

Patient/Informal Carer name:

CHI number:

This teaching guideline is a general guide to be used by healthcare professionals for a patient or informal carer who wishes to be involved in the administration of subcutaneous medication by intermittent injections in adult palliative care.

This teaching guideline should be used in association with practical teaching and support from a healthcare professional.

A copy should be given to the patient receiving care and when appropriate the carer for reference.

A copy of the completed teaching checklist should be filed in the patient's clinical record.

Version Control

Date	Author	Version/Page	Reason for change
June 2023	Clinical Nurse Manager, Community Nursing, ELHSCP	v2.0	Review of Guideline required
July 2023	Comments from Advanced Pharmacist, Palliative Care, NHS Lothian	v2.1	Updated guidance for reconstituting a powder to include drawing up the diluent. Updated Safe Use of Medicines Policy to 2023 version
July 2023	Comments from Consultant in Palliative Medicine and Community Hospice Lead, St. Columbas Hospice, Edinburgh	v2.2-3	Use of term informal carer rather than carer. Consistent use of medicines or medications rather than drugs. Formatting.
December 2023	Clinical Nurse Manager, Community Nursing ELHSCP	v3.0	Approved by the Palliative Care MCN Group

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Teaching Guideline:

Administration of medication by intermittent subcutaneous injections by patients or informal carers: Adult Palliative Care

1.0 Introduction

You, or the person you are caring for, may have unpredictable or complex symptoms that may require medicines to be given by intermittent subcutaneous injection for comfort.

This type of injection is sometimes needed if taking medicines by mouth is no longer possible e.g., when someone cannot swallow or is being sick. The nurse or doctor will explain why this is needed in your case.

Some patients and informal carers want to be involved in giving the intermittent subcutaneous injections. This guideline is to help you do this.

You should not feel under any pressure to give the injections. If you or your informal carer at any time no longer wants to give the subcutaneous injections, this is okay. All you need to do is tell the nurse or doctor and they will arrange another way for the medicines to be given.

2.0 Aim of this teaching guideline

The aim of this teaching guideline is to help you, or the person supporting you with your care, to know how to give intermittent subcutaneous injections of medicines safely and correctly.

2.1 What will I need to know and do?

- To know the name or names and doses of any medicines to be given by subcutaneous injection
- Why they are being used.
- What symptoms the medicines are treating.
- Any side effects to look out for
- To prepare a syringe and give subcutaneous injections safely and at the appropriate times.
- To keep a written record of the drugs, doses, indication and times you have given the subcutaneous injections.
- To safely store and dispose of all the equipment including the needles and syringes.
- To know when and how to get help.
- To consider issues related to a 'last injection'.

3.0 Administration of subcutaneous medication by intermittent injections

3.1 What is a subcutaneous injection?

A subcutaneous injection is an injection into an area just under the surface of the skin where there is a layer of fat. There are three steps involved in giving a subcutaneous injection and you or your informal carer may want to be involved in preparing the syringe of medication and giving the injection.

A healthcare professional will insert a small needle and line known as a Saf-T Intima cannula under the skin in a place that is easy to reach and safe.

This can be:

- Upper arms, chest, abdomen, or outer aspects of thigh.
- In the shoulder area on the back if the person receiving the medication is confused, distressed, or agitated.
- The cannula will be secured by a clear dressing.

All items should be stored out of reach and sight of children and vulnerable adults and not in direct sunlight.

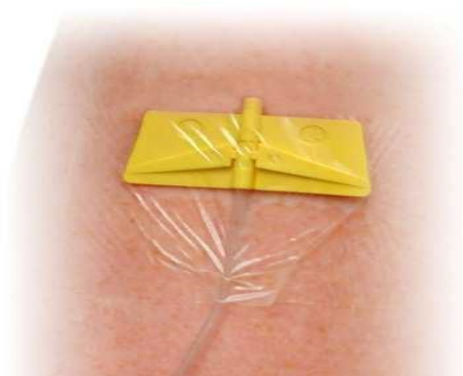
4.0 How to check BD Saf-T Intima cannula site

The cannula site should be checked daily and before medication is administered for pain, swelling or redness.

If there is no pain, swelling or redness the cannula can be left in place for up to seven days.

If you notice any pain, swelling or redness the cannula should not be used, and you should contact the nurse who is supporting you to arrange for this to be replaced.

BD Saf-T-Intima Cannula



5.0 How to flush a BD Saf-T Intima cannula

Before and after using the cannula for administration of medicine it requires to be flushed

Items required to prepare (fill) the syringe for flushing the cannula.

- Sterile water or Saline for flush (your nurse or doctor will tell you which you should use).
- Syringe and needle.
- Sharps bin.

5.1 How to prepare (fill) the syringe for flushing the cannula

1. Attach needle to the syringe and remove needle cover.
2. Insert the needle carefully into the ampoule and pull slowly on syringe to draw liquid into the syringe.
3. Hold the syringe with the needle pointing upwards. Be careful not to touch the needle. Flick the syringe with your index finger to get all the bubbles in the syringe to the top. Slowly press on the end of the syringe to get rid of the bubbles – a tiny drop of liquid will appear at the end of the needle.
4. Remove needle from syringe, do not replace cover on the needle.
5. Place needle in sharps bin.

5.2 How to flush the cannula

The cannula should be flushed just after it has been put in and after giving any medicines.

1. Remove cap from cannula.
2. Connect syringe to be used for flushing the cannula and slowly administer 0.2 ml of the contents of the syringe by pushing the end of the syringe.
3. Remove the syringe from the cannula.
4. Carefully put the syringe in the sharps bin.
5. Attach cap to end of cannula.

6.0 How to prepare syringe for subcutaneous injection via the cannula

6.1 Items required preparing (fill) the syringe for giving medication:

- Prescribed drug record.
- Drug given record.
- Medicine to be administered - in ampoule.

If the medicine is in powder form, it will need to be mixed with a liquid. This will be either sterile water or saline and the nurse will tell you which you should use. This is called a diluent.

- Syringe and needle.
- Sharps bin.

6.2 Read the prescribed drug record:

- To check when last injection was given and if it is OK to give another injection.
- To check the dose of medicine to be given.

6.3 How to prepare (fill) syringe for giving medicine

6.3.1 If the medicine is a liquid:

1. Snap the neck off the ampoule and put in the sharps bin.
2. Remove the plastic needle cover.
3. Place needle into the middle of the ampoule and draw up required volume (dose) by slowly pulling upwards on the end of the syringe.
4. Hold the syringe with the needle pointing upwards. Be careful not to touch the needle. Flick the syringe with your index finger to get all the bubbles in the syringe to the top.
5. Slowly press on the end of the syringe to get rid of the bubbles – a tiny drop of liquid will appear at the end of the needle.

6.3.2 If the medicine is a powder

1. Tap the ampoule to ensure that all the contents are at the bottom of the ampoule.
2. Snap the neck off the ampoule and put in the sharps bin.
3. Remove the plastic needle cover, place needle into the middle of the ampoule.
4. Draw up the required volume of the diluent into the syringe.
5. Add diluent in syringe to the medicine (powder) in the ampoule.
6. Observe for cloudiness, discolouration or small particles forming. Discard if this occurs and seek advice.
7. Draw the required volume (dose) by slowly pulling upwards on the end of the syringe.
8. Turn syringe with the medicine upside down gently a few times to mix the medicine. The solution should be clear. If it is cloudy or contains any particles throw it away and make up a new syringe. If this problem occurs again ask your nurse or doctor for advice.
9. Hold the syringe with the needle pointing upwards. Be careful not to touch the needle. Flick the syringe with your index finger to get all the bubbles in the syringe to the top.
10. Slowly press on the end of the syringe to get rid of the bubbles – a tiny drop of liquid will appear at the end of the needle.
11. Remove the needle carefully and put it in the sharps bin. Do not put the plastic cover back on the needle.

6.4 How to give a subcutaneous injection via BD Saf-T-Intima Cannula:

1. Connect the syringe filled with the medicine to the cannula. Give the medicine slowly by pushing the end of the syringe.
2. When the syringe is empty disconnect the syringe from the cannula.
3. Put the empty syringe in the sharps bin.
4. Attach the second syringe with the liquid being used to flush the cannula and give 0.2ml by pushing the end of the syringe (as above).
5. Remove syringe from cannula and put in the sharps bin.
6. Attach a cap to the end of cannula.
7. Write down the name of drug, the dose, the date, and time of administration in the drug given record.

7.0 Individual Requirements

The nurse, pharmacist or doctor will explain about the medicine that you and / or your informal carer will be giving as intermittent subcutaneous injections. You will need to know:

- Name of the medicine.
- Name of diluents if needed.
- The medicine dose, how often the medicine can be given.
- What symptom it is being used to treat.

7.1 How many injections can be given in 24 hours?

The number of injections you or your informal carer can give in 24 hours and the time required between giving injections will be explained and written on your medication record.

If you or your informal carer find there is a need for more frequent doses within a 24-hour period, please contact the health professional who is supporting you for advice and review of your medication in advance of giving any further injections.

7.2 'Last Injection'

When your loved one is very close to death, you may give the last injection before they die. The health care professional supporting you will discuss this issue with you and with your informal carer as, it can be a distressing issue if not talked about beforehand.

The doses of these medicines are there to help relieve symptoms and will not in any way shorten or end life. The health care professional will discuss these issues with you in a sensitive manner.

8.0 RECORD OF COMPETENCY				
Steps in procedure	Discussed	Observed HCP	Performed with supervision	Confident undertaking procedure
Describe medicines to be administered, why they are being used, expected benefits and potential side effects				
Demonstrate hand washing and discuss importance of this				
List equipment required to administer subcutaneous medication				
Explain and demonstrate the administration of subcutaneous medication				
Describe and demonstrate how to document medication given and discarded				
Describe how to store and discard medication				
Explain when to seek advice and who to contact for advice				

Learner's Name:	
Healthcare Professional's Signature:	
Designation:	

9.0 When to get help

- If your/or your relatives condition changes or your symptoms get worse
- You have given 3 doses of any medicines in a 24-hour period.
- If you, or your informal carer, are unsure about any aspect of giving subcutaneous injections.
- If you, or your informal carer, no longer want to give the subcutaneous injections.

Phone numbers/times contactable

	Day (0800-1630hrs)	Out of hours (1630-0800hrs, weekends and public holidays?)
Community Nurse:		
GP:		