



Informal Carers administration of an as required subcutaneous injection in Community Palliative care Guidelines for DCHS staff

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Revision History

Version	Revision date	Summary of Changes
1	September 19	New Guidelines

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1. Background

A small number of dying patients' relatives request permission to administer subcutaneous medication at home to enable symptom control. UK statutory law supports this practice within a safe governance structure.

2. Aim/Purpose

To support this in practice "The Derbyshire policy for Informal Carers Administration of an as required subcutaneous injection in Community Palliative care" has been developed and underpins these guidelines for Derbyshire Community Health Service (DCHS) staff.

These guidelines have been developed specifically to support DCHS staff with guidance on the process in order to support informal carers, who request training to provide subcutaneous anticipatory medication at home, to patients with palliative needs.

The purpose of the guidelines is to provide information and advice to DCHS staff re the following:

- That there is a robust method to assess the suitability of the informal carer.
- The assessment will be completed by an Assessing professional who will either be a
 Community Palliative care team Clinical nurse specialist (CPCT CNS) or specialist
 palliative care unit doctor (consultant or associate specialist) before being discussed
 with the patient's GP and the specialist palliative care multidisciplinary team.
- The person training the carer will be either a CPCT CNS or an Inpatient specialist palliative care unit staff nurse, with the appropriate skill and training as agreed by the specialist palliative care team and is known as the **training professional**.
- That there is professional advice and support available to DCHS staff in the application of the Derbyshire policy.

3. Definitions/Terms Used

A patient with palliative care needs - The patient must be known to have an advanced, progressive, life shortening diagnosis and is believed to be in the last months of life.

Carer - 'Carer' refers to an informal carer e.g. a friend or relative of a patient with palliative care needs in the community. In this case the carer is not employed by an organisation to provide formal care to the patient.

Though the carer may have current or previous registration and licence to practice with the GMC or NMC the policy is to support them giving subcutaneous medication in their role as friend or relative.

CPCT CNS - The Community Palliative Care Team Clinical Nurse Specialist is a band 7 nurse working solely within specialist palliative care services within Derbyshire.

Inpatient Specialist Palliative Care Unit

- Nightingale Macmillan Unit (NMU) Derby The Nightingale Macmillan Unit is a 21 bedded specialist palliative care inpatient ward at Royal Derby Hospital staffed by professionals trained in specialist palliative care.
- Ashgate Hospice (Chesterfield) Ashgate Hospice is an inpatient specialist palliative care unit in Chesterfield staffed by professionals trained in specialist palliative care.

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Out of Hours Nurses - Out of hours the community nursing service is provided by DHU Healthcare. The evening and overnight service functions between 6.00pm - 8am in Derbyshire County and 10pm - 8am in Derby City.

SPC - Specialist Palliative Care

MDT- Multi disciplinary team - This refers to a team of professionals that are providing care to the patient. This guideline refers to specific multi-disciplinary teams, either the community MDT or inpatient specialist palliative care MDT.

4. Full Details of Guidelines

These guidelines needs to be read in conjunction with the full Derbyshire policy The Derbyshire policy is only applicable to those patients who are registered with a Derbyshire GP. The carer may be registered with a GP in another county.

The GP must be included at all stages and be part of the multidisciplinary decision to support carer administration.

The policy only supports carers to give subcutaneous medication in the community. Accountability for the policy lies with the specialist palliative care multi- disciplinary team Out of hours advice will be available 24hrs a day, 7 days a week, for professionals and carers when using the policy. Specific contact information will be provided to the carer dependent on whether the patient is under the care of a North Derbyshire or South Derbyshire GP

A flow chart outlining the process following a carer request to give subcutaneous medication at home is in Appendix 1

Risk management

A risk assessment SystmOne/EMIS template will be completed by the assessing professional or consultant for each carer being considered for assessment to administer injections.

Once the carer has been trained a template letter will be completed and distributed to

- DN liaison
- EMAS
- Marie Curie
- Treetops or Blythe House
- DHU Healthcare
- GP
- CPCT

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

Professional / Carer Support

Out of hours support is provided from each Inpatient unit. If there is not a timely reply from the out of hours advice line, carers are advised to phone Royal Derby Hospital Switchboard or Ashgate Hospice and ask for the palliative medicine consultant on call.

If the patient is not having routine daily calls from District Nurses (e.g. syringe driver changes) the carer needs to request a routine visit to align the stock balance sheets as a minimum level of support.

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Every time an injection is given the circumstances will be different. The patient must be visited / contacted by the District Nurse, GP or CPCT nurse within 24hrs of the carer giving a subcutaneous injection. This facilitates support; including a review of the patient and a review of other prescribed medication e.g. syringe driver doses or other anticipatory medications. Specific needs will be assessed and discussed for each individual patient and carer.

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

Incident reporting

Should a drug error occur and either the informal carer's competency is in question, or the carer's intentions are in doubt, then the right for the carer to administer medication must be revoked immediately and the reasons why explained to the patient and carer.

All adverse incidents and significant untoward events are to be reported back to the organisation that provided the training i.e. NMU, Ashgate Hospice or Chesterfield Royal Hospital.

The specialist palliative care team that provided the training will follow their local reporting requirements (e.g. Datix) to document details of the incident. They will communicate details to all involved in the patient's care at the earliest opportunity. These incidents will also be shared with 'Heads of Safety' at all involved organisations for further learning.

5. Support and Additional Contacts

Staff in North Derbyshire

Palliative Care Specialist Nurse Team 01246 565026 9am-5pm Monday to Sunday Inpatient Unit Ashgate Hospicecare 01246 568801 5pm-9am Monday to Sunday Chesterfield Royal Hospital 01246 277271 End of life Care Facilitator Mobile 07766557751

Staff in South Derbyshire

Community Palliative Care Team secretary 01332 787582 9am-4pm Monday to Friday Nightingale Macmillan Unit out of Hours advice line 01332 786040 In case of difficulty or delay with the above numbers call Royal Derby Hospital 01332 340131 and ask for the Palliative Medicine Consultant on call End of life Care Facilitator Mobile 07766557751

6. Supporting Documents or Relevant References



7. Appendices:

Flow Chart for Carer Self Administration Process (Appendix 1)

Flow Chart for Carer Self Administration Process

Carer requests training to give subcutaneous medication at home Initial discussion by attending professional and early referral to 'assessing professional' for early assessment **COMMUNITY PT INPATIENT** Assessing Professional **CPCT NURSE SPC DOCTOR** MDT decision to agree safety of carer involvement and range of drugs CPCT, GP, DN SPC MDT CONSULTING **CONSULTANT SPC** WITH GP & DN +/- CPCT Training Professional SPC IP NURSE OR EDUCATOR **CPCT NURSE OR** (USUALLY BAND 6) **EDUCATOR** Prescribe care administration medication issue logs for carer to record **SPC SENIOR DOCTOR CPCT NURSE OR EDUCATOR** Inform DN, CPCT, GP: SystmOne/EMIS 24/7 support from CPCT in hours and advice line OOH Bereavement support for every carer