Informal Carer Administration of Subcutaneous Injections in the Community for End of Life Care

Version:	4
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Name of executive lead:	Mary Lewis
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Applicable to

All registered clinicians who may be involved in teaching and supporting informal carers in administering subcutaneous injections in the community for end of life care.

This policy also applies to colleagues at St Peter's Hospice, Charlton Road, Brentry, Bristol BS10 6NL and Weston Hospicecare, Jackson-Barstow House, 28 Thornbury Road, Uphill, Weston-super-Mare, BS23 4YQ. Therefore any policy amendments and updated versions **MUST** be sent to St Peter's Hospice and Weston Hospice. Please email CQITeam@StPetersHospice.onmicrosoft.com and Community-team@westonhospicecare.org.uk

Executive Summary

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, community 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. There can sometimes be a considerable delay in administration of anticipatory medications which can be a concern for patients, their families/carers and healthcare professionals. This document provides guidance and frameworks to educate informal carer(s) (e.g. a family member or partner) to administer medication via a subcutaneous injection line or subcutaneous injection.

Implementation

Local cascade by managers - key points for implementation:

- Ensure all registered clinicians who may be administering or teaching others to administer subcutaneous injections maintain their competence.
- Ensure all registered clinicians who may be administering or teaching others to administer medication via a Saf-T-Intima device maintain their competence.

- Ensure all staff who provide health & care services are aware of the existence of the policy and how to access and implement it.
- Ensure all registered clinicians who may be using this policy are also aware of related policies.

This document can only be considered valid when viewed via Sirona's intranet site (eg Workplace). If this document is printed into hard copy or saved to another location you must check that the version number on your copy matches that of the one on-line. The document applies equally to full and part time employees, bank and agency staff.

Consultation Process

Key individuals involved in developing the document.

Name	Designation
Karla Smith-Bishton	End of Life Clinical and Operational Lead
Cara Oxley	End of Life Clinical Lead
Olivia Mitchell	End of Life Clinical Lead

Circulated to the following individuals/groups for consultation

Name of Individual & designation	Date approved
St Peters Hospice	18 July 2022

Details of approval by Lead Director

Director	Designation	Date approved
Mary Lewis		

Circulated to the following Committee for Ratification

Name of Committee(s)	Date ratified
End of Life Steering Group	29 July 2022
Professional Council	
End of Life Programme Board	29 July 2022
Medicine's Optimisation Committee	29 July 2022
Sirona People's Council	

Version Control

Version	Updated By	Updated On	Summary of changes from previous version
2	Olivia Mitchell & Karla Smith-Bishton	1st December 2022	**Section 2**: Scope now includes 'Patient has been assessed by a registered healthcare professional as actively deteriorating and in the last few weeks or days of life' **Section 4**: Following recent incident and feedback, have added the requirement for clinicians to upload copy of informal carer's assessment of competence and relevant documents to service user's health records (EMIS). **Applicable section:** now includes reference to St Peters Hospice and Weston Hospice care.

3	Karla Smith-Bishton	15 May 2023	**Section 4**: Flush volume changed from 0.2mls to 0.5mls. **Appendix 4:** Flush pre administering medication removed. Flush after administering drug changed to 0.5mls. **Appendix 5a, 5b & 5c**: Carer's authorisation chart; 0.2mls flush pre administering medication removed. Post administering medication volume changed to 0.5mls. **Appendix 6b Leaflet 0392**; updated to remove text relating to pre administration flush and increase post administration flush to 0.5mls.
4	Karla Smith-Bishton	TBC	**Section 2.1:** updated to clarify scope with regard to registered clinicians NOT employed by Sirona. **Sections 2.2, 2.8,4, 6.23, appendix 2:** Increase timescale from weeks and days to months, weeks and days and as a result including a review every three months. **Section 3:** Addition of a definition for Lead Clinician'.

Contents

1. Introduction

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, community 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.
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. It is usual practice for a community nurse to be called to administer subcutaneous injections as required for symptom control if the oral route is not possible. There can sometimes be a considerable delay in administration which can be a concern for patients, their families/carers and healthcare professionals. This document provides guidance and frameworks to educate informal carer(s) (e.g. a family member or partner) to administer medication via a subcutaneous injection line or subcutaneous injection.

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 informal carers administer other subcutaneous (S/C) medication such as Clexane/Insulin.

2. Scope

2.1 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. Should a Sirona employee become an informal carer within the scope of this policy, the whole process of this policy must be followed. Under no circumstances should an employee of Sirona care and health administer medication to a relative in their capacity as an employee of Sirona. Should another registered clinician employed outside of Sirona (eg a nurse who is employed by a secondary care provider or GP Surgery, or paramedic employed by SWAST) become an informal carer within the scope of this policy, the whole process of this policy must be followed. Under no circumstances should a registered clinician, who is employed by another organisation, be delegated the responsibility of administering medication relating to end of life care without following this policy. Sirona has a specific policy for Delegation of Duty – Adult Services. If the person feels they must administer any medication, it is for that person to make their own judgement, based on their own competence and professional accountability. This must be made explicitly clear.

2.2 Patient has been assessed by a registered 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 months, weeks or days of life. This will have been communicated to the patient and their relative/carer. This should be reviewed every three months.

2.3 This document relates only to informal carers giving medication via subcutaneous injection or via a subcutaneous line. 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 single port, can be inserted for the sole use of PRN (as required) medication or injections can be given using a needle. Therefore patients with a syringe pump might have two SC lines in situ, one for the Syringe pump and a second for PRN medication on the authorisation chart in appendix 5a, 5b or 5c. It is **NEVER** appropriate for a carer to change a syringe pump.

2.4 This document provides guidance to relevant registered 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.

2.5. The registered 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 clinician with appropriate competencies and experience to complete the teaching, competence assessment and insertion of the line.

2.6 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.

2.7 The registered clinician with appropriate competencies and experience will make an individual assessment whether a SAF-T intima line is required or if an injection using a needle directly into the skin is more appropriate for this patient.

2.8 Patient has been assessed by a registered healthcare professional as actively deteriorating and in the last few months, weeks or days of life. This will have been communicated to the patient and their relative/carer. This should be reviewed every three months.

3. 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).

PRN; As required.

Lead Clinician; For the purpose of this policy, the Lead Clinician is the person who is taking overall responsibility for initiating and leading on discussions about the process of an informal carer administering subcutaneous injections. This person might not be the clinician assessing the carer.

4. Roles and responsibilities

The Board
The Board remains accountable for health, safety and welfare of all service users.

Directors
The Medical Director and Director of Nursing will ensure all staff involved in end of life care are aware of this policy, ensure adequate training is given to allow staff to implement this policy safely, inform senior management if the policy is not being implemented appropriately.

Medicines Management
Medicines Management are responsible for review of clinical incidents reported in relation to the administration of subcutaneous fluids.

Team Managers and Advanced Clinical Practitioners
All clinicians who are able to administer subcutaneous injections are accountable for their practice and must ensure they maintain their competence in this skill. If they do not use the skill for an extended period of time, they must update their competence appropriately. Team managers should make sure:

- Staff have read and understood the policy, which is available on the intranet (e.g. Workplace).
- Staff have the necessary training and mentorship to complete competencies. A competent practitioner can mentor staff.
- Incidents and near misses involving subcutaneous injections are reported using Ulysses, the Sirona adverse event reporting system. This can be done via the Intranet (e.g. Workplace) home page.
- Any suspected adverse drug reactions are reported to the prescriber.
- Medicines are handled in accordance with all medicines management policies and that the necessary equipment and supplies are available.

Registered Clinicians
Registered Clinicians are required to:

- Ensure that they are aware of the contents of this policy and supporting policies and SOPs
- To identify appropriate training and development requirements, requesting training to develop skills within this policy.
- Deliver quality care and ensure that the needs of the service users are identified in accordance with best practice guidelines.
- To inform via line management the Medical Director and Director of Nursing / Director of Operations if the policy is not being implemented appropriately or requires amendment.
- Assess the service user for appropriateness (service user assessed as actively deteriorating and in the last few months, weeks or days of life) and duration of the prescribed therapy.
- Ensure that the service user consents to the treatment plan.

- Ensure that the service user is monitored appropriately.
- Ensure that the necessary records are kept.
- Ensure that the relevant appendices are completed and uploaded to the service user's medical records (EMIS) in a timely manner.
- Registered clinicians 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 their code of conduct. For registered nurses this would be The NMC Code (2018).
- Registered Health and Care Professionals (HCP's) who have the appropriate training and are sufficiently experienced to undertake this procedure must also adhere to their registered HCP body.
- Understand they are professionally accountable for their practice and must work within their competence.
- Registered Clinicians 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.
- Ensure that they have received the necessary training in relation to the solutions used and the administration procedures.
- Ensure that they maintain and update their professional knowledge and skills in the relevant area of practice.
- Ensure that incidents and near misses involving subcutaneous injections are reported using Ulysses, the Sirona adverse event reporting system.
- 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.
- Any community pharmacy should accept any unused medicines for destruction after death.

<u>Lead clinician</u>

- The lead clinician will identify and assess the suitability of the carer.
- It is the responsibility of the lead clinician to discuss and explain the procedure (Section 6 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 3 must be completed.
- The lead clinician will ensure the service user has been assessed by a registered healthcare professional as actively deteriorating and in the last few months, weeks or days of life. They will ensure this has been communicated to the service user and their relative/carer. This should be reviewed every three months.
- 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.
- The clinicians must provide an opportunity for the relative/carer(s) to express any fears, concerns and anxieties that they may have.
- It is the responsibility of the lead clinician or appropriate registered clinician to insert the subcutaneous device Saf-T intima single port needle, secure with a transparent film dressing and flush the line with 0.5ml water for injection. The registered clinician will also remove the Saf-T intima bung and replace it with a Bionector.
- It is the responsibility of the lead clinician or appropriate registered clinician to educate the relative/carer(s) to observe for signs of swelling, inflammation or leakage at the subcutaneous site and how to report theses signs to the community nursing team.

- It is the responsibility of the lead clinician or appropriate registered clinician to teach the carer(s) to consult the Carer Authorisation Chart (appendix 5a, 5b or 5c NB please chose the appropriate chart depending on the complexity of the patient) and ascertain the following, using this as a checklist:
    - Drug and dose
    - Interval of time between a further dose of the medication
    - Maximum number of dosages in 24 hours
    - Route of administration
- It is the responsibility of the lead clinician or appropriate registered clinician to show the carer how to record drug administration on the Community Palliative Care Drug Chart.
- It is the responsibility of the lead clinician or appropriate registered clinician to ensure the informal carer is aware of the process involved in the safe disposal of any unused/ excess ampoules.
- It is the responsibility of the lead clinician or appropriate registered 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 5a, 5b or 5c).
- 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).
- It is the responsibility of the lead clinician to inform the GP as continuing prescriber.
- 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
    - The lead clinician will ensure the relevant documents, assessments, checklist and consent form are uploaded to the service user's medical record (EMIS) in a timely manner

Prescriber

- 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 5a, 5b or 5c NB please choose the appropriate chart depending on the complexity of the patient).

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 – can be found Clinical Guidelines - St Peter's Hospice (stpetershospice.org)

5. Risk management

5.1 Participation of an informal carer(s) in administration of SC injections must be entirely voluntary. The registered 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 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 clinician can stop the carer administering SC injections if it has been assessed as not to be safe.

5.2 The registered 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.

5.3 An assessment of suitability must be completed by the registered clinician for each carer being considered prior to any administration of subcutaneous medication **(see appendix 2)** 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 ensure all documentation is in the home and record clearly on EMIS that it has been completed. An 'all organisations' alert **must** be added to EMIS to highlight carers have been trained, with the clinicians details and time.

5.4 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.

5.5 The consent form **(see appendix 3)** 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.

5.6 The carer must successfully complete a Competence Assessment **(appendix 4)** 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.

5.7 A prescriber must complete the Carers Authorisation Chart (**see appendix 5a, 5b or 5c). NB please choose the appropriate chart depending on the complexity of the patient**. 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.

5.8 Carers will be provided with a "Steps involved to administering a subcutaneous injection" form **(see appendix 6a and 6b)**, 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.

5.9 Registered clinician will ensure the Carers are provided with the appropriate equipment for administration of subcutaneous injections and appropriate disposal of sharps by the community service (usually the community nurse). This will include being taught the correct technique for sharps disposal.

5.10 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 (section 3, appendix 3). 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.

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

5.12 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.

5.13 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.

5.14 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.

5.15 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.

5.16 As outlined in the procedure the informal carer should contact the community 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)

5.17 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.

5.18 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.

5.19 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.

5.20 Reconstitution has not been covered in this policy as Diamorphine is not a first line medication.

5.21 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 the 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.

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

6.1 Identify the appropriate lead clinician for each patient for this process. This may be **any** registered clinician with appropriate competencies and experience. The lead clinician will follow procedure points 6.2 to 6.9 (suitability and consent). They may also proceed to complete procedure points 6.10 to 6.21 (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.

6.2 If it is in usual working hours seek agreement from a GP at the patient's practice and in all circumstances gain agreement from the community nurses for a carer to administer subcutaneous injectable medication.

6.3 Assess the patient and carers suitability. Complete check list in appendix 2. This must be completed by a Registered Clinician with appropriate competencies and experience (and not within first 12 months of registration).

6.4 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 take on this role.

6.5 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).

6.6 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.

6.7 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/Community Nurse Team (first line) or relevant hospice (second line) can be contacted 24/7 for advice

6.8 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 5.10**.**

6.9 The carer, patient and lead clinician must complete and sign the relevant sections of the consent form contained in appendix 3. Where there may be more than one carer administering subcutaneous injections to a patient, a separate consent form must be completed for each individual carer.

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

6.11 The competence assessment must **ONLY** be undertaken by a Registered 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 Clinician should complete procedure points 6.12 to 6.20.

6.12 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.

6.13 Teach the carer and then assess their competence in administering SC injections. Use the checklist provided in appendix 4 when assessing the carer's competence. It is recognised that full completion of this policy is likely to require more than one visit. It is recommended that the carer observe a SC injection being given prior to being assessed. The focus should remain on attaining competency and not compressing competency acquisition in a short a time as possible. Where more than one carer will be administering injectable medication a separate checklist must be completed for each carer. If the preferred method of administration is by injection rather than SAF-T intima line, injection method can be taught using appropriate injection training skin model.

6.14 The appropriate registered clinician will teach the carer the correct procedure by following the steps in the competency assessment (appendix 4). They may teach either administration via the single port SAF-T intima line or subcutaneous injection using a needle, depending on the individual assessment, and carer preference.

6.15 The appropriate registered clinician will:

- 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.
- Arrange for change of the line every 7 days.
- Ensure the Carer's Authorisation Chart (Appendix 5a, 5b or 5c NB please choose the appropriate chart depending on the complexity of the patient) and Community Palliative Care Chart are completed by a prescriber and correlate with each other. If the prescriber is not a GP, then inform the GP and check they are happy with the plan.

6.16 Provide support and guidance for the carer. Provide the carer(s) with the 'Steps involved in administering a subcutaneous injection (see appendix 6a and 6b) and the 'Carers Authorisation Chart' (see appendix 5a, 5b or 5c NB please choose the appropriate chart depending on the complexity of the patient). 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.

6.17 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.

6.18 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.

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

6.20 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".

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

6.22 The informal carer should contact Sirona Single Point of Access (SPA) or Community Nursing 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.
- They no longer wish to give the subcutaneous injections.

6.23 Carers who are administering subcutaneous injections must receive face to face visit from a Community Nurse/appropriate registered clinician from the 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

6.24 If at any time a carer wants to stop giving subcutaneous injections, reassure them this is fine. Inform community 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.

6.25 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. Sensitively inform the patient and carer of this; then inform community 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.

6.26 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.

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

7. Monitoring compliance

Clinical staff within Sirona Care & Health and other organisations must ensure they are confident and competent to undertake subcutaneous injections. Clinical staff must also be up to date with their clinical supervision.

Clinical or practice supervision/reflection involves a member/members of staff reflecting on the work they do, guided by a skilled supervisor. Clinical or practice supervision/reflection can be run as individual one-to-one sessions or in groups.

Minimum requirement to be monitored	Lead	Frequency of Report of Compliance	Reporting arrangements	Lead(s) for acting on Recommendations
Audit of patient records	EOL SASS	6 monthly	Audit records using a combination of data via BI and Ulysses audit tool	EOL SASS Team
Record of staff supervision	EOL SASS	6 monthly	Staff record of supervision on Ulysses	EOL SASS & INT Managers
Accuracy of links and information	EOL SASS	3 monthly	Checking of links and information	EOL SASS

8. Links to procedural documents

- Anticipatory Prescribing of 'Just in Case' medication for symptom control in the last days of life in the adult community palliative care patients. BNSSG. Policy and relevant resources available at Clinical Guidelines - St Peter's Hospice (stpetershospice.org)
- Local Safeguarding policy
- Local Mental Capacity Act policy
- Local Incident Reporting policy
- Supervision Policy
- End of Life Policy
- Guidelines for safer use of injectable medicines
- Medicines Management: Management and Administration (For registered healthcare professionals)
- Anaphylaxis Policy
- Consent Policy
- Injectable medicines: Guidance for the safer use
- The Royal Marsden Manual of Clinical and Cancer Nursing Procedures
- SOP: Use Of Saf-T-Intima in End of Life
- Controlled Drugs Policy

9. References

1. https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets
2. Misuse of Drugs Act 1971; Misuse of Drugs Regulations 2001
3. RCN (2020). Medicines Management. Available from: https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2020/january/009-018.pdf?la=en
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
11. Mental Capacity Act. (2005). Available: https://www.legislation.gov.uk/ukpga/2005/9/contents
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/Professi

onal%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/
15. Scottish Palliative Care Guidelines (2018) End of Life Care, Syringe Pumps. Available: https://www.palliativecareguidelines.scot.nhs.uk/guidelines/end-of-life-care/syringe-pumps

Appendix 1 Policy Implementation Plan

Policy Ref:	
Policy Name:	Informal Carer Administration of Subcutaneous Injections in the Community for End of Life Care
Name of Author/Originator:	Originated from the BNSSG document co-authored by Caroline Mundy / Dr Dida Cornish / Katie Versaci / Dr Kate Rush / Claire Daniels. Transferred to Sirona Policy by Karla Smith-Bishton
Date Ratified at Professional Council/Quality	31st August 2022

A Policy needs to be communicated clearly and easy to interpret if it is to be implemented effectively.

To guide the implementation that will be needed, you should consider the following questions:

a) Does the Policy require a change to current practices?
No

b) Who are the key stakeholders that need to be informed of the Policy?
St Peter's Hospice, Sirona clinicians and INT Managers, Weston Hospice

c) How do you get staff engaged ensuring that they have read and understood the Policy?

During in-reach, EOL Link Practitioner & Champion roles and meetings.

d) How are you going to monitor that the Policy has been implemented into practice effectively?
As outlined in monitoring compliance section of policy

e) Do you have an Audit tool attached to the Policy? YES **NO**

f) How will the policy and processes be accessible to the end user? (Consider the Accessible information Standard)

Provision of appropriate leaflets

Implementation processes

Implementation Plan	
Completed By (Policy Lead): **Date:**	19/12/22 EOL SASS

Appendix 2 Equality Impact Assessment Tool

Name of the policy/service/strategy: Informal Carer Administration of Subcutaneous Injections in the Community for End of Life Care
Author(s) or Lead Person carrying out this assessment: Olivia Mitchell
Job title(s) and directorate: Clinical Lead, End of Life Specialist Service
Date: 19/12/22

1. What are the main aims, purpose and outcomes of the policy/service/strategy?
The policy sets out clear guidance for clinicians when considering the implementation of informal carers administering subcutaneous injections in the community within the scope of end of life care.

2. Is this policy/service/strategy:		
New	Existing	**Up-dated**
Joint partnership	State partnership name and lead body_____	

3. Who is this policy/service/strategy likely to have an impact on?			
Patients	**Carers**	Visitors	**Staff**
Other (state who) _____			

4. Please describe how the service/policy/strategy may advance equality of opportunity, eliminate discrimination and foster good relations between different groups
The policy's inclusion criteria does not favour specific disadvantaged groups but is inclusive of all groups.

5. Assessment of the effects of the service/policy/strategy on the protected characteristic groups				
Does the service/policy/strategy have a negative, positive or neutral impact on each of the protected characteristics listed below? Please mark with an 'x' in the relevant column. Clear comments that explain your rationale for each group must be provided. *Please note that for many individuals and groups there may be multiple layers of how people experience discrimination, e.g. people can be part of more than one group so consider this in your analysis.*				
Protected Characteristic	**Negative**	**Positive**	**Neutral**	**Comments**
Age [Children and Young people 0 to 19; Older People 60+]			x	
Disability [Physical Impairment; Sensory Impairment; Mental Health; Learning Difficulty; Long-Term Condition]			x	
Gender Reassignment [Trans people]			x	

5. Assessment of the effects of the service/policy/strategy on the protected characteristic groups				
Does the service/policy/strategy have a negative, positive or neutral impact on each of the protected characteristics listed below? Please mark with an 'x' in the relevant column. Clear comments that explain your rationale for each group must be provided. *Please note that for many individuals and groups there may be multiple layers of how people experience discrimination, e.g. people can be part of more than one group so consider this in your analysis.*				
Protected Characteristic	**Negative**	**Positive**	**Neutral**	**Comments**
Race			x	
Religion or Belief			x	
Sex (Male or Female)			x	
Sexual Orientation [Lesbian, Gay or Bisexual]			x	
Pregnancy & Maternity			x	

5. Assessment of the effects of the service/policy/strategy on the protected characteristic groups				
Does the service/policy/strategy have a negative, positive or neutral impact on each of the protected characteristics listed below? Please mark with an 'x' in the relevant column. Clear comments that explain your rationale for each group must be provided. *Please note that for many individuals and groups there may be multiple layers of how people experience discrimination, e.g. people can be part of more than one group so consider this in your analysis.*				
Protected Characteristic	**Negative**	**Positive**	**Neutral**	**Comments**
Marriage & Civil Partnership			x	
Other disadvantaged groups			x	

6. Next Steps
Does the Service/Policy have a negative impact on any protected characteristics? Yes **No**
If yes to above, please ensure you complete a robust action plan as Appendix A to this template. Action Plan attached? Yes No **N/A**
Date assessment completed: 19/12/22
Review date: 30th August 2025

Action Plan Example

Action Plan				
Protected characteristics with negative impact	Actions	Responsible person	Timeframe/ target date	Measure of success

Appendix 2: Criteria for suitability of carer administration of subcutaneous injection - 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 months, weeks or days of life. This will have been communicated to the patient and their relative/carer. This should be reviewed every three months.	
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 contraindicate carer-administration of medication (e.g. where either the patient or carer can assume this practice intentionally hastens death).	
13	The patient is on a complicated drug regime	
14	Where there is no suitable place for medications to be stored	
15	There are safeguarding concerns regarding the patient &/ or carer(s).	
16	The patient is known to be positive for HIV / viral Hepatitis.	

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

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

Healthcare professional completing assessment

Signature……..

Print Name……

Job Title…….....

Telephone Number……..

Employer……
Date completed……

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

Name……..
Base……

Details of Community Clincian (Sirona) whom this discussion has occurred with:
Name……..
Base……

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

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

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

Appendix 3 - Consent form

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 or if I have concerns and have their contact numbers.	
I have been provided with a "Carer's Authorisation Chart" to administer as required subcutaneous injections" form and need to comply with its contents.	
I have been taught how to complete the Community Palliative Care Drug Chart	
I am aware that I can relinquish this role at any time.	
I am aware that I am only to give up to 3 injections in a 24 hour period without seeking further advice	
I will phone the Community Nurses via Sirona Single Point of Access (SPA as a first line) or relevant local hospice (second line) in the following circumstances: • 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 4 - Competence Assessment (Please complete a separate assessment for each carer)

To be completed by the Assessing Registered Healthcare Professional

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

Place of work …… Telephone Contact Number ……

Patient's Name ……

Address ……

DOB: …… NHS Number:

……

Carer's Name ……Date of assessment ……

Carer's relationship to patient:……..

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

		Initial	
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 do not use and return to a pharmacy)			
Ensures drugs are stored appropriately and away from sun light.			
Draws up correct drug dosage using correct needle (NB: If patient does not require medication at this time please demonstrate using water for injection)			
Ensures no more than 2mls in volume is administered via sub-cutaneous route at one time			
Expels air correctly from syringe.			
Removes needle from syringe and disposes of needle safely.			
EITHER:			
Cleans Bionector with alcohol wipe and waits for this to dry			
Connects syringe to Single port Saf-T-intima line correctly & expels the drug			
Flushes line after administering the drug with 0.5ml sterile water for injection			
OR:			

****** **This can be assessed by a registered clinician when the patient is requiring 'as-needed medication', such as the first time an injection is require and therefore supervised by a registered clinician at that time, OR by use of the skin model. ****			
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 or have given three injections within 24hours.			
Knows how to immediately respond to a needle stick injury and how to seek help following.			

All stages above need to be met to meet competence.

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

Healthcare professional (s)completing assessment

Signature:……

Print:……

Name:……

Job Title:……

Telephone Number:……

Employer: ……

Date completed:……

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

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

Appendix 5a Carer's Authorisation Chart to administer as required subcutaneous injections for palliative care patients on opioids or with eGFR <30

(Note standard antisecretory and sedative medication-use blank chart if prescribing an alternative)

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**
Water for injection	**Flush of saf-t-intima device if used**		0.5mls post administering medication	SC		
	PAIN	*Low*:		SC	1 hour	If *low* dose not effective call for advice* before giving high dose.
		High:				
	NAUSEA/ VOMITING					
Alternative	**NAUSEA/ VOMITING 2nd choice if needed**					
Midazolam 10mg/2ml	**AGITATION/ RESTLESSNESS**	*Low*: 2.5mg	0.5ml	SC	1 hour	If *low* dose not effective call for advice* before giving *high* dose.
		High: 5mg	1ml			
Hyoscine butylbromide 20mg/ml	**RATTLY BREATHING**	20mg	1ml	SC	2 hours	
	BREATHLESSNESS OR PERSISTENT COUGH			SC		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.

- Choose the appropriate chart 5a, or 5b, or 5c depending on the complexity of patient
- **Doses to be as simple as possible think about vial sizes**.
- Carers to record doses on Community Palliative Care Chart used by Community 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 5b - Carer's authorisation chart to administer as required subcutaneous injections for opioid naive palliative care patients with 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:**
Water for injection	**Flush of saf-t-intima device if used**		0.5mls post administering medication	SC		
Morphine injection 10mg/ml	**PAIN**	Low: 2.5mg	0.25mls	SC	1 hour	If low dose not effective call for advice* before giving high dose.
		High: 5mg	0.5mls			
	NAUSEA/ VOMITING			SC		
	NAUSEA/ VOMITING 2nd choice if needed					
Midazolam 10mg/2ml	**AGITATION/ RESTLESSNESS**	Low: 2.5mg	0.5mls	SC	1 hour	If low dose not effective call for advice* before giving high dose.
		High: 5mg	1ml			
Hyoscine butyl-bromide 20mg/ml	**RATTLY BREATHING**	20mg	1ml	SC	2 hours	
Morphine injection 10mg/ml	**BREATHLESSNESS OR PERSISTENT COUGH**	2.5mg	0.25mls	SC	1 hour	If breathless, open a window, sit upright.
	OTHER:					

SC=subcutaneous injection either into Single port 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.

- Choose the appropriate chart 5a, 5b or 5c, depending on the complexity of patient
- **Doses to be as simple as possible think about vial sizes**.
- Carers to record doses on Community Palliative Care Chart used by Community 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 5c – Carer's authorisation chart to administer as required subcutaneous injections for complex palliative care patients

Blank no prepopulated drugs for complex patients

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**
Water for injection	**Flush of saf-t-intima device if used**		0.5mls post administering medication	SC		
	PAIN	*Low*:		SC	1 hour	If *low* dose not effective call for advice* before giving high dose.
		High:				
	NAUSEA/ VOMITING					
Alternative	**NAUSEA/ VOMITING 2nd choice if needed**					
	AGITATION/ RESTLESSNESS	*Low*:		SC	1 hour	If *low* dose not effective call for advice* before giving *high* dose.
		High:				
	RATTLY BREATHING			SC		
	BREATHLESSNESS OR PERSISTENT COUGH			SC		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.

- Choose the appropriate chart 5a, 5b or 5c depending on the complexity of patient
- **Doses to be as simple as possible think about vial sizes**.
- Carers to record doses on Community Palliative Care Chart used by Community 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 patients home for use by the carer)

0393 Giving a subcutaneous injectio

Appendix 6b Steps involved in administering a subcutaneous injection via a single port Saf-T-Intima line (to be left in the patients home for use by the carer).

0392 Giving a subcutaneous injectio

Appendix 7 – Information leaflet for carers giving subcutaneous injections

Giving medication by injection.pdf

Giving injections as medicine.pdf

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.