

## Informal Carer Administration of SC Injections:

### Clinicians Pack – Appendix 2, 3 & 4

#### Appendix 2: Criteria for suitability of carer administration of subcutaneous injection - checklist

<b>Patient's Name:</b>	
<b>NHS Number:</b>	
<b>DOB:</b>	
<b>Carers Name:</b>	

	Criteria suggesting suitability	Yes/No
1	The carer(s) are over the age of 18 years.	
2	The patient may require as needed medication subcutaneously	
3	Patient has been assessed by a registered healthcare professional as actively deteriorating and in the last few weeks or days of life. This will have been communicated to the patient and their relative/carer	
4	The carer must understand the purpose of As needed medication	
5	The patient would like the carer to undertake the procedure	
6	If patient lacks capacity a best interest decision has been made that a carer can administer medication subcutaneously	
7	The carer's willingness and mental capacity to undertake the procedure has been ascertained	
8	The Carer is physically capable of the task	
	<b>Criteria that may prevent suitability NB these are relative, not absolute, contra-indications</b>	
9	There is concern about misuse of injectable medications in the home, e.g. contact with known illegal drug users, security issues within the home etc.	
10	There is concern that the carer will not be able to cope either physically or emotionally with undertaking medication administration subcutaneously. This must include consideration of the carers own health, dexterity and maths literacy levels	
11	There is concern that the carer has cognitive problems (i.e. who are confused, disorientated or forgetful, or unable to understand the importance of medications and information relating to them), or is unable or unwilling to engage with and access available healthcare support systems.	
12	There are relationship issues between the patient and carer which contraindicate carer-administration of medication (e.g. where either the patient or carer can assume this practice intentionally hastens death).	
13	The patient is on a complicated drug regime	
14	Where there is no suitable place for medications to be stored	
15	There are safeguarding concerns regarding the patient &/ or carer(s).	
16	The patient is known to be positive for HIV / viral Hepatitis.	

Additional info: Carer is a registered nurse or doctor: Yes/No

Is this carer suitable to administer SC injections: YES/No?\*

**Healthcare professional completing assessment**

Signature.....

Print Name.....

Job Title.....

Telephone Number.....

Employer.....

Date completed.....

**Details of GP who has agreed that carer administration procedure to be considered (including best interest decision):**

Name..... Base.....

**Details of Community Clinician (Sirona) whom this discussion has occurred with:**

Name..... Base.....

\*If Questions 1-8 are answered **"Yes"**, the patient may be considered potentially suitable to have carer administer medication subcutaneously.

If you have answered "Yes" to any of points 9 to 14, a discussion should take place with the GP and other professionals involved in the patients care e.g. the Community Nurse team. After considering the issues, a decision whether or not to proceed further must be made. This discussion and decision must be clearly documented within the patient's EMIS records.

*(Adapted from: St Joseph's Hospice: Carer administration of subcutaneous injections procedure. V2 2019. Carer administration of as-needed subcutaneous medicines. Helix Centre. March 2020.)*

**Appendix 3 - Consent form**

<b>Patient's Name:</b>	
<b>NHS Number:</b>	
<b>DOB:</b>	

**Section 1 (To be completed by the carer):**

I, ..... (carer name) have been fully informed about my role in administering subcutaneous injections and I am happy to participate in this role as a carer to (patient's name).....

*Carer to please read the following statements and initial box as appropriate:*

	Initials
I have been given an information leaflet and given sufficient time to read and consider its contents before proceeding further	
I have been taught the procedure and associated documentation, and I have undergone an assessment of my competence to give subcutaneous injections	
I am happy to proceed with administering subcutaneous injections	
I know who to call for support or if I have concerns and have their contact numbers.	
I have been provided with a "Carer's Authorisation Chart" to administer as required subcutaneous injections" form and need to comply with its contents.	
I have been taught how to complete the Community Palliative Care Drug Chart	
I am aware that I can relinquish this role at any time.	
I am aware that I am only to give up to 3 injections in a 24 hour period without seeking further advice	
I will phone the Community Nurses via Sirona Single Point of Access (SPA as a first line) or relevant local hospice (second line) in the following circumstances: <ul style="list-style-type: none"> <li>• Any time if I have given 3 injections in total within a 24hour period to discuss whether it is appropriate to give additional injections, or whether a review is needed</li> <li>• If the symptom has not improved an hour (or sooner if I am worried) after giving the drug,</li> <li>• I have any concerns, questions or queries at all related to injectable medication</li> <li>• I no longer wish to give the subcutaneous injections</li> </ul>	

Carer's signature: .....

Date /Time: .....

Healthcare professional witnessing carer sign this form:

Name (PRINT):.....Signature:.....

Date:.....

**Section 2 (To be completed by the patient – if/where feasible):**

I.....(patient name) am happy for my carer.....(carer name) to take on the role of giving me subcutaneous medication.

Patient's signature: .....

Date: .....

**Section 3 (To be completed by the healthcare professional where patient lacks capacity to consent):**

I..... (HCP's name) agree that it is appropriate and in the patient's best interests for ..... (carer name) to administer subcutaneous medications to .....(patient name)who lacks capacity to consent.

**Healthcare professional completing best interest assessment**

**Signature:..... Job Title:.....**

**Telephone Number.....**

*(Adapted from St Joseph's Hospice Carer Administration of sub-cutaneous injections procedure. Version 2. 2019)*

**Appendix 4 - Competence Assessment (Please complete a separate assessment for each carer)**

To be completed by the Assessing Registered Healthcare Professional

Name of Assessor ..... Designation/role .....

Place of work ..... Telephone Contact Number .....

Patient's Name .....

Address .....

DOB: ..... NHS Number: .....

Carer's Name .....Date of assessment .....

Carer's relationship to patient:.....

This assessment form should be completed by the carer and assessor together for each episode of supervised practice.

		Initial	
<b>Section A Knowledge</b>	<b>Yes/No</b>	<b>Carer</b>	<b>Assessor</b>
The carer:			
Is able to name and identify specific drug being used and common potential side effects.			
Is aware of how and who to contact in the case of queries or untoward events			
Is able to identify potential problems with injection site and their likely causes (including sites that should not be used)			
<b>Section B Observation</b>			
The carer: Washes hands before preparing drugs and equipment required for the injection.			
Checks injection site for redness, swelling or leakage before giving the medication			
Checks drug preparation and dosage against patient's prescription			
Checks when drug was last administered			
Checks expiry date on drug preparation (if expired do not use and return to a pharmacy )			
Ensures drugs are stored appropriately and away from sun light.			
Draws up correct drug dosage using correct needle (NB: If patient does not require medication at this time please demonstrate using water for injection)			
Ensures no more than 2mls in volume is administered via sub-cutaneous route at one time			
Expels air correctly from syringe.			
Removes needle from syringe and disposes of needle safely.			
<b>EITHER:</b>			
Cleans Bionector with alcohol wipe and waits for this to dry			
Flushes the line correctly with 0.2ml sterile water for injection			

Connects syringe to Single port Saf-T-intima line correctly & expels the drug			
Flushes line after administering the drug with 0.2ml sterile water for injection			
<b>OR:</b>			
<b>** This can be assessed by a registered clinician when the patient is requiring 'as-needed medication', such as the first time an injection is require and therefore supervised by a registered clinician at that time, OR by use of the skin model. **</b>			
Attaches correct needle for subcutaneous injection.			
Inserts needle into the skin and gently expels the drug			
<b>Section C Post injection</b>			
The carer:			
Re-checks site for redness or leakage after injection.			
Disposes of syringe and needle safely.			
Documents that the injection has been given, recording the time, drug, dosage, signature in the Community Palliative Drug Chart			
Completes the stock chart			
Knows when to seek help/advice and how to obtain this. For example, if symptoms are not controlled and they feel unable to give the injection or have given three injections within 24hours.			
Knows how to immediately respond to a needle stick injury and how to seek help following.			

**All stages above need to be met to meet competence.**

..... (name of carer) is competent to administer a subcutaneous injection via an injection or injection line.

**Healthcare professional (s) completing assessment**

**Signature:**.....

**Print:**.....

**Name:**.....

**Job**

**Title:**.....

.....

**Telephone Number:**.....

**Employer:** .....

**Date completed:**.....

**\*\*Please keep a copy of this assessment in the patient's community nursing notes\*\***

*(Adapted from St Joseph's Hospice Carer Administration of sub-cutaneous injections procedure. Version 2. 2019.  
The Lincolnshire Policy for Informal Carer's Administration of As Required Subcutaneous Injections in Community Palliative Care. Lincolnshire Community Health Services. Version 10. 2018)*