# Appendix J – Audit Form

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

**Information about the patient:**

## Male Female

Age

Diagnosis: Cancer Non-Cancer

Please specify Please specify

Patient Self Administration Informal Carer Administration **HSCP/Board Area**

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

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

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