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## Patient/Carer Administration of Subcutaneous Intermittent Medication in Adult Palliative Care Guideline

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<b>Approved by:</b>	NHS Lothian Managed Clinical Network for Palliative Care		
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<b>Supersedes:</b>	Patients and or Carers administration of Subcutaneous Drugs by Intermittent injection: Adult Palliative Care, Protocol, procedure and teaching guideline (Oct 2009) v2		
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## Version Control

Date	Author	Version/Page	Reason for change
December 2018	Clinical Nurse Manager, District Nursing NHSL Specialist Community Palliative Care Nurse Team Leads, Marie Curie Hospice and St Columba's Hospice, Edinburgh	3.1	Expired protocol Removal of insertion of cannula by informal carer. Update of policies and evidence base Additional guidance on support for patient/informal carer, eligibility and exclusion criteria, roles and responsibilities, informed consent, monitoring and review. Addition of definitions Management of Sharps Alteration guidance on doses
February 2019	Comments from NHSL Palliative Care Nurse Consultant Lead Pharmacist Edinburgh Hospices, Lead Nurse Marie Curie Palliative Care Specialist Team NHSL Community Palliative Care Clinical Specialist Nurse NHSL	3.2	Additional information on multiple doses, on documentation prescribing. Removal of out of date evidence.
Mar 2019	Comments from Palliative Care Nurse Consultant, NHSL Lead Pharmacist Edinburgh Hospices District Nurse Team Manager NHSL Palliative Care Specialist Nurse NHSL	3.3	Additional information on consent, additional information on record keeping Addition information on patient/carers education
May 2019	Comments from District Nurse Team Manager, NHSL Community Palliative Care Clinical Nurse Specialist	3.4	Removal of flush volume and referral to clinical procedure guideline, addition of patient information leaflet for 'just in case medicines'
July 2019	Clinical Nurse Manager, NHSL Lead Nurse, Marie Curie Hospice	3.5	Added Royal Pharmaceutical Society guidance, rewording of advice on number of doses

September 2019	Clinical Nurse Manager, NHSL Deputy Chief Nurse NHSL Principle Pharmacist NHSL	3.6	Agreement on wording for staff as carers. Change of numbers of doses prior to seeking advice
October 2019	Policy Hub Corporate Nursing Clinical Nurse Manager, NHSL	3.7	Format amendments Amendments completed
November 2019	Palliative Care Clinical Nurse Specialist Team NHSL District Nurse Team Manager NHSL	3.8	Comments on health professional as informal carer, wording, frequency of support, initialling care, number of doses before review, hospital in patient assessment  Correction of terms
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	3.9	Reformat and rewording of eligibility criteria Removal of patient led request and addition to reflect collaborative approach Clarify position in health care professionals undertaking the role as an informal carer Alteration to wording of definitions. Additional wording in relation to hospital discharge. Agreement on the numbers of doses that can be administered in a 24 hour period before seeking HCP advice
March 2020	NHS Lothian Managed Clinical Network for Palliative Care	4.0	Approved

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## 1.0 Purpose

### 1.1 Background

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 guideline and related policy have been developed to support the patients and/or carers who wish to be actively involved in the administration of subcutaneous medication by intermittent injections in adult palliative care.

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 family and carer knowledge and self-efficacy for pain management.

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

### 1.2 Aim of Guideline

This guideline 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.
- Facilitate effective symptom control and offer patient choice and informal care 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

#### **This guidance must be read in conjunction with:**

- Patient/Carer Administration of Subcutaneous Intermittent Medication Administration in Adult Palliative Care Policy v4
- The Scottish Palliative Care Guidelines (2019)
- NHS Lothian Safe Use of Medicines Policy & Procedures (2018)
- NHS Lothian Policy for the prevention of injury by sharp instruments and use of safety devices (2015)
- The Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines in Healthcare Settings (2019)

## 2.0 Scope

This guideline applies to adults receiving palliative care support at home in Lothian. It is anticipated that this guideline 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.

### 2.1 Eligibility criteria

- The decision to facilitate this care is taken in collaboration with the patient and or informal carer, multi-disciplinary care team and support from the specialist palliative care team if required..
  - The use of alternative routes of administration of medication should have been explored
- An adult with unpredictable or complex symptoms requiring subcutaneous medication who:

- Requires intermittent doses of breakthrough medication to manage symptoms.
- 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 supported on a daily basis by a health care professional

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.. .

### 2.2 Exclusion Criteria

- A health care professional assesses that the patient or informal carer would be unable to administer the medication due to physically, cognitively, or emotionally reasons would not be eligible.
- Patients and informal carers aged less than 16 years.
- A patient or informal carer who has not received or successfully completed the agreed training (appendix 1)
- 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
- A decision for any exclusion should be discussed with the multidisciplinary team and the reasons for exclusion clearly documented in the patients clinical care record

## 3.0 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 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.

## 4.0 Roles and responsibilities

### 4.1 Healthcare Professional Responsibilities

A healthcare professional may only delegate an aspect of care to a person whom they deem competent to perform the task and they should assure themselves that the person to whom they have delegated (patient or carer) fully understands the nature of the delegated task and what is required of them. Regulatory bodies provide professionals with clear and more detailed advice:

#### 4.1.1 Section 7 of the Misuse of Drugs Regulations (2001)

These regulations permit any person other than a doctor to administer any of the controlled drugs listed Scheduled 2, 3 and 4 of the Act in accordance with the directions of a doctor. Similarly, any person may administer, in accordance with the specific directions of a nurse independent prescriber, any controlled drug which such a nurse independent prescriber may prescribe under regulation 6B provided it is administered for a purpose for which it may be prescribed under regulation.

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

- Registered healthcare professionals who administer medicines, or when appropriate delegate the administration of medicines, are accountable for their actions, non-actions and omissions, and exercise professionalism and professional judgement at all times
- Those administering medicines are appropriately trained, assessed as competent and meet relevant professional and regulatory standards and guidance.

#### 4.1.3 Section 11 of the NMC Code (2015) advice on delegation

- you must be accountable for your decisions to delegate tasks and duties to other people.

- only delegate tasks and duties that are within the other person’s scope of competence, making sure that they fully understand your instructions.
- make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care.
- confirm that the outcome of any task you have delegated to someone else meets the required standard.

## 4.2 Healthcare Professional role

Information should be added to the patients Key Information Summary, that the patient or carer is administering the subcutaneous medication.

If a patient is admitted to hospital or hospice the community nurses should inform the staff that the patient or carer has been involved in the administration of medication. Hospital or hospice staff should then assess in conjunction with the hospital palliative care team and the patient as to how care is provided whilst an in-patient.

- For patients being discharged from hospital, in conjunction with the hospital palliative care team or a hospice, advance communication with the G.P. and community nursing team is essential. Medications and instructions given for use should be detailed in the discharge letter and a seven day supply of drugs and equipment provided on discharge. The patient and or informal care should have successfully completed the teaching guideline and assessment.

The medication to be administered should be prescribed and recorded on the drug administration prescription chart and signed by an appropriate community prescriber as per NHS Lothian policy

In order to reduce risk, easy dosing (e.g. using full vials/ easy drawing up of part vials) should be considered and this may guide drug choices/ vial sizes where possible.

The patient /family should be provided with the patient leaflet ‘Just in Case Medicines’ <http://intranet.lothian.scot.nhs.uk/Directory/palliativecare/PalliativeCareGuidelines/Informationforpatientsandcarers/Pages/Informationforpatientsandcarers.aspx>:

In addition the following information should be provided

- medicine
- form
- strength
- dose (volume)
- dose frequency of administration
- the indication for the medicine should also be documented

It is the responsibility of the health care professional to insert the subcutaneous device Saf-T-Intima cannula, secure with a transparent film dressing and flush as per clinical procedure guidance.



A member of the multidisciplinary team should, on a daily basis, check that the record is correct, that the frequency, dose of the drugs administered and the reason for their administration comply with the instructions on the drug administration chart.

Any discrepancy must trigger an immediate review of the appropriateness of the arrangements in place.

The patient should be assessed on a regular basis and the effectiveness of symptom control and overall patient care determined. The presence of new symptoms or a failure to adequately control existing symptoms indicates the need for urgent patient review.

The Saf-T-Intima site should also be checked on a daily basis

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”. Bereavement support must be provided.

### 4.3 Patient/Informal Carer role

The patient or informal carer is responsible for keeping an accurate record of the medication administered on the drug administration prescription record sheet and where applicable the Controlled Drug Register Sheet. This should include:

- the drug
- the dose administered
- any quantity of an ampule discarded
- the date and time of administration

The record should be kept in the community nursing notes.

Failure to do so should trigger a review of the appropriateness of the arrangements in place.

The occurrence of a drug error should also trigger a review.

## 5.0 Description of Practice/Treatment

### 5.1 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 understand 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.

## 5.2 Patient/Carer Education

The practical teaching guideline (appendix 1) aids instruction and assessment of competency of the patient or carer and provides guidance for staff to facilitate a consistent and safe approach to self-care.

Each patient and or carer should be supported to work through this teaching guide and the teaching checklist should be completed prior to the patient or carer undertaking the procedure on their own.

A copy of the teaching guide should be given to the patient and or carer. A copy of the completed teaching checklist should be filed in the patients clinical care record. In a hospital setting – this should be added to SCI store.

The patient or carer will be familiar with the medication to be administered and the specified doses including expected benefits and possible risks.

Patients and/or informal carers will be taught the correct technique for the disposal of 'sharps' and be informed of the steps to take in the event of a needle stick injury in line with NHS Lothian policy, arrangements should be agreed for the return of sharps containers from disposal.

## 5.3 Ongoing Care and Support

The number of doses of **each** prescribed drug for self/informal carer-administration should be agreed with the patient or informal carer dependant on their individual needs. Routinely this should not exceed more than **three** prescribed doses within a 24 hour period with the exception of a prescribed plan from a palliative care consultant who will oversee ongoing symptom management. This should be regularly reviewed by the health care professional.

The patient or informal carer should be made aware that they can seek advice at any point during the 24 hour period.

The patient and/or informal carer is under no obligation to continue administering the injections should they no longer wish to and can request that these are administered by healthcare professionals.

The healthcare professional should check the frequency and dose of drugs administered.

The frequency of patient and carer support, symptom assessment and the evaluation of the effectiveness of patient care should be determined on an individual basis, according need.

The patient or carer should be encouraged to use a symptom assessment tool if this is in place.

The fact that a patient or carer is administering subcutaneous medication must be clearly documented in the nursing care plan.

For a small number of patients who are receiving end of life care, there is a risk that they or their carer may be involved in the administration of the 'last injection' and this must be discussed. A copy of patient leaflet "What happens when someone is dying?" (Lothian

Palliative Care Guidelines 2018) should be offered to patients or the carers of patients who are deemed to be near end of life.

## 6.0 Evidence base

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

[Clinical Sharps Devices Policy \(2019\)](#)

[NHS Lothian Safe Use of Medicines Policy \(2019\)](#)

[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 \(2019\)](#)

Framework for Action on Palliative and End of Life Care (2015)

<https://www2.gov.scot/Topics/Health/Quality-Improvement-Performance/peolc/SFA>

## 7.0 Associated materials

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

Patient/Carer Admission of Subcutaneous Intermittent Medication in Adult Palliative Care Policy v4

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

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

- Using a BD Saf-T-Intima Cannula
- How to prepare the syringe
- How to give a subcutaneous injection via BD Saf-T-Intima cannula
- Patient/Carer intermittent subcutaneous injections: Medication Record
- Patient/Carer intermittent subcutaneous injections: Record of drugs given

- Getting help
- Teaching checklist

## 8.0 Stakeholder consultation

This guideline has been developed in partnership with Marie Curie Hospice Edinburgh and St Columba's Hospice, Edinburgh

## 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 protocol 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 protocol will be reviewed 2022.

Nurses must ensure that accurate documentation is maintained at all times in accordance with the Nursing and Midwifery Council Code *the Code: Professionals Standards of Practice and Behaviour for Nurses and Midwives*, London.