Bradford and Airedale NHS
Teaching Primary Care Trust

Subcutaneous Drug Administration by Carers (Adult Palliative Care)

October 2006

Approval Date: *November 2006*
Review Date: *December 2007*
Responsible Person: *Palliative Care Manager*

This procedure has been developed by the following people from adult services:

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The procedure is to be used within the adult care setting.

Auditing of the procedure

It is envisaged that this procedure will be utilised infrequently and will be, on the whole, carried out in the community setting. Taking this into account, the Palliative Care Manger will be responsible for auditing the use of the procedure. This will be undertaken on an individual basis, when the procedure is being utilised. A questionnaire will be sent to the professionals involved and to the patient/carer.

The results of the questionnaire will be fed back to the authors and will be used to inform the review of the document.

Review timescale

This document will be reviewed December 2007.

Purpose of the document

This document relates to carers or patients giving subcutaneous medication via an injection line, however, the procedure refers to the carer.

The document has been written for health care professionals working in the community, secondary care and hospice setting. Specialist palliative care professionals should always be consulted and included before implementing this procedure.

Health care professionals are now being approached by patients wanting their carers to administer subcutaneous drugs used for symptom control.

The need to implement this procedure should be patient/carer led and should not be imposed on the patient/carer by health care professionals.

In order to address the need of 24 hour effective symptom control, this procedure has been developed to give health care professionals a safe framework to work within when the patient's symptoms cannot be controlled by the usual methods, that is oral medication or 24 hour syringes drivers to promote patient choice.

Aim of procedure

To provide a safe framework for both health care professionals, carers and patients in the administration of an agreed subcutaneous injection via an injection line.

Expected outcomes

This guidance will facilitate effective symptom control, patient choice, carer involvement and effective palliative care. This will be delivered within a safe and supportive environment.

The registered nurse responsible for assessing and overseeing the patient's care is responsible for ensuring this procedure is administrated safely and is continually reviewed and monitored.

The registered nurse should ensure that the patient or carer administrating the injection has been deemed competent to do so using the step by step assessment procedure.

Implementing the procedure

It is not anticipated that this procedure will be relevant for all carers or patients to undertake and it is anticipated that this will only be used in exceptional circumstances.

In order to reduce risk, it is recommended that morphine, rather than diamorphine, is prescribed when implementing this procedure.

The decision for carers or patients to administer PRN subcutaneous medication in a palliative care setting should be made by the multidisciplinary team (MDT) consisting of the specialist palliative care nurse, a senior member of the nursing team and a representative from the medical team.

The community palliative care team manager must be notified that the procedure is being implemented. This is so that the manager can then audit the implementation of the procedure.

The MDT members should make a collective decision as to whether the patient, carer and circumstances meet the suitability criteria.

It is important that the patient, carer and family are also involved in this process and contribute to such discussions and decision making. Such discussions must address how the carer feels about undertaking such a task and the giving of injections in order to relieve symptoms when the patient is close to death.

It must be made clear to the patient and carer that they are able to discontinue this procedure at any moment.

Contact numbers for both in and out of hours must be given to the carer.

The MDT should identify the person responsible for teaching the procedure and the person responsible for monitoring and supporting the carer through the implementation of the procedure. This will usually be a senior first level nurse and in the community setting will be the district nursing team leader.

The carer/patient can only administer a maximum of 4 prescribed injections via the line in 24 hours.

If the patient's symptoms mean that further medication is required then the General Practitioner of medical team responsible for the care of the patient will need to be contacted.

Criteria for suitability

Patients with unpredictable symptoms where continuous medication, that is a 24 hour syringe driver, would produce undesirable side effects, for example, drowsiness.

Patients who may require a stat dose of a medication in an anticipated emergency, for example, fitting.

Patients who are self caring and do not want to be dependent on a health care professional administering their medication.

Patients who choose not to have a syringe driver, but prefer their pain relief to be controlled by PRN subcutaneous administration or have a syringe driver in place and require PRN medication.

The patient would like the carer to undertake the procedure.

The carer is mature enough to cope with the procedure.

The willingness and capability of the carer to undertake the procedure has been ascertained.

Criteria that might prevent suitability:

The carer is a known drug user.

There are relationship issues between the patient and carer.

There is concern that the carer will not be able to cope either physically or emotionally with undertaking the procedure.

The patient is on a complicated drug regime.

The age of the carer.

Practical procedure

Equipment

Patient information leaflet.
Prescription sheet and administration record.
25G injection line
Sterile film dressing
Supply of 2ml luerslip or luerlock syringes
Supply of blue needles
1ml ampoule of water for injection
Prescribed drug for PRN use
Sharps box

Action	Rationale
• Although this procedure will be used in the community setting, the decision that this procedure may be required could take place in the primary, secondary or hospice setting.	• To ensure safe transfer of care.

Action	Rationale
• Before the patient is transferred into the community setting both nurses responsible for the patient's care must liaise closely with each other to ascertain how much of the procedure has been taught. • Ideally the First Level Nurse should visit the patient and carer on the ward. However, it is acknowledged that this is not always possible or appropriate.	
• It is the responsibility of the designated nurse to explain the procedure to the carer, and in addition the importance, relevance, action and possible side effects of the prescribed drug. • These side effects should be listed in the information leaflet	• To fully inform the carer/patient to enable them to make an informed choice. • To ascertain their willingness to undertake the procedure.
• The carer should be taught to consult the pink "carer/patient prescription sheet" before administrating the medication and use the following as a check list; Drug and dose Date and time of administration Interval of time between a further dose of the medication Route and method of administration The prescription sheet has been signed and dated by a doctor/non medical prescriber.	• To ensure the patient is given the correct drug at the prescribed dose and by the correct route. • To protect the patient from harm • To comply with NMC guidelines for administration of medicines (2004).
• The carer will have received an explanation and demonstration on; Hand washing Drawing up the prescribed medication as indicated on the prescription sheet Administering the medication via the injection line Flushing the injection line with 1ml of water for injection Correct disposal of sharps	• To demonstrate a safe procedure • To ensure the patient is given the correct drug at the prescribed dose and by the correct route. • To minimise infection • To protect the patient from harm • To comply with NMC guidelines for administration of medicines (2004) • To flush any remaining irritating solution away from the line and ensure that the patient receives the full dose of the medication.

Action	Rationale
Accurate documentation of drug administered.	• To ensure safe disposal, avoid needle stick injuries and re usage of single use equipment.
• The First Level Nurse will complete assessment sheet with the carer who is administrating the medication.	• To ensure all of the above . • To ensure that the carer feels competent and is deemed competent to undertake the procedure.
• It is the carer/patient who is responsible for administrating the medication to maintain an accurate record of the date, time, route, dosage, the number of injections given and be able to account for the medication used for this purpose.	• To maintain accurate records which provide a point of reference in the event of queries and prevent duplication of treatment.
• The First Level Nurse will explain to the carer that they may only administer a maximum of 4 injections within a 24 hour period without contacting their GP or district nurse.	• To provide guidance to the carer.
• The carer will be given an information leaflet. The leaflet will contain; Any possible side effects the prescribed drug may cause. Named nurse. Contact numbers to be used for further advice both in and out of hours.	• To provide information on back up services.
• The First Level Nurse will ensure that it is clearly marked in the patients care plan and at the front of the notes that this procedure is in operation. • The First Level Nurse will complete a “hand over form” for out of hours services notifying them that this procedure is in operation.	• To ensure all other services are aware this procedure is in place.
• It is the responsibility of a member of the MDT to discuss the issue of the “last injection” with the carer and what to do if they feel they are no longer able to carry on with the procedure. The team member must feel confident in discussing this with the carer.	• To ensure the carer understands the procedure expected of them. • To provide guidance to the carer on what might happen. • To ensure the carer feels safe and supported and knows how to contact services both in and out of hours.
• The First Level Nurse **must** visit at least daily to support the carer and to evaluate the effectiveness of care, involving any other services as appropriate.	• To ensure the procedure continues to be undertaken safely.

Action	Rationale
• During this visit the nurse will check the documentation and check the balance of ampoules is correct. Any new stock will be added to the total.	• To ensure good communication is maintained between carer and health care professionals.
• It is paramount that the First Level Nurse continually liaises closely with all relevant members of the primary health care team and all out of hours services to ensure any changes necessary are made and that these are communicated back to the relevant teams.	• To ensure continuity of care. • To ensure patient safety.
• In the event of death or the drugs are no longer in use the procedure for "Disposing of Patients Own Palliative Care Medicines" should be followed; The patients family should be asked to return the drugs to the pharmacy. If the relatives are unable to do this the pharmacist may be able to collect them. If neither option is available then the nurse can dispose of the drugs asking the patients relatives/responsible person/colleague to witness the disposal signing the nursing record.	• To comply with the PCT's guidance on "Disposal of Patient's Own Palliative Care Medicines". • Please refer to Bradford and Airedale Syringe Driver Policy 2004.

References

NMC Guidelines for the Administration of Medicines (2004)

Bradford and Airedale PCTs Syringe Driver Guidelines (2004)