

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



Title:

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

Date effective from:	June 2024	Review date:	June 2027
Approved by:	Policy Approval Group		
Approval Date:	June 2024		
Author/s:	Clinical Nurse Manager, District Nursing NHSL Specialist Community Palliative Care Nurse Team Leads, Marie Cure Hospice and St Columba's Hospice, Edinburgh		
Policy Owner:	Chief Nurse. NHSL, Lead for Palliative Care		
Executive Lead:	Executive Nurse Director		
Target Audience:	Registered nurses, pharmacy, medical staff, service managers, palliative care		
Supersedes:	Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Policy (April 2020) v4		
Keywords (min. 5):	intermittent, subcutaneous injection, carer, patient, medication		

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Version Control

Date	Author	Version/Page	Reason for change
December 2018	Clinical Nurse Manager, District Nursing NHS Lothian Specialist Community Palliative Care Nurse Team Leads, Marie Curie Hospice and St Columba's Hospice, Edinburgh	3.1	Policy due for review
December 2018	Clinical Nurse Manager for District Nursing NHSL	3.1	Updated all sections in line with new policy guidelines
February 2019	Comments from Palliative Care Nurse Consultant Pharmacist Edinburgh Hospices, Lead Nurse Marie Curie Palliative Care Specialist Team NHSL	3.2	Rewording of executive summary, policy statement, updated evidence base, additional information on informal carers who are health care professionals
Mar 2019	Comments from Palliative Care Nurse Consultant, NHSL Pharmacist Edinburgh Hospices Palliative Care Specialist Nurse NHSL	3.3	Alterations to wording Information on HCP as informal carers
June 2019	Clinical Nurse Manager, District Nursing NHSL	3.4	Update information for teaching in in patient setting additional information for health care professionals as 'informal carers'
Sept 2019	Clinical Nurse Manager for District Nursing NHSL Deputy Chief Nurse NHSL	3.5	Updated information for health care professionals as 'informal carers'
Oct 2019	Policy Hub Corporate Nursing Clinical Nurse Manager for District Nursing NHSL	3.6	Format amendments, amendments completed
Nov 2019	Palliative Care Clinical Nurse Specialist Team NHSL	3.7	Comments on health professional as informal carer, comments on wording

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February 2020	Clinical Nurse Manager NHSL, Team Manager District Nursing Edinburgh, east, mid and West Lothian, Lead Nursing St Columbas Hospice, Specialist Community Palliative Care Nurse, Policy Advisor, District Nurse , Night Service	3.8	Clarify position in health care professionals undertaking the role as an informal carer Alteration to wording of definitions.
April 2020	Clinical Nurse Manager, District Nursing NHSL	4.0	Approved by Policy Approval Group
November 2023	Clinical Nurse Manager, District Nursing NHSL	4.1	Policy due for review
June 2024	Clinical Nurse Manager, District Nursing NHSL	5	Approved by Policy Approval Group

Executive Summary

This policy aims to support patients, and or informal carers, to administer prescribed subcutaneous medication by intermittent injections, if they wish to do so, in order to facilitate effective symptom control in community settings. This has been developed in partnership with NHS Lothian, Marie Curie Hospice and St Columba's Hospice and reflects clinical evaluation, current guidelines, expert consensus and feedback from staff, patients, and carers. The policy details information regarding the scope, roles, and responsibilities, partnership with NHS Lothian, Marie Cure Hospice and St Columba's Hospice and reflects clinical evaluation, current guidelines, expert consensus and feedback from staff, patients, and carers. The policy details information regarding the scope, roles, responsibilities, and this policy aims to support patients, and or informal carers, to administer prescribed subcutaneous medication by intermittent injections, if they wish to do so, in order to facilitate effective symptom control in community settings. This has been developed in partnership eligibility exclusion criteria and associated documentation.

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1.0 Purpose

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

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

This policy and associated guideline aims to:

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

2.0 Policy statement

There is a greater emphasis on supporting patients and or informal carers to become genuine partners in the delivery of care (Strategic Framework for Action on Palliative and End of Life Care 2015). This policy and related documents have been developed to support patients, and or informal carers, who wish to be actively involved in the administration of subcutaneous medication by intermittent injections in adult palliative care. The NHS Lothian Managed Clinical Network for Palliative Care has reviewed and supports this policy, and its associated materials.

A crucial element of this support will be education and training to enable patients and or informal carers to be adequately prepared to undertake the task confidently and competently. Current evidence suggest that educational interventions delivered face to face supported by written and/or other resources and appropriate follow up have the potential to improve patient, family and carer knowledge and self-efficacy for pain management.

3.0 Scope

3.1 The patient/informal carer

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

If the patient/informal carer has expressed a wish to be involved in the administration of subcutaneous medication by intermittent injections to maintain effective symptom control in adult palliative care, they must meet the eligibility criteria as defined below.

Health care professionals should adhere to medication policy and regulatory body standards.

3.2 Eligibility criteria

An adult with unpredictable or complex symptoms requiring subcutaneous medication who:

- May require intermittent doses of breakthrough medication.
- Wishes to self-administer medication. Or have a designated informal carer do this.
- Has an informal carer who has expressed a willingness to be involved in the administration of subcutaneous medication.
- Has provided informed consent and this is clearly documented in the clinical care record.
- Has successfully completed the teaching guideline: this requires reading, writing, numeracy skills and fine motor dexterity.
- Will be visited and supported on a daily basis by a community nurse.
- The request should be patient/informal carer lead.
- Where the 'informal carer' is also a health professional and wishes to administer medication in line with this policy they must complete the teaching education guide and be deemed competent to undertake the procedure as per the policy.

Care is given in discussion with the multi-disciplinary care team and support from the specialist palliative care team if required, based on patient need. The use of alternative routes of administration of medication should have been explored.

3.3 Exclusion Criteria

A decision for any exclusion should be discussed with the multidisciplinary team and the reasons for exclusion clearly documented in the patient's clinical care record

- The health care professional assesses that the patient or informal carer would be unable to administer the medication due to physical, cognitively, or emotionally reasons would not be eligible.
- Patients and informal carers aged less than 18 years.
- A patient or informal carer who has not received or successfully completed the agreed training (appendix1)
- A patient or informal carer has a known history of substance misuse or there is someone with a known history of substance misuse who has access to the property.
- Where an informal carer will be administering the medication and there are concerns that the relationship between the patient and informal carer may compromise safety
- Failure to adhere to the policy and management plan.

3.4 Consent

The patient must consent to self-administration of subcutaneous medication or administration by named informal carer. Both the patient and informal carer should be aware that they may opt out of this care arrangement at any time and who to contact should they wish to do so.

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

- explanation of the rationale for the administration of intermittent subcutaneous injections.
- explanation of the possible benefits and risks
- an understanding of the information given to them
- no feeling of pressure or coercion

In order for informed consent to be given to undertake this role, the patient and/or informal carer must be aware of the existing medical and nursing services, particularly during Out of Hours periods available to them.

4.0 Definitions

Palliative care: aims to prevent and relieve pain and suffering throughout any serious illness as well as where death is impending, and in bereavement. The focus is holistic and person-centred care that enables people to live well, and when death is inevitable, to die peacefully and with dignity. Care and support for people extends to family and important others.

End of life care: refers to care in the last days of life, when death is expected

Informal carer: refers to an adult providing care for a palliative patient (most likely in the home environment) who is not employed to undertake this role. The likelihood is they will be a family member.

Subcutaneous administration: relates to the administration of prescribed medication via a subcutaneous cannula which has been inserted previously by a healthcare professional.

5.0 Implementation roles and responsibilities

5.1 Communication and Dissemination

This policy, and associated materials, will be distributed to Chief Nurses and Clinical Directors for cascading to all clinical areas providing palliative and end of life care.

To support ongoing access the policy, and associated materials, will be placed on the NHS Lothian Intranet.

5.2 Management team

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

5.3 Charge Nurses/Team Managers

Charge Nurses/Team Managers should ensure that clinical staff who may be required to support a patient/informal carer undertaking administration of subcutaneous Intermittent medication admission;

- Know how to access the Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Policy and Guidelines v5 The Scottish Palliative Care Guidelines (2019) (Health Improvement Scotland/NHS Scotland)
- Can demonstrate knowledge and application of the Patient/Informal Carer Admission of Subcutaneous Intermittent Medication in Adult Palliative Care Policy and Guidelines v5
- Know how to access the NHS Scotland Palliative Care Guidelines (2019) [The Scottish Palliative Care Guidelines \(2019\) \(Health Improvement Scotland/NHS Scotland\)](#)
- Know how to obtain advice from the General Practitioner, Lothian Unscheduled Care, Pharmacy and Specialist Palliative Care Services in and out with normal working hours.
- Maintain up to date knowledge of the medications prescribed in the context of symptom management; drug effects and side effects; that the prescription is appropriate to the individual patient.

5.4 Clinical Staff

Clinical staff that may be required to support a patient/informal carer undertaking administration of subcutaneous intermittent medication admission

- Know how to access the Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Policy and Guidelines v5
- Can demonstrate knowledge and application of the. Patient/Informal Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Policy and Guidelines v5
- Are aware of how to access the Scottish Palliative Care Guidelines [The Scottish Palliative Care Guidelines \(2019\) \(Health Improvement Scotland/NHS Scotland\)](#) and local sources of help and information including the General Practitioner, Lothian Unscheduled Care, Pharmacy and Specialist Palliative Care Services in and out with normal working hours.
- Maintain up to date knowledge of the medications prescribed in the context of symptom management; drug effects and side effects; that the prescription is appropriate to the individual patient.
- Provide appropriate information and support to enable the patient and or informal carer, to participate in decision-making and care, to the extent they wish and are able to undertake this.

5.5 Multi-disciplinary Team (MDT)

A collective decision, confirming that the patient or informal carer and circumstances meet the eligibility criteria, should be made by the multidisciplinary team. A named professional should be identified as the person responsible for teaching, monitoring, and supporting the patient and or informal carer.

The responsible person should ensure the following is documented in the patient's clinical care record:

- assessment of eligibility criteria
- Informed consent to undertake the role has been given by the patient and named informal carer.
- Record of completion of teaching.
- Ensure the Key Information Summary (KIS) is updated.

The responsible person may change if the patient moves to another care setting. A seamless transfer should be supported.

Should the General Practitioner and where applicable non-medical prescriber not have been involved in the MDT discussions the decision to implement the policy must have their agreement as ongoing prescriber.

This policy is applicable for both community and hospital settings where a patient/informal carer may be taught in preparation for discharge. The same guidance applies in relation to assessment, teaching, preparation, and documentation. It is important to contact the primary care team prior to discharge to ensure adequate support is in place.

6.0 Associated materials

[NHS Lothian Safe Use of Medicines Policy](#)

The NHS Lothian Managed Clinical Network for Palliative Care has reviewed and supports this policy, and its associated materials.

Patient/Carer Admission of Subcutaneous Intermittent Medication in Adult Palliative Care Guidelines v5

Administration of subcutaneous drugs by intermittent injection via BD Saf-T-Intima 24-gauge single port cannula

Teaching Guideline - Support for the patient/informal carer in the administration of subcutaneous medication by intermittent injections in adult palliative care v3

- Using a BD Saf-T-Intima Cannula
- How to prepare the syringe
- How to give a subcutaneous injection via BD Saf-T-Intima Cannula
- Getting help

Teaching checklist

7.0 Evidence base

[Nursing and Midwifery Council \(2015\) The Code: Professionals Standards of Practice and Behaviour for Nurses and Midwives, London](#)

[NHS Lothian Clinical Sharps Devices Policy \(Health & Safety\)](#)

[NHS Lothian Safe Use of Medicines Policy](#)

[NHS Grampian Policy and Staff Guidance on Patient and Informal Carer Administration of Subcutaneous Medication by Intermittent Injection – Adult Palliative Care \(2016\)](#)

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

[The Scottish Palliative Care Guidelines \(2019\) \(Health Improvement Scotland/NHS Scotland\)](#)

[Harrogate and District NHS Foundation Trust Policy for Patient or Carer Administration of Subcutaneous Medication \(Palliative Care\) \(2018\)](#)

[The Lincolnshire policy for informal carers administration of as required subcutaneous injections in community palliative care August 2015](#)

[The Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines in Healthcare Settings \(2019\)](#)

8.0 Stakeholder consultation

This policy has been developed in partnership with Marie Curie Hospice Edinburgh and St Columba's Hospice, Edinburgh, and Lothian Palliative Care MCN

9.0 Monitoring and review

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

- It will be the primary responsibility of clinical staff to initiate audits in their local area, to measure the impact of the policy, and associated guidance, on practice.
- Local policies for risk management, reporting and medicines should be followed: NHS Lothian, St Columba's, and Marie Curie Edinburgh Hospices.
- Complaints will be monitored through the NHS Lothian Complaints Procedure.
- The policy will be reviewed, as a minimum, every 3 years.
- Nurses must ensure that accurate documentation is maintained at all times in accordance with the [Nursing and Midwifery Council \(2015\) The Code: Professionals Standards of Practice and Behaviour for Nurses and Midwives, London](#)