

Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Policy

Author	Nurse Consultant Specialist Palliative Care
Responsible Lead Executive Director	Executive Director for Nurses and Allied Health Professional
Development & Approval Group or Team	Short Life Working Group for Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care
Endorsing Body	Specialist palliative care governance committee
Governance or Assurance Committee	South health and social work governance group
Implementation Date	October 2025
Version Number	2
Review Date	July 2027
Responsible Person	NHSL Nurse Consultant SPC and Macmillan Area Lead Pharmacist



NHSL is required by the Equality Act (2010) and its Public Sector Equality Duty (PSED) to evidence due regard to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance Equality of opportunity between different groups
- Foster good relations between different groups

In line with this Duty and recognising additional responsibilities as set out in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, this Policy has been Equality Impact Assessed and the resulting assessment published on the NHSL website.

CONTENTS

- i) Consultation and Distribution Record**
- ii) Change Record**

1. INTRODUCTION

2. AIM, PURPOSE AND OUTCOMES

3. SCOPE

4. PRINCIPAL CONTENT

5. ROLES AND RESPONSIBILITIES

6. RESOURCE IMPLICATIONS

7. COMMUNICATION PLAN

8. QUALITY IMPROVEMENT – MONITORING AND REVIEW

9. EQUALITY IMPACT ASSESSMENT

10. SUMMARY OF POLICY / FAQs

11. CHECKLIST

12. REFERENCES

13. REGULATORY BODIES

14. APPENDICES

CONSULTATION AND DISTRIBUTION RECORD	
Contributing Author / Authors	Nurse Consultant Specialist Palliative Care Consultant in Palliative Medicine Macmillan Area Lead Pharmacist Palliative Care Specialist Palliative Care (SPC) Team Lead Team Leader, District Nursing North and South UHSCP Unison staff side/partnership representative District Nurse Senior Clinical Pharmacist Senior Nurse North and South UHSCP Lead MacMillan GP for Palliative Care NHS Lanarkshire Service Manager SPC Clinical Nurse Specialist (CNS) Integrated Community Support Team Manager Lead Nurse Specialist, District Nursing Equality and Diversity Manager
Consultation Process / Stakeholders:	• GP Sub Committee • Specialist Palliative Care Drugs & Therapeutic Group • Organisational Development: Equality and Diversity • Short Life Working Group for Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care • Partnership representatives • Area Drugs and Therapeutics • SPC Governance • Hosting Locality Governance Group • Joint Health and Care Governance Group (South UHSCP) • South UHSCP Support Care and Clinical Governance Committee
Distribution:	• NHSL Corporate policies page Clinical Services and Function NHS Lanarkshire

CHANGE RECORD			
Date	Author	Change	Version No.
Sept 2025	Susanne Gray	P 9-7 hyoscine hydrobromide changed to hyoscine butylbromide P 3 & 10 where policy can be found changed from changed from right decisions platform to NHS Lanarkshire corporate policies page	2

1. INTRODUCTION

This Policy aims to support patients, and/or informal carers, to administer prescribed subcutaneous medication by intermittent injection, if they wish to do so, in order to facilitate effective symptom control in people's own homes. This policy has been amended for use in NHS Lanarkshire from those developed in Greater Glasgow & Clyde, NHS Tayside and NHS Lothian Primary Care, NHS Grampian, Marie Curie Hospice and St Columba's Hospice (Edinburgh) and reflects clinical evaluation, current guidelines, expert consensus and feedback from staff, patients and informal carers. The policy details information regarding scope, roles and responsibilities for staff and aims to support patients, and/or informal carers.

There is a greater emphasis on supporting patients and/or informal carers to become genuine partners in the delivery of care (Strategic Framework for Action on Palliative and End of Life Care 2015, Every Story's Ending 2021). The South Lanarkshire, University Health and Social Care Partnership (UHSCP) Support Care and Clinical Governance committee reviewed and supports this policy, and its associated materials.

A crucial element of this support will be education and training to enable patients and/or informal carers to be adequately prepared to undertake the task confidently and competently. Current evidence suggest that educational interventions delivered face to face supported by written and/or other resources and appropriate follow up have the potential to improve patient, family and informal carer knowledge and self-efficacy for pain management (Poolman, Roberts, Wright, Hendry, Goulden, Holmes, Byrne, Perkins, Hoare, Nelson, Hiscock, Hughes, O'Connor, Foster, Reymond, Healy, Lewis, Wee, Johnstone, Roberts, Parkinson, Roberts and Wilkinson; 2020). This practice has been found to be safe, acceptable and welcomed (Poolman et al 2020).

2. AIM, PURPOSE AND OUTCOMES

This policy provides direction for staff working in NHS Lanarkshire Primary Care to support patients, and/or informal carers, to administer prescribed subcutaneous medication by intermittent injections if they wish to do so to facilitate effective symptom control.

This policy, and its associated materials, has been subject to literature review and comparison with evidence from other health boards / authorities across the UK.

This policy and associated guideline aims to:

- Facilitate effective symptom control and offer patient choice and informal carer involvement
- Afford patient and informal carers a greater understanding of the medicines prescribed, their indications, actions and side effects
- Assist healthcare professionals in the teaching and assessment of patient/informal carers in a consistent and safe manner.

3. **SCOPE**

3.1 **Who is the Policy intended to Benefit or Affect?**

This policy applies to adults receiving palliative care support at home in NHS Lanarkshire. It is anticipated that this policy will be relevant only to a small number of patients. **It is not intended that this will become routine practice.** The appropriateness will depend on the individual patient's circumstances.

3.2 **Who are the Stakeholders?**

A multidisciplinary Short Life Working Group, led by the Nurse Consultant and Macmillan Lead Pharmacist for palliative care, was established with representatives from across North and South Lanarkshire UHSCPs. Stakeholders included; Staff Side, Equality and Diversity, Patients and Carers, Lead Nurse Specialist, District Nursing, Specialist Palliative Care Consultant, Specialist Palliative Care Nursing lead, Specialist Palliative Care Pharmacy, Service Managers, and General Practice / Primary Care.

4. **PRINCIPAL CONTENT**

Health care professionals should adhere to medication policy and regulatory body standards. Assessment of patient / carer eligibility criteria, in the form of a risk assessment (Appendix 1), should be undertaken by an experienced Registered Nurse with the competence to perform this role in compliance with the NMC Code (2018). This may be undertaken in consultation with Specialist Palliative Care Services if the Registered Nurse would like support. Agreement should be sought from the patient's GP.

A separate risk assessment must be completed for each patient / carer involved. Assessment is intended to guide the clinician's approach to managing risk in light of the individual circumstances.

Eligibility Criteria

Inclusion Criteria - Patient factors

- Over 18 years of age
- Palliative diagnosis with limited prognosis
- Being cared for at home
- May require intermittent doses of breakthrough medication
- Wishes to self-administer medication, or have a designated informal carer do so
- Has capacity for decisions at the outset (or a Welfare Power of Attorney acting on his / her behalf)
- Provided informed consent (documented in the GP record and on Morse)
- Successfully completed the teaching guideline (Appendix 2), deemed competent by the registrant (requires reading, writing, numeracy skills and fine motor dexterity (Appendix 3))

- Consents to regular visits / support by a member of the MDT

Inclusion Criteria - Patient /Informal carer factors

- Willingness and desire to provide this informal service for the patient's benefit
- Successfully completed the teaching guideline (Appendix 2, available from patient information leaflets page on FirstPort) and deemed competent by the registrant (requires reading, writing, numeracy skills and fine motor dexterity (Appendix 3))
- Where the 'informal carer' is a health professional, they must also complete the teaching education guide and be deemed competent to undertake the procedure as per policy
- Consents to regular visit / support by a member of the MDT

Exclusion Criteria – Patient factors

- Health care professional assesses that the patient would not be able to administer the medication due to physical, cognitive, or emotional reasons
- Under 18 years of age
- Has not received or successfully completed the agreed training (Appendix 2)
- Concerns that the relationship between the patient and informal carer may compromise safety

Exclusion Criteria – Informal carer factors

- Carer is uncomfortable with the process or has been subject to coercion
- Health care professional assesses that the informal carer would not be able to administer the medication due to physical, cognitive, or emotional reasons
- Under 18 years of age
- Has not received or successfully completed the agreed training (Appendix 2)
- Concerns that the relationship between the patient and informal carer may compromise safety

Areas of Complexity

Certain complex issues will require MDT risk assessment of eligibility and/or safety of continuing with patient/informal carer administration of subcutaneous medication:

- A household where there is known or suspected person(s) with substance use disorder
- Patient lacks capacity to consent at outset, but there is a wish by informal carers to administer subcutaneous medications
- Patient / carer fails to adhere to the agreed plan of management or to maintain accurate drug administration documentation (trigger for an immediate review)
- The occurrence of a drug error (trigger for an immediate review)
- Any other cause for concerns the HCP may have

Medication Considerations

- Medications that can be administered are likely to be those available in the Just in Case Box (opioid, midazolam, levomepromazine, hyoscine butylbromide), but are not restricted to these four medications
- Medications that require to be reconstituted (e.g. Diamorphine) are excluded

- No dose ranges to be prescribed
- Each medication prescribed for a maximum of three subcutaneous doses per 24 hours, with guidance to seek advice and review if symptoms remain uncontrolled

Consent

The patient must offer informed consent to self-administration of subcutaneous medication (Appendix 4) / administration by a named informal carer (Appendix 5). If the patient lacks capacity and an Adults With Incapacity (AWI) in place, their welfare Power of Attorney (wPoA) can consent on their behalf.

In order for the patient and / or informal carer to give informed consent they require:

- Understanding of the rationale for the administration of intermittent subcutaneous injections
- Understanding of the possible benefits and risks
- Understanding of process to follow
- Explanation and opportunity to discuss that natural death may occur shortly after an injection (ensure all are comfortable with this potential outcome)
- Know how and when to get help (Appendix 6)
- Not feel pressured or coerced to consent
- Be familiar with existing medical and nursing services available, particularly during Out of Hours periods, so they understand that they are not obliged to adopt or to continue practicing this policy

5. ROLES AND RESPONSIBILITIES

5.1 Management Team

Managers are responsible for the effective implementation of the policy in their area or have responsibility to ensure that all staff are made aware of this policy.

Managers are also responsible for gathering information of protected characteristics of patients and informal carers for the equality monitoring form, and postcode which will inform the Scottish Index Multiple Deprivation Data (SIMD). Managers will then forward this information to the Macmillan Lead Pharmacist for Palliative Care who will collate and monitor the frequency of its use across NHS Lanarkshire Primary Care.

5.2 The Community Nursing Team

The Community Nursing team who may be required to support a patient/informal carer undertaking administration of subcutaneous intermittent medication administration, will need to meet the following standards:

- Know how to access the Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Policy and Guidance.

- Demonstrate knowledge and application of the Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Policy, Teaching Guidance and Information sheet and acknowledge that this should be adhered to regardless of the patient/informal carers' professional background.
- Know how to access the NHS Scotland Palliative Care Guidelines (2019) [Scottish Palliative Care Guidelines | Right Decisions](#) and local sources of help and information including the general practitioner, pharmacy and specialist palliative care services in and out with normal working hours. Provide appropriate information and support to enable the patient and/or informal carer to participate in decision-making and care, as able and desired.
- Be willing to train the patient / carer in the process of subcutaneous medication administration.
- Explain to patient / carer that partially used or empty ampoules should be disposed of directly into the sharps box.
- Responsible for removing and disposing of sharps boxes and any unused equipment and must give the sharps disposal leaflet to the patient and or carer- http://firstport2/resources/patient-info-leaflets/Documents/XS%20PIL.SHPMGT.24_12777.L.pdf
- Educate the patient / carer on the Prevention and Management of Blood-borne viruses (BBV) <https://www.hse.gov.uk/biosafety/blood-borne-viruses/index.htm>
- Inform their Team Lead if they have a patient or informal carer undertaking intermittent subcutaneous injection of medication using this policy.
- Undertake drug reconciliation of all subcutaneous medications at least once weekly (more frequently if necessary, as per risk assessment), and record stock on Morse notes.
- Ensure carers/families know to return unused medications to the community pharmacy.

5.3 Multi-disciplinary Team (MDT)

A collective decision to implement the policy should be made by the multi-disciplinary team including; the patients GP, District Nurse (DN) and may include a Specialist Palliative Care team member. A named professional caring for the patient, most likely to be the Community Nurse, should be identified as the person responsible for teaching, monitoring and supporting the patient and/or informal carer.

Once the patient / carer consent, risk assessment and record of completion of teaching has been completed the registered nurse should ensure that all documentation is recorded in Morse and sent to the GP practice for record. The registered nurse should ensure:

- The risk assessment, consent form and record of competency of teaching should be uploaded to Morse clinical records.
- An ALERT and significant event should be recorded on the patient's Morse clinical record.
- The original copies should be stored in the patient's Community Nursing Folder along with the Community Palliative Care Prescription Record.
- Copies of the risk assessment and consent should be emailed to the GP practice for upload to Docman. An entry should be made in the KIS Special Notes "Patient / Carer can administer intermittent medication"

Any concern by any member of the healthcare team should be raised with the multidisciplinary team.

The General Practitioner must be involved in the MDT discussions. The decision to implement the policy must have their agreement as ongoing prescriber/s.

6. RESOURCE IMPLICATIONS

This policy will require time of the MDT at the outset to ensure successful and safe implementation. Investment of time will be required from community nursing services to support patients and carers to achieve and maintain competence. This may be offset by potential time saved to respond to care visits. No financial implications are anticipated.

7. COMMUNICATION PLAN

This policy, and associated materials, will be distributed to Nurse Directors and Medical Directors in North and South Lanarkshire for cascading to all clinical areas providing palliative and end of life care.

To support ongoing access, the policy, and associated materials, will be available on NHSL Corporate policies page [Clinical Services and Function | NHS Lanarkshire](#)

8. QUALITY IMPROVEMENT – MONITORING AND REVIEW

The following arrangements will be made to audit and monitor the effectiveness of this policy and its associated materials:

- It will be the primary responsibility of service managers and senior nurses to initiate audits in their local area, to measure the impact of the policy, and associated guidance, on practice. Feedback forms for the patient (Appendix 7), the informal carer (Appendix 8) and staff (Appendix 9) are available.
- Any concerns raised regarding the policy, or complaints from use of the policy, should be directed to the Nurse Consultant and the Macmillan Lead pharmacist for palliative care
- Local policies for risk management, reporting and medicines should be followed
- Complaints will be monitored through the NHS Lanarkshire Complaints Procedure
- The policy will be reviewed every three years
- Nurses must ensure that accurate documentation is maintained at all times in accordance with the Nursing and Midwifery Council (2018) The Code: Professionals Standards of Practice and Behaviour for Nurses and Midwives, London

9. EQUALITY IMPACT ASSESSMENT

This policy meets NHS Lanarkshire's EQIA (tick box)



10. SUMMARY OF POLICY / FAQs

At this point there are no FAQs.

11. CHECKLIST

To be sent to Corporate policies:-

Copy of completed policy
Copy of EQIA
Copy of assurance process document for all policies
Copy of fast-track document if applicable

12. REFERENCES

1. Every Story's Ending

<https://www.palliativecarescotland.org.uk/content/publications/Every-Storys-ending.pdf>

2. GMC Good Medical Practice

[Good medical practice 2024 - GMC](#)

3. NHSL Safe Prescribing

[NHSL Medicines Guidance | Right Decisions \(scot.nhs.uk\)](#)

4. Sharps in Healthcare Regulations (2013)

[Health and Safety \(Sharp Instruments in Healthcare\) Regulations 2013 \(hse.gov.uk\)](#)

5. Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Policy (NHS GGC)

[Subcutaneous Medication Primary Care \(palliativecareggc.org.uk\)](#)

6. Policy and Staff Guidance on Patient and Informal Carer Administration of Subcutaneous Medication by Intermittent Injection – Adult Palliative Care (NHS Grampian)

NHS Grampian Policy and Staff Guidance on Patient and Informal Carer Administration of Subcutaneous Medication by Intermittent Injection - Adult Palliative Care

7. Patient and Carer Administration of Subcut Intermittent Medication Guideline (NHS Lothian)

[Patient and Carer Administration of Subcut Intermittent Medication in APC Guideline.pdf \(nhslothian.scot\)](#)

8. Professional Standards for Nurses including Record Keeping

[The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

9. The Royal Pharmaceutical society professional guidance in the administration of medicines in healthcare settings (2019 Reviewed January 2023)

[Admin of Meds prof guidance.pdf \(rpharms.com\)](#)

10. Framework for Action on Palliative and End of Life Care

[The Scottish Government Strategic Framework for Action on Palliative and End of Life Care \(2015\)](#)

11. Poolman, M; Roberts, J; Wright, S; Hendry, A; Goulden, N; Holmes, E; Byrne, A; Perkins, P; Hoare, Z; Nelson, A; Hiscock, J; Hughes, D; O'Connor, J; Foster, B; Reymond, L; Healy, S; Lewis, P; Wee, B; Johnstone, R; Roberts, R; Parkinson, A; Roberts, S and Wilkinson, C (2020). [Carter administration of as-needed subcutaneous medication for breakthrough symptoms in people dying at home: the CARiAD feasibility RCT](#). Health Technol.Assess. 2020. 05. Vol.24(25), pp1-150.

12. Prevention and management of blood borne virus (BBV) exposure

[Dealing with an exposure incident - Blood borne viruses \(BBV\) \(hse.gov.uk\)](#)

13. **REGULATORY BODIES**

Regulatory bodies provide professionals with clear and more detailed advice.

General Medical Council (GMC)

The GMC advises that when a doctor delegates the care of a patient to a colleague, he/she must be satisfied that the person providing care has the appropriate qualifications, skills and experience to provide safe care for the patient.

Further advice is provided in the publication Delegation and Referral (2024) advises that if a doctor delegates care he/she is still responsible for the overall management of the patient.

Nursing and Midwifery Council (NMC)

The NMC advises that the nurse is responsible for the delegation of any aspects of the administration of medicines and they are accountable to ensure that the patient, informal carer or care assistant is competent to carry out the task. A record of the individual's training and assessment should be kept and all refresher or continuing education and training should also be routinely kept.

The NMC Code (Section 11) provides more detailed advice on delegation.

Carers who are registrants acting in this capacity are not covered by professional and organisational indemnity. If an error is made they should refer themselves to the NMC and inform their employer, their employer is not accountable but the individual is still accountable to the NMC.

APPENDIX 1 - Risk Assessment

Risk Assessment: Administration of Subcutaneous Medication via a Saf-T-Intima cannula.

This risk assessment should be undertaken by an experienced Registered Nurse with the competence to perform this role in compliance with the NMC Code (2018). This may be undertaken in consultation with Specialist Palliative Care Services. Agreement should be sought from the patient's GP. Guidance and support is available via community nursing team leads, senior nursing and Specialist Palliative Care Services.

A separate risk assessment must be completed for each person involved.

Each situation is unique and the following is intended to guide the approach to managing risk

Patient name / CHI:

Informal Carer name and address:

Informal Carer relationship to patient:

Confirm the following conditions are met:

(Patient/Informal carer-please delete as appropriate)

	Initial and date to confirm agreement (comments can be added below)
Multidisciplinary team agree policy implementation is appropriate	
Patient (or welfare Power of Attorney) agrees to patient/informal carer undertaking the procedure	
Alternative methods of administration have been considered	
Patient/informal carer is willing to undertake the task	
Patient and informal carers are both aged over 18 years	
Patient/informal carer has the mental capacity to undertake the task	
Patient/informal carer is physically capable of undertaking the task	

Confirm none of the following contraindications exist:

	Initial and date to confirm absence of contraindication
Known relationship issues/concerns between the patient and/or carers that may compromise safety.	
Concerns regarding potential for harm or misdirection of medicines.	

Known Infection Prevention and Control (IPC) concerns e.g. blood borne viruses	
Additional information/clinical judgment:	

Certain complex issues will require MDT risk assessment of eligibility and/or safety of continuing with patient/informal carer administration of subcutaneous medication:

1. Are there person(s) with substance use disorder in the household? – yes/no
If yes, provide details on MDT assessment of suitability of approving or declining policy implementation

.....

.....

.....

.....

.....

.....

2. Does the patient lack capacity to consent, but there is a wish by informal carers to administer subcutaneous medications? – yes / no

If yes:

Does the patient have an AWI? – yes / no

Does the patient have a documented wPoA? – yes / no

(if yes, name and relationship:))

Does the wPoA wish for subcutaneous medications to be administered by an informal carer? – yes / no

Please provide details on MDT assessment of suitability of approving or declining policy implementation

.....

.....

.....

.....

.....

Free comments

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

MDT Risk Assessment Decision

Members of the MDT who made the decision	Signature		
MDT decision			
Policy approved?	Yes		No

Details of the Registered Nurse documenting the risk assessment:

Name:

Signature:

Date:

APPENDIX 2 - Patient/Informal Carer Information Sheet



Administration of Subcutaneous Intermittent Medication

Information for patients and carers
Community Nursing Department

Uncontrolled when printed

You and/or your carer have let the community nursing team know that you would like to be able to give subcutaneous injections of medicines (medicines given into the tissue under the skin) to manage your symptoms in between nursing visits.

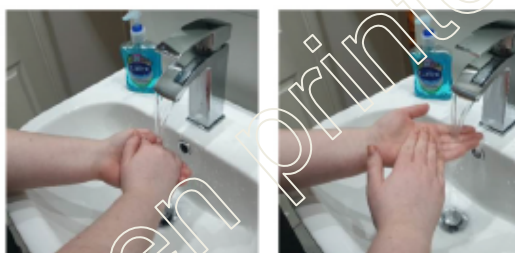
The team providing your care is happy to support you or your carer to do this. Your community nurse will use the information in this leaflet to help you become confident and able to give the injections.

Please remember you can change your mind at any time. The community nursing services can be contacted at any time, day or night, 7 days a week. Your community nurse will give you all the information you need including contact phone numbers (see the "When to get help" sheet).

2 Administration of Subcutaneous Intermittent Medication

Remember, if you have any concerns about any of the steps you can contact your community nurse using the numbers in your care plan.

1. Wash your hands with soap and water and dry well.



2. Assemble the equipment in a clean container. You will need:

- ❖ Medication(s) ampoule(s) as well as water for injection/normal saline for flushing.
- ❖ 1 or 2 ml Luer-lock syringes.
- ❖ Drawing up safety needle(s).
- ❖ Wipes for cleaning. These must be Chlorhexidine 2% with Isopropyl Alcohol 70% wipes. You need 1 wipe for each ampoule and 1 for the needle free device.



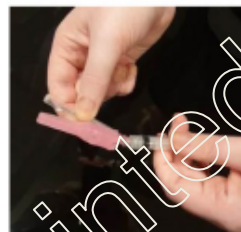
3. Check the injection site for:

- ❖ Redness.
- ❖ Tenderness.
- ❖ Swelling.
- ❖ Leakage.



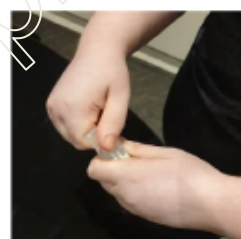
4. Attach the drawing up safety needle to the Luer-lock syringe.

- ❖ Take the syringe out of the packet.
- ❖ Put the safety needle onto the syringe using a twisting action until secure.



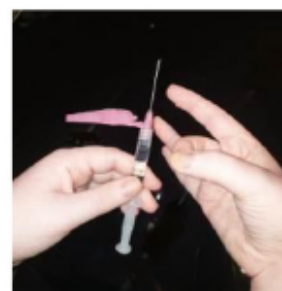
5. Clean and open the plastic or glass ampoule. Dispose of the broken off cap in the sharps box.

- ❖ Clean ampoules with chlorhexidine 2% with Isopropyl Alcohol 70% wipes.
- ❖ Use 1 wipe for the drug ampoule and another wipe to clean the flush ampoule.
- ❖ Leave the clean ampoules to dry for 30 seconds.
- ❖ Then draw up the drug or flush.



6. Drawing up medication from an ampoule:

- ❖ Place the ampoule in a position that is comfortable for you, such as between thumb and forefinger or turn the ampoule upside down. The medication should not come out of the ampoule when turned upside down.
- ❖ Insert the safety needle into the ampoule.
- ❖ Draw up the medication by slowly pulling back on the plunger of the syringe.
- ❖ Once the medication is removed from the ampoule, hold the syringe with the needle pointing upright.
- ❖ Flick the syringe with your finger to get all air bubbles to the top, then push the plunger up to expel the air bubbles from the syringe.
- ❖ Slowly push the plunger of the syringe upwards until you have the correct dose/ amount as instructed by the doctor/nurse.
- ❖ Close the safety needle cover by pushing it on a hard surface until it clicks.
- ❖ Dispose of the ampoule directly into the sharps container.



7. Give the injection into the cannula:

- ❖ Take the prepared syringe(s) in a clean container, and a sharps container to the person.
- ❖ Remove the safety needle and dispose of it into the sharps container.
- ❖ Swab the needle-free device at the end of the cannula with a chlorhexidine 2% with Isopropyl Alcohol 70% wipe.
- ❖ Leave for 30 seconds to dry.
- ❖ Insert the syringe into the needle-free device and turn clockwise until secure. Slowly push the plunger of the syringe until the barrel is empty.
- ❖ Remove syringe from the cannula by turning anti-clockwise and dispose of it into the sharps container.
- ❖ Repeat the process with 0.2mls of water for injection/normal saline after all medications have been given to flush the line (your nurse will tell you which to use).



8. Check the injection site for:

- ❖ Redness.
- ❖ Tenderness.
- ❖ Swelling.
- ❖ Leakage.



9. Record the medication(s) given in the Community palliative care prescribing record and check after 30 minutes that they have worked.

10. Safe storage and disposal of medication(s):

- ❖ Store medication(s) in a container in a cool place away from children and away from the view of the general public.
- ❖ Store sharps container out of reach as directed by your nurse.
- ❖ It is important to dispose safely of unused medication(s). Return unused medication(s) to your local pharmacist when they are no longer required.
- ❖ Your nurse will dispose of the sharps box and any unused needles and equipment.

CONFIDENTIALITY AND THE USE OF PATIENT INFORMATION

NHS Lanarkshire take care to ensure your personal information is only accessible to authorised people. Our staff have a legal and contractual duty to keep personal health information secure, and confidential. In order to find out more about current data protection legislation and how we process your information, please visit the Data Protection Notice on our website at www.nhslanarkshire.scot.nhs.uk or ask a member of staff for a copy of our Data Protection Notice.

NHS Lanarkshire - for local services and the latest health news visit www.nhslanarkshire.scot.nhs.uk
NHS Lanarkshire General
Enquiry Line: 0300 30 30 243

NHS inform - The national health information service for Scotland.
www.nhsinform.co.uk
Tel No: 0800 22 44 88

If you need this information in another language or format, please e-mail: Translation.
Services@lanarkshire.scot.nhs.uk



www.careopinion.org.uk

Based on a leaflet originally produced for NHS Greater Glasgow & Clyde - used with permission

Pub. date:	April 2024
Review date:	April 2026
Issue No:	03
Department:	Community Nursing
Clinical Lead:	

PIL.CAOISM.25_07054.L

APPENDIX 3 – Record of Competency from the Teaching Guideline

Record of Competency

<u>STEPS IN PROCEDURE</u>	<u>Discussed</u> (please initial and date when complete)	<u>Observed the Healthcare Professional</u> (please initial and date when complete)	<u>Performed with Supervision</u> (please initial and date when complete)	<u>Competent undertaking procedure</u> (please initial and date when complete)
Describe medicines to be administered, why they are being used, expected benefits and potential side effects; list medicines discussed:				
Demonstrate hand washing and discuss the importance of this				
List equipment required to administer subcutaneous medication				
Explain and demonstrate the preparation and administration of the medicine/s and flush				
Explain and demonstrate how to document medication/s given and discarded in the Community Palliative Care Prescribing Record				
Describe how to store and discard medication				
Explain when to seek advice and who to contact for advice				

Patient/Carer's Name:

Carer's Relationship to Patient:

Health Care Professional's Signature:

Designation:

Date of completion:

APPENDIX 4 - Responsibility and Consent Form - Patient Self Administration

Responsibility and Consent Form

Patients Name	
CHI Number	

Patient

- I consent to self-administration of subcutaneous medication
- I have received an explanation of the possible benefits and risks
- I do not feel pressured to do this
- I have been informed of, and understand, the medical and nursing services available 24 hours / day
- I understand the information I have been given

Patient Responsibilities:

- I will follow all policies and procedures as outlined in the training called guidance above

Name of Medication:

1.

I will not give any more than _____ injections in a 24-hour period

Name of Medication:

2.

I will not give any more than _____ injections in a 24-hour period

Name of Medication:

3.

I will not give any more than _____ injections in a 24-hour period

Name of Medication:

4.

I will not give any more than _____ injections in a 24-hour period

- I will not delegate this procedure to another person
- I will communicate any concerns or questions related to my care in a timely manner to the Community Nursing team or Community Palliative Care Nurse
- I will contact the community nursing team soon after I have administered an injection
- I will maintain a record of all medications I have administered using the documentation provided
- I will check expiry dates on supplies

- I understand that I can seek support from the community nursing team at any time
- I understand that failure to comply could result in withdrawal of this procedure.
- I understand that if a healthcare professional has any concerns about my ability to administer medicines, they will take over this role.

I _____ have had each of the above points explained to me and all of my questions have been answered to my satisfaction. I agree to comply with the terms and conditions stated and wish to participate in the self-administration of prescribed subcutaneous medication via safe intrathecal.

Date:

Patient Signature:

Registered Nurse's Signature:

APPENDIX 5 – Responsibility and Consent Form - Administration by an informal carer

Responsibility and Consent Form

Patients Name	
CHI Number	
Carer/Family Members Name	
Carer/Family Members Address	
Carer/Family Members Telephone Number	
Carer/Family Members Relationship to Patient	

Patient

Is the patient able to consent?	Yes		No	
---------------------------------	-----	--	----	--

If yes, please complete below

If no, please provide details in the risk assessment

- I consent to administration of subcutaneous medication by a named informal carer
- I have received an explanation of the possible benefits and risks, including the risk of a natural death occurring shortly after the administration of an agreed subcutaneous medicine
- I do not feel pressured to allow this
- I have been informed of, and understand, the medical and nursing services available 24 hours/day
- I understand the information I have been given

Patient Signature:

Carer Consent:

- I consent to administration of subcutaneous medication to a named patient/person
- I have received an explanation of the possible benefits and risks, including the risk of a natural death occurring shortly after the administration of an agreed subcutaneous medicine
- I do not feel pressured to do this
- I have been informed of, and understand, the medical and nursing services available 24 hours/day
- I understand the information I have been given
- I consent to my personal data (name, address and phone number) being recorded and stored in the medical notes of (insert patient name).

Carer Responsibilities:

- I will follow all policies and procedures as outlined in the training called guidance above

Name of Medication:

1.

I will not give any more than _____ injections in a 24-hour period

Name of Medication:

2.

I will not give any more than _____ injections in a 24-hour period

Name of Medication:

3.

I will not give any more than _____ injections in a 24-hour period

Name of Medication:

4.

I will not give any more than _____ injections in a 24-hour period

- I will not delegate this procedure to another person
- I will communicate any concerns or questions related to the patient's care in a timely manner to the Community Nursing team or Community Palliative Care Nurse
- I will contact the Community Nursing team soon after I have administered an injection
- I will maintain a record of all medications I have administered using the documentation provided
- I will check expiry dates on supplies
- I understand that I can seek support from the Community Nursing team at any time

I understand that failure to comply could result in withdrawal of this procedure.

I understand that if a healthcare professional has any concerns about my ability to administer medicines, they will take over this role.

I _____ have had each of the above points explained to me and all of my questions have been answered to my satisfaction. I agree to comply with the terms and conditions stated and wish to participate in the administration of prescribed subcutaneous medication via safe intrathecal to the patient named on this form.

Date:

Carer Signature:

Registered Nurse Signature:

APPENDIX 6 - When to Get Help

If you or your carer experience any of the following, then seek help from one of the contacts below:

- If your condition worsens or your symptoms do not improve after an injection seek help and advice as you may need a change in medication or dose
- If you are required to administer three doses of any of your medication in the previous 24-hour period, you will need to be re-assessed by a Health Care Professional to review your medication or dose
- If you, or your carer, are unsure about any aspect of giving a subcutaneous injection
- If you, or your carer, no longer wants to give the subcutaneous injections.

Contact Numbers

	Telephone number	Time contactable
Community nurse:		
Day		
Evening		
Night		
Palliative care nurse		
GP / General Practice		

This information may change and should be updated as appropriate.

APPENDIX 7 – Patient Feedback Form

Patient Feedback Form

NHS Lanarkshire introduced a policy and procedure to support patients and/or carers to give subcutaneous medications by intermittent injections to adult patients who are receiving palliative care.

Your feedback as a participant is essential in order to ensure the on-going quality and effectiveness of this policy: Please take a few moments to complete this form.

I inject(ed) medications myself

☐

I want(ed) to give myself the injections because:

	Excellent	Good	Satisfactory	Poor
The teaching guideline was: (Please tick one)				

Please explain your answer:

	Excellent	Good	Satisfactory	Poor
The support from staff was: (Please tick one)				

Please explain your answer:

The experience of participating in giving injections is/was on the whole (tick all that apply):

- Positive ☐
- Negative ☐
- Stressful ☐
- Beneficial ☐
- Reassuring ☐

Any other comments (please continue overleaf):

APPENDIX 8 – Carer Feedback Form

Carer Feedback Form

NHS Lanarkshire introduced a policy and procedure to support patients and/or carers to give subcutaneous medications by intermittent injections to adult patients who are receiving palliative care.

Your feedback as a participant is essential in order to ensure the on-going quality and effectiveness of this policy: Please take a few moments to complete this form.

I am a carer and I administered the injections

☐

I want(ed) to give the injections because:

	Excellent	Good	Satisfactory	Poor
The teaching guideline was: (Please tick one)				

Please explain your answer:

	Excellent	Good	Satisfactory	Poor
The support from staff was: (Please tick one)				

Please explain your answer:

The experience of participating in giving injections is/was on the whole (tick all that apply):

- Positive ☐
- Negative ☐
- Stressful ☐
- Beneficial ☐
- Reassuring ☐

Any other comments (please continue overleaf):

--

Uncontrolled when printed

APPENDIX 9 – Staff Feedback Form

Staff Feedback Form

It is important to participate in the evaluation of NHS Lanarkshire Policies within your role and accountability as a Registered Nurse.

Please complete the following to support the quality and effectiveness of the policy for patients and/or carers giving subcutaneous medications by intermittent injections: Adult Palliative Care

Who administered the medication:

Patient

☐

Carer

☐

The patient and/or carer wanted to give the injections because:

	Excellent	Good	Satisfactory	Poor
The teaching guideline was: <i>(Please tick one)</i>				

Please expand on your answer:

	Excellent	Good	Satisfactory	Poor
The patient / carer's understanding and ability was: <i>(Please tick one)</i>				

Please explain your answer:

My experience of teaching and supporting use of the policy was (tick all that apply):

Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Policy

Positive	☐
Negative	☐
Stressful	☐
Beneficial	☐
Reassuring	☐

Any other comments including suggestions for improvement (please continue overleaf):