability of the carer(s) to administer the prescribed PRN medication with the multidisciplinary primary care team (see restrictions)	To ensure the safe selection of a carer(s) to undertake this procedure, minimising risk and protecting the patient from harm To ensure multi-professional collaboration and co-operation
It is the responsibility of the RN to discuss and explain the procedure and its implications with the patient (where appropriate) and their carer(s) to ascertain their willingness and agreement to undertake this task A carer risk assessment form must be completed for each carer(s) considered for this role. Signed consent should be obtained	To fully inform the carer(s) and patient to enable them to make an informed choice To ascertain their willingness to undertake the procedure To confirm the willingness of the carer(s) to undertake the procedure

from patient (if feasible) and carer on the consent record.	
It is the responsibility of the GP/ hospice doctor/ non-medical prescriber to give consent for the carer(s) to administer PRN subcutaneous named medication by accurately documenting on the Carers Administration green prescription sheet.	To ensure documented GP consent for the carer(s) to undertake the procedure
It is the responsibility of the GP/hospice doctor / non-medical prescriber to clearly prescribe the PRN medication and maximum number of dosages (see restrictions) on the Carers Administration green prescription sheet. For appropriate prescribing see latest edition of Palliative Care Formulary, the Palliative Adult Network Guidelines (PANG) (available at http://book.palliative.info/) or 5 Priorities of Care of the Dying Person, symptom control sheets.	To comply with NMC (2008) standards for administration of medicines To protect the patient from harm (NMC 2015)
It is the responsibility of the RN to explain to the carer(s) the importance, use, relevance, action and possible side effects of the prescribed medication. The RN should check the prescription and list the indications for use, possible side effects and any instructions on the carer(s) information leaflet for each individual drug.	To fully inform the carer(s) to enable him/her to make an informed choice To ascertain their willingness to undertake the procedure
The RN must provide an opportunity for the relative/carer(s) to express any fears and anxieties that they may have	To ensure they feel listened to and supported To maintain their freedom of choice
The relative/carer(s) has the right to refuse to undertake/ continue this procedure at any given time. It is the responsibility of the Community nurse team or Marie Curie Rapid Response to continue this treatment. The patient can also refuse to receive this injection from the carer.	To ensure they feel listened to and supported To maintain their freedom of choice To protect the patient from harm (NMC 2015)
It is the responsibility of the RN to insert the subcutaneous device Saf T intima needle, secure with a transparent film dressing and flush with 0.5ml water for injection	To establish safe and secure subcutaneous route for the carer(s) to administer the medication Transparent dressing allows observation of the infusion site and to maintain patency
It is the responsibility of the RN to	To ensure prompt reporting of any

educate the relative/carer(s) to observe for signs of swelling, inflammation or leakage at the subcutaneous site and report to nursing team. The nurse will also check this site daily.	potential problems with the site and to maintain patency
It is the responsibility of the RN to teach the carer(s) to consult the Carer Administration green prescription sheet and ascertain the following, using this as a checklist: • Drug and dose • Date and time of administration • Interval of time between a further dose of the medication • Route and method of administration • Validity of prescription and signed and dated by a doctor/ non-medical prescriber.	To ensure the patient is given the correct drug, in the prescribed dose using the appropriate diluent and by the correct route To protect the patient from harm (NMC 2015) To comply with (NMC 2015) standards for administration of medicines
The RN will explain and demonstrate the steps involved in administering a subcutaneous drug: 1. Hand washing 2. Drawing up the prescribed medication as indicated on prescription sheet (using water for injection for training purposes). Any drugs drawn up to show carer this process e.g. half a vial, will be destroyed and the first level registered nurse will document that these drugs were wasted for training purposes. 3. Carers will be taught how to dispose of any unused/ excess drugs. 4. Reconstitution of Diamorphine will be demonstrated and taught where appropriate 5. Administer water for injection for training purposes unless drug required via the Saf t intima, ensuring correct use of clamp. **If the patient is not on a syringe driver and daily visits are not required then the carers if willing and able can be taught how to inject directly into the patient (e.g. if subcutaneous drugs prescribed in anticipation of seizures)**	• To demonstrate full and safe procedure • To ensure the patient is given the correct drug, in the prescribed dose and by the correct route • To minimise the risk of cross infection • To protect the patient from harm (NMC 2015) • To comply with (NMC 2015) standards for administration of medicines • To flush any remaining irritating solution away from the subcutaneous device and ensure patient receives full dose of drug administered. • To ensure the safe disposal and avoid needlestick injury to carer(s) • To prevent re-use of equipment • To maintain accurate records which provides a point of reference of all injections given in the event of any queries and prevent duplication of treatment

6. Flush Saf t intima device with 0.5 ml of water for injection 7. Correct disposal of sharps and provision of sharps bin 8. Hand washing 9. Accurate documentation of drug administered on the CD3 gold administration record 10. If the community team are not due to visit in the next 24hrs and an injection is given by a carer then the carer must ring their community team and inform them or Marie Curie Rapid Response at the weekend so that a visit can be planned within 24hrs to review.	
The RN must either supervise the carer(s) administering the named injection if this is required during the visit or at minimum observe the carer(s) flushing the line with 0.5 mls of water for injection. At any future visits members of the team should observe and support the carer(s) where possible. The RN will ask at each visit/ contact if the carers need further training/ support.	To increase knowledge base and competence in undertaking the procedure To ensure safe practice To protect the patient from harm (NMC 2015)
The RN will complete the consent record with the carer(s) who are administering the medication. If this is more than one carer a sheet must be completed for each. The carer must sign that they feel confident to undertake this role. A copy of this sheet should be scanned into SystmOne and a copy left at the patient's house.	To ensure that the carer(s) feels competent and is deemed competent to undertake the procedure To obtain consent
The RN will ensure that the carer(s) is aware of the correct procedure for the disposal of sharps and provide sharps bins and inform them how to report any injuries.	To ensure the safe disposal and avoid needlestick injury to carer(s) To prevent re-use of equipment

The RN will explain to the carer(s) the correct procedure for documenting the drug administration. There must be clear evidence of the following: • Date • Time • Medication • Dose • Route • Signature Carer(s) will be informed about the correct and safe storage of medications as outlined in the policy for pre-emptive prescribing and supply of palliative care medication for adults (Access to Palliative Medicines Group 2013).	To protect the patient from harm (NMC 2015) To maintain accurate records which provide a point of reference in the event of any queries and prevent duplication of treatment To ensure the patient is given the correct drug, in the prescribed dose and by the correct route To comply with the (NMC 2015) standards for administration of medicines
It is the carer(s) responsibility to maintain an accurate record of the number of injections given and be able to account for medication used for this purpose	To protect the patient from harm (NMC 2015) To maintain accurate records which provides a point of reference in the event of any queries and prevent duplication of treatment To ensure the patient is given the correct drug, in the prescribed dose using the appropriate diluent and by the correct route.
The RN will explain to the carer(s) that they may only administer a maximum of 3 injections per any 24 hour period before contacting a GP/ Out of Hours First Contact Practitioner.	(NMC 2015) To provide guidance to the carer(s)
It is the RN responsibility to ensure that the carer(s) understands the procedure expected of them and that the instruction leaflet is provided	To ensure the carer understands the procedure expected of them. To provide written instruction to support verbal instruction
It is the RN responsibility to discuss the issue of the 'last injection' with the carer(s) and point this out on the information leaflet	To ensure the carer(s) understands the procedure expected of them. To provide written instruction to support verbal instruction To provide guidance to the carer(s) To ensure the carer(s) feels safe and supported
The RN must explain all relevant contact numbers to the carer(s) and encourage the prompt reporting of any concerns or questions. Record on carer's leaflet. This includes community team in hours and Marie Curie Rapid Response out of hours. Issuing OOH Green card/ Marie Curie card and sending faxes to these	To ensure the carer(s) feels safe and supported. To ensure continuity of treatment To provide information

services.	
The carer(s) will be given an information leaflet. The leaflet will contain: • Drugs and side effects • Contact details in and out of hours •	To provide information
The RN will ensure that it is clearly marked in the patient's computer SystmOne record that this procedure is in operation including: • Alert • Risk assessment completed • Careplan • Consent record scanned in • Checklist scanned in Within paper records at home the following is required: • Carers green administration prescription sheet • CD2 and CD3 forms • Copy of care plan • Copy of carer consent record • Carer leaflet • Copy of checklist	To ensure accurate records and other services are informed
The RN will complete an out of hours hand over form notifying them that this procedure is in operation. This should be faxed to out of hours and Marie Curie Rapid Response.	To ensure out of hours services are fully notified that this procedure is in place
The RN must visit as per patient need but a minimum of weekly to support the carer(s) and to evaluate the effectiveness of the care, involving the evening service and any other appropriate agencies as required. During this visit the nurse will ensure to check the balance of ampoules is correct and add any new stock to the balance. Any discrepancies must be reported as per the policy for pre-emptive prescribing and supply of palliative care medication for adults (Access to Palliative Medicines Group 2013). Carers will be informed that stock balances will be checked.	To ensure continuity of care To protect the patient from harm (NMC 2015) To allow reassessment To ensure multi-professional communication To maintain accurate records which provides a point of reference in the event of any queries and prevent duplication of treatment

It is essential that the RN continues to liaise closely with all relevant members of the primary health care team ensuring that any changes necessary are made.	To ensure continuity of care To protect the patient from harm (NMC 2015) To ensure multi-professional communication
In the event of death or the drugs no longer in use, it is the Carer(s) responsibility to accurately dispose of any unused medication to the local pharmacy. If they are unable to do this the nurse can dispose of the drugs following their own Trust Policy.	To comply with NMC (2015) standards for administration of medicines

12 Training

12.1 This will be included in all future syringe driver sessions that staff attend every two years face to face. The syringe driver training is mandatory.

13 Audit and Monitoring

13.1 Compliance with this policy will be subject to audit and review. Each time the policy and procedure is used an audit form must be completed and forwarded to Kay Gunning, St Barnabas Lincolnshire Hospice.

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Appendix 1

INFORMATION LEAFLET TO SUPPORT RELATIVES AND CARERS IN GIVING AS REQUIRED INJECTIONS FOR PAIN AND SYMPTOM CONTROL IN THE COMMUNITY

Introduction

As patients become more poorly they often lose the ability to swallow oral medication or liquids. General pain relief and symptom control can often be managed via a small pump called a syringe driver. This is managed by the community nurses and gives the patient a regular amount of medication. However, at times patients may experience increased pain or troublesome symptoms that require extra medication often by a small injection. This can be at any time of the day or night and sometimes relatives can be taught how to give injections to ensure comfort and the control of pain and other symptoms. This is similar to when you gave oral pain relief/ other oral medication but just the route of giving has changed as the patient is no longer able to swallow.

In addition there may be other occasions when injections are prescribed such as if patients are suffering with nausea/ vomiting, not tolerating oral medications or requiring injections without being on a syringe driver.

The doctors, nurses and Macmillan nurses will support you in this task and teach you how it is done. You do not have to do these injections unless you want to and feel comfortable.

At any time you feel you can no longer do these injections let someone know. Community nurses/ Marie Curie Rapid Response can take over the role.

What you will be taught / need to know

1. The nurses will use a needle to insert a device so that when you give the injection you only inject into the device/line, not into the patient. In certain circumstances carers may be taught to administer direct into the skin but this will be the exception rather than the rule.

2. You will be taught what the medication(s) / injection(s) are for, how much to give and when to give it and any likely side effects.

3. You will be taught how to draw up the required amount of drugs into a syringe and how to give the injection.

4. After giving the drug, you will be taught how to flush the device with 0.5 ml of water to ensure the entire drug is given to the patient.

5. You will be shown how to and asked to document each injection given.

6. You will be advised to only give up to a maximum of 3 injections in any 24hour period before contacting a doctor/out of hour's practitioner for further help in any One day.

7. At each visit by a Health Care Professional, the patient's regular medication will be reviewed so that hopefully further injections may not be needed.

Important points to remember

1. If in any doubt, need advice, support or help then please contact either:-

   Community Nurse Team (in hours) …… Insert number……..

   Marie Curie Rapid Response (out of hours) …… Insert number……..

   Other …… Insert number……

   They will be happy to help / advise.

2. Patients experience symptoms or pain at any time during their illness and even at the end of their life. It may be that an injection you give to ease their discomfort comes close to the end of their life. This is quite normal and you must not worry that the injection was in any way a cause of the end of the patient's life/ death. It is purely to help reduce pain or ease other symptoms, and maintain comfort and a good dignified death.

3. Remember if you feel unable to give any injection for any reason, please contact any of the above for help and advice or if you would like them to administer an injection for you.

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

5. If you have given an injection and are not expecting a visit by a health care professional in the next 24hours then please inform your community nursing team that an injection has been given.

   Further Information – to be completed by your GP/ community nurse/ hospice nurse

Steps involved in administering injection

1. Wash and dry your hands thoroughly

2. Check the administration sheet for the time the last dose was given; making sure it is ok to give injection.

3. Check the site of the injection device for inflammation, redness, hardness or soreness. If any concerns with this or any problems in administering injections please contact community nurse team/ Marie Curie Rapid Response.

4. Assemble equipment

- needle
- syringe
- green prescription sheet
- drug to be given and sterile water for injection
- administration sheet

5. Drawing up medication

- Check the label for correct medication
- Attach the needle to the syringe
- Break open the vial of the drug to be given by snapping the top off
- Draw up the drug into the syringe and draw up water for injection to flush.
- If you have an air bubble in the syringe, push the plunger in slightly to remove the bubble, do not worry about small bubbles

6. Administer the drug via the injection site device/ line as previously taught
    - Flush device/line with 0.5 ml of water

7. Dispose of the syringe and needle in the sharps bin provided

8. Write on the administration sheet the time, date, drug, dose, route and sign to record you have given it.

9. Wash your hands thoroughly.

10. If you have given 3 injections in a 24 hour period, contact GP or Out of Hours service

11. If you are not expecting a visit from your community nursing team within the next 24hrs, then you must ring the community nurse team/ Marie Curie Rapid response and inform them you have given injection(s), so they can plan a visit within 24hrs to review

Appendix 2

Risk Assessment Template SystmOne

Patients and carers involved in this procedure must undergo a comprehensive assessment led either by Community Case Manager, or Registered Community Nurse in consultation and with the agreement of the Community Case Manager, or Higher level Hospice Nurse, in consultation and with the agreement of the Community Case Manager and the Hospice Team Leader, or Macmillan CNS. Advice and agreement should be sought from either the patients GP agreement or palliative care doctor.

Completion of the following SystmOne risk assessment template must be undertaken as part of the process. Separate risk assessments must be undertaken for each carer involved.

Assessing Risk

There should be none of the following contraindications

1. Known history of substance misuse in family Yes / No
2. Known relationship issues or concerns between patient / carers Yes / No
3. Known safeguarding issues in place Yes / No

There should be none of the following patient contraindications

1. Patient is known positive to either HIV / hepatitis Yes / No
2. Patient does not agree (if have capacity) to carers undertaking this procedure Yes / No

All of the following should have positive responses before the procedure can be used

1. Have alternative methods of administration been considered? Yes / No
2. Carer is willing to undertake task Yes / No
3. Carer is over the age of 18years Yes / No
4. Carer has mental capacity Yes / No
5. Carer is deemed physically capable of task Yes / No
6. MDT has decided carer is appropriate for task Yes / No

Appendix 3

INFORMAL CARERS ROLE IN SUBCUTANEOUS ADMINISTRATION OF MEDICINES RECORD OF CONSENT

Date/Time

I …… (Carer name) …… have been fully informed about my role in administering subcutaneous medicines and I am happy to participate in this role as a carer to ……Patient name, NHS number, date of birth).

I have been given an information leaflet.

The patient is happy for me to take on this role (if feasible sign).
Patient signature (if feasible) …… ……

I have been taught the procedure and associated documentation and I have been observed in administering at least a flush of water for injection.

I am happy to proceed with this delegated task in knowledge that I have contact numbers for support and can relinquish the role any time I wish.

I feel confident to undertake this role in administering subcutaneous medicines.

I am aware I am only able to give up to 3 injections in a 24hour period without seeking further advice.

I will inform the community nursing team or Marie Curie Rapid Response if I have given an injection if I am not expecting a visit from a health care professional in the next 24 hours.

Carer signature……..
Health care professional signature ……...
Print name …….
Print Designation …….

Appendix 4

SYSTMONE CARE PLAN

NHS number:

Date of Birth:

Date printed:

Implementation date:

Review required:

Care Needed: Palliative Care – Carers giving subcutaneous injections

Goal: To provide safe and supportive environment for carers to administer subcutaneous injections via an injection device.

INSTRUCTION	RESPONSIBILITY	DATE PERFORMED	PERFORMED BY	SIGNATURE
Discuss suitability of carer with GP/ palliative care doctor and members of MDT				
Discuss and explain procedure with carer and patient (if feasible)				
Complete risk assessment of carer.				
Ensure GP prescribes medication for carer to administer on green carers prescription sheet.				
Discuss and provide information leaflet, discussing side effects, drugs, contact details and last injection				
Insert saf t intima device ,flush with 1ml water for injection and secure with clear transparent film dressing				
Teach carers to consult the prescription checking				

drug, dose, date and interval of administration, route, validity of prescription and signature				
Demonstrate and observe carer undertaking steps involved in administering subcutaneous medicine				
Complete with carer consent record, allowing time for carer to ask questions/ express concerns				
Explain to carer correct method of documenting the procedure on CD3 form				
Ensure carer has all contact details, in and out of hours to be able to seek help/ relinquish role				
Send fax to Out of Hours and Marie Curie Rapid Response to ensure aware that this procedure is in operation				
Visit daily or minimum weekly to support carer, reassess symptom control and check stock balances.				
Ensure carer is aware they must contact someone for advice if given 3 injections in 24hour period before proceeding further.				
Ensure carer is aware they must contact someone to ensure a Community Nurse/ Marie Curie Rapid Response visit is planned within 24hrs of an injection being given.				

Bradford and Airedale. (2006). Subcutaneous Drug Administration by Carers (Adult Palliative Care), Bradford and Airedale Teaching Primary Care Trust

East Midlands Cancer Network, (2012) Statement on Informal Carers Role in Subcutaneous Administration of Medications. DoH. London.

Healy, S; Isreal, F; Reymond, E; Lyons-Micic, M; (2009), Caring Safely at Home, palliative care education for caregivers. Brisbane South Pacific Care Collaborative. Australia.

Lee. L; Headland, C; (2003) Administration of as required sub-cutaneous medications by lay carers: developing a procedure and leaflets.

NMC. (2015) The Code – The Code-Professional standards of practice and behaviour for nurses and midwives.

NMC, (2015) Standards for Medicines Management.

Twycross R, Wilcock A (2011) Palliative Care Formulary 4th edition. Palliativedrugs.com Ltd. Nottingham, UK.

Appendix 5

Carer's direction to administer controlled/symptom management drugs (on green paper)

Section Page Number: .I…….

Patient's Name: ……NHS No: …….

DOB: …… Drug Allergies: ……

PRESCRIPTION FOR OTHER MEDICATION (including pre-emptive) and PRN for carers

DATE	Indications for use	Drug	Dose	Route	Frequency	Signature in full Print name below
	Pain					
	Nausea/ Vomiting					
	Agitation/ restlessness					
	Respiratory/ noisy Secretions					
	Breathlessness					
	Other					

Guidance for Prescriber

- Doses to be as simple as possible, this may direct medication choices / vial sizes where appropriate.
- To be used in conjunction with carers completed information leaflet (see overleaf for side effects)
- No dose ranges to be used for carers administration
- Carers to record doses given on CD3 form so that all records are together
- Frequency – state only 3 doses in 24hours and time interval by GP and interval of drug prescribed

NAME OF DRUG	INDICATION FOR USE	COMMON SIDE EFFECTS
DIAMORPHINE HYDROCHLORIDE	PAIN	NAUSEA, VOMITING, CONSTIPATION, DRY MOUTH
OXYCODONE HYDROCHLORIDE	PAIN	NAUSEA, VOMITING, CONSTIPATION, DIARRHOEA, DRY MOUTH
METACLOPRAMIDE	NAUSEA, VOMITING	HEADACHE, CONFUSION, TWITCHING ARMS, LEGS, FACE
LEVOMEPROMAZINE	NAUSEA, VOMITING	DROWSINESS, DRY MOUTH, NIGHT SWEATS
CYCLIZINE	NAUSEA, VOMITING	DROWSINESS, DRY MOUTH, BLURRED VISION, INSOMNIA
HALOPERIDOL	NAUSEA, VOMITING	CONSTIPATION, DIARRHOEA, DROWSINESS, DIZZINESS, DRY MOUTH
MIDAZOLAM	CONFUSION, RESTLESSNESS	BLURRED VISION, COUGHING, DROWSINESS, DIZZZINESS, HEADACHE
HYOSCINE BUTYLBROMIDE	NOISY BREATHING	DRY MOUTH, CONSTIPATION, BLURRED VISION, DRY SKIN, DIFFICULTY PASSING URINE

Appendix 6

Checklist for Registered Nurse Commencing Procedure for Carer to Administer As Required Subcutaneous Medication in Community Palliative Care

INSTRUCTION	DATE	SIGNATURE
Discuss suitability of carer with GP and members of MDT obtain GPs consent		
Complete carer risk assessment		
Discuss and explain procedure with carer and patient (if feasible) and obtain signed consent		
Ensure GP prescribes medication for carer to administer (including maximum doses) on green carers prescription sheet		
Discuss and record on the information leaflet the use, relevance and possible side effects of the prescribed drugs; contact details for health professionals. Discuss issue of giving the “last injection”		
Insert saf t intima device, flush with 0.5 ml water for injection and secure with clear transparent film dressing. Advise carer to observe for and report any signs of inflammation or leakage.		
Teach carers to consult the prescription checking drug, dose, date and interval of administration, route, validity of prescription and signature.		
Observe carer undertaking steps involved in administering subcutaneous medicine.		
Complete with carer consent record, allowing time for carer to ask questions/ express concerns.		
Scan copy of consent record and checklist into SystmOne.		
Carer can explain the correct method of documenting drug on Administration CD3 form.		
Ensure carer has all contact details, in and out of hours to be able to seek help/ relinquish role.		
Send fax to out of hours and Marie Curie Rapid Response to ensure aware that this procedure is in operation.		

Ensure carer is aware they must contact a health professional for advice, before proceeding further, if they have given 3 injections in any 24hour period		
Visit to support carer, reassess symptom control and check stock balances, daily if on syringe driver, or minimum weekly or within 24hrs of an injection being given		

Appendix 7

The Lincolnshire Policy for informal carer's administration of as required subcutaneous injections in community palliative care audit form

Name:

Address:

DOB:

NHS Number:

Diagnosis: cancer - **non cancer -**

Business Unit – please tick one box			
North East			
South East			
North West			
Checklist			
	Yes	**No**	**Comments**
Has Risk Assessment Template on SystmOne been completed? PLEASE SEND COPY OF RISK ASSESSMENT WITH COMPLETED AUDIT FORM	☐	☐	
Were any Subcutaneous injections given in any 24 hour period?	☐	☐	If so how many?
Drugs used			
	Yes	**No**	**Comments**
Diamorphine (PAIN)	☐	☐	
Morphine Hydrochloride (PAIN)	☐	☐	
Oxycodone Hydrochloride (PAIN)	☐	☐	
Metoclopramide (NAUSEA, VOMITING)	☐	☐	
Levomepromazine (NAUSEA,	☐	☐	

VOMITING)			
Cyclizine (NAUSEA, VOMITING)	☐	☐	
Haloperidol NAUSEA, VOMITING)	☐	☐	
Midazolam(CONFUSION, RESTLESSNESS	☐	☐	
Hyoscine Butylbromide (NOISY BREATHING)	☐	☐	
Carer Support			
	Yes	**No**	**Comments**
Did they ask for support?	☐	☐	
If so who did they contact?	Day time ☐	Night time ☐	
Was the support received in a timely manner and to the satisfaction of the carer?	☐	☐	
Did they continue to administer subcutaneous injections?	☐	☐	
Family Friendly question			
	Yes	**No**	**Comments**
If required would they administer subcutaneous injections again to a family member?	☐	☐	

Please can you send completed form to Kim Gunning, Audit Officer, St Barnabas Hospice, Nettleham Road, Lincoln, with a COPY of the Risk Assessment template.

Appendix 8

Equality Analysis

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	This document relates specifically to informal carers giving medication via a subcutaneous injection or subcutaneous injection line if required. The document has been written to provide health care professionals working in community and hospice settings with a safe framework to follow. This guidance will facilitate effective symptom control, patient choice, carer involvement and preferred place of care. This will be delivered within a safe and supportive environment.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	Patients, staff and carers.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	No		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?	No		
		Yes	No	
	Disability		x	
	Sexual Orientation		x	
	Sex		x	
	Gender Reassignment		x	
	Race		x	
	Marriage/Civil Partnership		x	
	Maternity/Pregnancy		x	
	Age		x	
	Religion or Belief		x	
	Carers		x	

	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2
The above named policy has been considered and does not require a full equality analysis	
Equality Analysis Carried out by:	Louise Lee, SNP St Barnabas
Date:	1/8/15

Equality Impact Assessment

Name of Policy/Procedure	**The Lincolnshire Policy for Informal Carer's Administration of As Required Subcutaneous Injections in Community Palliative Care**
Name of Lead Director	**Director of Patient Care**
Nominated Lead	**Louise Lee, Specialist Nurse Practitioner**
Name of Person Completing Assessment	**Louise Lee**
Date Form Completed	**07 August 2015**

Description and Aims of Policy/Procedure (including relevance to equalities)

This document relates specifically to informal carers giving medication via a subcutaneous injection or subcutaneous injection line if required. The document has been written to provide health care professionals working in community and hospice settings with a safe framework to follow.

Brief Summary of Research and Relevant Data

It is supported in the East Midlands Cancer Network Statement of Support (East Midlands Cancer Network 2012).

This policy is based on previous work undertaken by the author (Lee and Headland 2003) as well as similar work undertaken in another PCT (Bradford and Airedale 2006).

Methods and Outcome of Consultation

Working group review and review of audit results directed review of policy to ensure still fit for purpose.

Results of Initial Screening or Full Equality Impact Assessment

Equality Group	Assessment of Impact
Age	None
Gender	None
Race	None
Sexual Orientation	None
Religion or belief	None
Disability	None
Dignity and Human Rights	None
Working Patterns	None
Social Deprivation	None

Decisions and/or Recommendations (including supporting rationale)

No equality recommendations.

Equality Action Plan (if required)

Not applicable.

Monitoring and Review Arrangements (including date of next full review)

Audit continues each time policy used. Review June 2017.

Screening Grid

Screening Grid Equality Area (Protected Characteristics)	Is this policy or service RELEVANT to this equality area? YES / NO	Assessment of Potential Impact: HIGH/MEDIUM/LOW/ NOT KNOWN		Reasons for Assessment
		positive (+)	negative (-)	
Age	Yes	Low	Low	Over 18 years of age only allowed to participate
Disability	Yes	Low	Low	Only those able to administer injections can participate
Gender Reassignment	No	Low	Low	
Race	No	Low	Low	
Religion or Belief	No	Low	Low	
Sex	No	Low	Low	
Sexual Orientation	No	Low	Low	
Marriage & Civil Partnership	No	Low	Low	
Pregnancy & Maternity	No	Low	Low	
Social Deprivation	No	Low	Low	
Dignity and Human Rights	No	Low	Low	
Working Patterns	No	Low	Low	

Environmental Impact Assessment

The purpose of an environmental impact assessment is to identify the environmental impact of policies, assess the significance of the consequences and, if required, reduce and mitigate the effect by either a) amend the policy b) implement mitigating actions.

Area of Impact	Environmental Risk/Impacts to Consider	Yes / No	Action Taken (where necessary)
Waste and Materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No No No	
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released (e.g. lubricants, liquid chemicals)? • Does the policy fail to consider the need to provide adequate containment for these substances (e.g. bunded containers, etc.)?	No No	
Water	• Is the policy likely to result in an increase of water usage (estimate quantities)? • Is the policy likely to result in water being polluted (e.g. dangerous chemicals being introduced in the water)? • Does the policy fail to include a mitigating procedure (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)?	No No No	
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air (e.g. use of furnaces; combustion of fuels, emission or particles to the atmosphere)? • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No No No	
Energy	• Does the policy result in an increase in energy consumption levels in the Trust (estimate quantities)?	No	
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	