

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: <ul style="list-style-type: none"> • 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 workTelephone Contact Number

Patient’s Name

Address

DOB: NHS Number:

Carer’s NameDate 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	Yes /No	Carer	Assessor
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)			
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:.....

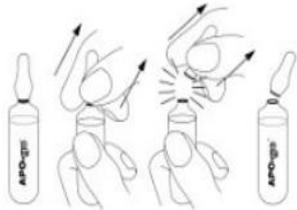
DATE Reassessment Due:.....

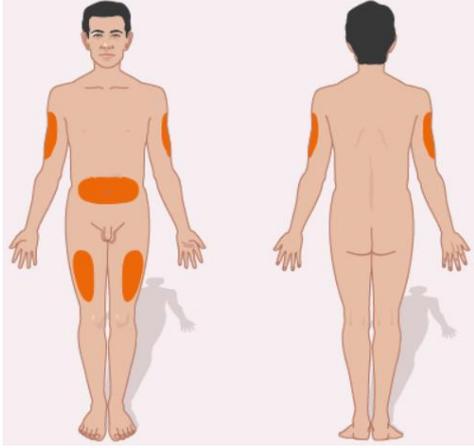
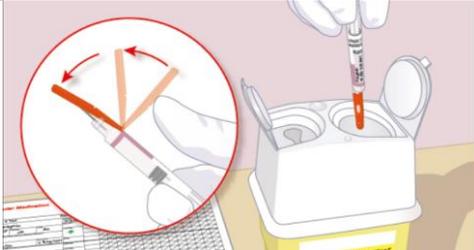
****Please keep a copy of this assessment in the patient's community nursing notes****

(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 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 administering 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.

<p>1. Wash your hands with warm water and soap and dry well with a clean towel or kitchen roll. Put on gloves and apron.</p>	
<p>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:</p> <ul style="list-style-type: none"> • Blunt fill needle 18G • Safety needle 25G • Syringe • Carers Authorisation chart • Tray or clean area to draw up • Drug to be given • Sharps bin 	
<p>3. Drawing up medication:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>A plastic ampoule - simply twist the top of the ampoule until it is removed</p> <p>Do not discard any of the ampoules until all of the paperwork has been completed.</p> <ul style="list-style-type: none"> • 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 	

<p>4. Assess the injection 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.</p> <p>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.</p> <p>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.</p>	 <p>Image of best sites for injection</p>
<p>5. Disposal of equipment:</p> <p>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.</p>	
<p>6. Write on the Community Palliative Care Drug Chart the time, date, drug, dose, route and sign to record you have given it.</p>	
<p>7. Remove and dispose of gloves and apron.</p>	
<p>8. Wash and dry your hands thoroughly.</p>	

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 administering 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

<p>1. Wash your hands with warm water and soap and dry well with a clean towel or kitchen roll. Put on gloves and apron.</p>	
<p>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</p>	
<p>3. Assemble all the equipment you need. Check the packaging of all the equipment is intact and their expiry dates. Equipment needed:</p> <ul style="list-style-type: none"> • 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 	
<p>4. Drawing up medication:</p> <ul style="list-style-type: none"> • 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. <p>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</p> <p>Do not discard any of the ampoules until all of the paperwork</p>	

<p>has been completed.</p> <ul style="list-style-type: none"> • 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. <p>NB Do not give more than 2mls total volume of medication (excluding the line flush) at any one time.</p>	
<p>5. Swab the end of the Bionector 'bung' with an alcohol wipe and wait until dry approx. 30 seconds.</p>	 <p>Bionector Bung</p>
<p>6. Remove the blunt needle from the syringe and place the blunt needle directly into the sharps container.</p>	
<p>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.</p>	
<p>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.</p>	
<p>9. Follow administration of the medication flush the line with 0.5ml of water for injection</p>	
<p>10. Discard all the syringes and any remaining needles in the sharps container.</p>	
<p>11. Write on the Community Palliative Care Drug Chart the time, date, drug, dose, route and sign to record you have given it.</p>	
<p>12. Remove and dispose of gloves and apron.</p>	
<p>13. Wash and dry your hands thoroughly.</p>	

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.

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:

<i>Single Point of Access (Community Nursing Team):</i>	0300 125 6789
<i>St Peter's Hospice Advice Line 24/7:</i>	01179 159 430
<i>Weston Hospice:</i>	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 please 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 please 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 rattly 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.