



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

Author: Specialist Pharmacist in Palliative Care	Consultation Group See page i/ii	Approver: Grampian Area Drugs Therapeutics Committee (GADTC)
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Signature: 		Signature: 
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Policy Statement:

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

Version 3

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Executive Sign-Off

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

Signature: 

Replaces: NHSG/Policy/PC_PIC/GADTC1111

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Revision History:

Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Made (Identify page numbers and section heading)
November 2023	Minor changes in wording to add clarity to recommendations, and consistency in terminology.	Throughout document
	Changes in wording to refer the document as a policy rather than a protocol.	Throughout document
	Review and update of evidence base and references.	Sections 1, 5 and 9
	Additional guidance provided for informal carers who may also be healthcare professionals.	Section 2.1
	Removal of the explicit recommendation that implementation of the policy may only be suggested by the patient or named carer.	Section 3 and Section 6.
May 2024	Medicines which require reconstitution prior to administration (e.g. diamorphine) are now excluded from being given under the terms of this policy.	Section 3.2, Appendices I&J

Review Consultative Group 2023

Name:

Alistair Duncan
Lesley Coyle

Dr Claire Mackenzie
Flora Watson

Dr Frances MacIvor
Miles Paterson
Penny Allan
Abigail Leaper

Title:

Specialist Pharmacist in Palliative Care, NHS Grampian
Associate Director of Pharmacy, Medicines Management Team, Pharmacy & Medicines Directorate NHS Grampian
General Practitioner, NHS Grampian
Macmillan Nurse Consultant for Palliative and End of Life Care, NHS Grampian
Consultant in Palliative Care, NHS Grampian
Patient/Public Representative
Community Nursing Lead Nurse, Aberdeenshire HSCP
District Nurse, NHS Grampian

Previous Consultative Group

Name:

Title:

Dr David Carroll	Associate Specialist in Palliative Care, Strategic Lead for Palliative and End of Life Care, NHS Grampian
Alistair Duncan	Specialist Palliative Care Pharmacist, NHS Grampian
Linda Harper	Associate Nurse Director NHS Grampian, Practice Nurse/Lead Nurse GMED
Dr Claire Mackenzie	General Practitioner, NHS Grampian
Dr Denise McFarlane	General Practitioner, Chari, Local Medical Committee, NHS Grampian
Leonora Montgomery	Patient/Public Representative
Miles Paterson	Patient/Public Representative
Lesley Thomson	Lead Pharmacist, Aberdeenshire Health and Social Care Partnership, Lead Pharmacist, Controlled Drugs Team, NHS Grampian
Dr Annabel Ross	General Practitioner, Associate Medical Director for Primary Care and Hosted Services, NHS Grampian
Flora Watson	Macmillan Nurse Consultant for Palliative and End of Life Care

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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 Strategic Framework for Action on Palliative and End of Life Care in Scotland which 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. [\(2\)](#)

It is widely acknowledged that for many people an important element of choice relates to their preferred place of care. [\(3\)](#) However, the presence of uncontrolled symptoms, particularly pain, is one of several possible reasons which may prevent patients from remaining at home when receiving palliative care. This is especially so if the patient is unable to tolerate oral medication. Rapid access to medicines in the community is important to avoid crises at home and to reduce unwanted or unnecessary admissions in the last days of life. [\(4\)](#)

National guidance [\(5, 6\)](#) highlights the importance of access to medication by promoting anticipatory prescribing and the use of Just-in-Case Boxes to ensure that injectable medicines commonly required in palliative and end of life care 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 medicines and member pharmacists are able to provide assistance Out of Hours.

Usually, 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. [\(4\)](#) 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 [\(Section 5\)](#). Evaluation of 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. [\(7, 8\)](#)

A local formal service evaluation ⁽⁹⁾ highlighted successful implementation of this policy which benefited patients and their families but also highlighted lack of awareness and confidence in primary care nursing teams which needs to be addressed through educational intervention.

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.⁽¹⁰⁾

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 policy and the associated documentation concerning procedures, training, patient/carers 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 policy will become commonplace but that it may only be relevant for a small number of patients in response to an identified need as a result of unusual and/or exceptional circumstances.

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

2.1. Definitions

For the purposes of this policy, the term informal carer refers to an adult providing care for a patient receiving palliative care (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. Carers who are also healthcare professionals may wish to undertake administration of medicines under this policy, but this does not preclude them from complying with ALL aspects of this policy, including training and assessment of competence to carry out the procedures. Any healthcare professional who is operating under this policy will do so as an informal carer and not in their capacity as a healthcare professional or employee.

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 by the administration of subcutaneous medication.

- 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 'breakthrough' 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). NB: not all of the prescribed medicines may be authorised for administration under this policy.
- The patient and informal carer must meet the eligibility criteria ([Section 3.1](#)).

This policy should only be implemented to suit the needs of an individual patient's circumstances and not to suit the needs of the healthcare professional(s) or the service.

- 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.
AND/OR
- 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.
- Medicines which require reconstitution prior to administration (e.g. diamorphine) are excluded.
- 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. In circumstances where concerns have been raised, a risk assessment should be carried out with consideration given to managing all aspects of care including the risk of having "Just in case" and other high risk medicines in the home.
- There are concerns that relationship issues between the patient and informal carer may compromise safety.
- Failure to adhere to the policy and the agreed plan of management.
- The decision for any exclusion should be made following a risk assessment and discussion within the multidisciplinary team. 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.

The informal carer must also give their informed consent, in writing, to undertake the procedures specified in this policy.

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 Policy

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. This must include the primary care team if the policy is commenced in secondary care.

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 the patient and/or informal carer. The same named health care professional will also be responsible for the monitoring of all aspects of the policy. Where training and support has been commenced in secondary care prior to discharge, information, including all relevant paperwork, should be shared with a new named health professional in primary care who will take on the ongoing responsibility.

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

5. Evidence Base

The original version of this policy and associated guidance was developed following a comprehensive literature search and review of existing policies developed elsewhere in the United Kingdom including Bradford and Airedale Teaching Primary Care Trust, NHS Lothian and Lincolnshire Community Health Services NHS Trust

Minor updates and clarifications to this policy have been made based on a local formal service evaluation⁽⁹⁾, experience to date, feedback from staff and submitted audit forms.

6. Description of Practice

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

This policy should be only be implemented to suit the needs of an individual patient's circumstances and not to suit the needs of the healthcare professional or the service.

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/team 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. Where the policy has been commenced in secondary care, all documentation should be copied to the patient's GP.

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 medicine, 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 medicine 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 medication error should be reported on the DATIX system and 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.⁽¹¹⁾

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.

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 non-medical prescriber, any controlled drug which such a non-medical 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.⁽¹²⁾

Further advice is provided in the publication Delegation and Referral 2013 which also advises that if you delegate care you are still responsible for the overall management of the patient.⁽¹³⁾

Section 11 of the “The Code” (NMC, 2018) ⁽¹⁴⁾ 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) ⁽¹⁵⁾ and from [Safer Management of Controlled Drugs. A guide to good practice in the management of controlled drugs in primary care – NHS Scotland \(Version 3\). April 2023^{\(16\)}](#)

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.

Where daily nurse visits are in place e.g. a patient on a syringe pump or uncontrolled symptoms, the nurse should check that the medicine administration record is correct and that the frequency and dose of the medicines administered and the reason for their administration comply exactly with the instructions in the Direction to Administer Medicines ([Appendix G](#)) sheet.

For patients who would not otherwise receive daily visits, a member of the multidisciplinary team should provide frequent support by telephone or in-person visit. Where injections are being given, regular home visits are required to review symptom control and monitor the application of the policy including record keeping.

Any discrepancy in record keeping or deviations from the policy must be reported on the DATIX system and 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 policy should be undertaken on an individual basis and the effectiveness of the policy and impact on practice determined.

A structured data gathering form is available for download from the NHS Grampian Medicines Management Website and should be completed for every patient for whom the policy is used. ([Appendix J](#))

Completed forms should be submitted electronically to gram.mcn@nhs.scot so that the NHS Grampian Palliative and End of Life Care Strategic Advisory Group may be involved in the review and audit process.

9. References

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- 16) NHS Scotland (2023). Safer Management of Controlled Drugs. A guide to good practice in the management of controlled drugs in primary care. Version 3. Available at:
<https://www.communitypharmacy.scot.nhs.uk/media/7474/cdao-network-primary-care-good-practice-guide-april-23-002.pdf>

10. Responsibilities for Implementation

Organisational:	Chief Executive and Management Teams
Corporate:	Senior Managers
Departmental:	Heads of Service/Clinical Leads
Area:	Line Managers
Hospital/Interface services:	Group Clinical Directors
Operational Management Unit:	Unit Operational Managers

Appendices

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 consent from the patient (if not possible – verbal consent is acceptable) and written consent from the informal carer		
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 local nursing team or out of hours service.

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 flushing solution – 1mL of water for injection 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, needles 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 'breakthrough' 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 will 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 or do not want to continue giving 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 medicines that have been prescribed.
- the symptoms or problems that these medicines 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 medicine that has been prescribed.
- keep an accurate written record of each subcutaneous injection you give – name of medicine, 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: SAMPLE - Direction to Administer Medicines by Subcutaneous Injection by Patient or Named Carer

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			
		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	LEVOMEPRIMAZINE 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	LEVOMEPRIMAZINE 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		

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 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		
Address	Male <input type="checkbox"/> Female <input type="checkbox"/>		
	General Practitioner		
Postcode	Address		
	Telephone		

[illegible]

- 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

Version 1 August 2021

Appendix H

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

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"/>	General Practitioner		A. DOCTOR
Postcode		Address	NAMED MEDICAL PRACTICE		
		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	LEVOMEPRIMAZINE	2.5mg	One	✓	One	Nausea	A. Carer
03/01/2021	08:30	LEVOMEPRIMAZINE	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

Sheet Number: _____

Appendix H: BLANK Record of Medicines Given by Subcutaneous Injection by Patient or Named Carer

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	
	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
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
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 policy

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	

**This document is also available in large print and other formats and languages, upon request.
Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.**

Date Impact Assessed: POLICY ONLY