BNSSG Clinical Cabinet
Informal Carer Administration of Subcutaneous Injections in the Community Setting Exceptional Circumstances - COVID 19

1. POLICY/PROCEDURE STATEMENT:

Healthcare professionals that work in the community provide care and support to adults dying in their own homes with a life limiting illness. Community healthcare professionals (HCP) such as GPs, District nurses and Hospice staff all aim for the optimum management of end of life (EOL) symptoms, with the comfort of the patient dying being of paramount importance for all.

In the exceptional circumstances that COVID 19 has brought, this policy and procedure relates to the management of symptoms at the end of life in the community setting by informal carers administering subcutaneous (SC) injections. We recognise that an increased number of people will be dying at home with limited access to healthcare professionals being able to visit. The clear need for effective 24 hour symptom control despite the limitations of HCP visiting is of concern for patients, their families/carers and healthcare professionals.

The aim of this policy and procedure is to address the need for effective 24 hour symptom control and provide a safe framework for healthcare professionals to work within when a patient's symptoms may not be controlled by the usual methods – that is oral medication or a 24 hour subcutaneous syringe pump. This document provides guidance and frameworks to educate a carer(s) to administer medication via a subcutaneous injection line or subcutaneous injection.

Despite these exceptional circumstances this role has been promoted by others in palliative care (St Joseph's Hospice – London 2019, Lincolnshire Community Health Services 2018, Bradford & Airedale 2006, Brisbane South Palliative Care Collaborative –Australia 2018). In addition it is common practice that carers administer other subcutaneous (S/C) medication such as Clexane/Insulin.

2. RELATED POLICIES:

- Anticipatory Prescribing of 'Just in Case' medication for symptom control in the last days of life in the adult community palliative care patients. BNSSG. https://www.stpetershospice.org/media/yc5chu2w/anticipatory-prescribing-of-just-in-case-medication-for-symptom-control-in-the-last-days-of-life-in-adult-community-palliative-care-patients.pdf
- Community Palliative Care Prescribing Table - Bristol Palliative Care Collaborative. This policy available at: https://www.stpetershospice.org/media/ydclf2cy/community-palliative-care-prescribing-table-injectable-and-syringe-pump-medication-for-symptom-control.pdf
- Local Safeguarding policy
- Local Mental Capacity Act policy
- Local Incident Reporting policy

3. SCOPE OF POLICY:

3.1 Informal Carer (s) relates to the person providing care for the patient as part of a **personal** and **not** professional relationship. This usually is a family member or close friend (1). An informal carer is **not** employed as a paid carer for the patient. If the informal carer (e.g. family member of the patient) is a HCP holding a current registration the whole process of this policy should be followed. There should be no more than 2 informal carers that are trained using this policy per patient. This policy is **not** to be used for training **any employed non-registered carer, for example a health care assistant working in a community or care home setting**.

3.2 Patient has been assessed by a registered community clinician with appropriate competencies and experience as suitable for anticipatory prescribing **i.e. the patient is actively deteriorating and believed to be in the last weeks or days of life.** This will have been communicated to the patient and their relative/carer.

3.3 This document relates only to informal carers giving medication via subcutaneous injection or via a subcutaneous line. A number of medications can be given by the sublingual route or buccal route. A guideline relating to this is in development. If the patient has a subcutaneous syringe pump it **may** still be appropriate for carers to administer as required injections. In these circumstances a separate Saf-T intima line will be inserted for the sole use of PRN medication. Therefore patients with a syringe pump will have two SC lines insitu 1 for the Syringe pump and a second for PRN medication It is **NEVER** appropriate for a carer to change a syringe pump.

3.4 This document provides guidance to relevant **registered community clinicians with appropriate competencies and experience** working within the BNSSG area that are required to care for adult patients 18 years and above with a terminal illness. The clinician instigating procedure or training and assessing competence must be more than 12 months post registration.

3.5. The **registered community clinician with appropriate competencies and experience** who instigates the procedure by discussing, assessing suitability and obtaining consent will be termed the **lead clinician** for the purposes of this policy. They may continue to complete the whole process, but if they do not have the necessary skills, experience or equipment they may handover to another **registered community clinician with appropriate competencies and experience** to complete the teaching, competence assessment and insertion of the line.

3.6 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 informal carers.

Definitions:

Injections/Injectable medication – This relates to medication for symptom control in the last days of life. Such medication is most commonly given as subcutaneous (SC) medication.

Controlled drug (CD) – Some prescription medications are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medications are called controlled medication or controlled drugs (2). For Just in Case (JIC) injectable controlled drugs are Midazolam and Opioids.

Competence – "The state of having the knowledge, judgement, skills, energy, experience and motivation required to respond adequately to the demands of one's [professional] responsibilities" (3).

4. Risk Management:

4.1 Participation of an informal carer(s) in administration of SC injections must be entirely voluntary. The registered community clinician assessing suitability must ascertain and ensure that the carer has not been subjected to undue pressure from either the patient, another family member or a healthcare professional to take on this role. The registered community clinician must make it clear to the carer from the outset that the carer can stop administering SC injections at any time if they don't feel comfortable to continue. A registered community clinician can stop the carer administering SC injections if it has been assessed as not to be safe.

4.2 The registered community clinician instigating this procedure must not increase the burden of care by placing informal carers in distressing and emotive situations whereby a patient may ask their carer to end their suffering by using a subcutaneous injection meant to manage symptoms. In a particular case where this is deemed to be a risk carers should not be approved for administration.

4.3 An assessment of suitability must be completed by the registered community clinician for each carer being considered prior to any administration of subcutaneous medication (see appendix 1) which includes criteria for suitability and relative contraindications to suitability. If the instigating clinician is not the GP the clinician should obtain agreement from a doctor, ideally a GP who knows the patient, to complete the process. The clinician will leave all documentation in the house and record clearly on EMIS that it has been completed.

4.4 If an assessment for suitability shows that carer administration is not appropriate then this form should remain in the home, and this should be documented in EMIS. A warning should be added to EMIS that carer administration is not suitable/appropriate. Then within an EMIS consultation please add details, this must include the carer's name, who has been assessed and a reason(s) given as to why this was determined.

4.5 The consent form (see appendix 2) must be completed by the carer being assessed and the lead clinician assessing the competency of the care and providing the training. This document will stay in the house but the process should be documented on EMIS

4.6 The carer must successfully complete a Competence Assessment (appendix 3) prior to administering subcutaneous injections. This will be completed with the carer by a relevant registered community clinician with appropriate competencies and experience working within the BNSSG area. The clinician will document on EMIS that this has been completed.

4.7 A prescriber must complete the Carers Authorisation Chart – see appendix 4 and 5. This could be a doctor or non-medical prescriber (NMP). This must include the minimal interval between doses in hours. This will be used alongside the usual Community Palliative Care Drug chart and therefore must be in line with the drug chart, however may not contain the same ranges for dose of drugs. As usual the prescriber should indicate on the Community Palliative Care Drug Chart the maximum dose in 24 hours.

4.8 Carers will be provided with a "Steps involved to administering a subcutaneous injection" form (see appendix 6), which includes information about sharps disposal and the steps to take in case of needle stick injuries. Carers will also be given an Information Leaflet (see appendix 7) and the 'Just in case' leaflet (Leaflet is found via: https://www.stpetershospice.org/media/yc5chu2w/anticipatory-prescribing-of-just-in-case-medication-for-symptom-control-in-the-last-days-of-life-in-adult-community-palliative-care-patients.pdf)

4.9 Carers will be provided with the appropriate equipment for administration of subcutaneous injections and appropriate disposal of sharps by the community service (usually the District Nurse team). This will include being taught the correct technique for sharps disposal.

4.10 Carers will be permitted to take on the role of administration of subcutaneous injections with the consent of a patient who has capacity. Where there is doubt about capacity a capacity assessment should be carried out in accordance with the Mental Capacity Act (MCA) by a clinician with the appropriate competencies. If the patient does NOT have capacity, and there is no Lasting Power of Attorney (LPA) or relevant legal representative there must be a best interest discussion to decide whether carer administration is in the patient's best interests. The clinician involved in leading the best interest discussion should sign the consent form. If the GP is not involved in this discussion then the GP must be in agreement with the best interest decision. This must be recorded fully in the patients EMIS notes.

4.11 Carers must have mental capacity to undertake this delegated task. Refer to the MCA as needed.

4.12 Carers must not be given an opportunity to participate if there are any safeguarding concerns relating to that carer. Please refer to your local safeguarding policy.

4.13 If there is a history or concern about injectable drug misuse relating to the patient or carer, the carer should be deemed not suitable to administer injectable medication. The risk of drug misuse or diversion relating to other members of the family or visitors to the house should be considered.

4.14 The carer's involvement in administering subcutaneous injections, and experience must be taken into account when assessing bereavement risk and providing bereavement support. Bereavement support must be considered and provided for informal carers who might be involved in administering the 'last injection' prior to death for symptom control.

4.15 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.

4.16 As outlined in the procedure the informal carer should contact the District nurses via Sirona Single Point of Access (SPA, first line), or relevant local hospice (second line) in the following circumstances:

- Any time if they 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 they are worried) after giving the drug,
- They have any concerns, questions or queries at all.
- If they prefer to discuss with a HCP prior to administering the injection.
- They no longer wish to give the subcutaneous injections
- The carer has administered the prescribed limit of the number of administrations which has been prescribed in 24 hours (this might be fewer than 3)

4.17 Should a drug error occur, and the carer's competence is in question or carer's intentions in doubt then a further assessment by a relevant registered community clinician should take place to decide whether it is appropriate for the carer to continue to administer SC medication. This must be documented in EMIS.

4.18 All adverse incidents and significant untoward events are to be reported according to the local incident reporting policy, and communicated to all relevant staff involved in the patients care as soon as is practical.

4.19 Best practice is to avoid remote prescribing over the phone. However if a delay in changing a prescription is likely to lead to significant harm or suffering of the patient then the prescriber should assess the risk of going out of best practice. This must be clearly documented. If a prescription is changed remotely over the phone then the Community Palliative Care drug chart and the Carers Authorisation chart should be changed at the earliest opportunity.

4.20 It is not recommended that carers draw up injections in advance of them being needed as it may not be safe to store them for any length of time.
4.21 Reconstitution has not been covered in this policy as Diamorphine is not a first line medication.
4.22 Each time there is a face to face review of the patient by a relevant registered community clinician the following must be reviewed:

- Accuracy of Community Palliative Care Drug Chart
- Review how the carer is coping and whether there have been any events
- Drug accountability – do they stocks tally between the stock and drug chart
- Review of any admissions for the patient (e.g. hospital)

The review should be recorded in the patient's clinical records and any concerns escalated appropriately.

5. Procedure (for summary of steps see Appendix 6a or 6b):

5.1 Identify the appropriate **lead clinician** for each patient **for this process**. This may be any registered community clinician with appropriate competencies and experience. **The lead clinician will follow procedure points 5.2-5.9 (suitability and consent).** They may also proceed to complete procedure points 5.10-5.21 (teaching, competence assessment and insertion of the line) if they have the necessary, equipment, experience and competencies. Alternatively they may hand this over to another appropriate clinician.

5.2 Discuss with a GP, from the patient's practice (if it is in hours), and a district nurse their opinion of allowing a carer to administer subcutaneous injectable medication. Only proceed with the rest of the procedure if the GP or a registered medical practitioner is in agreement.

5.3 Assess the patient and carers suitability: Complete check list in appendix 1. This must be completed by a Registered Community Clinician with appropriate competencies and experience (i.e. not within first 12 months of registration).

5.4 Approach the patient and carer - Where possible, the lead clinician will discuss with the patient the possibility of their carer(s) administering subcutaneous injections. This discussion ideally would be without the carer being present. The patient may wish to specify which carers they would be willing to allow to take on this role.

5.5 Ask the carer(s) nominated by the patient if they are willing to take on administration of subcutaneous injections. This would ideally be without the patient being present. Ensure that the carer understands that taking on this role is entirely voluntary and that they can choose to stop at

any time if they feel uncomfortable. (Note: Professional staff must continue to assess on an ongoing basis the impact the administration role is having on the carer and patient).

5.6 Provide copies of the information leaflet (see appendix 7) to the patient and carer and allow sufficient time for them to read and consider the information, and ask any questions.

5.7 Ensure you discuss:

- That the carer will need to be assessed for competence
- That advice and support tailored to the individual patient and carer will be arranged
- That it can be difficult for carers to undertake this as it places a burden on them - they do not have to do it; they can change their minds
- That near the end of life injections may need to be given; these will not cause death but may be required near the time of death
- That the locality SPA/District Nurse Team (first line) or relevant hospice (second line) can be contacted 24/7 for advice

5.8 Document consent. If the patient has capacity, they must give consent for their carer(s) to administer subcutaneous injections. Where a patient does not have capacity see 4.12.

5.9 The carer, patient and lead clinician must complete and sign the relevant sections of the consent form contained in appendix 2. Where there are multiple carers administering subcutaneous injections to a patient, a separate consent form must be completed for each individual carer.

5.10 If the patient and carer are happy then proceed onto assessing competence.

5.11 The competence assessment must **ONLY** be undertaken by a Registered Community Clinician with appropriate competencies and experience who themselves is aware of the correct use, limitations and hazards of subcutaneous injections as part of their scope of practice. **The lead clinician or other appropriate Registered Community Clinician should complete procedure points 5.12-5.20.**

5.12 Teach the carer about common symptoms that may occur in the last days of life and how to assess if a medication is needed for a particular symptom.

5.13 Teach the carer and then assess their competence in administering SC injections. Use the checklist provided in appendix 3 when assessing the carer's competence. It is recognised that full completion of this policy might require more than 1 visit. The focus should remain on attaining competency and not compressing competency acquisition in a short a time as possible. Where more than 1 carer will be administering injectable medication a separate checklist must be completed for each carer.

5.14 The appropriate registered community clinician will teach the carer the correct procedure by following the steps in the competency assessment (appendix 3). Note the SAF-T intima line is the preferred method for carer administration. If the lines are not available they may be taught to give a subcutaneous injection using a needle.

5.15 The appropriate registered community clinician will:

- Insert the SAF-T intima line and secure with appropriate dressing. Add the no needle bung (Bionector).
- Arrange for change of the line every 7 days.
- **Ensure the Carer's Authorisation Chart (Appendix 4 or 5) and Community Palliative Care Chart are completed by a prescriber** and correlate with each other. If the prescriber is not the GP, then inform the GP and check they are happy with the plan.

*Note if the patient is unlikely to need SC injections in the next 24 hours do not insert the SAF-T intima line. It is still reasonable to complete the other parts of the procedure if injections are likely to be needed in the near future.

5.16 Provide support and guidance for the carer. Provide the carer(s) with the 'Steps involved in administering a subcutaneous injection (see appendix 6a or 6b) and the 'Carers Authorisation Chart' (see appendix 4 and 5). This contains information about when and how often each injectable medication can be given, the indication for each medication, and when and who to

contact for guidance and support. Explain also to the carer the possible common side effects of the medications.

5.17 Advise the carer that all injectable medications they administer must be documented on the Community Palliative Care Drug Chart, ensuring they complete the details of the section on the front 'Details of Person Administering Drugs' indicating they are the carer
Please note this is the same Authorisation Chart already in use in BNSSG and being completed by healthcare professionals administering subcutaneous medications.

5.18 Advise the carer that the Community Palliative Care Drug Chart must be kept with the patient and must be accessible to any healthcare professional who visit the patient.

5.19 Show the carer how to complete the stock chart and remind them they can contact their GP if their stocks are running low

5.20 Complete a warning and make visible to all organisations on the patient's EMIS record that says "Name of carer (relationship to patient) is authorised to give injectable medications to this patient".

5.21 Once the suitability, competence and consent is completed the carer is allowed to administer injections. **The following points apply to the administration phase.**

5.22 The informal carer should contact Sirona Single Point of Access (SPA) or District Nurse (DN) team (first line) or relevant local hospice (second line) in the following circumstances:

- Any time if they have given 3 injections in total within a 24 hour period to discuss whether it is appropriate to give additional injections, or whether a review is needed
- The carer has administered the prescribed limit of the number of administrations which has been prescribed in 24 hours (this might be fewer than 3)
- If the symptom has not improved an hour (or sooner if they are worried) after giving the drug.
- They have any concerns, questions or queries at all related to injectable medication
- They no longer wish to give the subcutaneous injections.

5.23 Carers who are administering subcutaneous injections must receive face to face visit from a District Nurse/appropriate registered clinician from community provider at least once a week to replace the line, check stock and provide supervision and support. Alternatively, in discussion with the community provider one of the following may be able to fulfil this role:

- Hospice CNS or doctor
- General Practitioner
- Hospice at home Band 6 or 7 Staff nurse

5.24 If at any time a carer wants to stop giving subcutaneous injections, reassure them this is fine. Inform district nursing team and GP, remove alert from EMIS notes, and remove "carer's direction to administer as required subcutaneous injections" form from patient's home at next visit. During out of hours inform carer to please phone the SPA. Please also document on EMIS within consultations that SC administration by carer has been stopped.

5.25 If the carer's competency is in question or carer's intentions are in doubt then the carer must not continue to administer subcutaneous injections. If any of these situations occur, sensitively inform patient and carer of this; then inform district nursing team, Hospice and GP, remove alert from EMIS notes, and remove "carer's direction to administer as required subcutaneous injections" form from patient's home at next visit. This discussion should be documented on EMIS.

5.26 Should a drug error occur a further assessment by a relevant registered community clinician should take place to decide whether it is appropriate for the carer to continue to administer SC medication.

5.27 Relevant contact numbers must be given to the carer, including out of hours contact.

6 RESPONSIBILITY/ACCOUNTABILITY:

6.1 It is the responsibility of the relevant registered community clinicians with appropriate competencies and experience to be familiar with this policy and procedure.

6.2 Registered nurses administrating any medicines, assisting with administration or overseeing any self-administration of medicines must exercise professional judgement, maintain knowledge and practice their professional accountability as per NMC The Code (2018).

6.3 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 2018).

6.4 The lead clinician will identify and assess the suitability of the carer.

6.5 It is the responsibility of the lead clinician to discuss and explain the procedure (Section 5 of this policy), and its implications with the patient (where appropriate), and the carer (s) to ascertain their willingness and agreement to undertake this task. The consent form in appendix 2 **must** be completed.

6.6 It is the responsibility of the prescriber to clearly prescribe the PRN medication, implications for use, minimal intervals and maximum number of dosages on both the Community Palliative Care Drug Chart and the Carers Authorisation chart – Appendix 4 and 5.
For appropriate prescribing see: Anticipatory Prescribing of 'Just in Case' medication for symptom control in the last days of life in adult community palliative care patients – Standard Operating Procedure and Clinical Guidelines for BNSSG
https://www.stpetershospice.org/media/yc5chu2w/anticipatory-prescribing-of-just-in-case-medication-for-symptom-control-in-the-last-days-of-life-in-adult-community-palliative-care-patients.pdf

6.7 It is the responsibility of the lead clinician to explain to the carer(s) the indications and possible common side effects of the prescribed medication.

6.8 The clinicians must provide an opportunity for the relative/carer(s) to express any fears, concerns and anxieties that they may have.

6.9 It is the responsibility of the lead clinician or appropriate registered community clinician to insert the subcutaneous device Saf-T intima needle, secure with a transparent film dressing and flush the line with 0.5ml water for injection. The clinician will also remove the Saf-T intima bung and replace it with a Bionector.

6.10 It is the responsibility of the lead clinician or appropriate registered community clinician to educate the relative/carer(s) to observe for signs of swelling, inflammation or leakage at the subcutaneous site and report to the community nursing team.

6.11 It is the responsibility of the lead clinician or appropriate registered community clinician to teach the carer(s) to consult the Carer Authorisation Chart (appendix 4 and 5) and ascertain the following, using this as a checklist:

- Drug and dose
- Interval of time between a further dose of the medication
- Route of administration

6.12 It is the responsibility of the lead clinician or appropriate registered community clinician to show the carer how to record drug administration on the Community Palliative Care Drug Chart.

6.13 It is the responsibility of the lead clinician or appropriate registered community clinician to teach a carer how to dispose of any unused/ excess ampoules.

6.14 It is the responsibility of the lead clinician or appropriate registered community clinician to ensure that the carer(s) understands the procedure expected of them and that the instruction leaflet is provided which includes contact numbers (appendix 6a or 6b).

6.15 The lead clinician must explain all relevant contact numbers to the carer(s) and encourage the prompt reporting of any concerns or to ask questions. Record on the Information leaflet for carer's (appendix 7).

6.16 It is the responsibility of the lead clinician to inform the GP as continuing prescriber.

6.17 The lead clinician will ensure that it is clearly marked on the patient's EMIS records by use of a warning that this procedure is in operation. The lead clinician will also document that the:

- Criteria for suitability checklist has been completed
- Competence Assessment is successfully completed
- Consent form signed

6.18 When a relevant registered community clinician is present in the home they must check the balance of all medication ampules is correct, update the stock list for controlled drugs, and assess the need for further supplies. Any discrepancies must be reported.

6.19 Any community pharmacy should accept any unused medicines for destruction after death.

7 COMPLIANCE WITH STATUTORY REQUIREMENTS/REFERENCES:

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2. Misuse of Drugs Act 1971; Misuse of Drugs Regulations 2001
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4. Lincolnshire Community Health Services: NHS Trust (2018). The Lincolnshire Policy for Informal Carer's Administration of As Required Subcutaneous Injections in Community Palliative Care. Version 10. Available from: https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/7315/2121/0510/P_CS_20_Carers_Giving_Subcutaneous_Injections.pdf
5. St Joseph's Hospice (Oct 2019). Carer Administration of sub-cutaneous injection procedure. St Joseph's Hospice, London. Version 2.
6. Brisbane South Palliative Care Collaborative. Guideline for Handling of Medication in Community based Palliative Care Services in Queensland [online]. 2015. Available: https://www.health.qld.gov.au/__data/assets/pdf_file/0028/141778/medguidepall.pdf
7. NMC (2018) The Code – Professional standards of practice and behaviour for Nurses and Midwives. Available: https://www.nmc.org.uk/standards/code/
8. Nursing & Midwifery Council. Delegation and Accountability: Supplementary information to the NMC code. Available from: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf
9. Bradford and Airedale Teaching Primary Care Trust. (2006) Subcutaneous Drug Administration by Carers (Adult Palliative Care). Available: https://www.palliativedrugs.com/download/SubcutaneousDrugAdministrationbyCarers.pdf
10. General Medical Council (2013): *Good Practice in Prescribing and Managing medicines and devices.* Available: https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices
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12. Royal Pharmaceutical Society. (2019). Professional Guidance on the Administration of Medicines in Healthcare Settings. Available: https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567
13. Royal Pharmaceutical Society. (December 2018). Professional Guidance on the safe and secure handling of medicines. Available: https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines
14. Helix Centre (March 2020) Carers administration of as-needed subcutaneous medicines. Adapted from the CARiAD study. Available: https://subcut.helixcentre.com/

8 POLICY MONITORING AND REVIEW:

TITLE:	**POLICY NAME:** Informal Carer Administration of Subcutaneous Injections in the Community Setting Exceptional Circumstances - COVID 19	**Version: 2**
Approved By: BNSSG Clinical Cabinet **Signature:**		**Date of Approval: April 2020**
Policy Owner: Dr Kate Rush on behalf of Clinical Cabinet, BNSSG		**Revision due by: July 2020**
Policy Authors: Caroline Mundy/Dr Candida Cornish/Katie Versaci/Claire Daniels. St Peter's Hospice. Bristol.		**Committee: BNSSG Clinical Cabinet**

REVISION HISTORY:

Description	Date	Version	Author(s)
Title word 'Informal' added Section 3 – 3.1 additional sentences added to enhance clarity that this SOP is not for HCA's or any paid carer	16/4/20	2	Caroline Mundy

Appendix 1 – Criteria for Suitability Checklist.

Patient's Name:
NHS Number:
DOB:
Carers Name:

	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	
	Criteria that may prevent suitability **NB these are relative, not absolute, contra-indications**	
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 contraindicates 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

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 Nurse 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 District 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 2 – Consent Form

Patient's Name:……
NHS Number:……
DOB……

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 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 District Nurses via Sirona Single Point of Access (SPA as a first line) or relevant local hospice (second line) in the following circumstances: • 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 • If the symptom has not improved an hour (or sooner if I am worried) after giving the drug, • I have any concerns, questions or queries at all related to injectable medication • I no longer wish to give the subcutaneous injections	

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 3 – Competence Assessment (Please complete a separate assessment for each carer)

To be completed by the Assessing Registered Nurse or Medical 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	
Section A Knowledge The carer:	**Yes /No**	**Carer**	**Assessor**
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)			
Section B Observation 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 –discard)			
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)			
Expels air correctly from syringe.			

Removes needle from syringe and disposes of needle safely.			
EITHER (preferred option)**:**			
Cleans Bionector with alcohol wipe and waits for this to dry			
Flushes the line correctly			
Connects syringe to Saf-T-intima line correctly & expels the drug			
Flushes line after administering the drug with 0.5ml sterile water for injection ****NB If patient does not require medication at this time please observe carer flushing the line with 0.5ml water for injection only****			
OR (no lines available) **** This will only be assessed when the patient is requiring a 'as-needed medication' ****			
Attaches correct needle for subcutaneous injection.			
Inserts needle into the skin and gently expels the drug			
Section C Post injection 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			
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 completing assessment

Signature:…….

Print:……..

Name:……

Job Title:…….....

Telephone Number:……..

Employer: ……

Date completed:……

DATE Reassessment Due:……..

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)

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** ☐			
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**
Convert usual opioid, seek advice if eGFR<30	**PAIN**	*Low*: *High*:		SC	1 hour	If *low* dose not effective call for advice* before giving high dose.
Ondansetron 4mg/2ml	**NAUSEA/ VOMITING**	4mg	2mls	SC	8 hours	
Alternative score out ondansetron	**NAUSEA/ VOMITING**					
Midazolam 10mg/2ml	**AGITATION/ RESTLESSNESS**	*Low*: 2.5mg *High*: 5mg	0.5ml 1ml	SC	1 hour	If *low* dose not effective call for advice* before giving *high* dose.
Hyoscine butyl bromide 20mg/ml	**RATTLY BREATHING**	20mg	1ml	SC	2 hours	
Convert usual opioid, seek advice if eGFR<30	**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** ☐			
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 High: 5mg	0.3mls 0.5mls	SC	1 hour	If low dose not effective call for advice* before giving high dose.
Ondansetron 4mg/2ml	**NAUSEA/ VOMITING**	4mg	2mls	SC	8 hours	
Alternative score out ondansetron	**NAUSEA/ VOMITING**					
Midazolam 10mg/2ml	**AGITATION/ RESTLESSNESS**	Low: 2.5mg High: 5mg	0.5mls 1ml	SC	1 hour	If low dose not effective call for advice* before giving high dose.
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:

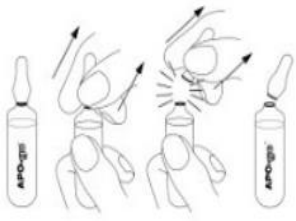
* Please phone Sirona Single Point of Access (1st line) on 0300 125 6789 or your local hospice 2nd line (St Peter's Hospice Advice line on 0117 9159430 or Weston hospice on 01934 423900) if:

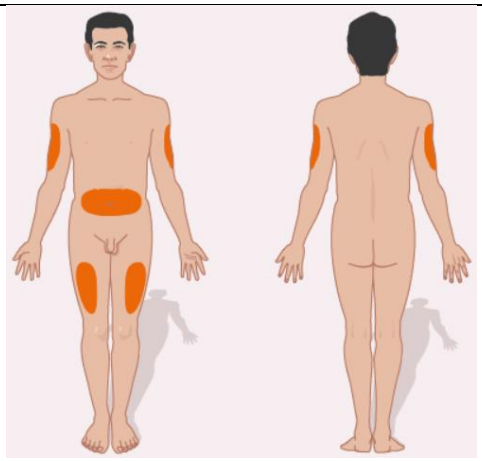
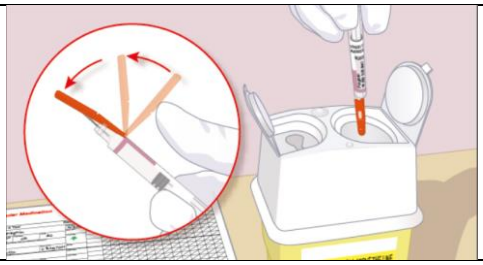
- Any time if you have given 3 injections in total within a 24hour period to discuss whether it is appropriate to give additional injections, or whether a review is needed
- If the symptom has not improved an hour (or sooner if you are worried) after giving the drug.
- If you have administered the prescribed 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)

Appendix 6a - Steps involved in administering a subcutaneous injection not via a line (To be left in the patient's home for use by the carer)

- Before administrating any prescribed medicine check the Community Palliative Care Drug Chart for the time that the last dose of an injection was given, making sure it is ok to give another. Also check when the last oral dose of medication was taken for the same symptom (if applicable)
- Check the dosage and frequency of medication against the Community Palliative Care Drug Chart and then the Carer's Authorisation Chart, making sure it is ok to give another dose.

1. Wash your hands with warm water and soap and dry well with a clean towel or kitchen roll. Put on gloves and apron.	
2. Assemble all the equipment you need. Check the packaging of all the equipment is intact and that products have not passed their expiry dates. Equipment needed: • Blunt fill needle 18G • Safety needle 25G • Syringe • Carers Authorisation chart • Tray or clean area to draw up • Drug to be given • Sharps bin	
3. Drawing up medication: • Check the label for medication name and strength making sure it matched the drug listed the Community Palliative Care Drug Chart. Also check the expiry date. • Attach the blunt fill needle 18G to the syringe • Break open the ampoule of the drug to be given by snapping the top off. A glass ampoule should be held in upright position. Check all fluid removed from neck of ampoule. If not, gently flick the top of the ampoule until the fluid runs back down into it. If there is a dot on the ampoule ensure the dot is facing away from you. Hold the ampoule in one hand, using the other hand to snap the neck of the ampoule away from you. A plastic ampoule - simply twist the top of the ampoule until it is removed Do not discard any of the ampoules until all of the paperwork has been completed. • Draw up the drug into the syringe • If you have an air bubble into the syringe, push the plunger in very slightly to remove the bubble. • Change the needle to Safety needle 25G	

4. Assess the infection site for signs of inflammation, oedema (swelling), infection and skin lesions – if any of these are present you should use an alternative site. Decontaminate your hands again and put on gloves. Remove the cap from the needle on the prepared syringe. When giving a subcutaneous injection, it is important to gently pinch the skin between the thumb and the first finger of your non dominant hand. While continuing to grasp the skin press the plunger of the syringe and inject the medicine smoothly and slowly. When all the medicine has been injected, remove the needle and release the skin.	 Image of best sites for injection
5. Disposal of equipment: Immediately after the needle has been removed from the patient, activate the safety device see below. Dispose of the needle and syringe in to the sharps bin.	
6. Write on the Community Palliative Care Drug Chart the time, date, drug, dose, route and sign to record you have given it.	
7. Remove and dispose of gloves and apron.	
8. Wash and dry your hands thoroughly.	

If you have given 3 injections in a 24 hour period, Sirona SPA (district nurses) on 0300 125 6789(**1st line) or the relevant hospice: St Peter's Hospice advice line 0117 9159430 or Weston Hospice advice line: 01934 423900.**

Please remember you can also ring for advice if you feel the injections are not working or need any advice.

Needle stick injury

If you pierce or puncture your skin with a used needle, follow this first aid advice immediately:

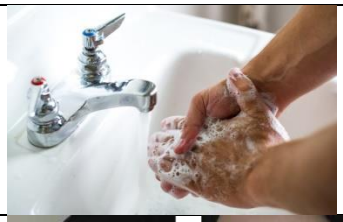
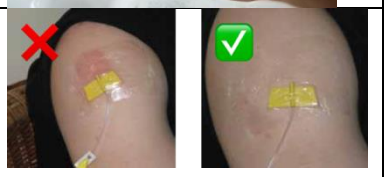
- Encourage the wound to bleed, ideally by holding it under running water.
- Wash the wound using running water and plenty of soap.
- Don't scrub the wound while you're washing it.
- Don't suck the wound.
- Dry the wound and cover it with a waterproof plaster or dressing.
- Contact Avon Occupational Health on 0117 342 3400 for further advice within an hour.

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

Appendix 6b - Steps involved in administering a subcutaneous injection via a Saf-t-intima line. (To be left in the patient's home for use by the carer)

- Before administrating any prescribed medicine check the Community Palliative Care Drug Chart for the time that the last dose of an injection was given, making sure it is ok to give another. Also check when the last oral dose of medication was taken for the same symptom (if applicable)
- Check the dosage and frequency of medication against the Community Palliative Care Drug Chart and then the Carer's Authorisation Chart, making sure it is ok to give another dose.
- A line called a Saf -T-Intima is a simple device that sits under the skin, usually on the arm, so that when an injection is given it is only injected into the device and not directly into the skin of the patient.

This is a Saf-T-intima line it will have a Bionector 'bung' on the end

1. Wash your hands with warm water and soap and dry well with a clean towel or kitchen roll. Put on gloves and apron.	
2. Check the site of the injection device for inflammation, redness, hardness or soreness. If you are concerned please phone Sirona Single Point of Access on: 0300 125 6789	
3. Assemble all the equipment you need. Check the packaging of all the equipment is intact and their expiry dates. Equipment needed: • Blunt fill needle 18G • Syringe – Luer-lock • Carers Authorisation chart • Tray or clean area to draw up • Drug to be given and sterile water for injection (for flushing) • Alcohol swab • Sharps bin	
4. Drawing up medication: • Check the label for medication name and strength making sure it matches the drug listed on the Community Palliative Care Drug Chart. Also check the expiry date. • Attach the blunt fill needle 18G to the syringe • Break open the ampoule of the drug to be given by snapping the top off. A glass ampoule should be held in upright position. Check all fluid removed from neck of ampoule. If not, gently flick the top of the ampoule until the fluid runs back down into it. If there is a dot on the ampoule ensure the dot is facing away from you. Hold the ampoule in one hand, using the other hand to snap the neck of the ampoule away from you. A plastic ampoule - simply twist the top of the ampoule until it is removed Do not discard any of the ampoules until all of the paperwork	

has been completed. • Draw up the drug into the syringe • If you have an air bubble in the syringe, push the plunger in very slightly to remove the bubble. • Use a separate syringe and blunt needle to draw up any other medications you may be giving and a 0.5ml sterile water flush as above. **NB** Do not give more than 2mls total volume of medication (excluding the line flush) at any one time.	
5. Swab the end of the Bionector 'bung' with an alcohol wipe and wait until dry approx. 30 seconds.	 Bionector Bung
6. Remove the blunt needle from the syringe and place the blunt needle directly into the sharps container.	
7. Before administration of medication flush the Saf-T-Intima line with 0.5ml of water for injection. Attach the luer-lock syringe containing the water for injection by using a twisting or screwing motion until the syringe is securely attached into the Bionector 'bung'. Slowly push the plunger until the barrel is empty, and then remove the syringe by untwisting.	
8. Then attach the luer-lock syringe containing the medication using a twisting or screwing motion until the syringe is securely attached into the Bionector 'bung'. Slowly push the plunger of the syringe until the barrel is empty, and then remove the syringe by untwisting.	
9. Follow administration of the medication flush the line with 0.5ml of water for injection	
10. Discard all the syringes and any remaining needles in the sharps container.	
11. Write on the Community Palliative Care Drug Chart the time, date, drug, dose, route and sign to record you have given it.	
12. Remove and dispose of gloves and apron.	
13. Wash and dry your hands thoroughly.	

If you have given 3 injections in a 24 hour period, Sirona SPA (district nurses) on 0300 125 6789 (1st line) or the relevant hospice: St Peter's Hospice advice line 0117 9159430 or Weston Hospice advice line: 01934 423900

Please remember you can also ring for advice if you feel the injections are not working or need any advice.

Needle stick injury

If you pierce or puncture your skin with a used needle, follow this first aid advice immediately:

- Encourage the wound to bleed, ideally by holding it under running water.
- Wash the wound using running water and plenty of soap.
- Don't scrub the wound while you're washing it.
- Don't suck the wound.
- Dry the wound and cover it with a waterproof plaster or dressing.
- Contact Avon Occupational Health on 0117 342 3400 for further advice within an hour.

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

Appendix 7 – Information leaflet for carers giving Sub-cutaneous injections

Introduction

Seriously ill people, who are nearing the end of their lives, may want to be cared for at home, but as they become more poorly they often cannot swallow oral medication or liquids. A range of injections can be provided to keep at home just in case they are needed to help with symptoms which may occur.

Common symptoms can be pain, nausea/vomiting, agitation/restlessness, rattley breathing, or breathlessness. These troublesome symptoms can be often be relieved by extra medication given by a small injection, which is usually given by a member of the Community Nursing team. This is often called "As required medication". This can be at any time of the day or night, and sometimes relatives can be taught how to give these injections to ensure comfort and the control of pain, and other symptoms. This is similar to when you might have given oral (by mouth) pain relief/ other oral medication, but just the route of giving has changed as the patient is no longer able to swallow.
Teaching carers to learn how to do this instead of having to wait for a nurse to attend is a method that has been used successfully in parts of Australia for many years, and more recently in the UK.

If the person needs regular medication or frequent injections and can not swallow then usually the Community Nursing team can set up a syringe pump to give continuous medication under the skin. You will not be asked to change the pump. The Community Nurses will do this every 24 hours but you may still need to give occasional extra injections to control symptoms.

You do not have to do these injections unless you want to, and feel comfortable to do so. If you do, the doctors, nurses and Hospice nurses will support you in this task and teach you how it is done.
If at any time you feel you can no longer do these injections please phone Sirona Single Point of Access (1st line) on 0300 125 6789 who can arrange for a Community Nurse(s) to administer the injections instead. If you want advice or support you can also contact your **local** hospice: St Peter's Hospice Advice line on 0117 9159430 or Weston hospice on 01934 423900.

What are the steps involved?

If you as a carer would like to do this, some steps need to be followed to make sure everyone involved is happy that it is a safe thing to do.

- The doctors and nurses will assess if it might be helpful and possible. This would include thinking about what medicine might be needed, how often, and how complicated the situation is.
- The patient will be asked if they would like their carer to give injections.
- You as the carer will be asked if you would like to learn more about it.
- The doctor or nurse will talk to the you about benefits and difficulties, for example
  - It can be difficult for carers as it places a burden on them – you do not have to do it; you can change your mind.
  - Near the end of life, injections may need to be given; these will not cause death but may happen near the time of death
  - It can be a positive way for carers to help support their family members.

You will have training to show you how to give an injection- including a 'competence assessment'. You will need to show that you are able to give an injection on your own. Please remember to say if you are happy to do this.
You will be given written information about how often they can give injections, including when to ask for help.
The training given to you is very important; in order to make sure that the patient is given the correct care for these symptoms. You **should not** train anyone else who is helping to look after the patient. If you are unable for any reason to give an injection the healthcare

team should be contacted to give the patient any as required medication. It is important for you to know it is legal for carers to give symptom-relieving medication as long as they are supported to do so.

If after discussion with and assessment by a registered healthcare professional it is agreed by both you and the healthcare professional that you are able to give injections the following will happen:

1. EITHER:
   The registered healthcare professional will insert a line so that when you give the injection you only inject into the line, not directly into the skin of the patient.
   OR:
   In certain circumstances carers may be taught to administer the medication directly into the skin, not via a line.
2. You will be taught what the medication(s) are for, how much to give, 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. If you are administering the drug via a line you will be taught how to flush the line with 0.5 ml of water for injection **before and after** giving the medication.
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 Sirona Single Point of access(1st line) or your local hospice (2nd line) for further help and advice.
7. A healthcare professional will change the line every 7 days and at each visit they will review the patient's regular medication so that hopefully further injections may not be needed.

IMPORTANT CONTACTS:

Single Point of Access (Community Nursing Team):	***0300 125 6789***
St Peter's Hospice Advice Line 24/7:	***01179 159 430***
Weston Hospice:	***01934 423 900***

Frequently asked Carers' questions

What if I can't go ahead with giving injections?
You will receive training in how to give an injection, and this can be repeated until you feel happy. The healthcare professional giving the training will assess if you are safe to give an injection. If you or the person providing the training do not feel that you are safe to do this, then the patient will continue to receive injections when needed by a Community Nurse.

What if I or the person I am caring for change our minds about giving injections?
If at any point you want to stop giving injections, this is fine.
Also your relative (the patient) can say at any point that they want you (their carer) to stop giving injections. Please contact one of the numbers above and the community nursing team will take over this responsibility.

(Adapted from: Carers administration of as-needed subcutaneous medicines. Helix Centre. 24th March 2020. https://subcut.helixcentre.com/. St Joseph's Hospice Carer Administration of sub-cutaneous injections procedure. Version 2. 2019).

Symptoms and medication

- This leaflet provides information about symptoms that your relative or friend might experience.
- This information relates to subcutaneous injections, which should be given for symptoms when your relative or friend is unable to swallow medication by mouth.
- You will be advised to only give up to a **maximum of 3 injections in any 24 hour period** before contacting a Sirona Single Point of access(1st line) or your local hospice (2nd line) for further help and advice.
- If you are concerned or would like to discuss with a healthcare professional before giving subcutaneous medication please phone for advice:

    - Sirona Single Point of Access (1st Line) **0300 1256789**
    - your local hospice (2nd line) St Peter's Hospice Advice line **0117 9159430**
    - Weston Hospice **01934 423900**.

A. Breathlessness:

Step 1:

- You may wish to try some relaxation techniques.
- Opening a window or door can help and keep the room cool.
- Cooling the face by using a cool flannel or cloth can help.
- Portable fans are not recommended for use during outbreaks of infection

Step 2:

You only need to give medicine if your relative or friend is distressed by their breathing. If they are breathing fast but seem comfortable and settled you do not have to treat it. If they are distressed and you are going to administer medication please look at the Carer's Authorisation Chart and choose the medication for breathlessness.

- If there are 2 dose options give the lower dose
- If their breathing has not improved an hour after giving the medication you can repeat the medication with the SAME dose.
- If you are not sure about giving the 2nd dose or distress from breathing is still not controlled after the 2nd dose please see above for who to contact for advice.

If you have noticed that on several occasions the lower dose is not that effective and you are often needing to give a 2nd dose phone for advice.

B. Fever:

Fever is not harmful but can be treated if the symptoms cause distress

Signs and symptoms of a fever

- shivering
- shaking
- chills
- aching muscles + joints
- other body aches
- may feel cold despite body temperature rising

Step 1

- Try a cool flannel applied across the face
- Reduce room temperature - open a window or door
- Wear loose clothing
- Oral fluids if able to drink

Step 2

- If able to swallow please give your own supply of paracetamol by mouth.
- If not able to swallow you can discuss paracetamol suppositories with your GP.
- Two Paracetamol 500mg tablets can be given four times a day, 4 hours apart.

Do not use more than 8 Paracetamol 500mg tablets per day (Max 4g/24h)

- **Pain**
- People may experience pain due to existing illnesses and may also develop pain as a result of excessive coughing or immobility. At the end of life they may grimace or groan to show this.
- Not being able to pass urine can cause pain.

Step 1

- A medication to help relieve pain will have been prescribed - please check the name and dose of this on the Carers Authorisation chart.
- If there are 2 dose options give the lower dose
- If their pain has not improved an hour after giving the medication you can repeat the medication with the SAME dose.
- If you are not sure about giving the 2nd dose or distress from pain is still not controlled after the 2nd dose please see above for who to contact for advice.
- If you have noticed that on several occasions the lower dose is not that effective and you are often needing to give a 2nd dose please phone for advice.

- **Agitation/Distress**

- Some people may become agitated and confused towards the end of life. They may seem confused at times and then seem their normal selves at other times.
- People who become delirious may start behaving in ways that are unusual for them- they may become more agitated than normal or feel more sleepy and withdrawn.
- Pain may worsen agitation (see pain advice section)
- Not being able to pass urine may also worsen agitation

Step 1:

- A medication to help relieve agitation/distress will have been prescribed - please check the name and dose of this on the Carers Authorisation chart.
- If there are 2 dose options give the lower dose
- If their agitation/distress has not improved an hour after giving the medication you can repeat the medication with the SAME dose.
- If you are not sure about giving the 2nd dose or agitation/distress is still not controlled after the 2nd dose please see above for who to contact for advice.
- If you have noticed that on several occasions the lower dose is not that effective and you are often needing to give a 2nd dose phone for advice.

Step 2:

- Please telephone for advice if:
  - you are concerned your relative or your friend is unable to pass urine.
  - their agitation is persistent and distressing.

C. Nausea & Vomiting

- Sometimes people may feel nauseated or sick when they are dying
- A medication to help relieve this will have been prescribed – please check the name and dose of this on the Carers Authorisation chart
- phone for advice if:
  - The nausea or vomiting has not settled after giving the medication

D. Rattly Breathing

- Before someone dies their breathing can often become noisy. Some people call this the 'death rattle'. Try not to be alarmed by this, as it is normal. It is due to an accumulation of secretions and the muscles at the back of the throat relaxing.
- Medicines intended to dry up secretions may not work, so try to be reassured that if your friend or relative is asleep or unconscious they are unlikely to be distressed.

Step 1:

- Repositioning your friend or relative in the bed by using pillows to support them at a different angle can help reduce rattily breathing

Step 2:

- Medication that may help relieve this will have been prescribed – please check the name and dose of this on the Carers Authorisation chart.

Step 3:

- If your friend or relative seems distressed by their noisy breathing despite waiting an hour after the measures above please phone for advice.

Appendix 8

Summary of steps for clinicians to follow for carer administration of injections procedure

1. Obtain agreement from patient (ideally without carer present).
2. Obtain agreement from a GP and discuss with District Nurses if known by a DN team.
3. Obtain agreement from carer (ideally without patient present).
4. Assess suitability of carer and complete Criteria for Suitability check list (Appendix 1).
5. Gain consent from patient and carer. Complete consent form (Appendix 2). Make Best interests Decision in line with Mental Capacity Act if patient lacks capacity.
6. Teach process and assess competence. Complete Competence Assessment (Appendix 3.)
7. Ensure you discuss**:**
    - That it can be difficult for carers to undertake this as it places a burden on them - they do not have to do it; they can change their minds.
    - That near the end of life injections may need to be given; these will not cause death but may be required near the time of death.
    - That the locality SPA/District Nurse Team (first line) or relevant hospice (second line) can be contacted 24/7 for advice.
8. Insert SAF-T Intima line if injections likely to be needed in next 7 days and attach a Bionector connector to the end.
9. Ensure Community Palliative Care Drug Chart and Carers Authorisation Chart (Appendix 4 or 5) have been completed by a prescriber. Show the carer how to complete the Community Palliative Care Drug Chart including completing their specimen initials on the front of the chart.
10. Show the carer how to complete the stock card and remind them to contact the GP for repeat prescriptions if stock running low.
11. Remind the carer that they should contact Sirona SPA (1st line) and relevant local hospice (2nd line) in the following circumstances:
    - Any time if they 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 in an hour (or sooner if they are worried) after giving the drug.
    - They have any concerns, questions or queries at all related to injectable medication.
    - They no longer wish to give the subcutaneous injections.
12. Give the Carers information leaflet (Appendix 7).
13. Leave all paperwork in the house. Document fully on EMIS. Add a warning to EMIS to record assessment of suitability and outcome.
14. E.g. Carer (add full name) is suitable for administration of SC medication. Full process completed.
15. Arrange for a weekly face to visit for line change and support.