

# ASSESSMENT OF THE ADMINISTRATION OF A SUBCUTANEOUS INJECTION VIA AN INJECTION LINE

## To be completed by the Delegating Nurse

Carers Name .....

Name of Assessor ..... Designation .....

Assessor Base ..... Telephone Contact Number .....

Patient's Name .....

Address .....

Date .....

This assessment form should be completed by the carer and assessor together for each episode of supervised practice. Each stage will be initiated when both the carer and assessing nurse agree competence has been achieved.

<b>Section A</b>		<b>Initial</b>	
		<b>Carer</b>	<b>Nurse</b>
Is able to name and identify specific drug being used and main potential side effects.	<b>Y/N</b>		
Is aware of how and who to contact in the case of queries or untoward events.	<b>Y/N</b>		
Is able to identify potential problems with injection site and their likely causes.	<b>Y/N</b>		
<b>Section B (OBSERVATION)</b>			
Washes hands before preparing drugs and equipment required for the injection.	<b>Y/N</b>		
Before giving the medication, check the injection site for redness, swelling or leakage.	<b>Y/N</b>		
Drug preparation and dosage checked against patient's prescription	<b>Y/N</b>		
Expiry date on drug preparation checked (if expired –discard)	<b>Y/N</b>		
Drug is stored at room temperature away from sun light.	<b>Y/N</b>		
Correct drug dosage drawn up.	<b>Y/N</b>		
Air expelled correctly from syringe	<b>Y/N</b>		
The needle is removed from the syringe and disposed of safely.	<b>Y/N</b>		
The syringe is connected to the giving set correctly and the drug expelled.	<b>Y/N</b>		
After the injection, the site is re-checked for redness or leakage.	<b>Y/N</b>		
The syringe and needle are disposed of safely.	<b>Y/N</b>		
The line is flushed with 1ml sterile water for injection.	<b>Y/N</b>		

Documents that the injection has been given, recording the time, drug, dosage, signature and number of ampoules remaining	<b>Y/N</b>		
Knows when to seek help/advice and how to obtain this. For example, symptoms are not controlled and they feel unable to give the injection.	<b>Y/N</b>		

**All stages need to be met to meet competence.**

**The carer/patient is competent to undertake a subcutaneous injection via an injection line.**

Signature ..... Designation .....

Date ..... Date Reassessment Due .....

**I, the carer/patient, have undertaken the above assessment and feel safe and confident in giving a subcutaneous injection via an injection line.**

Signature ..... Designation .....

Date ..... Date Reassessment Due .....

**Comments**

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