

## **Informal Carer Administration of SC Injections:**

### **Quick Clinicians Guide – Appendix 8**

#### **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 Community 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 2**).
  5. Gain consent from patient and carer. Complete consent form (**Appendix 3**). Make Best interests Decision in line with Mental Capacity Act if patient lacks capacity.
  6. Teach process either injection via SAF-T intima line or subcutaneous injection and assess competence. You may have to do this over several visits. Complete Competence Assessment (**Appendix 4**).
  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/Community Nurse Team (first line) or relevant hospice (second line) can be contacted 24/7 for advice.
  8. If preferred as the most appropriate administration method, and SC medication is required at that time, insert the Single port SAF-T intima line and secure with appropriate dressing. Add the no needle bung (Bionector). Only insert a SAF-T intima line at the time SC medication is required.
  9. Ensure Community Palliative Care Drug Chart and Carers Authorisation Chart (**Appendix 5 – use appropriate one to the complexity of the patient**) 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 24 hour 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 leaflets (**Appendix 6 and 7**).
  13. Leave all paperwork in the house. Document fully on EMIS. Add a warning to EMIS to record assessment of suitability and outcome. E.g. "Carer (add full name) is suitable for administration of SC medication. Full process completed".
  14. Arrange for a weekly face to face visit for review. If using SAF-T intima line change at visit.
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