

Informal Carers Administering Subcutaneous As Required Medication Policy



GENERIC POLICY STATEMENT:

This information is designed to reflect and promote best practice within St Richard's Hospice.

Staff and volunteers are encouraged to use their judgement at all times and base their decision making and actions on the guidance provided. Issues relating to policy should be notified to the appropriate policy stream lead and any changes that are approved by appropriate committees must be documented in the SRH Policy Log.

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POLICY HISTORY LOG

Date	Name	Job Role	Change/suggestion
25.5.18	Vanessa Gibson	Care Development Lead	Initial draft
28.8.18	Vanessa Gibson	Care Development Lead	Review and amendments throughout draft policy
13.9.18	Sophie Edmonds	Clinical Nurse Specialist	Review and minor amendments
11.9.18	Carole Roberson	Lead for Professional and Clinical Development. Worcestershire Health and Care Trust	Updated picture of insuflon device
11.9.18	Julie Taylor	Community Nursing Services Manager	Role of Senior Staff Nurse, Documentation including out of hours,. Training requirements for team.
11.9.18	Tracey Grint	Care Quality Lead	Reviewed additional comments added to introduction
14.9.18	Louise Parker	Quality Assurance Manager NHS Redditch and Bromsgrove CCG NHS South Worcestershire CCG NHS Wyre Forest CCG	Formatting and additional clarifying comments
14.9.18	Nina Kilaire	Medicines Safety Officer , Senior Pharmacist Worcestershire Health and Care Trust	Additions regarding Controlled Drugs
14.9.18	John Morrison	Chief Pharmacist & Accountable Officer for Controlled Drugs, Worcestershire Health and Care Trust	Consistent terminology ; addition of CDAO responsibilities; clarity regarding total number of medications administered
28.9.18	Pam Clark	Department of Education and Learning	Review and minor amendments
8.10.18	Carole Roberson	Lead for Professional and Clinical Development. Worcestershire Health and Care Trust	Identification of CDs, disposal of surplus medication, safe storage of medication within the home
29.10.18	Vanessa Gibson	Care Development Lead	Post Care Quality. Amend CDAO responsibilities. Add reference to a flowchart which will be used as part of underpinning training.

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1.0 POLICY PURPOSE

To provide processes which support practice to enable informal carers to safely administer as required subcutaneous medication at end of life via a subcutaneous infusion line which has been previously inserted by a health care professional. The policy relates solely to those informal carers who have been identified as appropriate to undertake this activity and have received underpinning education as outlined in this policy. This policy has taken into account guidance from professional bodies including the Royal College of Nursing, Nursing and Midwifery Council and the Medical Protection Society.

2.0 INTRODUCTION

It is well recognised that a large proportion of patients when given the choice would prefer to die at home (The choice in End of Life Care Programme Board, 2015). Within the UK the largest volume of hospice care is provided within people's home or usual place of residence (Hospice UK, 2017a). A key aim of hospice care is to maximise comfort and well-being reducing patient fear and discomfort and having a positive impact upon those who are facing bereavement (National Palliative and End of Life Partnership, 2015). Ambitions for Palliative and End of Life Care (2015) identifies six key ambitions for end of life care. These include ensuring each person gets fair access to care, their comfort and well-being is maximised and care is co-ordinated.

The End of Life Care Strategy (Department of Health 2012) stresses the importance of 'timely' provision of services and medicines to ensure high quality care is provided at end of life. The National Institute for Health and Care Excellence (NICE 2011) highlights in their 'Quality Standard for End of Life Care for Adults' the importance of 'people approaching the end of life (having) their physical and specific psychological needs safely, effectively and appropriately met at any time of day or night, including access to medicines and equipment'. However, it is acknowledged that as required medication can entail a significant delay within the community setting. Wilkinson (2016) describes waiting times of over an hour and the resulting distress for both patient and carer. When describing how hospice care could be transformed Hospice UK (2017b) highlights the potential to enable trained and supported carers and family members to play an active role in helping to deliver care, helping patients to achieve what matters to them as they approach death.

Sheehy-Skeffington et al. (2015) reported upon care givers experiences of managing medication at end of life. Within this paper the authors state that care givers made reference to feeling empowered by the ability to administer as needed medication.

Enabling informal carers to administer as required subcutaneous medication at end of life will require careful assessment and support and therefore it will be undertaken by exception and will not form part of standard practice at St Richard's Hospice.

3.0 DEFINITIONS

Informal carer

An informal carer may be a member of the patient's family or social network who is providing support to the patient in a non-paid role.

Administering subcutaneous medication

Within this policy administering subcutaneous relates to an informal carer administering prescribed subcutaneous medication via an administration line which has previously been inserted by a member of the health care team.

As required subcutaneous medication

As required medication relates to medication prescribed for the patient which is given as needed (within the parameters of the prescription) with the aim of providing relief from symptoms. This policy relates to as required medication which is prescribed to be administered subcutaneously.

4.0 THIS POLICY SHOULD BE READ IN CONJUNCTION WITH:

St Richard's Hospice Incident Reporting Policy (2016)

St Richard's Hospice Medicines Management in the Community Setting by Registered Nurses (2017)

St Richard's Hospice Mental Capacity Act Policy (2016)

Worcestershire Health and Care NHS Trust, Medicines Policy (2016)

5.0 ROLES AND RESPONSIBILITIES

Chief Executive:

- Has overall responsibility for ensuring policies, procedures and systems are in place to ensure that use of this policy conforms with expected standards of informed consent and safety.

Care Quality Lead is responsible for:

- Receiving reports regarding errors and acting in accordance with Controlled Drugs Accountable Officer (CDAO) requirements, reporting as necessary to the Local Intelligence Network (LIN), the commissioners (SWCCG) and the Care Quality Commission (CQC).
- Collating incident reports relating to informal carers administering subcutaneous medication at end of life reporting on any trends that become apparent and supporting the appropriate clinician to carry out a root cause investigation on any serious incidents involving this policy.

Worcestershire Health and Care Trust Controlled Drugs Accountable Officer (CDAO)

- Is responsible for all actions regarding the safe and secure handling of Controlled Drugs.

Head of Community Nursing Services is responsible for:

- Ensuring all new registered nursing staff joining the community nursing services receive a full induction relating to this policy and the underpinning procedures.
- Maintaining this policy to ensure it is up to date with current best practice guidelines.
- Investigating jointly with the Care Quality Lead any incidents relating to use of this policy.

Registered nurses must:

- Abide by their professional codes of conduct.
- Be accountable for their own professional actions when supporting informal carers in the implementation of this policy.
- Be aware of any guidance from their professional bodies which may have an impact upon the implementation of this policy.
- Be aware of their accountability with regard to the implementation of this policy.
- Report any medicine errors they become aware of and advise the Care Quality Lead or Head of Community Nursing Services of any matters of concern.
- Undertake underpinning training as directed by the education department and the Head of Community Nursing Services.

The Education Department will:

- Work with appropriate line managers to ensure underpinning education and training to implement this policy remains current and fit for purpose.
- Support staff in carrying out policy review and audit of clinical practice.

6.0 INCLUSION CRITERIA

- An identified potential need for as required subcutaneous medication; i.e. intermittent pain, nausea, agitation.
- Instances where there has been a delay (or there is risk of delay) in administering as required subcutaneous medication i.e. for patients in more remote geographical locations.
- A carer who is willing to administer as required subcutaneous medication. This consent from the carer could be withdrawn at any point without leading to any adverse effect on care.
- A carer who is physically able to administer as required subcutaneous medication. This will include the ability to read medication labels and draw up medication.
- That the carer is over 18 and has mental capacity to undertake this task. Mental capacity should be assessed by following the guidance provided in St Richard's Hospice Mental Capacity Act Policy (2016).
- The patient is known to St Richard's Hospice.
- The patient is at end of life i.e. with a potential life expectancy of six weeks (although we recognise this will be an estimation based on clinical judgement so may be variable in reality).

- A subcutaneous administration line can safely be sited in the patient to ensure safe administration of as required subcutaneous medication. The recommended subcutaneous administration line used within South Worcestershire is an Insuflon.
- An MDT has reviewed the individual situation and agreed that this policy would be appropriate (see section 10.0 Patient Selection).
- The GP understands the rationale for use and is in agreement with this policy being put in place.

7.0 EXCLUSION CRITERIA

- Patient does not agree.
- Patient is known positive to either HIV and/or hepatitis.
- A carer who is physically unable to undertake the as required administration process i.e. has poor sight, poor dexterity, has high levels of anxiety.
- A carer lacks capacity.
- Where there is known and concerning discord within the family.
- Where there are safeguarding concerns.
- If there is known or suspected substance abuse within the property or if someone with known or suspected substance abuse issues has access to the property.
- Patient is not known to St Richard's Hospice.

8.0 MEDICATIONS WITHIN SCOPE OF THIS POLICY

A decision will be made by the MDT regarding the primary symptom which is likely to require the administration of an as required subcutaneous injection for each individual patient using this policy. A maximum of one symptom and one medication to address this symptom will be identified i.e. the informal carer will only be able to administer one subcutaneous medication.

See below for a list of commonly used medication which could be put in place within this policy - however note this list is not exhaustive.

- Diamorphine- Controlled medication
- Morphine – Controlled medication
- Oxycodone – Controlled medication
- Metaclopramide
- Levomepromazine
- Cyclizine
- Haloperidol
- Midazolam
- Hyoscine Butylbromide

9.0 POLICY PROCESS

Implementation of this policy will follow clear processes:

9.1 Organisational process

1. The allocated St Richard's Hospice clinical team member will identify the patient and informal carer where they believe this policy could be used. Predominantly this clinical staff member will be the allocated Clinical Nurse Specialist. Other staff who may identify patients and families where this policy could potentially be used include a Community Nurse, GP, member of St Richard's Hospice In-Patient Unit clinical team.
2. The initial risk assessment will be completed by the clinical team member to identify if the patient and informal carer meet the inclusion criteria.
3. If inclusion criteria are met the clinician will have a discussion with the wider health care team supporting the patient and informal carer. See section 10.0 Patient Selection for more detail on who should be involved in this discussion.
4. If the wider health care team raise concerns about use of this policy with the identified patient and informal carer the policy will not be implemented at that time. A record will be made in the patient's electronic notes to state that use of the policy has been considered but has not been implemented at this time.
5. If the wider team support consideration of implementation of this policy, the clinician will discuss potential use of this policy with the patient and informal carer.
6. A copy of the supporting introductory leaflet will be left with the patient and informal carer and the subject revisited at the next contact with the patient and informal carer. It is recognised that in urgent situations the decision to proceed may need to be made at the initial discussion. In this instance a clear rationale for this discussion and decision should be recorded within the patient's electronic notes.
7. Once informed consent to proceed has been received the appropriate prescriber should be approached to prescribe the identified as required medication.
8. An Insuflon subcutaneous medication administration line will be inserted by either the Community Nurse or the Clinical Nurse Specialist
9. The allocated Clinical Nurse Specialist will provide the informal carer with:
 - The underpinning guide - this has a personalised front section which should be completed by the clinician prior to issuing to the patient and informal carer.
 - A copy of the checklist.
 - A copy of the consent form to be signed.
10. The allocated Clinical Nurse Specialist will undertake underpinning training with the informal carer, this will include checking of competence.
11. Once assessed as competent the wider health care team supporting the patient and informal carer will be informed. This will include notification to the out of hours service via Blackpear.
12. Any changes in medication to be administered under this policy will result in an updated prescription being issued (as per the process outlined above). Underpinning education for the informal carer will also be revisited to ensure they are fully aware of the changes, indication for medication and potential effects of the medication.
13. Following administration of subcutaneous medication by the informal carer a home visit will be arranged by the Clinical Nurse Specialist or Community Nurse. At this visit:
 - Support will be provided to the informal carer and patient.
 - Rationale for administering the last medication will be discussed.
 - Dosage, timing and effect of the prescribed subcutaneous as required medication will be reviewed.

- Stock balance will be checked. Any discrepancies in stock balance will follow the process outlined in the St Richard's Hospice Community Medication Policy.

This organisational process will be supported by a flowchart within underpinning education.

9.2 Informal carer process

In addition to the process outlined above, informal carers will:

1. Contact their district nursing service prior to administering an as required subcutaneous medication. If the community nurse team are able to attend at that time they will do so and the informal carer will not be required to administer subcutaneous as required medication at that time.
2. If the community nurse is not available this discussion could take place with the on call Clinical Nurse Specialist at St Richard's Hospice.
3. The informal carer will describe what their observations of the patient are, when the prescribed medication was last administered and the medication they plan to administer. This discussion aims to provide a level of reassurance to the carer.
4. The informal carer will administer the prescribed as required subcutaneous medication as per underpinning education provided (appendix 1)
5. The informal carer will complete the required documentation as per underpinning education (appendix 1)
6. The informal carer will seek further support from the community nurse team or the St Richard's Clinical Nurse Specialist if the symptom persists or they have cause for concern related to the patient's condition.

This informal carer process will be supported by a flowchart within underpinning education.

10.0 PATIENT SELECTION

Selection and inclusion into this project will be a multidisciplinary team (MDT) decision and will not be made by a single clinician. Within St Richard's Hospice this would be an MDT decision either at the community or In-Patient Unit MDT meeting or through a team discussion within the clinical area. Within Primary Health Care it may be a decision made within a Gold Standard Framework meeting or on discussion with community nurses, General Practitioners and specialist nurse colleagues. This policy will not be used without the GPs consent.

11.0 EDUCATION AND TRAINING

All training should be recorded in the education database and personal portfolios. In the event of an error or omission relating to this policy, learning needs will be identified and addressed.

The registered nurses who will implement this policy will attend initial training and yearly updates for the policy. In addition, all registered nurses implementing this policy will attend:

- Transcribing training
- Medication management training

Education and training for informal carers will be provided predominantly by the patient's allocated Clinical Nurse Specialist, Senior Staff Nurse or wider St Richard's Hospice community geographical team.

12.0 TRAINING REQUIREMENTS

Training for the carer will be provided by St Richard's Hospice. The training will be provided by the patient's allocated Clinical Nurse Specialist, geographical community team and Senior Staff Nurse. Community nursing services will support and reinforce the training provided when having interactions with the patient and family.

Training will be comprehensive (see training outline: appendix 1) and will include:

- Limits of this policy i.e. only the identified medication can be administered at the prescribed dose.
- Safe storage of medication.
- How to observe the subcutaneous line for signs of swelling, inflammation or leakage prior to administration of medication and how to report this to the allocated Clinical Nurse Specialist/Senior Staff Nurse or Community Nurse.
- Effective hand washing technique prior to and after administration of medication.
- Checking of medication: correct drug and dose, date and time of administration, when medication was last given, correct interval between doses.
- Drawing-up of medication to correct dose.
- How to reconstitute Diamorphine - where appropriate.
- How to administer medication safely, including when and how to flush the subcutaneous line.
- How to document administration of medication.
- Safe disposal of any equipment used, including correct procedure if a needle stick injury occurs.
- Side effects of medication – including what to expect.
- Effectiveness of medication – including what to expect and what to do if the carer feels the medication has not been effective.
- Procedure to follow if the wrong medication or wrong dose of medication is administered. This procedure will follow the medication error guidance provided within the community medicines management policy.
- Psychological impact on carer – including if carer administers what may be “the last dose” and patient dies also if carer is asked to administer more than the prescribed dose by the patient to “end their suffering”.
- Safe disposal of surplus medication when no longer required (i.e. return to pharmacist).
- When to contact Clinical Nurse Specialist/ Senior Staff Nurse or Community Nurse.

13.0 SUPPORT AND SUPERVISION

It is recognised that the use of this policy could potentially increase pressure on some informal carers. The inclusion criteria aims to ensure the careful selection of patients and informal carers for whom this policy is appropriate.

Patients and informal carers using this policy will be known to and supported by St Richard's Hospice. This support will be provided by the allocated Clinical Nurse Specialist, Senior Staff Nurse and in the absence of the allocated Clinical Nurse Specialist the wider geographical Clinical Nurse Specialist team. In addition, it will be clearly recorded in the patient's electronic notes when this policy is in place. The use of this policy will be noted as an alert on the patient's electronic notes homepage. This will allow wider St Richard's Hospice clinical services to provide support to the patient and informal carer should they come into contact with them.

Informed consent will be sought from both the patient and the informal carer. An element of the informed consent will be ensuring that the patient and carers are aware that they can stop using this policy at any point. Such a decision would not have any negative impact upon the care provided by St Richard's Hospice.

Comprehensive supporting information will be provided for the patient and informal carer (appendices 7 and 8).

Following the administration of as required subcutaneous medication by the informal carer a home review will be undertaken within twenty four hours by either a St Richard's Hospice Clinical Nurse Specialist, St Richard's Hospice Specialist Doctor, Community Nurse or General Practitioner. Ideally this review will be face to face however it is recognised that the review may be undertaken by phone during out of hours. All reviews will be clearly documented within the patient's electronic notes.

Informal carers will have access to all appropriate carer support interventions provided by St Richard's Hospice (appendix 9).

14.0 DOCUMENTATION

Documentation required to support safe use of this policy includes:

1. The risk assessment (appendix 2) provides a screening tool to ensure that the informal carer and patient meet the inclusion criteria for this policy to be used.
2. Checklist for informal carers administering as required subcutaneous medication (appendix 3) will be used to ensure appropriate patient selection, safe implementation of the policy.
3. The record of consent (appendix 4) will be used to ensure informed consent is received from the the patient and the informal carer to enable the informal carer to administer subcutaneous as required medication.
4. Medication will be prescribed onto the informal carer prescription chart (see appendix 5) by a registered prescriber. This may be the General Practitioner, a member of the medical team at St Richard's Hospice or a Non Medical Prescriber. The prescription will meet all legal requirements. The prescription will be for a fixed dose, ranges of dosages will not be included in this policy.
5. Informal carer administration chart (see appendix 5) will be used by the informal carer to record the details of medication given including time, dose and effect.
6. A clear record will be made on the patient's electronic record to show that this policy is in place. This will be done by logging an alert on the patient's electronic notes homepage.

15.0 MONITORING AND AUDIT

Compliance with this policy will be monitored proactively through audit of all clinical records when the policy is implemented.

Standard	Compliance
A signed consent form available within the patient's electronic records	100%
A completed checklist will be available within the patient's electronic record	100%
An alert will be on the patient's electronic record stating that this policy is in use	100%

16.0 REFERENCES AND FURTHER READING

Department of Health (2012) End of Life Care Strategy.

National Institute for Health and Care Excellence (2011) Quality standard for end of life care for adults.

Hospice UK (2017a) Hospice care in the UK 2017. From numbers to insight

Hospice UK (2017b) Transforming hospice care. A five-year strategy for the hospice movement 2017-2022

National Palliative and End of Life Care Partnership (2015) Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020

Sheehy-Skeffington. B, McLean. S, O'Leary. N. (2014) *Caregivers Experiences of Managing Medication for Palliative Care Patients at the End of Life: A Qualitative Study*. The American journal of hospice and palliative care

The Choice in End of Life Care Programme Board (2015) What's important to me? A review of choice in end of life care

Wilkinson. C (2016) Caring for the dying at home: can lay carers safely give extra, as-needed, symptom control to their loved ones using injections under the skin

APPENDICES

Appendix 1: Underpinning Training Plan

Informal carers administering as required subcutaneous medication at end of life training competencies.

Informal carers will be referred to as carers within this document for brevity purposes.



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CARING FOR LIFE

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Supported by pt info indicate areas of this training which will be supported by patient information (Appendix 7 & 8).

Task	Underpinning actions	How assessed
Assessing need for medication	<ol style="list-style-type: none"> 1. The carer will have an understanding of identified symptom. For example, if the patient is at risk of vomiting the carer will understand why the patient may be vomiting. 2. The carer will have an understanding of non pharmacological measures which could be used to manage the symptom. 3. The carer will have underpinning knowledge of the sub cut medication prescribed to manage this symptom. This understanding will include: <ul style="list-style-type: none"> • Name • Speed of action • Potential side effects 	<p>Verbal discussion</p> <p>Verbal discussion</p> <p>Verbal discussion</p>
Underpinning procedure	<ol style="list-style-type: none"> 1. The carer will understand the importance of discussing the potential need to administer sub cut medication to the patient with the patient where possible. 2. The carer will be aware of how to contact the Community Nursing (DN) Service both within and outside normal office hours. 3. The carers will feel confident to discuss their concerns and plan of action with the DN service. 4. The carer will be aware of their ability to opt out of administering sub cut medication to the patient at any point without this decision having a detrimental effect on care provided by the DNs or St Richard's Hospice. 	<p>Verbal discussion + role play</p> <p>Verbal discussion (Supported by pt info)</p> <p>Verbal discussion + role play</p> <p>Verbal discussion (Supported by pt info)</p>

Checking prescription	<ol style="list-style-type: none"> 1. The carer will be able to check the prescribed drug and dose. 2. The carer will be able to check when the medication was last administered. 3. The carer will be able to check the frequency of administration for this drug. 4. The carer will check the drugs route and method of administration. 5. The carer will be able to check that the prescription is signed and dated. 6. The carer will understand the actions which should be taken if the prescription is unclear, unsigned or not dated. 	<p>Role play Role play</p> <p>Role play</p> <p>Role play Role play Verbal discussion</p>
Checking medication	<ol style="list-style-type: none"> 1. The carer will be able to identify the prescribed medication. 2. The carer will be able to check the identified medication against the prescription to ensure: <ul style="list-style-type: none"> • It is the correct medication • The medication is in date • The total dose of medication within the vial • The amount of medication which is required from the vial to administer the prescribed dose 	<p>Role play</p> <p>Role play (Supported by pt info)</p>
Handwashing	<ol style="list-style-type: none"> 1. The carer will understand the importance of administering medication using a clean technique. 2. The carer will undertake handwashing in line with current guidance. 	<p>Verbal discussion</p> <p>Role play (Supported by pt info)</p>
Flushing the line	<ol style="list-style-type: none"> 1. The carer will be able to identify the equipment required to flush the line. 2. The carer will understand the importance of flushing the line. 3. The carer will be able to flush the line in line with current guidance. 	<p>Role play Role play Role play (Supported by pt info)</p>
Drawing up medication	<ol style="list-style-type: none"> 1. The carer will be able to identify the equipment required to draw up the prescribed medication. 2. The carer will be able to draw up the prescribed medication in line with current guidance. This will include drawing up: <ul style="list-style-type: none"> • Full ampoules • Partial ampoules 	<p>Role play</p> <p>Role play (Supported by pt info)</p>
Safe disposal of equipmet and unused medication eg. If a partial vial is used	<ol style="list-style-type: none"> 1. The carer will be able to describe the importance of safe disposal of equipment used. 2. The carer will be able to demonstrate safe disposal of: 	<p>Verbal discussion</p> <p>Role play</p>

	<ul style="list-style-type: none"> • Sharps • Ampoules • Syringes • Unused medication 	
Needlestick injuries	<ol style="list-style-type: none"> 1. The carer will be aware of potential risks from needlestick injuries. 2. The carer will be aware of the importance of safe disposal of sharps. 3. The carer will be aware of current guidance regarding how to manage needlestick injuries. <p>Note patients with a known blood borne virus will be excluded from this policy</p>	<p>Verbal discussion</p> <p>Verbal discussion</p> <p>Verbal discussion</p>
Administering medication	<ol style="list-style-type: none"> 1. The carer will be able to administer prescribed medication following current practice guidance. 	<p>Role play (Supported by pt info)</p>
Safe tidying up	<ol style="list-style-type: none"> 1. The carer will be able to safely dispose of all equipment used to administer the prescribed medication. 	<p>Role play</p>
Documentation	<ol style="list-style-type: none"> 1. The carer will understand the importance of full documentation when as required medication has been administered. 2. The carer will be able to clearly document medication administered on the prescription sheet. 	<p>Verbal discussion</p> <p>Role play</p>
Assessing effect	<ol style="list-style-type: none"> 1. The carer will understand the likely effect of the prescribed medication. 2. The carer will understand the importance of recording the effect of prescribed medication. 3. The carer will understand when additional support should be sought for example if the administered medication does not relieve the symptom or results in an unexpected side effect. 	<p>Verbal discussion</p> <p>Verbal discussion</p> <p>Verbal discussion</p>
Follow up	<ol style="list-style-type: none"> 1. The carer will understand what follow up should be provided after they have administered a as required sub cut medication. 	<p>Verbal discussion</p>
Asking for help	<ol style="list-style-type: none"> 1. The carer will understand when and how to ask for help. 	<p>Verbal discussion</p>

RISK ASSESSMENT



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 patient's 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 has capacity) to carers undertaking this procedure | Yes/No |

All of the following should have negative responses before the procedure can be used:

- | | |
|--|--------|
| 1. Alternative methods of administration are possible | Yes/No |
| 2. Carer unwilling to undertake task | Yes/No |
| 3. Carer is under the age of 18 years | Yes/No |
| 4. Carer lacks mental capacity | Yes/No |
| 5. Carer is deemed physically unable to carry out the task | Yes/No |
| 6. MDT has decided carer is not appropriate for task | Yes/No |

If you have answered yes to any of these questions this policy should NOT be used.

Appendix 3: Policy Checklist

**CHECKLIST FOR INFORMAL CARERS ADMINISTERING
'AS REQUIRED' SUBCUTANEOUS INJECTIONS**

PATIENT:

DOB:

NHS NO:

GP:

CNS:

DATE OF ASSESSMENT:

PATIENT SELECTION

	YES	NO	Signature	Print name	Role	Date
The patient has unpredictable symptoms where as required subcutaneous medication by injection may be required						
One as required medication has been selected as appropriate for administration						
The decision for a carer to administer as required subcutaneous injections in a community palliative care setting has been agreed prior to discussions with patient and/or family/carer with a minimum of 2 multidisciplinary team members and must include the patient's GP						
The informal carer is willing to volunteer to undertake this role to administer subcutaneous medication without undue demand from relatives or health professionals and they understand that they can withdraw consent at any time without any adverse effect on care?						
Does the patient have mental capacity? If yes has the patient signed and consented to the carer being delegated this task						

	YES	NO	Signature	Print name	Role	Date
If the patient does not have mental capacity, has a best interests decision has been undertaken?						
The carer has the ability to read, speak, write and understand English						
The carer is not employed as a paid carer for the patient						
There are no family members with a known history of substance misuse and/or there is no one known to misuse substances who has access to the house						
There are no known safeguarding issues or concerns regarding family discord within the house						

IMPLEMENTATION OF POLICY

	YES	NO	Signature	Print name	Role	Date
The GP has prescribed the identified as required subcutaneous medication on the Carer's Administration sheet. NB: This should be one medication only and consideration should be given to the ease of drawing up the prescribed medication from available ampoules						
The identified carer has been provided with the underpinning education pack						
The identified carer has completed the underpinning education pack						
The identified carer has been assessed as competent to administer an as required subcutaneous medication						
The prescription to be used by the carer has been checked to ensure it meets all standard prescribing requirements eg. legible, dated and signed						
DN/CNS has inserted the Insuflon device, flushed with 0/5ml water for injection and secured with a clear transparent dressing						

	YES	NO	Signature	Print name	Role	Date
The CNS has explained that the carer may only administer a maximum of one injection per any 24 hour period						
Out of hours services have been notified that the identified carer is able to administer a single, identified, as required subcutaneous medication						
A supply of the identified as required subcutaneous medication is within the patient's home and stored safely/appropriately within the home						
A supply of required equipment for administration of identified as required prescribed medication is within the home. This equipment should include: <ul style="list-style-type: none"> • Sharps bin • Water for injection • Needles • Syringes 						

CHANGES TO MEDICATION TO BE ADMINISTERED

	YES	NO	Signature	Print name	Role	Date
Prescription chart updated						
The identified carer has received additional information and support to clarify: <ul style="list-style-type: none"> • Medication to be administered • Reason for administration • Duration of effect of medication • Potential side effects 						

Appendix 4: Consent form

INFORMAL CARERS ROLE IN SUBCUTANEOUS ADMINISTRATION OF
MEDICINES RECORD OF CONSENT

Date/Time

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

I have been given an information leaflet and supporting education pack.

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 in administering at least a flush of water for injection.

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

I feel confident to undertake this role in administering subcutaneous medicines. I am aware that I am able to give one injection in a 24 hour period.

I will inform the community nursing team if I feel that I need to give a medication by injection.

Carer signature

Healthcare professional signature

Date:

Print name

Print designation

Date:

Appendix 5: Informal carers prescription chart



MEDICINE ADMINISTRATION PRESCRIPTION CHART

Patient name:

Patient DOB:

Check these to ensure if another dose can be given

Name of medication	Dose of medication	What is the medication for	How often can it be given by informal carer	Date and time given
<i>Midazolam</i>	5mg	Anxiety	<i>Once in 24 hours at least 4 hours after previous administration</i>	

Print Name of Prescriber:

Signature of Prescriber:

Date:

Appendix 6: Informal carers administration record chart



RECORD OF ADMINISTRATION OF SUBCUTANEOUS INJECTIONS BY CARER

Patients Name:

Date of birth:

Date	Time	Drug Name	Dose	Signature
11.7.18	21.30	Midazolam	5mg	<i>J. Smith</i> J. Smith
Additional Notes: 				

Appendix 7: Policy introduction leaflet

Information leaflet to support relatives and carers considering giving as required injections for pain and symptom control in the community



As patients become more poorly they often lose the ability to swallow oral medication or liquids. General pain relief and symptom control can often be managed via a small pump. This pump is managed by your community nurses and gives the patient a regular amount of medication. However, at times patients may experience increased pain or troublesome symptoms that require extra medication. These extra medications may often be given by a small injection and are often known as 'as required' medicines. The troublesome symptoms can be unpredictable so the patient could experience them at any time of the day or night. Sometimes relatives can be taught how to give injections to help maintain comfort and the control of pain and other symptoms. This is similar to when relatives give oral pain relief / other oral medication but just the route of giving has changed as the patient is no longer able to swallow. You have been given this leaflet because a healthcare professional supporting you feels that you may want to explore being able to administer medication by injection should it be required. Your ability to administer medication by injection would not replace the support you normally receive from your community nursing team or Clinical Nurse Specialist.

Giving medication to a patient may seem daunting but if you wished to do this we would ensure that you have training to help you do this safely and confidently. Training would include:

- Helping you understand what medication can be given - it would be one prescribed medication for one symptom
- Helping you understand in what situations you may need to give the medication
- Practising how to prepare the medication - this would include drawing up the medication into a syringe
- Practising how to give the medication
- Practising how to safely dispose of the equipment used to give the medication
- Practising how to record what medication you have given
- Discussing how you feel about giving the medication and preparing you for what could happen after you give an injection. For example, if the injection doesn't help the patient or the patient gets worse after the medication has been given.

The training would be done normally by the Clinical Nurse Specialist supporting you and your loved one. The training would be done in your own home and at your pace. Training provided would be summarised in a small handbook which would guide you through the process of administering medication step by step.

Before we could begin this training we would need to know that you would be happy to undertake the training and be able to give medication. We would also need to know that the patient agrees to you administering medication. We would also need to check that you are physically able to prepare and

administer the medication - you do need to be able to read the medication label and have a steady hand. We would also discuss your ability to administer medication with your GP and community nursing team.

You would remain in control of if and when you administer medication by injection. If you decide during or after the training that you do not feel comfortable administering medication by injection you can withdraw at any point and the patients care will not be affected. Community Nurses and your Clinical Nurse Specialist will continue to support you.

Should you have any questions please contact.....



Information to guide the administration of injections as required

Patient name:

Name of person administering as required injections:

Contents

Summary sheet *example for Bob Smith*

Medication which can be given:

Midazolam

Dose of medication which can be given:

5mg

For what symptom is this medication prescribed:

Agitation

When should the medication be given:

When other methods of reducing anxiety have not been successful. For Bob other methods would include:

- *Sitting and talking to Bob*
- *Changing Bobs position*
- *Checking that Bob has not been incontinent*

How quickly should this medication work:

Within 1 hour

What are the main side effects of this medication:

Midazolam can cause sleepiness

Contact numbers:

At any time if you need help or advice you should contact your community nursing team. You should always contact your community nursing team before you give an injection.

Community nursing team in hours:

Community nursing team out of hours:

If you cannot speak to a member of your community nursing team you can contact St Richard's Hospice.
Telephone number:

01905 763963

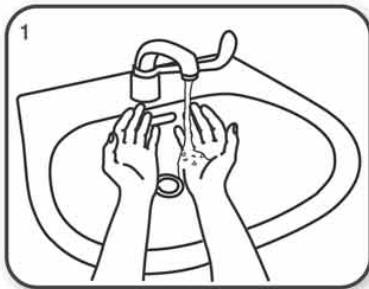
The next pages will take you through how to give the medication by injection step by step.

Remember: you need to contact your community nurse before you give an injection.

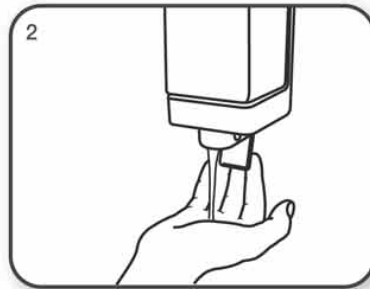
STEP 1.

- Wash and dry your hands thoroughly.

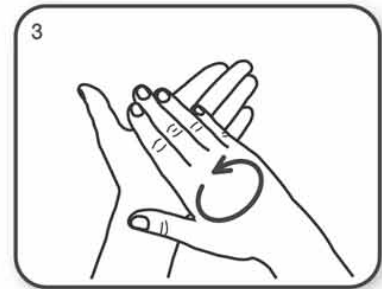
Source: World Health Organisation



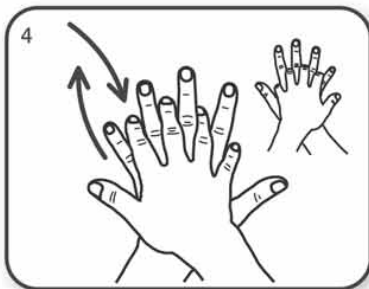
Wet hands with water



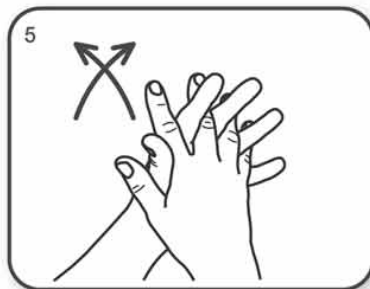
Apply enough soap to cover all hand surfaces



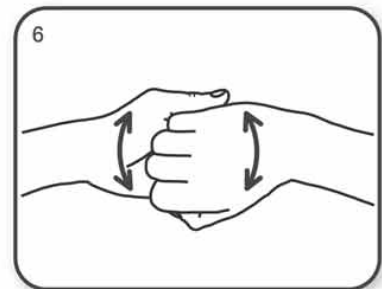
Rub hands palm to palm



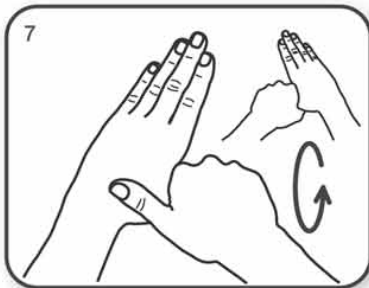
Right palm over the back of the other hand with interlaced fingers and vice versa



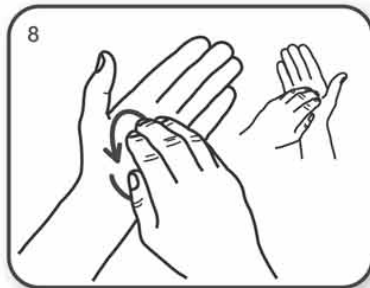
Palm to palm with fingers interlaced



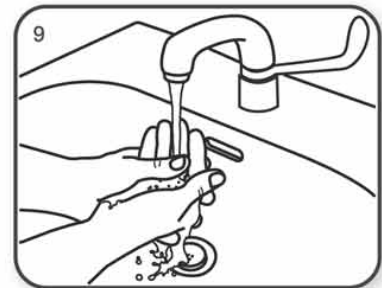
Backs of fingers to opposing palms with fingers interlocked



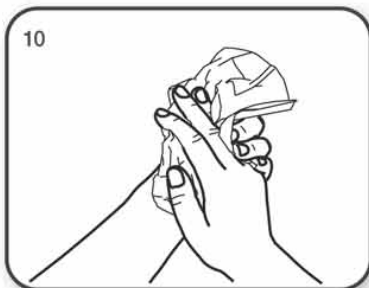
Rotational rubbing of left thumb clasped in right palm and vice versa



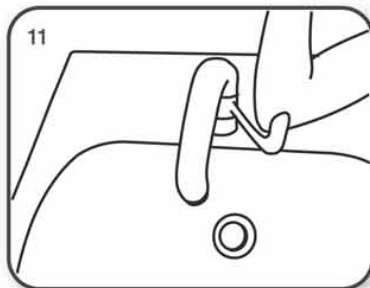
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



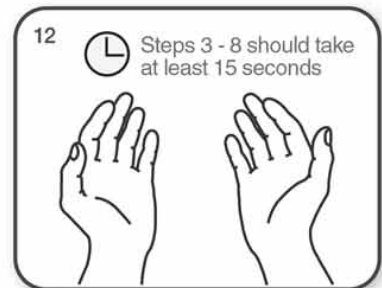
Rinse hands with water



Dry thoroughly with towel



Use elbow to turn off tap



Steps 3 - 8 should take at least 15 seconds

...and your hands are safe

STEP 2.

- Check the prescription sheet. This is a green sheet which looks like the example below.

You need to check:

- When the last dose was given
- If you can give another dose now - the prescription sheet will clearly tell you how often the medication can be given.



MEDICINE ADMINISTRATION PRESCRIPTION CHART

Patient name:

Patient DOB:

Check these to ensure if another dose can be given

Name of medication	Dose of medication	What is the medication for	How often can it be given by carer	Date and time given
<i>Midazolam</i>	5mg	Anxiety	<i>Once in 24 hours, at least 4 hours after previous administration</i>	

Print Name of Prescriber:

Signature of Prescriber:

Date:

STEP 3.

- Check the site of the cannula. The cannula is the needle which has already been left in place by either your community nurse or nurse specialist. You will give the injection through the cannula. You need to check that the cannula is still ok to use. Use the prompts below:

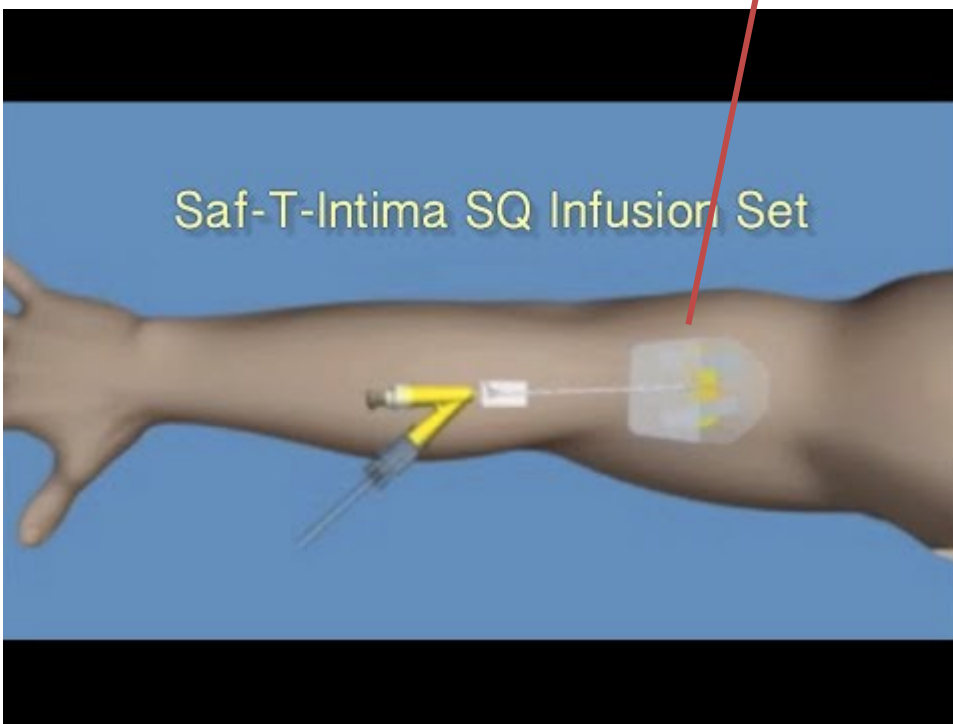
Is the site red?

Is it hard?

Is it sore?

Is it swollen?

If you have answered yes to any of these questions. Do not give an injection. Contact your Community Nurse.



STEP 4.

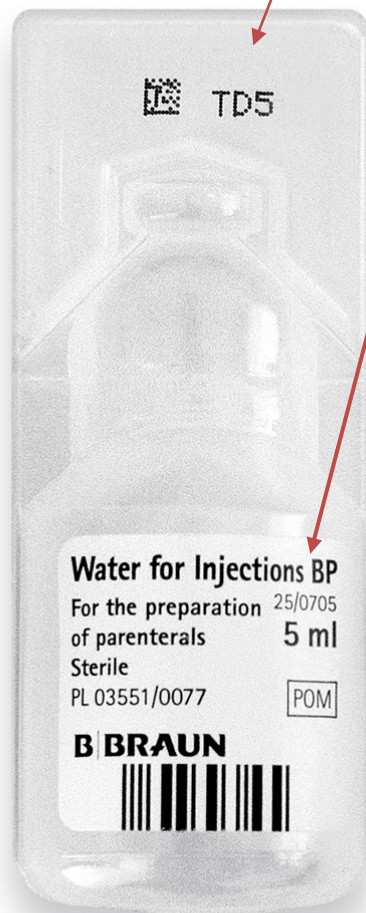
- Gather together your equipment. You will need:
 - needle
 - syringe
 - green prescription sheet
 - medication to be given
 - sterile water for injection. Sterile water will have been provided and is normally in ampoules.
 - blue administration sheet

Step 5:

You need to draw up the water needed to flush the cannula.

Check the ampoules of sterile water. The picture below shows an ampoule of water. You will need to check:

- That it is sterile water- this is normally described as 'water for injection'
- Expiry date. This is normally on the top of the ampoule



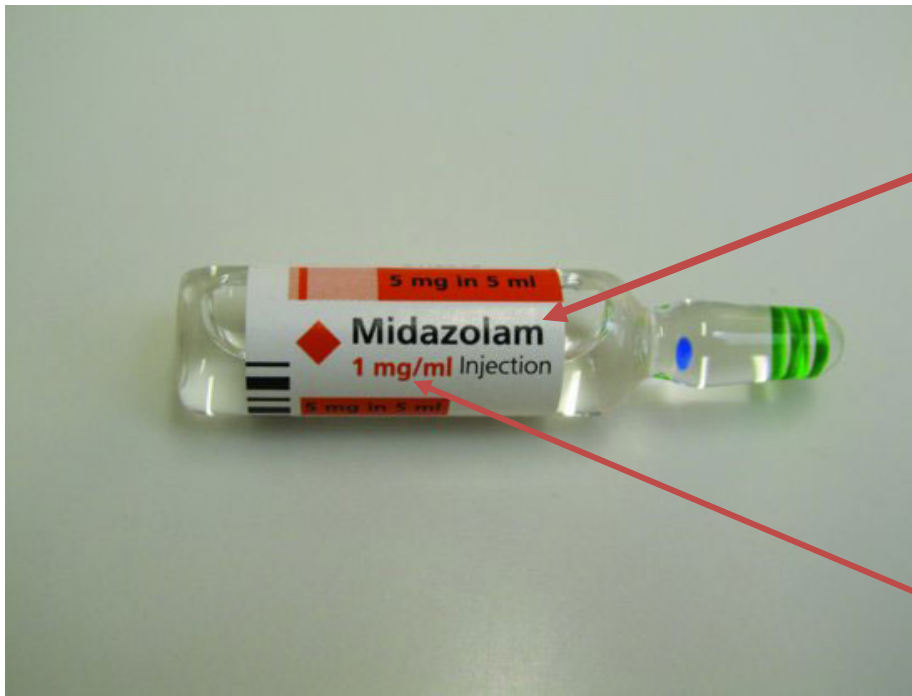
The sterile water needs to be drawn up into a syringe - you need 0.5ml of water. You will use this water to flush the cannula before and after you give an injection. This makes sure that the medication goes into the person rather than being left in the cannula. It also helps to keep the cannula in good condition. If when flushing the device you feel that it is difficult to flush the cannula or you notice redness or swelling around the cannula please stop and contact your community nurses.

STEP 6.

You now need to draw up the medication.

You will need to check the medication is the prescribed medication by looking at the ampoules contained within the storage box and checking it against the green prescription sheet.

Below is a picture of a medication ampoule:



The name of the medication on the ampoule should match that on the green prescription sheet.

Check the strength of the medication in the ampoule. This will tell you how much you need to draw up.

There is also an expiry date on the ampoule which you need to check.

- Check how much of the medication in the ampoule you need to draw up - you may not need to draw up all of the medication in the ampoule

- Attach the needle to the syringe
- Break open the vial of the medication to be given by snapping the top off. Remember to hold the ampoule on the dot at the neck of the ampoule. This will make opening the ampoule easier.



- Draw up the medication into the syringe
- If you have an air bubble in the syringe, you can try and turn syringe upwards so that the needle is pointing towards the ceiling. Tap the side of syringe. The bubbles will rise to the top of the syringe, push the plunger in slightly to remove the bubbles. Do not worry about very small bubbles.

STEP 7.

Administer the flush and medication

To do this you will need to attach the needle and syringe to the cannula



- Flush the cannula as previously taught, by gently pressing the plunger until half of the water in the syringe has been given
- Administer the drug as previously taught, gently press the plunger on the syringe until the syringe is empty
- Flush the cannula as previously taught, by gently pressing the plunger until half of the water in the syringe has been given

STEP 8.

Dispose of the syringe and needle immediately into the sharps bin provided. The cannula should be left in place and not removed. Your community nurse (or Nurse Specialist) will remove and replace the cannula when needed.



STEP 9.

8. You now need to write on the blue administration sheet so that there is a clear record of what medication you have given. An example is given below:



RECORD OF ADMINISTRATION OF SUBCUTANEOUS INJECTIONS BY CARER

Patients Name:

Date of birth:

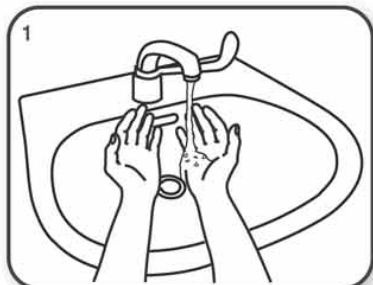
Date	Time	Drug Name	Dose	Signature
11.7.18	21.30	Midazolam	5mg	J. Smith J. Smith

Additional Notes:

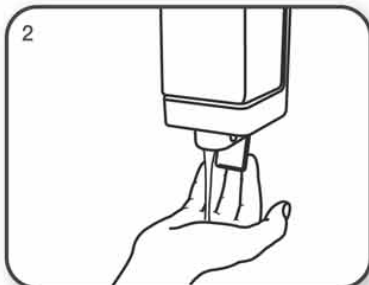
Step 10.

9. Wash your hands thoroughly.

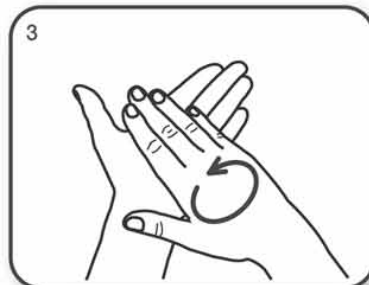
Source: World Health Organisation



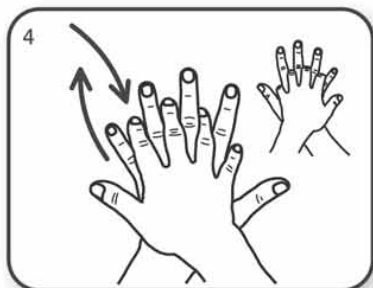
1 Wet hands with water



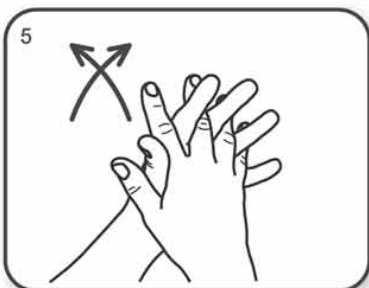
2 Apply enough soap to cover all hand surfaces



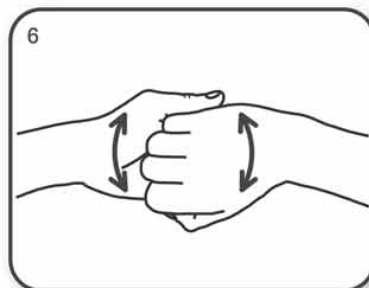
3 Rub hands palm to palm



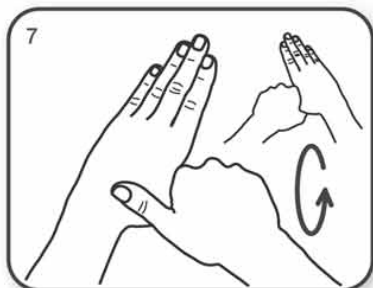
4 Right palm over the back of the other hand with interlaced fingers and vice versa



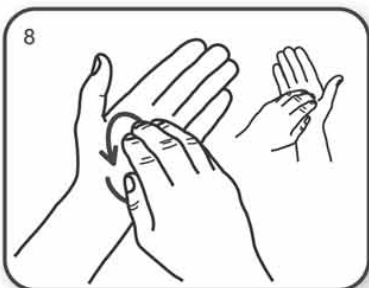
5 Palm to palm with fingers interlaced



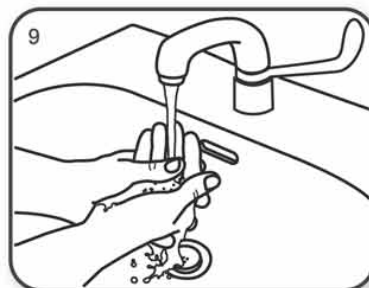
6 Backs of fingers to opposing palms with fingers interlocked



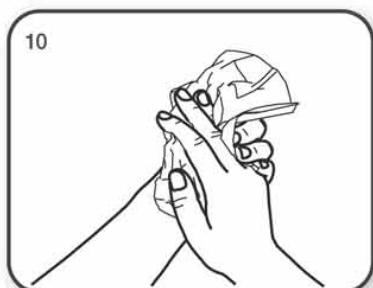
7 Rotational rubbing of left thumb clasped in right palm and vice versa



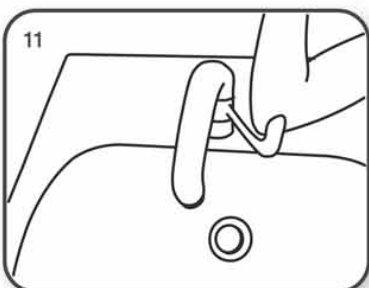
8 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



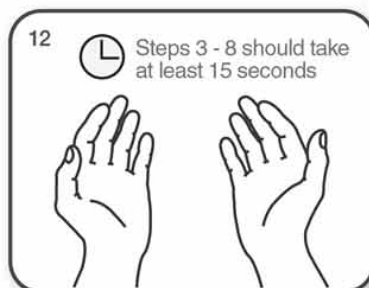
9 Rinse hands with water



10 Dry thoroughly with towel



11 Use elbow to turn off tap



12 Steps 3 - 8 should take at least 15 seconds

...and your hands are safe



STEP 11.

Monitor the effect of the injection,

- Is the symptom improving?
- Are you still concerned? If so contact your community nurse or Clinical Nurse Specialist for further advice.

You should begin to see the effect of the injection within one hour.

Appendix 9: Support interventions offered by St Richard's Hospice to informal carers

 St. Richard's Hospice CARING FOR LIFE Reg. Charity No. 515668			 St. Richard's Hospice CARING FOR LIFE Reg. Charity No. 515668		
<h2>Family Support Group Work with adults</h2>			<h2>Family Support Group Work with children & families</h2>		
PRE-DEATH SUPPORT			PRE-DEATH SUPPORT		
Carers Group AM & PM Runs: each group, once a month Duration: on-going For: Carers of SRH patients Facilitators: Jane Welch & Wendy Duke	Men's Space Runs: Weekly Duration: on-going For: SRH men with life limiting illness Facilitators: Matt Jackson & CNS	Women's Space Runs: once a year Duration: 8 sessions, once a month For: SRH women with secondary breast cancer Facilitators: Sue Sharp and/Sarah Popplestone-Helm	Waterbugs Runs: once a month Duration: on-going For: pre-death children and families Facilitators: Rebecka Sparks, Multidisciplinary, OT		
BEREAVEMENT SOCIAL GROUPS			BEREAVEMENT SOCIAL GROUPS		
Steps Group AM & PM Runs: twice a month Duration: on-going For: bereaved adults: 12 sessions max Facilitators: Alison Cooper & Matt Jackson	Walking Group Runs: once a month Duration: On-going For: bereaved adults	Cookery Group Runs: 2/3 times per year Duration: 6 sessions For: bereaved adults Friendship Dinner Runs: once a year. For: bereaved adults.	Activity Weekend Runs: Twice a year For: bereaved Children Under 13	Activity Day Runs: twice a year For: bereaved Children Over 13 Facilitators: Rebecka Sparks, Gemma Purnell & Lizzie Smith	
THERAPEUTIC BEREAVEMENT			THERAPEUTIC BEREAVEMENT		
Sunflower Parent Loss Runs: once/twice per year Duration: 8 sessions For: bereaved adults Facilitators: Alison Cooper & Matt Jackson RAFTT: runs: once/twice per year. Duration: 12 sessions For bereaved adults through suicide. Facilitators: Alison Cooper/ Matt Jackson/Sarah Popplestone-Helm	Sunflower Adult Child Loss Runs: once a year Duration: 8 sessions For: bereaved adults	Sunflower Partner Loss Runs: once/twice per year Duration: 8 sessions For: bereaved adults	Dragonfly Group Runs: three times per year Duration: 6 sessions over 12 weeks For: bereaved children and parents/carers Facilitators: Gemma Purnell, Lizzie Smith	Inside Out Runs: once a month Duration: 8 sessions over 16 weeks For: Children and family bereaved through suicide	
COMMUNITY			MORE INFORMATION		
Next Steps Community Group Runs: twice a month Duration: on-going For: bereaved adults Facilitators: community			If you have any queries about the group work for adults or children and families please speak to a member of the Family Support Team on 01905 763963. St Richard's Hospice, Wildwood Drive, Worcester WR5 2QT		