St Barnabas Hospice
LCHS
Marie Curie
ULHT (Hospice in the Hospital only)

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

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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 Amended to include St Barnabas/ULHT Hospice in the Hospital at Grantham Amendments to Carers Leaflet and Audit Form,	June 2017	Louise Lee Kay Howard
11	Throughout	Review and update Updated reference to NMC (2018)	Jan 2020	Abi Williamson Abi Alexander

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

		medical device to be used		
	Section 14	References updated		
	Appendix 5	Statement added about checking carer competency		
	Appendix 9	Equality and Diversity statement updated		
		LCHS Virtual Effective Practice Assurance Group: 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	

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Lincolnshire Community Health Services NHS Trust

Informal Carer's giving subcutaneous injections in community palliative care

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Policy Statement

1 Introduction

There is evidence to suggest that if mortality trends continue that approximately 25% more people will need palliative care by 2040 (Macmillan 2017). With this is mind consideration needs to be given in ensuring patients receive the most appropriate, effective and efficient symptom management possible. Palliative care particularly aims to provide relief from pain and other distressing symptoms, integrate the psychological, social and spiritual aspects of the person's care, and continue to offer a support system to help people to live as actively as possible until their death (NICE 2019). 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). This has had a major impact upon the work of the primary health care team involved in caring for palliative care patients in the community. 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). This requires education and resources 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. National documents support the role of effective symptom control in achieving preferred place of death (NICE 2019). The benefits of this practice have been reported in Lincolnshire following a study by Lee et al (2016) 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'. Whilst the Nursing and Midwifery Council (NMC 2015) supports carers administering medicines this does not specifically relate to a palliative care setting. In Lincolnshire we are fortunate as we do have community and hospice at home nurses in hours and Marie Curie Rapid Response out of hours available to administer as required subcutaneous injections within community palliative care. However, due to the rurality of the county some response times for this can be up to one hour. This is lengthy and involving and supporting carers in this role could enhance timely symptom management.

In order to address the need for effective 24 hour symptom control, 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, that is oral medication or 24 hour syringe drivers to promote patient choice. 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 by the author (Lee and Headland 2003) and more recently (Lee et al 2016) as well as similar work undertaken in another PCT (Bradford and Airedale 2006). It was supported initially by the East Midlands Cancer Network Statement of Support (East Midlands Cancer Network 2012)

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 if required. The document has been written to provide health care professionals working in community and hospice settings with a safe framework to follow.

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

2.4 It must be made clear to the patient (if feasible) / carer(s) that from the outset they are able to discontinue this procedure at any time, should they wish to.

2.5 In order to reduce risk, easy dosing should be considered and this may guide drug choices/ vial sizes where possible.

2.6 This policy is to be read in conjunction with the Policy for Pre-emptive Prescribing and Supply of Palliative Care Medication for Adults (Access to Palliative Medicines Group 2016). (currently under review)

3 Objective/Expected Outcomes

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

3.2 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.

3.3 A registered nurse will be responsible for ensuring this procedure is administered safely with reviews and monitoring at least weekly.

3.4 A registered nurse will ensure that the carer(s) who will administer the injection has been taught using a step by step training procedure. Please see Appendix 1 for carer's information leaflet and Appendix 4 for checklist of competence.

4 Patients covered/ Service Area

4.1 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, who are required to treat adult patients 18 years and above with a palliative/ terminal illness.

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 and Grantham Hospice in the Hospital staff who visit palliative care patients.

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 administrating 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/ CNS/ 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 GP as continuing prescriber or key professional must be included and be happy with 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 their own records.

6.7 St Barnabas IPU can be contacted out of hours for professional advice when using this procedure.

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 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 to undertake the procedure with written consent (Appendix 3). Verbal consent must be obtained from the carer to start the MDT discussion as to carer suitability, without disclosure of personal carer information. Verbal consent will be documented in the systmone patient record. A risk assessment SystmOne template must be completed for each carer being considered (see Appendix 2).

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

7.4 Consideration should also be given to the bereavement process and how professionals will support informal carers should they be involved in symptom management in relation to death after giving the "last injection". Planned bereavement support must be provided.

7.5 The relative/carer will only be allowed to administer a maximum of 3 prescribed subcutaneous injections of any drugs in any 24 hour period without consulting the patient's own GP/ Out of Hours first contact. 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 community nurse team within 24 hours. The carer must inform the community nurse if they have administered any injections.

7.6 The Prescriber and MDT will need to decide the appropriateness and number of injections 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.

7.8 Where the patient has capacity to consent to the carer being delegated this task, this will be sought. It is however recognised that a number of patients will have lost capacity to agree and this procedure if implemented must be undertaken in the patient's best interest. Carers will also be required to have mental capacity to undertake this delegated task. Please refer to mental capacity policies; LCHS Capacity Act including Deprivation of Liberty Safeguards Policy and Procedure (2020) and St Barnabas Lincolnshire Hospice Mental Capacity Act Policy and Procedure.

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 (2019) and St Barnabas Lincolnshire Safeguarding Adults Policy and Procedure (2015).

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

8 **Best Practice** (as recommended by East Midlands Cancer Network 2012)

Procedures and safeguards for informal carers giving subcutaneous injections (1)
Careful evaluation of the situation by the healthcare team. Signed consent obtained from the patient (if feasible) (See Appendix 3). Informal carers, particularly if qualified nurses or doctors, must not be pressured to give injections, and should be able to discontinue at any time. Carer's fears must be explored, including the possibility of the patient dying shortly after an injection. Carers must: • be trained and assessed as competent, and this must be documented and retained (See Appendix 6). • 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 • 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
- **The relative/carer will only be allowed to administer a maximum of 3 prescribed subcutaneous injections in any 24 hour period without consulting the patient's own GP/ out of hours first contact practitioner or non-medical prescriber .**

10 Criteria that might prevent suitability

- This procedure MUST NOT be undertaken by any family members with a known history of substance misuse or where there is someone known to misuse substances who has access to the house.
- If the family member is an employee of LCHS, St Barnabas Lincolnshire Hospice, or Marie Curie 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

ACTION	RATIONALE
Prepare equipment required including: Care plan / written documentation/ consent form Patient/ carer information leaflet Carers direction to administer controlled/ symptom management drugs, CD2 and CD3 forms Needle-less closed SC catheter e.g. Saf- T- intima Sterile film dressing Supply of 2ml leurlock syringes Supply of blue needles/ pink filter needles Ampoules of water for injection Prescribed drug for PRN use Sharps box	To facilitate safe practice Minimise risk of errors
It is the responsibility of the First Level Registered Nurse (RN) to discuss the suitability of the carer(s) to administer the prescribed PRN medication with the multidisciplinary primary care team (see restrictions)	To ensure the safe selection of a carer(s) to undertake this procedure, minimising risk and protecting the patient from harm To ensure multi-professional collaboration and co-operation
It is the responsibility of the RN to discuss and explain the procedure and its implications with the patient (where appropriate) and their carer(s) to ascertain their willingness and agreement to undertake this task A carer risk assessment form must be completed for each carer(s) considered for this role.	To fully inform the carer(s) and patient to enable them to make an informed choice To ascertain their willingness to undertake the procedure To confirm the willingness of the carer(s) to undertake the procedure

Signed consent should be obtained from patient (if feasible) and carer on the consent record.	
It is the responsibility of the GP/ hospice doctor/ non-medical prescriber to give consent for the carer(s) to administer PRN subcutaneous named medication by accurately documenting on the Carers Administration green prescription sheet.	To ensure documented GP consent for the carer(s) to undertake the procedure
It is the responsibility of the GP/hospice doctor / non-medical prescriber to clearly prescribe the PRN medication and maximum number of dosages (see restrictions) on the Carers Administration green prescription sheet. 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 5 Priorities of Care of the Dying Person, symptom management guidelines.	To comply with Royal Pharmaceutical guidance (2019) on the administration of medicines in healthcare settings. To protect the patient from harm (NMC 2018)
It is the responsibility of the RN to explain to the carer(s) the importance, use, relevance, action and possible side effects of the prescribed medication. The RN should check the prescription and list the indications for use, possible side effects and any instructions on the carer(s) information leaflet for each individual drug.	To fully inform the carer(s) to enable him/her to make an informed choice To ascertain their willingness to undertake the procedure
The RN must provide an opportunity for the relative/carer(s) to express any fears and anxieties that they may have	To ensure they feel listened to and supported To maintain their freedom of choice
The relative/carer(s) has the right to refuse to undertake/ continue this procedure at any given time. It is the responsibility of the Community nurse team, Hospice at Home or Marie Curie Rapid Response to continue this treatment. The patient can also refuse to receive	To ensure they feel listened to and supported To maintain their freedom of choice To protect the patient from harm (NMC 2018)

this injection from the carer.	
It is the responsibility of the RN to insert the subcutaneous device Saf T intima needle, secure with a transparent film dressing and flush with 0.5ml water for injection	To establish safe and secure subcutaneous route for the carer(s) to administer the medication Transparent dressing allows observation of the infusion site and to maintain patency
It is the responsibility of the RN to educate the relative/carer(s) to observe for signs of swelling, inflammation or leakage at the subcutaneous site and report to nursing team. A nurse will also check this site at each review/ flush as required to maintain patency.	To ensure prompt reporting of any potential problems with the site and to maintain patency
It is the responsibility of the RN to teach the carer(s) to consult the Carer Administration green prescription sheet and ascertain the following, using this as a checklist: • Drug and dose • Date and time of administration • Interval of time between a further dose of the medication • Route and method of administration • Validity of prescription and signed and dated by a doctor/ non-medical prescriber.	To ensure the patient is given the correct drug, in the prescribed dose using the appropriate diluent and by the correct route To protect the patient from harm (NMC 2018) To comply with Royal Pharmaceutical Society and Royal College of Nursing guidance on the administration of medicines in healthcare settings (2019).
The RN will explain and demonstrate the steps involved in administering a subcutaneous drug: 1. Hand washing 2. Drawing up the prescribed medication as indicated on prescription sheet (using water for injection for training purposes). Any drugs drawn up to show carer this process e.g. half a vial, will be destroyed and the first level registered nurse will document that these drugs were wasted for training purposes. 3. Carers will be taught how to dispose of any unused/ excess drugs. 4. Reconstitution of Diamorphine will be demonstrated and taught	• To demonstrate full and safe procedure • To ensure the patient is given the correct drug, in the prescribed dose and by the correct route • To minimise the risk of cross infection • To protect the patient from harm (NMC 2018) • To comply with Royal Pharmaceutical guidance (2019) on the administration of medicines in healthcare settings • To flush any remaining irritating solution away from the subcutaneous device and ensure patient receives full dose of drug administered. • To ensure the safe disposal and avoid needlestick injury to carer(s) • To prevent re-use of equipment • To maintain accurate records which provides a point of reference of all injections given in the event of any queries and prevent duplication of treatment

where appropriate 5. Administer water for injection for training purposes unless drug required via the Saf t intima, ensuring correct use of clamp. **If the patient is not on a syringe driver and daily visits are not required then the carers if willing and able can be taught how to inject directly into the patient.** 6. Flush Saf t intima device with 0.5 ml of water for injection 7. Correct disposal of sharps and provision of sharps bin. 8. Hand washing 9. Accurate documentation of drug administered on the CD3 gold administration record 10. Once injection administered, carer must inform community nurses or Marie Curie Rapid Response at the weekend so that a visit can be planned within 24hrs to review.	
The RN must either supervise the carer(s) administering the named injection if this is required during the visit or at minimum observe the carer(s) flushing the line with 0.5 mls of water for injection. At any future visits members of the team should observe and support the carer(s) where possible. The RN will ask at each visit/ contact if the carers need further training/ support.	To increase knowledge base and competence of the carer in undertaking the procedure To ensure safe practice To protect the patient from harm (NMC 2018)
The RN will complete the consent record with the carer(s) who are administering the medication. If this is more than one carer a sheet must be completed for each. The carer must sign that they feel confident to undertake this role. A copy of this sheet should be scanned into SystmOne and a copy left at the patient's house in the	To ensure that the carer(s) feels competent and is deemed competent to undertake the procedure To obtain consent

patient's notes.	
The RN will ensure that the carer(s) is aware of the correct procedure for the disposal of sharps and provide sharps bins and inform them how to report any injuries. (see patient leaflet). 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	To ensure the safe disposal and avoid needlestick injury to carer(s) To prevent re-use of equipment
The RN will explain to the carer(s) the correct procedure for documenting the drug administration. There must be clear evidence of the following: • Date • Time • Medication • Dose • Route • Signature Carer(s) will be informed about the correct and safe storage of medications as outlined in the policy for pre-emptive prescribing and supply of palliative care medication for adults (Access to Palliative Medicines Group 2016).	To protect the patient from harm (NMC 2018) To maintain accurate records which provide a point of reference in the event of any queries and prevent duplication of treatment To ensure the patient is given the correct drug, in the prescribed dose and by the correct route Royal Pharmaceutical Society and Royal College of Nursing guidance on the administration of medicines in healthcare settings (2019).
It is the carer(s) responsibility to maintain an accurate record of the number of injections given and be able to account for medication used for this purpose	To protect the patient from harm (NMC 2018) To maintain accurate records which provides a point of reference in the event of any queries and prevent duplication of treatment To ensure the patient is given the correct drug, in the prescribed dose using the appropriate diluent and by the correct route.
The RN will explain to the carer(s) that they may only administer a maximum of 3 injections per any 24 hour period before contacting a GP/ Out of Hours.	(NMC 2018) To provide guidance to the carer(s)
It is the RN responsibility to ensure that the carer(s) understands the procedure expected of them and that the instruction leaflet is provided	To ensure the carer understands the procedure expected of them. To provide written instruction to support verbal instruction
It is the RN responsibility to discuss the issue of the 'last injection' with the carer(s) and point this out on the	To ensure the carer(s) understands the procedure expected of them. To provide written instruction to support

information leaflet	verbal instruction To provide guidance to the carer(s) To ensure the carer(s) feels safe and supported
The RN must explain all relevant contact numbers to the carer(s) and encourage the prompt reporting of any concerns or to ask questions. Record on carer's leaflet. This includes community team in hours and Marie Curie Rapid Response out of hours service. Issuing OOH Green card/ Marie Curie card.	To ensure the carer(s) feels safe and supported. To ensure continuity of treatment To provide information
The carer(s) will be given an information leaflet. The leaflet will contain: • Drugs and side effects • Contact details in and out of hours	To provide information
The RN will ensure that it is clearly marked in the patient's computer SystmOne record that this procedure is in operation including: • Alert – priority reminders on home page • Risk assessment completed • Careplan • Consent record scanned in • Checklist scanned in Within paper records at home the following is required: • Carers green administration prescription sheet • CD2 and CD3 forms • Copy of care plan • Copy of carer consent record • Carer leaflet • Copy of checklist	To ensure accurate records and other services are informed
The RN will email Marie Curie Rapid Response to inform them this policy in place.	To ensure out of hours services are fully notified that this procedure is in place
The RN must visit as per patient need to support the carer(s) and to evaluate the effectiveness of the care, involving the evening service and any other appropriate agencies as required.	To ensure continuity of care To protect the patient from harm (NMC 2018)

During this visit the nurse will ensure to check the stock balance of ampoules is correct and add any new stock to the balance. Any discrepancies must be reported as per the policy for pre-emptive prescribing and supply of palliative care medication for adults (Access to Palliative Medicines Group 2016). Carers will be informed that stock balances will be checked.	To allow reassessment To ensure multi-professional communication To maintain accurate records which provides a point of reference in the event of any queries and prevent duplication of treatment
It is essential that the RN continues to liaise closely with all relevant members of the primary health care team ensuring that any changes necessary are made.	To ensure continuity of care To protect the patient from harm (NMC 2018) To ensure multi-professional communication
In the event of death or the drugs no longer in use, it is the Carer(s) responsibility to accurately dispose of any unused medication to the local pharmacy. If they are unable to do this the nurse can dispose of the drugs following their own Trust Policy.	To comply with NMC (2018) standards for administration of medicines

12 Training

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.

13 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 indicated on the form.

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Appendix 1

INFORMATION LEAFLET TO SUPPORT RELATIVES AND CARERS IN GIVING AS REQUIRED INJECTIONS FOR PAIN AND SYMPTOM CONTROL IN THE COMMUNITY

Introduction

As patients become more poorly they can struggle to swallow oral medication or liquids.
A small injection under the skin can help with symptoms if the patient cannot swallow medicines or if those medicines have not helped relive the symptoms.
Symptoms may be pain or feeling sick or vomiting for example.
The injections can be given day or night.
The nurses can do this, but when they are busy or they are further away from your house, this can take time.
Sometimes relatives or carers may wish to be taught how to give these injections to help the patient feel better more quickly

The doctors, nurses and Macmillan nurses will support you in this task and teach you how it is done if the patient would agree.
You do not have to do these injections unless you **want to** and feel comfortable.

At any time you feel you can no longer do these injections let someone know. Community nurses/ Marie Curie Rapid Response can take over the role.

What you will be taught / need to know

1. The nurses will use a needle to insert a device so that when you give the injection you only inject into the device/line, not into the patient. In certain circumstances carers may be taught to administer direct into the skin but this will be the exception rather than the rule.

2. You will be taught what the medication(s) / injection(s) are for, how much to give and when to give it and any likely side effects.

3. You will be taught how to draw up the required amount of drugs into a syringe and how to give the injection.

4. After giving the drug, you will be taught how to flush the device with 0.5 ml of water to ensure the entire drug is given to the patient.

5. You will need to and will be shown how to document each injection given.

6. You will be advised to only give up to a maximum of 3 injections in any 24hour period before contacting a doctor/out of hour's practitioner for further help in any One day.

7. At each visit by a Health Care Professional, the patient's regular medication will be reviewed so that hopefully further injections may not be needed.

Important points to remember

1. 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……

They will be happy to help / advise.

2. Patients experience symptoms or pain at any time during their illness and even at the end of their life. It may be that an injection you give to ease their discomfort comes close to the end of their life. This is quite normal and you must not worry that the injection was in any way a cause of the end of the patient's life/ death. It is purely to help reduce pain or ease other symptoms, and maintain comfort and a good dignified death.

3. Remember if you feel unable to give any injection for any reason, please contact any of the above for help and advice or if you would like them to administer an injection for you.

4. Please do not hesitate to ask any healthcare professional any question that will enable you to care for the patient and for them to remain comfortable.

5. If you have given an injection please inform your community nursing team that an injection has been given.

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

Steps involved in administering injection

1. Wash and dry your hands thoroughly	
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.	

3. Check the site of the injection device for inflammation, redness, hardness or soreness. If any concerns with this or any problems in administering injections please contact community nurse team/ Marie Curie Rapid Response.	
4. Assemble equipment • needle • syringe • green prescription sheet • drug to be given and sterile water for injection • administration sheet	
5. Drawing up medication • Check the label for correct medication • Attach the needle to the syringe • Break open the vial of the drug to be given by snapping the top off • Draw up the drug into the syringe and in a separate syringe draw up water for injection to flush. • If you have an air bubble in the syringe, you can try and turn syringe upside down, tap syringe to move bubble and push the plunger in slightly to remove the bubble, do not worry about small bubbles	
6. Administer the drug as previously taught • Flush device/line with 0.5 ml of water	
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 GP or Out of Hours service . Also ring for advice if you feel the injections are not working or need any advice.	
11. You must ring the community nurse team/ Marie Curie Rapid response and inform them you have given injection(s), so they can plan a visit within 24hrs to review	

Appendix 2

Risk Assessment Template SystmOne

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

Assessing Risk

There should be none of the following contraindications

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 positive responses before the procedure can be used

1. Have 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 3

INFORMAL CARERS 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 4

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				
Discuss and explain procedure with carer and patient (if feasible)				
Complete risk assessment of carer.				
Ensure GP 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 fax/ 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 or 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 visit is planned within 24hrs of an injection being given.				

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Appendix 5

Carer's direction to administer controlled/symptom management drugs (on green paper)

Section Page Number: .I…….

Patient's Name: ……NHS No: ……...

DOB: …… Drug Allergies ……..Drug sensitivities …….

PRESCRIPTION FOR OTHER MEDICATION (including Anticipatory) and PRN for carers

DATE	Indications for use	Drug	Dose	Route	Frequency	Signature in full Print name below
	Pain					
	Nausea/ Vomiting					
	Agitation/ restlessness					
	Respiratory/ noisy Secretions					
	Breathlessness					
	Other					

Guidance for Prescriber

- Check 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 medication choices / vial sizes where appropriate.
- To be used in conjunction with carers completed information leaflet (see overleaf for side effects)
- No dose ranges to be used for carers administration
- Carers to record doses given on CD3 form so that all records are together
- Frequency – state only 3 doses in 24hours and time interval by GP and interval of drug prescribed

Appendix 6

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		
Discuss and explain procedure with carer and patient (if feasible)		
Ensure prescriber prescribes medication for carer to administer (including maximum doses) on green carers prescription sheet		
Discuss and record on the information leaflet the use, relevance and possible side effects of the prescribed drugs; contact details for health professionals. 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. Advise carer to observe for and report any signs of inflammation or leakage.		
Teach carers to consult the prescription checking drug, dose, date and interval of administration, route, validity of prescription 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		
Visit to support carer, reassess symptom control and check stock balances, daily if on syringe driver, within 24hrs of an injection being given		

Appendix 7

The Lincolnshire Policy for informal carer's 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 Hydrocloride	☐	☐	
Diamorphine (PAIN)	☐	☐	
Oxycodone Hydrochloride (PAIN)	☐	☐	
Metoclopramide (NAUSEA, VOMITING)	☐	☐	
Levomepromazine (NAUSEA, VOMITING)	☐	☐	
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 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 8

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's 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 sub cutaneous (SC) injections.

- Informal carers, who would not otherwise have wished to take on this task, may now feel obligated 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.

- 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 sub cut 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 S/C 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 Sub-Cutaneous injection.

- 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 Skype or whatsapp 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:

(2020) **Guidance on the Management of Symptomatic Patients Dying from COVID-19 [Online] Available:** https://staff.lincolnshirecommunityhealthservices.nhs.uk/application/files/8115/8652/5386/Guidance_on_the_Management_of_Symptomatic_Patients_Dying_from_COVID-19.pdf [Accessed 11.4.2020] Locally produced guidance based on NICE Guidance 163 Developed by Lincolnshire coalition of specialist palliative consultants and pharmacists, Lincolnshire resilience Forum.

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Equality Analysis Appendix 9

A.	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.		
B.	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.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	No		
D.	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			