Working in Partnership

**Lincolnshire Community Health Services**
**St Barnabas Hospice**
**Marie Curie**
**ULHT**
**Lincolnshire LMC**

# The Lincolnshire Policy for Informal Carer Administration of As Required Subcutaneous Injections in Community Palliative Care

| **EPaCCs and GSF stage** | |
|---|---|
| **Blue** | **Appropriate for some patients with unstable symptoms** |
| **Green** | **Appropriate for some patients with unstable symptoms** |
| **Amber** | **Yes** |
| **Red** | **Yes** |

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| Ratified by: | LCHS Trust Board |
| Date ratified: | 13 July 2021 |
| Name of originator: | Louise Lee Specialist Nurse Practitioner, Lyn Wilkinson Macmillan Nurse, Kay Howard Macmillan Nurse, Cheryl Kern Macmillan Nurse, Sam Preston Macmillan Nurse, Denise Holden, Case Manager, Jill Edwards Senior Clinical Services Manager. |
| Name of responsible committee: | Clinical Safety and Effectiveness Group |
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| Target audience: | All staff for LCHS, St Barnabas Hospice Staff, ULHT staff in Hospice in the Hospital Grantham, Primary Care , Marie Curie Rapid Response, ULHT Children's Palliative Care Team |
| Distributed via: | LCHS website |

**Lincolnshire Community Health Services NHS Trust**

**(Informal Carer's giving subcutaneous injections in community palliative care)**

**Version Control Sheet**

| Version | Section/Para /Appendix | Version/Description of Amendments | Date | Author/ Amended by |
|---|---|---|---|---|
| 1 | | New Document | April 2013 | Petra Clarke |
| 2 | Throughout | Updated reference to NMC (2015) The Code- Professional Standards of practice and behaviour for nurses and midwives. | June 2015 | Lyn Wilkinson |
| 3 | 4.1 | Inclusion of hospice in the hospital | June 2015 | Lyn Wilkinson |
| | | | | |
| 4 | 6.6 | Addition of paragraph | June 2015 | Lyn Wilkinson |
| | 6.7 | Addition of paragraph | June 2015 | Lyn Wilkinson |
| 5 | Appendices | Addition of appendices 1 to 8 | June 2015 | Lyn Wilkinson |
| 6 | 7.8 | Change to name of Policy now states St Barnabas Lincolnshire Safeguarding Adults Policy and Procedure (2015). | June 2015 | Lyn Wilkinson |
| 7 | 12.1 | Paragraph removed | June 2015 | Lyn Wilkinson |
| | 12.2 | Removal of the words, "following this". | June 2015 | Lyn Wilkinson |
| | 12.3 | Paragraph removed as awareness and promotion of policy will be added to syringe driver training | June 2015 | Lyn Wilkinson |
| 8 | On the web version need to remove LPFT and ULH as these two organisations have not adopted this policy | | June 2015 | Lyn Wilkinson |
| 9 | | Review and update | October 2015 | Lyn Wilkinson |
| 10 | | Review and update<br>Amended to include St Barnabas/ULHT Hospice in the Hospital at Grantham<br>Amendments to Carers Leaflet and Audit Form, | June 2017 | Louise Lee<br>Kay Howard |
| 11 | Throughout | Review and update<br>Updated reference to NMC (2018) The Code- Professional Standards of | Jan 2020 | Abi Williamson<br>Abi Alexander<br>Josie Vincent<br>Jackie Rizan |

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| | Throughout<br><br>Page 1<br><br>Section 7.5<br><br>Section 12<br><br>Appendix 1<br><br>Appendix 7 | practice and behaviour for nurses and midwives.<br>Royal Pharmaceutical guidance (2019) on the administration of medicines in healthcare settings. Inserted as reference for medications administration as most appropriate body.<br><br>References Updated<br><br>Introduction paragraph rewritten to reflect current healthcare data.<br>Final paragraph reworded so it reads as a reference to support initial policy development.<br><br>Paragraph reworded.<br><br>Paragraph reworded.<br><br>Changes made to carer's information leaflet<br><br>Drug order changed and Diamorphine replaced with Morphine Hydrochloride<br>Holder of Audit changed from Kim Gunning to Macmillan Team in Lincoln. | April 2020 | Rosie Royce<br>Kay Howard |
| 11 | Appendix 8<br><br>Section 2.5<br>Section 2.6<br>Section 3.4<br><br>Section 6.6<br><br>Section 7.2<br><br>Section 7.5<br><br>Section 7.10<br><br>Section 8<br>Section 11<br><br>Section 14 | Addition of EOL Guidance specific to Covid-19 pandemic<br>Paragraph reworded<br>Date of Pre-emptive policy recorded<br>Sentence updated to link Appx 1 and 4 relevant to training and assessment guidance<br>Sentence amended to explain GP role<br><br>Sentence rewritten to explain implications of GDPR<br><br>Qualifying statement about how new assessment is triggered<br><br>Safeguarding reference updated<br><br>Sentence updated to link to appropriate appendices.<br>Corrected statement about type of medical device to be used<br><br>References updated | April 2020 | Kay Howard / Abi Alexander<br>Palliative Care Cell |

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| | Appendix 5<br><br>Appendix 9 | Statement added about checking carer competency<br><br>Equality and Diversity statement updated<br><br>LCHS Virtual Effective Practice Assurance Group:<br>The policy was discussed and approved. The discussion recognised that there were further pieces of addendum information to be provided by other contributors which would mean the policy was updated again in the near future. It was confirmed that the policy was fit for approval by the Trust and for use in the Trust without the contribution from other partners. | 29/4/2020 | |
| 11.1 | | This document has been checked by the policy owner who has confirmed that it is fit for use and that it will be fully reviewed and updated as appropriate before the end of the extension period granted by LCHS Trust Board on 9/3/2021 | March 2021 | Corporate Governance Team |
| 12 | Front page<br><br><br><br><br>4.2<br><br><br><br>5.1<br><br><br><br><br>7.4<br>7.8<br><br>7.9<br><br><br>10 | Addition of which EPaCCs stage the policy links to.<br>Primary Care and ULHT Children's Palliative Care Team added to list of Target audience<br><br>Section added re use of policy with children and young people. Added to seek advice from paediatric services if policy used with under 18yrs<br><br>Target group expanded to include ULHT Specialist Palliative Care Team (Adults) and the ULHT Children's Specialist Palliative Care Team<br><br>Sentence changed to flow better.<br><br>Policy references updated<br><br>St Barnabas Safeguarding policy reference updated.<br><br>Sentenced changed from listing organisations to employed as a healthcare professional | November 2020<br><br><br><br>November 2020 | Palliative and End of Life Policy Group<br>Abi Alexander<br>Clive Cole<br>Jessica Weller<br>Jackie Rizan<br>Kay Howard<br>Joanne Woolley |

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| | 12<br><br>Appendix 1<br><br>Appendix 3<br><br>Appendix 5&7<br><br>Appendix 6<br><br>Appendix 9<br><br>Appendix 10<br><br>Whole document<br><br>Introduction Sections 2-4<br><br>Section 7.2<br><br>Section 11, step10<br><br>Appendix 6 | Sentenced added about HCP responsibility in knowing how to use the policy.<br>Appendix format changed to information leaflet.<br>Added re MDT discussion of contraindications highlighted by risk assessment<br>Care-plan and checklist changed to reflect changes made to policy. Visit within 24hrs changed to review within 24 hrs<br>New carer administration form replaced previous form.<br>New appendix added to highlight responsibilities in relation to supply of equipment.<br>S/C changed to SC and sub-cutaneous changed to subcutaneous. Sentence added around instigation of conversations prior to GP approval<br>Saf-T-Intima changed to reflect brand name throughout whole document.<br>Introduction made more succinct and easy to read.<br>Sentences changed to make flow better and more succinct<br>Added re asking carer's GP if any concerns about carer's suitability to undertake the task.<br>Added advice to avoid prescribing drugs that need reconstitution<br>Advice for carer added | Jan 2021 | Kay Howard |

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Contents

**Informal Carer's giving subcutaneous injections in community palliative care**

**Policy Statement**

# 1. Introduction

Most dying people do not choose to spend their last weeks and months in hospital (Macmillan 2019) and place of death has been identified as one area of palliative care that is important to these patients (Maimoona et al 2015). Uncontrolled pain and symptoms have the potential to prevent patients being able to die at home (East Midlands Cancer Network 2012, Johnstone 2017), especially when patients are no longer able to tolerate oral medication.

The likelihood of patients remaining symptomatically well-managed at home is enhanced by informal carers, and there are times when it may be helpful for them to administer subcutaneous (s/c) medication (East Midlands Cancer Network 2012, Gott, Wiles, Moeke-Maxwell et al 2018). Education and resources are required to assist them to manage confidently this aspect of their care giver role (East Midlands Cancer Network 2012). This role is promoted by others in palliative care (Lee and Headland 2003, Bradford and Airedale PCT 2006, Bowers et al 2019 Twycross and Wilcox 2011). In addition, it is common practice that carers administer other subcutaneous medication such as Clexane/ Insulin. The benefits of this practice have been reported in Lincolnshire following a study by Lee et al (2016) where the small number of carers that participated demonstrated that informal carers 'have a willingness to participate but that it is imperative that support is embedded in policy and available 24 hours a day 7 days a week'. Due to the rurality of the county sometimes patients can wait up to an hour or more for a nurse to visit and give an injection for symptom relief, supporting carers in this role could enhance timely symptom management.

Whilst the Nursing and Midwifery Council (NMC 2018) supports carers administering medicines this does not specifically relate to a palliative care setting. This policy has been developed to give health care professionals a safe framework to work within when the patient's symptoms may not be controlled by the usual methods. It is supported by the Palliative and End of Life Strategic plan for Lincolnshire (2017-2022) in line with The Ambitions document for palliative and end of life care (2015-2020) in that 'every effort is made for me to have the support, care and treatment that might be needed to help me to be as comfortable and as free from distress as possible'.

This policy is based on previous work undertaken (Lee and Headland 2003) and more recently (Lee et al 2016) as well as similar work in another PCT (Bradford and Airedale 2006). More recently the Welsh National policy has been published (NHS Wales 2020)

# 2. Scope and purpose

2.1 Informal carer(s) relates to lay carer(s) / relative(s) of the patient in community palliative care who are not employed as a paid carer for the patient.

2.2 This document relates specifically to informal carers giving medication via a subcutaneous injection or subcutaneous injection line (Saf-T-Intima).

2.3 The implementation of this procedure should be led by the needs of the patient/carer. It should not be imposed on the patient/carer by health care professionals. It is not anticipated that this procedure will be relevant for all carers.

2.4 It must be made clear to the patient (if feasible) and the carer(s) that they are able to discontinue this procedure at any time.

2.5 This policy is to be read in conjunction with the Policy for Anticipatory Prescribing and Supply of Palliative Care Medication for Adults.

## 3. Objective/Expected Outcomes

3.1 To provide a safe framework for health care professionals, carers and patients to follow and enable informal carers to administer an agreed medication subcutaneously.

3.2 This guidance will facilitate effective symptom control, patient choice, carer involvement and preferred place of care.

3.3 A registered nurse will be responsible for ensuring this procedure is delivered within a safe and supportive environment.

3.4 A registered nurse will ensure that the carer(s) has been taught using a step-by-step training procedure.

## 4. Patients covered / Service area

4.1 **Palliative patients aged 18 years and over**
This policy provides guidance to all registered nurses employed by Lincolnshire Community Health Services (LCHS), Marie Curie Rapid Response, St Barnabas Lincolnshire Hospice and Grantham Hospice in the Hospital staff employed by United Lincolnshire Hospital Trust.

**4.2 Children and Young People**
In law, a child is anyone under the age of 18 years. Parental responsibility persists until a child is 18, but a child can attain competence to make decisions for themselves (Gillick competence) according to their age and maturity and, once they are 16 years old, are assumed to have capacity to make their own decisions like an adult. In this document the term “children and young people” is used to refer to anyone under the age of 18, but the law in this area is complex, particularly with regards to those who are 16 and 17.

**If the policy is used with children and young people seek specialist advice from paediatric services**.
Children’s Specialist Palliative Care Team, Kingfisher Unit,
Grantham & District Hospital, Manthorpe Road, Lincolnshire, NG31 8DG
Tel: 01476 464786

## 5. Target users

5.1 All registered nurses working within community services employed by Lincolnshire Community Health Services, Marie Curie Rapid Response, St Barnabas Lincolnshire Hospice, Grantham Hospice in the Hospital staff employed by ULHT. The policy may also be initiated by the Children’s Specialist Palliative Care Team (ULHT) and the Adult Specialist Palliative Care Team (ULHT).

## 6. Responsibilities

6.1 It is the responsibility of every registered nurse employed by Lincolnshire Community Health Services, Marie Curie Rapid Response, Hospice in the Hospital and St

Barnabas Lincolnshire Hospice who care for palliative care patients to be familiar with this policy and procedure.

6.2 Registered nurses involved in the administration of s/c injections / management of syringe drivers will be responsible for maintaining and updating their knowledge and practice (NMC 2018).

6.3 Registered nurses administering any medicines, assisting with administration or overseeing any self-administration of medicines must exercise professional judgement, apply knowledge and recognise their professional accountability as per the Royal Pharmaceutical Society and Royal College of Nursing guidance on the administration of medicines in healthcare settings (2019).

6.4 Registered nurses 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 (NMC The Code – Professional standards of practice and behaviour for Nurses and Midwives 2018).

6.5 The Multidisciplinary Team (MDT) (either GP or palliative care doctor and case Manager / Macmillan Nurse/ hospice nurse) will identify the carer(s) responsible for administering the subcutaneous injection and the person(s) responsible for training, monitoring and supporting them through the implementation of the procedure.

6.6 The GP must be included in the MDT decision. This is documented in the SystmOne care plan (appendix 4) If the patient is not on SystmOne their GP should make a note in the patient's electronic records.

6.7 Advice and support for professionals wanting to use this policy is available from the Community Macmillan Clinical Nurse Specialists and St Barnabas Hospice. St Barnabas Hospice 24/7 advice line can be contacted on telephone 0300 303 1754.

## 7. Risk Management

7.1 The registered nurse must ascertain that the informal carer(s) have not been put under undue pressure by a loved one or the healthcare team to administer injections. It must be recognised that 'in some cases family carers may feel overwhelmed by expectations or distressed if drug administration does not relieve symptom' (Bowers et al 2019). Informal carers must be given every opportunity to discuss concerns and relinquish responsibility of role if they choose to.

7.2 Only carer(s) willing to participate will be considered. Verbal consent must be obtained from the carer to start the MDT discussion as to carer suitability, without disclosure of personal carer information. This includes contacting the carer's GP to ascertain if there are any concerns re the carer's suitability to undertake this task. Verbal consent will be documented in the patient record. A risk assessment must be completed for each carer being considered (see Appendix 3).The carer should sign the consent form (Appendix 4)

7.3 Should a drug error occur, and the carer's competency is in question, or carer's intentions are in doubt, then the procedure must be stopped immediately.

7.4 Consideration should also be given to the bereavement process. Carers should be offered the opportunity to explore concerns in relation to symptom management and possibly giving the "last injection" (an injection that comes close to the end of life). Planned bereavement support must be provided.

7.5 The relative/carer can administer a maximum of 3 prescribed subcutaneous injections of any drugs in any 24 hour period without consulting a registered health care professional for advice. This could be 3 doses of one drug or 3 injections in total, of various drugs. Once a carer has given an injection, the patient must be reviewed by the health professional within 24 hours. The review does not have to be face to face visit. The carer must inform the community nurse if they have administered any injections.

7.6 The Prescriber and MDT will need to decide which injections are available for the carer to give. It may be that not all subcutaneous drugs prescribed for professional administration are prescribed for the carer to give.

7.7 All carers will be provided with a sharps bin and taught the correct technique for sharps disposal. Carers will be informed of the steps to take in case of needle stick injury: make it bleed, wash it, cover it, report to GP within 72hours for medical plan and report to community nursing team/ hospice team for incident reporting. Blunt needle or no needle injections should be used where possible.

7.8 Where the patient has capacity, their consent should be given to allow the carer to give subcutaneous injections. If the procedure is to be implemented and the patient does not have capacity to consent, a best interest decision must be undertaken. Carers will also be required to have mental capacity to undertake this delegated task. Please refer to your organisation's mental capacity policies; LCHS Capacity Act including Deprivation of Liberty Safeguards Policy and Procedure (2020); St Barnabas Lincolnshire Hospice Mental Capacity Act Policy and Procedure; NHS Lincolnshire Mental Capacity Act and Deprivation of Liberty Safeguards Policy and Procedure for ULHT

7.9 Carers will not be given an opportunity to participate if there are any safeguarding concerns. Please refer to safeguarding policies: LCHS Safeguarding Adults Policy (2020) and Safeguarding Children at Risk Policy (2020). Individual cases may be reconsidered with an MDT consultation to consider risks. The discussion should be clearly documented.

7.10 All adverse incidents and significant untoward events are to be reported by normal reporting arrangements and communicated to all involved in the patient's care immediately.

## 8. Best Practice

(As recommended by East Midlands Cancer Network 2012)

| Procedures and safeguards for informal carers giving subcutaneous injections (1) |
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| Careful evaluation of the situation by the healthcare team.<br>Signed consent obtained from the patient (if feasible) (See Appendix 3).<br>Informal carers, particularly if qualified nurses or doctors, must not be pressured to give injections, and should be able to discontinue at any time.<br>Carer's fears must be explored, including the possibility of the patient dying shortly after an injection.<br><br>Carers must:<br><br>• be trained and assessed as competent, and this must be documented and retained (See Appendix 6).<br>• be provided with written information for each drug, including the name, dose, indication, likely undesirable effects, the time before a repeat dose is permitted, maximum number of injections/24h<br>• keep a record of all injections given, including date, time, drug strength, formulation and dose, and name of person giving the injection |

- be provided with contact telephone numbers for both in- and out-of-hours

Regular support and review of the situation must be carried out by healthcare professionals.
Close liaison with the primary health care team, and all out-of-hours services.

1. Twycross R and Wilcock A (2011) Palliative Care Formulary 4th edition. Palliativedrugs.com Ltd. Nottingham, UK.

## 9. Criteria for suitability

- Patients with unpredictable symptoms where PRN injections maybe required.
- Patient has been referred to the community nurse team.
- Patients who may require a stat dose of a medication in an anticipated emergency, for example, seizure.
- The decision for a carer(s) to administer PRN subcutaneous injections in a community palliative care setting must be agreed prior to discussions with patient and/or family/carer(s), by a minimum of 2 multidisciplinary team members which includes either the patient's GP or Palliative care doctor with agreement of GP .
- The patient would like the carer to undertake the procedure
- The willingness and capability of the carer to undertake the procedure has been ascertained.
- The carer(s) are over the age of 18 years to participate

## 10. Criteria that might prevent suitability

The following must be considered in relation to the individual case:

- If the family member is employed as a healthcare professional, they must seek advice and agreement from their employer before undertaking this procedure.
- There are relationship issues/ safeguarding concerns between the patient and carer.
- There is concern that the carer will not be able to cope physically and emotionally with undertaking the procedure.

## 11. Procedure

| Step No | Responsibility | Action |
|---|---|---|
| 1 | Multidisciplinary Team | Discuss the suitability of the carer(s) to administer the prescribed PRN medication with the multidisciplinary primary care team (see sections 6.5 & 6.6).<br>Document MDT discussions in patient record. |
| 2 | Registered Nurse or Doctor | Discuss and explain the procedure and its implications with the patient (where possible) and their carer(s).<br>Ascertain their willingness and agreement to the carer giving sub-cutaneous medications as required.<br>Provide an opportunity for the relative/carer(s) to express any fears and anxieties that they may have.<br>Complete a carer risk assessment for each carer(s) |

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| | | *(see Appendix 3)* |
| 3 | Registered Nurse or Doctor | Obtain signed consent from patient (where capacity is lacking, follow best interest decision making guidance).<br><br>Obtain signed consent from each carer being trained. Scan a copy of the consent form (Appendix 4) onto the patient's electronic record and leave a copy in the home.<br>After training, the carer must sign that they feel confident to undertake this role.<br><br>*The relative/carer(s) has the right to refuse to undertake or to continue this procedure at any given time. It is then the responsibility of the Community nurse team, Hospice at Home or Marie Curie Rapid Response to resume this task.*<br><br>*The patient can also refuse to receive this injection from the carer.* |
| 4 | GP, Hospice Doctor or Non-medical prescriber | Accurately document on to the Carer Administration sheet *(Appendix 5)* the medications which the carer is allowed to give via subcutaneous route.<br><br>This should include:<br>Name of drug and indication for use<br>Exact dose to be given (no ranges)<br>Frequency at which the dose can be repeated<br><br>Consider making the calculations of drug dose / size of ampoules as simple as possible.<br><br>Where appropriate avoid drugs which need reconstituting, for example consider morphine sulphate instead of diamorphine.<br><br>*For appropriate prescribing guidance see Lincolnshire Symptom Management Guidelines, the reverse side of the CD1 form, latest edition of Palliative Care Formulary, the Palliative Adult Network Guidelines (PANG) (available at http://book.pallcare.info/) or Lincolnshire Guidance for symptom management in adult palliative and end of life care (available at Lincolnshire-Guidelines.-Symptom-Management-in-Adult-Palliative-and-End-of-Life-Care-Approved-version-2018_.pdf (eolc.co.uk))* |
| 5 | Registered Nurse and Doctor | Clearly mark in the patient's electronic record that this procedure is in operation including:<br><br>• Alert – priority reminder put on home page<br>• Risk assessment completed and scanned in<br>• Care plan applied |

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| | | • Consent record scanned in<br>• Checklist scanned in<br><br>Put the following forms in the paper records at home:<br><br>• Carers green administration sheet<br>• CD1, CD2 and CD3 forms (“Gold sheets”)<br>• Copy of care plan<br>• Copy of carer consent record<br>• Carer leaflet<br>• Copy of checklist |
| 6 | Registered Nurse or Doctor | Give the carer a copy of the booklet ‘Sub-cutaneous medication for breakthrough symptoms in the last days of life. A guide for carers’.<br><br>Explain to the carer(s) when to administer an injection and the use, relevance, action and possible side effects of the prescribed medication.<br><br>Advise the carer to always contact a healthcare professional for advice or support if they are uncertain about whether to give medication or which drug to administer.<br><br>Complete the contact numbers on the reverse of the carer’s administration sheet.<br><br>Check the carer administration sheet and show the carer where in ‘The Guide for Carers additional information about the drugs listed can be found (pages 20 & 23). |
| 7 | Registered Nurse | Insert the Saf-T-Intima (sub-cutaneous cannula) in to the patient, secure with a transparent film dressing and flush with 0.5ml water for injection |
| 8 | Registered Nurse | Explain to the carer(s) how to observe for signs of swelling, inflammation or leakage at the subcutaneous site and report any concerns to nursing team.<br><br>Show the carer the illustration of the Saf-T-Intima site in ‘The Guide for Carers’ *(page 13)*<br><br>Check the Saf-T-Intima site at each review visit and flush or change as required to maintain patency. |
| 9 | Registered Nurse | Check the validity and accuracy of the carers’ administration chart ensuring it is signed and dated by a doctor or non-medical prescriber.<br><br>Teach the carer(s) to consult the carers’ administration sheet and ascertain the following, using this as a checklist: |

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| | | • Drug and dose<br>• Date and time of administration<br>• Interval of time between a further dose of the medication<br>• Route and method of administration |
| 10 | Registered Nurse | Explain and demonstrate the steps involved in administering a subcutaneous drug:<br><br>• Demonstrate hand washing<br><br>• Demonstrate drawing up the prescribed medication as indicated on green administration sheet. Water for injection can be used for training purposes. Show carer the pictorial 'Step by step guide to drawing up medications from an ampoule'.<br><br>• Destroy any drugs drawn up to show carer this process e.g. half a vial, if the patient does not require symptom relief at that time. Document any drugs that were wasted for training purposes.<br><br>• Teach carers how to dispose of any unused or excess drugs using a denaturing kit<br><br>• Demonstrate the reconstitution of drugs – avoid prescribing drugs that need reconstitution where possible<br><br>• Demonstrate how to give a drug via the Saf-T-Intima.<br><br>• Administer water for injection for training purposes unless drug required via the Saf-T-Intima. In some circumstances, following an MDT discussion, the carers if willing and able, can be taught how to inject directly into the patient.<br><br>• Demonstrate flushing of Saf-T-Intima with 0.5 ml of water for injection.<br><br>• Provide sharps bin. Explain and demonstrate correct disposal of sharps.<br><br>• Wash hands.<br><br>• Show the carer how to accurately document the drug given on the CD3 gold administration record. There must be clear evidence of the following:<br>  • Date<br>  • Time<br>  • Medication<br>  • Dose<br>  • Route<br>  • Signature |

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| | | • Advise the carer that when an injection has been given they should inform the community nurses or Marie Curie Rapid Response. A health professional will review within 24hrs. |
| 11 | Registered Nurse | Supervise the carer(s) administering the named injection if this is required during the visit. As a minimum observe the carer(s) flushing the line with 0.5 mls of water for injection.<br><br>At each visit ask the carer if they require any further training, support or observation. |
| 12 | Registered Nurse | Inform carer of the steps to take in case of needle stick injury: make it bleed, wash it, cover it, report to GP within 72hours for medical plan and report to community nursing team/ hospice team for incident reporting. |
| 13 | Prescriber/Pharmacist/ Registered Nurse | Inform carer about the correct and safe storage of medications as outlined in the Anticipatory Prescribing and Supply of Palliative Care Medications for Adults policy. |
| 14 | Carer | Maintain an accurate record of the number of injections given and be able to account for medication used for this purpose. |
| 15 | Registered Nurse | Explain to the carer(s) that they may only administer a maximum of 3 injections per any 24 hour period before contacting a healthcare professional. |
| 16 | Registered Nurse | Ensure that the carer(s) understands the procedure and what is expected of them. |
| 17 | Registered Nurse | Discuss with the carer that they may give an injection which comes close to the end of their loved one's life. Explore their feelings around this issue and offer support. |
| 18 | Registered Nurse | Explain all relevant contact numbers to the carer(s) and encourage the prompt reporting of any concerns or to ask questions. |
| 19 | Registered Nurse | Inform all the relevant members of the patient's healthcare team that the carer is administering sub-cutaneous drugs as required.<br>Continue to liaise closely with all the relevant members of the patient's healthcare team. |
| 20 | Carer | Return any drugs no longer in use to the local pharmacy.<br><br>*(Please see Controlled drug policy)* |

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| 21 | Registered Nurse | Complete audit form each time the policy is used.<br><br>(please see Appendix 8) |

## 11. Training

For LCHS because this practice option is infrequently used, guidance, training and support of LCHS staff will be provided on an individual needs required basis.
Awareness to the policy will be included in mandatory syringe driver training.
It is every Healthcare professional's responsibility, who is involved or who may become involved with the nominated patient, to familiarise themselves with and adhere to the policy and to have it available for reference, should it be necessary**.**

## 12. Audit and monitoring

Compliance with this policy will be subject to audit and review. Each time the policy and procedure is used an audit form **must** be completed and forwarded to the Macmillan CNS team in Lincoln as indicated on the form (Appendix 8)

## 13. References


Access to Palliative Medicines Group (2016).Policy for pre-emptive prescribing and supply of palliative care medication for adults

Bowers, B. Ryan, R. Khun, I. Barclay, S. (2019) Anticipatory prescribing of injectable medications for adults at the end of life in the community: a systematic review. Available from *https://www.phpc.cam.ac.uk/pcu/files/2019/05/Ben-Bowers-AP-evidence-base-compressed.pdf [Accessed 24/01/2020]*

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Johnstone, L. (2017) Facilitating anticipatory prescribing. http://www.pharmaceutical-journal.com/learning/learning-article/facilitating-anticipatory-prescribing-in-end-of-life-care/20202703.fullarticle . [Accessed April 2020]

LCHS Mental Capacity Act including Deprivation of Liberty Safeguards Policy and Procedures (2020) policy available at:

https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/8015/8400/7028/PCS_42_Mental_Capacity_Act_Policy.pdf [Accessed April 2020]

LCHS safeguarding adult's policy (2019) available at https://www.lincolnshirecommunityhealthservices.nhs.uk/application/files/6515/6819/5497/PSG_02_Safeguarding_Adults_Policy.pdf [Access April 2020]

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## Appendix 1 – Carers leaflet and information on administration

**Important points to remember**

If in any doubt, need advice, support or help then please contact either:-

**Community Nurse Team (in hours) :Insert number……**

**Marie Curie Rapid Response (out of hours) : Insert number……..**

**Other: Insert number……**

You may give an injection to help reduce their discomfort that can happen close to the end of life. This is quite normal and please be aware that the injection will not cause death. It is only to help reduce pain or ease other symptoms, keep your loved one comfortable and give a dignified death.

If you feel unable to give any injection for any reason, please contact a healthcare professional for help or if you would like them to give an injection for you.

If you have given an injection please call your community nursing team.

Carers will be told the steps to take in case of needle stick injury: bleed the wound, wash well under running water, apply a waterproof dressing. Report to GP/A&E as soon as possible ideally within 2 hours and report to community nursing team/ hospice team for incident reporting.

Lincolnshire Community Health Services

St Barnabas Hospice

United Lincolnshire Hospital Trust – Hospice in the Hospital
Children and Young Person Palliative Care Team

Marie Curie Rapid Response Service

**This document can also be made available in different formats and languages upon request.**

**Chinese**
此份單張備有中文譯本，請垂詢索取

**Kurdish Sorani**
دەتوانرێت ئەم پڵاکاوەیە پەزمانی کوردیش دەستەبەر بکرێت لەسەر داواکاری

**Lithuanian**
Paprašius, šį lankstinuką galima gauti ir lietuvių kalba.

**Polish**
Niniejszy dokument może być na życzenie dostępny w języku polskim.

**Portuguese**
Este folheto também pode estar disponível, sob pedido, em português.

**Russian**
Эту брошюру можно также получить по желанию на Русском языке.

**Trust Headquarters**
Beech House
Witham Park
Waterside South
Lincoln
LN5 7JH
Telephone: 01522 308686

NHS
Lincolnshire Community Health Services
NHS Trust

# Information to support informal carers in giving subcutaneous injections for symptom management

*Great care, close to home*

## Why is it important?

People who are very ill and coming towards the end of their life may want to be cared for in their own homes. As their illness gets worse they may find it difficult to take medicines by mouth either because they are feeling sick/being sick or because they are becoming too weak to swallow. An injection under the skin can help with symptoms if medicines cannot be swallowed or if those medicines have not helped to get rid of symptoms.

## What is involved?

For the person needing the injection:

- You can have up to two carers to take on this role. This will mean they can give you an injection to help your symptoms rather than waiting for a nurse to arrive.
- This person (s) should be a family member or friend who is involved in your day-day care, but not anyone who is being paid to provide care for you.

Your chosen carer (s) should live close-by or be temporarily living with you.

Carer (s) identified will be asked to read through this information sheet. Healthcare professionals will explain what this would involve for them and that they do not have to do this role.

Your chosen carer (s) will be trained to give you injections for symptoms and will record information about your symptoms.

You will receive your regular healthcare visits and medication as normal. All that will change is who gives the medication for your symptoms such as pain or felling sick.

## What is involved?

For the Carer:

You will be trained by registered healthcare professionals to notice symptoms, prepare and give medications at home. You should not train anyone else who is helping to look after the person needing the medication. If you are unavailable (or if there are two carers and both are unavailable), contact the healthcare team to give any required medication. Once trained, you can choose to call the healthcare team and wait for them to give the medication, or you can give the medication yourself and ask the nurse to contact you within 24 hours of administering the medication. You will have contact numbers to get advice if you are at all uncertain about giving an injection.

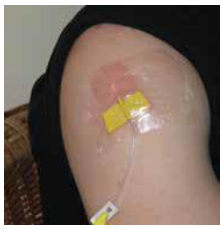
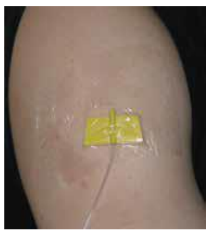
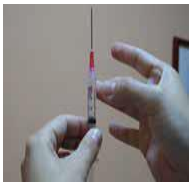
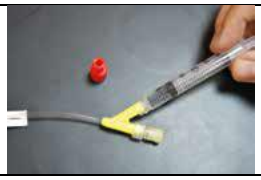
Regular visits from healthcare professionals will continue as normal. If at any time you feel you can no longer do these injections, let someone know. Your healthcare team can take this role back on.

If your loved one is admitted to a hospital at any stage, the medical team there will handle the management of all the medications. The carer (s) should not give any medication if their loved one is in hospital.

## What you will be taught:

- The nurses will insert a line, into the skin, so that when you give the injection you only inject into the line, not into your loved ones skin. In certain circumstances you may be taught to inject directly into the skin but this will be very rare.
- You will be taught what the medication (s) / injection (s) are for, how much to give and when to give it and any side effects.
- You will be taught how to measure the required amount of drugs into a syringe and how to give the injection.
- After giving the drug, you will be taught how to flush the line with 0.5 ml of water to make sure the entire drug is given.
- You will need to and will be shown how to write down each injection given.
- You can only give up to 3 injections in any 24hour period. You must contact a healthcare professional for further help if you have given 3 injections.
- At each visit by a Healthcare professional, the medication will be reviewed so that further injections may not be needed.
- You will have a telephone number to use 24/7 to be able to get advice if you are at all uncertain.

## Appendix 2 – Steps involved in administering injection

<table>
<tr><td>1. Wash your hands with soap and dry thoroughly</td><td>   </td></tr>
<tr><td>2. Check the administration sheet (CD3 gold sheet) for the time the last dose was given; making sure it is ok to give injection. Check your green prescription sheet for dose and frequency of medication to be given.</td><td> 
</td></tr>
<tr><td>3. Check the injection site for:<br>• Redness.<br>• Tenderness.<br>• Swelling.<br>• Leakage<br>If any concerns with this or any problems in administering injections please contact a healthcare professional.</td><td>   </td></tr>
<tr><td colspan="2">4. Assemble equipment<ul><li>needle</li><li>syringe</li><li>green prescription sheet</li><li>drug to be given and sterile water for injection</li><li>administration sheet</li></ul></td></tr>
<tr><td>5. Drawing up medication<ul><li>Check the label for correct medication</li><li>Attach the needle to the syringe</li><li>Break open the vial of the drug to be given by snapping the top off</li><li>Draw up the drug into the syringe and in a separate syringe draw up water for injection to flush.</li><li>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 healthcare professional.</li><li>Dispose of the ampoule directly into the sharps container</li></ul></td><td>   <br>   </td></tr>
<tr><td>6. Give the injection into the cannula:<br>• Take the prepared syringe(s) and normal saline flush in a clean container to the person.<br>• Remove the blunt filter drawing up needle and dispose of it in the sharps container.</td><td>  </td></tr>
</table>

| | |
|---|---|
| • Next pick up the cannula, and push the syringe into the blue/yellow area (see picture), using a twisting or screwing motion until the syringe is securely attached to the cannula.<br>• Slowly push the plunger of the syringe until the barrel is empty.<br>• Remove the syringe; use a twisting motion to unscrew the syringe.<br>• Place syringe in bin.<br>• Repeat the process with 0.5mls of normal saline after all medications have been given to flush the line. |  |
| 7. Dispose of the syringe and needle immediately into the sharps bin provided |  |
| 8. Write on the administration sheet (CD3 gold sheet) the time, date, drug, dose, route and sign to record you have given it. |  |
| 9. Wash your hands thoroughly. | |
| 10. If you have given 3 injections in a 24 hour period, contact a healthcare professional. Ring for advice if you feel the injections are not working or you need any support |  |
| 11. You must ring a healthcare professional to inform them you have given injection(s), so they can plan a visit within 24hrs to review. | |

Adapted from:

Helix Centre (2020). 10 step plan for preparing and giving as-needed subcutaneous injections using a no-needle technique**. Available:** **https://subcut.helixcentre.com/docs/no-needle-guide.pdf**

**Further Resources to Support Carers to give sub-cutaneous medications**

Available at www.eolc.co.uk

## Appendix 3 - Risk Assessment Template

Patients and carers involved in this procedure must undergo a comprehensive assessment led either by Community Case Manager, CNS, Hospice Nurse or Registered Community Nurse in consultation and with the agreement from either the patients GP or palliative care doctor.

Completion of the following risk assessment template must be undertaken as part of the process. Separate risk assessments must be undertaken for each carer involved.

Assessing Risk

**The following are probable contraindications and an MDT discussion MUST take place to assess individual risks. The discussion should be documented in the patient records.**

1. Known history of substance misuse in family
   Yes / No
2. Known relationship issues or concerns between patient / carers
   Yes / No
3. Known safeguarding issues in place
   Yes / No

**There should be none of the following patient contraindications**

1. Patient is known positive to either HIV / hepatitis
   Yes / No
2. Patient does not agree (if have capacity) to carers undertaking this procedure

   Yes / No

**All of the following should have 'yes' responses before the procedure can be used**

1. Alternative methods of administration been considered?
   Yes / No
2. Carer is willing to undertake task
   Yes / No
3. Carer is over the age of 18years
   Yes / No
4. Carer has mental capacity
   Yes / No
5. Carer is deemed physically capable of task
   Yes / No
6. MDT has decided carer is appropriate for task
   Yes / No

## Appendix 4 – Consent record

INFORMAL CARER ROLE IN GIVING SUBCUTANEOUS MEDICINES CONSENT FORM

Date/Time

I ……..…… have been fully informed about my role in giving subcutaneous medicines and I am happy to participate in this role as a carer to ……

I have been given an information leaflet.

The patient is happy for me to take on this role (if feasible sign).

Patient signature ……. ……

I have been taught the procedure and associated documentation and I have been observed giving a flush of water for injection.

I am happy to proceed with this delegated task. I have contact numbers for support and can relinquish the role any time I wish.

I feel confident to undertake this role in giving subcutaneous medicines.

I am aware I am only able to give up to 3 injections in a 24hour period without seeking further advice.

I will inform the community nursing team or Marie Curie Rapid Response if I have given an injection.

Carer signature……..
Health care professional signature ……...

Print name …….
Print Designation ……

## Appendix 5 - Systmone care plan

NHS number:

Date of Birth:

Date printed:

Implementation date:

Review required:

Care Needed: Palliative Care – Carers giving subcutaneous injections

Goal: To provide safe and supportive environment for carers to administer

subcutaneous injections via an injection device.

| INSTRUCTION | RESPONSIBILITY | DATE PERFORMED | PERFORMED BY | SIGNATURE |
|---|---|---|---|---|
| Discuss suitability of carer with GP/ palliative care doctor and members of MDT. Ensure patient SystmOne home screen, or other record if not on SystmOne, identifies that the subcutaneous policy in place. | | | | |
| Provide training in recognising when to administer medication and explain procedure with carer and patient (if feasible) | | | | |
| Complete risk assessment of carer. | | | | |
| Ensure a prescriber prescribes medication for carer to administer on green carers prescription sheet. | | | | |
| Discuss and provide information leaflet, discussing side effects, drugs, contact details and last injection | | | | |
| Insert Saf-T- Intima device ,flush with 0.5ml water for injection and secure | | | | |

| | | | | |
|---|---|---|---|---|
| with clear transparent film dressing | | | | |

| INSTRUCTION | RESPONSIBILITY | DATE PERFORMED | PERFORMED BY | SIGNATURE |
|---|---|---|---|---|
| Teach carers to consult the prescription checking drug, dose, date and interval of administration, route, validity of prescription and signature | | | | |
| Demonstrate and observe carer undertaking steps involved in administering subcutaneous medicine | | | | |
| Complete with carer consent record, allowing time for carer to ask questions/ express concerns | | | | |
| Explain to carer correct method of documenting the procedure on CD3 form | | | | |
| Ensure carer has all contact details, in and out of hours to be able to seek help/ relinquish role | | | | |
| Send email Marie Curie Rapid Response to ensure aware that this procedure is in operation | | | | |
| Visit to support carer, reassess symptom control and check stock balances, daily if on syringe driver, or minimum weekly. Contact to review within 24hrs of an injection being given. | | | | |

| INSTRUCTION | RESPONSIBILITY | DATE PERFORMED | PERFORMED BY | SIGNATURE |
|---|---|---|---|---|
| Ensure carer is aware they must contact someone to ensure a Community Nurse/ Marie Curie Rapid Response review is planned within 24hrs of an injection being given. | | | | |

Bradford and Airedale. (2006). Subcutaneous Drug Administration by Carers (Adult Palliative Care), Bradford and Airedale Teaching Primary Care Trust

East Midlands Cancer Network, (2012) Statement on Informal Carers Role in Subcutaneous Administration of Medications. DoH. London.

Healy, S; Isreal, F; Reymond, E; Lyons-Micic, M; (2009), Caring Safely at Home, palliative care education for caregivers. Brisbane South Pacific Care Collaborative. Australia.

Lee. L; Headland, C; (2003) Administration of as required sub-cutaneous medications by lay carers: developing a procedure and leaflets.

NMC. (2018) The Code – The Code-Professional standards of practice and behaviour for nurses, midwives and nursing associates

Royal Pharmaceutical Society, (2019) Professional Guidance on the Administration of Medicines in Healthcare Settings.

Twycross R, Wilcock A (2011) Palliative Care Formulary 4th edition. Palliativedrugs.com Ltd. Nottingham, UK.

## Appendix 6 – Administration sheet

### Carer Direction to Administer Injection Medication for Symptom Management

Use medication for injection that is already in the home as part of anticipatory prescribing stock

Please print on green paper where possible

**Patient's Name:** ……

**NHS No:** …….. **DOB:** ……..

**Drug sensitivities:** ……

**Drug allergies:** ……

**Try usual oral medicines first, if symptoms do not improve then use injection medicine as you have been shown.**

**ALWAYS SEEK ADVICE IF UNSURE**
**DO NOT GIVE MORE THAN 3 INJECTION DOSES IN 24 HOURS**

| Date | For the relief of: | Drug | Dose | Route | Frequency: Not more than | Signature in full Print name below |
|---|---|---|---|---|---|---|
| | Pain | OPIOID | | SC | | |
| | Nausea/Vomiting | Levomepromazine | | SC | | |
| | Agitation /restlessness | Midazolam | | SC | | |
| | Respiratory/ noisy secretions | Hyoscine Butylbromide | | SC | | |
| | Breathlessness | | | | | |
| | | | | | | |

**Guidance for Prescriber**

**CARERS MUST RECORD INJECTION DOSES GIVEN ON THE CD3 RECORD SHEET**

**Guidance for Prescriber**

- Check with the team that the carer has completed training and is competent and feels confident to undertake the task [appendix 1 and 4]
- Doses to be as simple as possible, this may direct medications choices/vial sizes where appropriate
- **No** dose ranges to be used for carers administration
- State does frequency. Max 3 doses in 24 hours to be given
- To be used in conjunction with completed carers information leaflet

**Guidance for the carer**

- To find more information about the drugs which you may be giving check pages 20 and 23 in the booklet '**Sub-cutaneous medication for breakthrough symptoms in the last days of life, A guide for carers**'
- Check instructions left for you by the healthcare team. They will explain to you how often the medication can be given.
- Please do not hesitate to use the telephone numbers below if you feel uncertain or anxious about giving an injection. They will be able to advise you and arrange a visit if necessary.
- Please phone for help (using the numbers below) if you are concerned that you have given an injection but it does not appear to have helped your loved one.

IF YOU NEED SOME ADVICE OR SUPPORT PLEASE CONTACT

| | |
|---|---|
| Monday-Friday 8am to 4pm<br>Community Nurse | |
| Monday – Friday 4pm to 8am<br>Marie Curie Rapid Response | |
| Weekends, Bank Holidays 24hours<br>Marie Curie Rapid Response | |

## Appendix 7 - Checklist

**Checklist for Registered Nurse Commencing Procedure for Carer to Administer As Required Subcutaneous Medication in Community Palliative Care**

| INSTRUCTION | DATE | SIGNATURE |
|---|---|---|
| Discuss suitability of carer with GP and members of MDT obtain GPs consent | | |
| Complete carer risk assessment and scan onto systmone | | |
| Educate the carer(s) in recognising symptoms/ deterioration to highlight when to administer medications and to explain procedure with carer and patient (if feasible) | | |
| Ensure prescriber prescribes medication for carer to administer on green carer(s) administration sheet | | |
| Discuss and record on the information leaflet the use, relevance and possible side effects of the prescribed drugs; contact details for health professionals.<br>Discuss issue of giving the “last injection” | | |
| Insert needle less closed SC device eg Saf –T- Intima, flush with 0.5 ml water for injection and secure with clear transparent film dressing.<br>Advise carer to observe for and report any signs of inflammation or leakage. | | |
| Teach carers to check the carer(s) administration form checking the drug, dose, date and interval of administration, route, validity of form and signature. | | |
| Observe carer undertaking steps involved in administering subcutaneous medicine. | | |
| Complete with carer consent record, allowing time for carer to ask questions/ express concerns. | | |
| Scan copy of consent record and checklist into SystmOne. | | |
| Carer can explain the correct method of documenting drug administration on green form AND CD3 form. | | |
| Ensure carer has all contact details, in and out of hours to be able to seek help/ relinquish role. | | |
| Contact Marie Curie Rapid Response to ensure aware that this procedure is in operation. | | |
| Ensure carer is aware they must contact a health professional for advice, before proceeding further, if they have given 3 injections in any 24hour period | | |
| Make contact to support carer, reassess symptom control and check stock balances, daily if on syringe driver, within 24hrs of an injection being given | | |

## Appendix 8 – Audit form

**The Lincolnshire Policy for informal carer administration of as required subcutaneous injections in community palliative care audit form**

**Diagnosis: cancer -** **non cancer -**

| **Location of patient when policy suggested – please tick one box** | | | |
|---|---|---|---|
| East Community | | Hospice in the Hospital | |
| South West Community | | IPU | |
| North West Community | | Butterfly | |
| Other (please state) | | | |
| **If the policy was suggested but not used please indicate why ?** | | | |
| | | | |
| **Carer experience/ information** | | | |
| Did the carer have any prior experience / knowledge e.g. healthcare professional ? YES/NO | | | |
| How many carers were trained to use this policy ? | | | |
| Who provided the training to the carer ? | | | |
| Please add any other comments about the carer training ? | | | |
| **Checklist** | | | |
| | **Yes** | **No** | **Comments** |
| Has Risk Assessment Template on Systmone been completed? | ☐ | ☐ | |
| Were any Subcutaneous injections given in any 24 hour period? | ☐ | ☐ | If so how many? |
| **Drugs used** | | | |
| | **Yes** | **No** | **Comments** |
| Morphine Hydrochloride (PAIN) | ☐ | ☐ | |
| Diamorphine (PAIN) | ☐ | ☐ | |
| Oxycodone Hydrochloride (PAIN) | ☐ | ☐ | |
| Metoclopramide (NAUSEA, VOMITING) | ☐ | ☐ | |
| Levomepromazine (NAUSEA, VOMITING, AGITATION) | ☐ | ☐ | |

| | | | |
|---|---|---|---|
| Cyclizine (NAUSEA, VOMITING) | ☐ | ☐ | |
| Haloperidol NAUSEA, VOMITING) | ☐ | ☐ | |
| Midazolam(CONFUSION, RESTLESSNESS | ☐ | ☐ | |
| Hyoscine Butylbromide (NOISY BREATHING) | ☐ | ☐ | |
| Other | ☐ | ☐ | |
| **Carer Support** | | | |
| | **Yes** | **No** | **Comments** |
| Did they ask for support? | ☐ | ☐ | Please describe support required e.g. deciding on medication to give, asking for advice, request for further injections etc |
| If so who did they contact? | Day time ☐ | Night time ☐ | Please list |
| Was the support received in a timely manner and to the satisfaction of the carer? | ☐ | ☐ | |
| Did they continue to administer subcutaneous injections? | ☐ | ☐ | |
| Did they follow the policy guidelines e.g. document medication given, ring after 3 injections etc ? | ☐ | ☐ | |
| **Discontinuation of policy** | | | |
| Was the policy discontinued for any reason ? Yes/NO<br><br>Please state why : | | | |

| | | |
|---|---|---|
| **Outcomes** | | |
| Did patient die in their Preferred Place of Death ? | **Yes** ☐ | **No** ☐ |
| Was the patients symptoms controlled ? | **Yes** ☐ | **No** ☐ |
| As a professional involved do you think the care was enhanced by the carer being able to give injections ? | **Yes** ☐ | **No** ☐ |

| **Family Friendly question** | | | |
|---|---|---|---|
| | **Yes** | **No** | **Comments** |
| If required would they administer subcutaneous injections again to a family member? | ☐ | ☐ | |

| **Policy Recommendations** |
|---|
| Are there any changes you would suggest to this policy ? Please state. |

Please can you send completed form to:
Macmillan Clinical Nurse Specialists. Ravendale Health Centre, Lincoln, LN2 2BT

## Appendix 9 – Responsibility for provision of equipment

| **Equipment needed:** | **Responsible person:** |
|---|---|
| Prescribing of medication to administer | GP or non-medical prescriber |
| Green authorisation to administer chart | GP or non- medical prescriber |
| Risk assessments/ care plans/consent form/ patient information leaflet | The healthcare professional instigating the policy |
| Syringes (1ml leurlock) | Community Nurses |
| Needles (pink filter and blue needles) | Community Nurses |
| Needleless closed subcutaneous catheter eg Saf-T-Intima | Community Nurses |
| Sharps box | Community Nurses |
| Denaturing kit | Community Nurses |
| Dressings to secure needleless closed subcutaneous catheter | Community Nurses |
| **After death:** | |
| Disposal of medication after death | Patient family |
| Collection of sharps bin, needles, syringes, paperwork following death | Community Nurses |
| Completion of audit and return to Macmillan Team in Lincoln | The healthcare professional instigating the policy |

## Appendix 10 – Guidance specific to COVID pandemic

### Informal Carer Administration of subcutaneous medication guidance specific to COVID 19 pandemic.

**This appendix is meant for use specifically in relation to the response to COVID 19 in Lincolnshire.**

It is an additional appendix to the current policy 'The Lincolnshire Policy for Informal Carer Administration of as Required Subcutaneous Injections in Community Palliative Care'
The appendix has been developed from the CARiAD Package (NHS Wales, 2020)
This COVID 19 additional appendix will be reviewed in September 2020.

This pandemic poses a number of new challenges in relation to informal carer administration of subcutaneous (SC) injections.

- Informal carers, who would not otherwise have wished to take on this task, may now feel obliged as Health Care Professionals (HCP) cannot attend consistently. This may be due to reduced numbers of HCPs as a result of self-isolation or illness, or overwhelmed by increasing numbers of patients dying at home.
- There is also a possibility of a shortage of resources used to undertake effective symptom management at end of life, such as syringe drivers. This may impact on the frequency of carer administration of medications.

**Responsibilities:**

Clinician:

- Discuss with the patient and carer around symptom management at end of life, including for those patients dying from COVID 19 infection. If the patient is identified as appropriate at time of visit, clinician to instigate conversations around SC administration policy to save time before gaining approval from GP/ Palliative Doctor.
- Ensure that patients have access to HCP through a variety of platforms e.g., face to face, telephone and e-consultation platforms. Tell the carer which is most appropriate at that current time to raise concerns.
- Ensure the carer has sufficient equipment to undertake the task e.g. closed needle-less closed SC catheter e.g. Saf-T-Intima, syringes and other equipment required [as policy appendix 1], adequate stock of medication, PPE if patient COVID 19 positive, correct documentation for recording when injection administered [CD3 'gold' form]
- Complete risk assessment [policy appendix 2]
- Train the informal carer how to administer SC injections as per policy [policy appendix 1]
- Obtain signed consent [policy appendix 3]

Carer:

- Carers should be trained to competency by the HCP (policy appendix 6) to give as-needed medication if they feel able to do so. If there is a shortage of syringe pumps, or the workforce is depleted to the extent that syringe pumps cannot be refilled daily, informal carers may need to administer regular SC medication. If this is the case, HCP teams should ensure regular doses of medication are recorded in the Carer Direction to Administer controlled/symptom management drugs (Policy appendix 5; Green paper document).
- Seek advice as indicated when required using the current contact methods advised by the HCP. During the pandemic it is likely that HCP response is likely to be different compared to normal times. There may be additional time constraints or different formats may be utilised (e.g. via telephone or using digital platforms).
- Report to the HCP any concerns about stock levels of equipment for administration or drug stocks available in the home, in a timely manner to avoid running out.
- Monitor themselves for symptoms of COVID-19 and follow latest guidance.

**Patient Suitability:**

All patients who are deemed (by an experienced clinician) to be in the last days to weeks of life should be considered. During COVID 19 pandemic extending scope of practice:

▪ To include people who are being cared for at home, including those dying of COVID-19.

▪ To include as-needed or regular SC medication for those **not** in last days of life (e.g. those with malignant bowel obstruction, or those on chemotherapy requiring SC medication or other end of life symptom management needs where unable to take oral medication or where oral medication has been ineffective).

▪ To include other symptoms in the last days of life e.g. seizures, massive haemorrhage, severe breathlessness as result of COVID19.

**Additional considerations:**

- Circumstances may be foreseen where there is a shortage of needle-less closed SC catheter (e.g. Saf-T-Intima), or when an HCP cannot insert the SC catheter. The healthcare team will need to consider if SC medication can be given as a needle injection or whether appropriate for the carer to be trained to insert the subcutaneous catheter.

- Gastrointestinal symptoms (nausea, diarrhoea and vomiting) have been reported in some cases of COVID-19. Informal carers should be alerted to this and given advice on safe disposal of human waste products to reduce the risk of transmission of the virus. Advise the carers of infection prevention methods as current government guidelines at the time.

- It may be considered, if face to face contact is not possible, to undertake informal carer training using digital resources such as QHealth video calling. Carer training cannot be done via audio link as trainer cannot observe carer competence.

- Digital resources may also apply to clinician review when injection limitation is reached [as set out in the green 'Carers Direction' policy appendix 5] or assessment of patient or medication is required.

- Larger than usual stat doses may be required for effective symptom control. The severe terminal anxiety and breathlessness that many patients experience may require higher doses of sedative medication in order to reduce conscious level more rapidly and deeply than in 'traditional' palliative care practice.

- It is essential to ensure the informal carer is aware of the expected effect of the medication. To also discuss with the carer the potential for an injection to be the 'last injection' at end of life.

- Given likely health service constraints during the COVID 19 pandemic, informal carers may well feel an obligation to take on a task such as this, which they would not have wanted to do given usual circumstances. HCPs should be sensitive to this, as it may impact on the way the carer copes with their bereavement.

References:

**Guidance on the Management of Symptomatic Patients Dying from COVID-19** Locally produced guidance based on NICE Guidance 163 Developed by Lincolnshire coalition of specialist palliative consultants and pharmacists, Lincolnshire resilience Forum.

NHS Wales (2020) Carer**-Administration of as-needed subcutaneous medication for common breakthrough symptoms in home-based dying people in Wales (The CARiAD Package). In the context of the national (Welsh) COVID-19 response** [ONLINE] Available: https://subcut.helixcentre.com/docs/policy-procedure.pdf [Accessed 11.4.2020]

Nursing and Midwifery Council (2018) **Delegation and accountability: Supplementary information to the NMC Code.** [Online]. Available: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf?_t_tags=language%3aen%2csiteid%3ad6891695-0234-463b-bf74-1bfb02644b38&_t_ip=157.55.39.36 [Accessed 11.4.2020]

## Appendix 11 - Equality Analysis

| | | | | |
|---|---|---|---|---|
| | Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be | This document relates specifically to informal carers giving medication via a subcutaneous injection or subcutaneous injection line if required. The document has been written to provide health care professionals working in community and hospice settings with a safe framework to follow. This guidance will facilitate effective symptom control, patient choice, carer involvement and preferred place of care. This will be delivered within a safe and supportive environment. | | |
| A. | Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details** | Patients, staff and carers. | | |
| B. | Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details** | No | | |
| C. | Will/Does the implementation of the policy\service result in different impacts for protected characteristics? | The implementation does not impact directly on people with protected characteristics. If an impact were to arise we consider the impact would be on carers who have a disability, who are under 18, who are pregnant or on a religious belief. As stated below risk assessments in these situations would be undertaken if they were to arise | | |
| | | Yes | No | |
| | Disability | | x | Risk assessment (appendix 2) states the carer needs to be physically capable to complete the task. |
| | Sexual Orientation | | x | |
| | Sex | | x | |
| | Gender Reassignment | | x | |
| | Race | | x | |
| | Marriage/Civil Partnership | | x | |
| | Maternity/Pregnancy | | x | Risk assessment (appendix 2) states the carer needs to be physically capable to complete the task |
| | Age | | x | Policy not for use by anyone under the age of 18. |
| | Religion or Belief | | x | Discussions will be had with carer's who may feel they are not able to undertake this due to religious beliefs in which case health professionals will continue to undertake the task |
| | Carers | | x | |
| | **If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2** | | | |
| The above named policy has been considered and does not require a full equality analysis | | | | |
| **Equality Analysis Carried out by:** | Abi Alexander, Macmillan Nurse | | | |
| **Date:** | 23.4.2020 | | | |