

APPENDIX 4 - Carer's Authorisation Chart to administer as required subcutaneous injections for Palliative Care Patients (Patient on opioids or eGFR <30)

PATIENT'S SURNAME		FORENAME:				
DATE of BIRTH		NHS Number:				
Allergies or Adverse Drug Reactions : None known tick here <input type="checkbox"/>						
NAME OF HEALTHCARE PROFESSIONAL PRINT NAME: SIGNATURE:				DESIGNATION: BASE: DATE:		
DRUG & strength	INDICATION FOR USE	DOSE	VOLUME (MLS)	ROUTE	FREQUENCY Minimum interval	ANY OTHER COMMENTS
<i>Convert usual opioid, seek advice if eGFR<30</i>	PAIN	Low:		SC	1 hour	If low dose not effective call for advice* before giving high dose.
		High:				
Ondansetron 4mg/2ml	NAUSEA/ VOMITING	4mg	2mls	SC	8 hours	
<i>Alternative score out ondansetron</i>	NAUSEA/ VOMITING					
Midazolam 10mg/2ml	AGITATION/ RESTLESSNESS	Low:	0.5ml	SC	1 hour	If low dose not effective call for advice* before giving high dose.
		2.5mg				
		High: 5mg	1ml			
Hyoscine butyl bromide 20mg/ml	RATTLY BREATHING	20mg	1ml	SC	2 hours	
<i>Convert usual opioid, seek advice if eGFR<30</i>	BREATHLESSNESS OR PERSISTENT COUGH			SC	1 hour	If breathless open window, sit upright.
	OTHER:					

SC=subcutaneous injection either into SAF-T intima line or using syringe and needle

GUIDANCE FOR PRESCRIBER: (also complete usual community palliative care drug chart)

- Check the following have been completed for each carer administering injections
 - Consent form.
 - Assessment of carer's competence in administering subcutaneous injections, using the competence assessment tool.
- **Doses to be as simple as possible think about vial sizes.**
- Carers to record doses on Community Palliative Care Chart used by District Nurses/visiting professionals.
- Give a minimum interval between doses in hours for frequency and avoid abbreviations

GUIDANCE FOR CARER:

* Please phone Sirona Single Point of Access (1st line) on 0300 125 6789 or your local hospice 2nd line (St Peter's Hospice Advice line on 0117 9159430 or Weston hospice on 01934 423900) if:

- Any time if you 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
- If the symptom has not improved an hour (or sooner if you are worried) after giving the drug.
- If you have administered the prescribed limit of the number of administrations which has been prescribed in 24 hours (this might be fewer than 3)
- If you prefer to discuss with a HCP prior to administering the injection
- You have any concerns, questions or queries at all related to injectable medication
- You no longer wish to give the subcutaneous injections

(Adapted from St Joseph's Hospice Carer Administration of sub-cutaneous injections procedure (2019) by Dr C Cornish 2020)

Appendix 5 - Carer's Authorisation Chart to administer as required subcutaneous injections for Palliative Care Patients (Opioid naïve patient, eGFR>30)

PATIENT'S SURNAME		FORENAME:				
DATE of BIRTH		NHS Number:				
Allergies or Adverse Drug Reactions : None known tick here <input type="checkbox"/>						
NAME OF HEALTHCARE PROFESSIONAL PRINT NAME: SIGNATURE:				DESIGNATION: BASE: DATE:		
DRUG	INDICATION FOR USE	DOSE	VOLUME (MLS)	ROUTE	FREQUENCY Minimum interval	ANY OTHER COMMENTS:
Morphine injection 10mg/ml	PAIN	Low: 3mg	0.3mls	SC	1 hour	If low dose not effective call for advice* before giving high dose.
		High: 5mg	0.5mls			
Ondansetron 4mg/2ml	NAUSEA/ VOMITING	4mg	2mls	SC	8 hours	
<i>Alternative score out ondansetron</i>	NAUSEA/ VOMITING					
Midazolam 10mg/2ml	AGITATION/ RESTLESSNESS	Low: 2.5mg	0.5mls	SC	1 hour	If low dose not effective call for advice* before giving high dose.
		High: 5mg	1ml			
Hyoscine butyl-bromide 20mg/ml	RATTLY BREATHING	20mg	1ml	SC	2 hours	
Morphine injection 10mg/ml	BREATHLESSNESS OR PERSISTENT COUGH	3mg	0.3mls	SC	1 hour	If breathless, open a window, sit upright.
	OTHER:					

SC=subcutaneous injection either into Saf-T intima line or using syringe and needle

GUIDANCE FOR PRESCRIBER: (also complete usual community palliative care drug chart)

- Check the following have been completed for each carer administering injections
 - Consent form
 - Assessment of carer's competence in administering subcutaneous injections, using the competence assessment tool.
- **Doses to be as simple as possible think about vial sizes.**
- Carers to record doses on Community Palliative Care Chart used by District Nurses/visiting professionals.
- Give a minimum interval between doses in hours for frequency and avoid abbreviations

GUIDANCE FOR CARER:

* Please phone Sirona Single Point of Access (1st line) on 0300 125 6789 or your local hospice 2nd line (St Peter's Hospice Advice line on 0117 9159430 or Weston hospice on 01934 423900) if:

- Any time if you 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

- If the symptom has not improved an hour (or sooner if you are worried) after giving the drug.
- If you have administered the prescribed limit of the number of administrations which has been prescribed in 24 hours (this might be fewer than 3)
- If you prefer to discuss with a HCP prior to administering the injection
- You have any concerns, questions or queries at all related to injectable medication
- You no longer wish to give the subcutaneous injections

(Adapted from St Joseph's Hospice Carer Administration of sub-cutaneous injections procedure (2019) by Dr C Cornish 2020)