

Subcutaneous Injections Booklet for Family and Informal Carers in Suffolk



Patient's name:	
Date of birth:	
Address:	
Name(s) of up to three family/informal carers undertaking training:	1.
	2.
	3.
GP surgery:	
GP telephone number:	
Pharmacy/dispensary:	
Community Nurse Care Coordination Centre (CCC):	0300 123 2425
Out of hours GP service:	111
Hospice contacts (delete one):	
St Elizabeth Hospice Ipswich East Suffolk	0800 567 0111 <i>If you are receiving support from St Elizabeth Hospice, please phone us before each injection you give</i>
St Nicholas Hospice Care Bury St Edmunds West Suffolk	01284 766133
Other key contacts:	
Additional resources available:	www.subcut.helixcentre.com –useful website “Giving a breakthrough subcutaneous injection – a guide for lay carers” – search on YouTube for this video (17m22s) which will talk you through the whole process

Patient name:

Date of birth:

Information for family and informal carers

Accompanying a dying relative or friend is always difficult, and you may feel you would like to give more practical help by learning to give top up medications. This skill allows you to help relieve symptoms more quickly than if waiting for a District Nurse to attend. It is a valuable contribution to the patient's care and comfort.

At the end of their lives, it is not uncommon for people to lose the ability to swallow medications. To remain comfortable, they might need to receive medication by injection instead. This can be given by a continuous infusion (in a pump called a syringe driver), by individual injections as needed to top up the levels of medication in their system, or both. When needed, syringe drivers are set up and maintained by the District Nursing team. The nurses can also give top up injections. However, you (or other appropriate family or friends) may be shown how to do this.

The top up injections are given subcutaneously, meaning 'under the skin'. (This is shortened to 'subcut'.) A plastic tube called a 'subcut cannula' is inserted just under the skin by the nurse. Injections are given through this, rather than by injecting the patient with a needle each time.

You are not under any pressure to undertake this training. It must be a willing decision. You can ask for additional support and training at any time if you feel you need it. You can also change your mind at any time and let the District Nursing team know that you can no longer give the top up injections.

Giving the top up injections as instructed is safe, and will not shorten a person's life. However, as someone approaches the end of their life, it will be difficult to know exactly when they are going to die. It may be that you coincidentally give an injection in the last few minutes or hours of their life. You can be assured that the injection will *not* have led to the death in these cases.

Screening of patient and family – to be undertaken by staff

I have screened this patient, their family members and household. Tick the boxes below:

- The patient is willing to have injections administered by their family carer(s), OR
- The patient is unable to communicate their views but there is no reason to think they would object
- The family carer(s) are willing to undertake training to administer subcutaneous injections
- The family carer(s) have the mental and physical capacity to administer subcutaneous injections
- There are no concerns about a history of drug abuse in either the patient, the family carer(s) or other people who visit the household
- Neither the patient nor the family carer(s) are known to be a carrier of blood-borne viruses such as HIV or Hepatitis B/C

Staff name	Signature
Role	Date

Patient name:

Date of birth:

Written consent of family carer(s) – up to three people may complete

I am willing to be trained in the administration of subcutaneous injections for (insert patient name) _____ . There is no pressure to undergo this training. I understand that this consent can be withdrawn at any time. More training or support can be asked for at any time.

I agree to give the subcutaneous medication in compliance with the training I will be given. I understand that the restrictions on the medications must be adhered to, in terms of what dose may be given, for what reason, how long to wait before it may be given again, and how many doses may be given in a 24 hour period. I agree to document every dose given, using the process in this booklet, which will be fully explained. I agree to update healthcare professionals at the agreed timescales, after injections are given, or if any problems or errors occur.

I understand that if the healthcare professionals involved in the care of the patient develop concerns about my fitness to continue administering subcutaneous injections, then they may need to offer me additional support or training, or may need to cease the practice of family administered injections altogether. This would be explained to me.

Family members who also happen to be healthcare professionals may be treated as any other family carer undertaking this process; they should undergo the full competency training process and be offered the same support and supervision. For those who are medical doctors in their professional lives, a statement from the GMC about necessary considerations relating to this process is available on request (as an appendix to the policy which supports this process). The Nursing and Midwifery Council's Code (outlining professional standards of behaviour for nurses) does not state anything which would prevent nurses from undertaking this training.

Family carer 1	Signature	
	Print name	
	Date	
	Relationship to patient	
Family carer 2 (if applicable)	Signature	
	Print name	
	Date	
	Relationship to patient	
Family carer 3 (if applicable)	Signature	
	Print name	
	Date	
	Relationship to patient	

Patient name:	Date of birth:
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Procedure for family carers to administer subcutaneous top up injections

Training and sign-off as competent

A healthcare professional will talk you through the procedure to be followed using the process below. They will train you using equipment such as needles, syringes and water. They will show you how to use real medication, which can then be given to the patient if they need something at that time or can be safely disposed of if not.

At each step, they will assess whether you have understood and were able to complete it independently. You might need to complete this training over more than one session to gain confidence. Please refer back to this process as a reminder when you give an injection.

Several healthcare professionals may complete competency sign-off, if needed. Insert details:		
Name:	Signature:	Role:
Name:	Signature:	Role:
Name:	Signature:	Role:

Procedure	Competent to complete independently – staff initial to confirm		
Head the three columns with the names of carers 1–3 (if applicable): (Staff member initials boxes for each carer, as sections completed)	Carer 1:	Carer 2:	Carer 3:
1) Knowing that a top up injection is needed: Talk through what symptoms to look out for			
2) Deciding which medication to give and how much: Depending on the symptoms, do you know which medication to choose? Which dose should you choose from the range? You should usually start with the lower dose, unless advised otherwise. If you have been told to seek advice before each injection, do that now.			
3) Wash your hands thoroughly with soap, and dry well.			
4) Check the injection site (where the subcut cannula tube goes into the skin) for redness, soreness, swelling or leaking. If there are any problems do not proceed: contact District Nurses for advice.			
5) Select the correct medication(s) from those available. Read aloud the name of the drug, the amount of medication in the ampoule (small glass bottle), and check the expiry date.			
6) Gather all the equipment together in a suitable container: <ul style="list-style-type: none"> • Medication to be given, in ampoules (small glass bottles) • Flush – a small plastic bottle of saline (sodium chloride 0.9%) • Syringes – one for each medication to be given, and one for the flush • A “drawing-up needle” – this has a blunt tip, and is usually red • Alcohol swab – disposable wipe, to clean the loose end of the cannula • Sharps bin – a yellow bin for disposing of needles and glass 			
7) Attach a blunt drawing-up needle to a syringe			

Patient name:	Date of birth:
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Head the three columns with the names of carers 1–3 (if applicable): (Staff member initials boxes for each carer, as sections completed)	Carer 1:	Carer 2:	Carer 3:
<p>8) Open the ampoule(s) of medication and flush:</p> <p>a) Glass ampoules: first stand the ampoule upright on a table and move it round in a circular motion, rubbing the base on the table and keeping it upright. This will encourage all the medication to run down from the neck.</p> <p>b) Check there is no fluid left in the top or neck. If there is, gently flick it with a finger.</p> <p>c) If there is a dot marked on the neck of the ampoule, turn it so that the dot is facing away from you. Hold the ampoule in one hand, and with the other, break the top off. This can be by breaking it towards or away from you – the nurse will show you their technique.</p> <p>d) Plastic ampoules: simply twist off the top.</p>			
<p>9) Draw up the medication and flush:</p> <p>a) Hold the ampoule upside down at a slight angle, or however is comfortable, in your non-dominant hand. The medication will not run out if the ampoule is held upside down.</p> <p>b) Insert the blunt needle into the ampoule, with the needle tip in the liquid.</p> <p>c) Draw all the medication into the syringe by slowly pulling back on the plunger of the syringe.</p> <p>d) Remove the syringe from the ampoule and hold it with the needle pointing upwards. Withdraw the plunger a little more so there is some air at the top.</p> <p>e) Flick the syringe with your fingers so that any air bubbles rise to the top. Do not worry about small bubbles.</p> <p>f) Slowly push the plunger upwards, until all the air is expelled.</p> <p>g) Expel any excess medication from the syringe into a suitable container. During your training, make sure you work with the trainer to understand how much excess medication to expel and how much to give.</p> <p>h) Using the same technique, in another syringe draw up 0.3 – 0.5ml of saline (may be labelled sodium chloride 0.9%), to use as a flush.</p> <p>Do not give more than 2ml of medication (in total) subcutaneously at any one time.</p>			
<p>10) For Diamorphine only:</p> <p>a) Draw up the specified amount of sterile <i>water for injections</i> from an ampoule, using the technique above. (Use 0.5ml if not specified.)</p> <p>b) Squirt the water into an open glass ampoule of Diamorphine powder. This will quickly dissolve.</p> <p>c) Draw the water back up into the syringe. The Diamorphine is dissolved in the water.</p> <p>d) If the ampoule contains more medication than you will be administering with this dose, expel any excess into a suitable container.</p> <p>Make sure you understand how much to expel and how much to give.</p>			
<p>11) Use the sharps bin provided to dispose of any medication ampoules, needles or other sharps. Full bins, once sealed, can be returned to the GP practice or a District Nurse. Replacements can be requested from a District Nurse.</p>			

Patient name:	Date of birth:
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<p>12) Give the medication via the subcut cannula:</p> <p>a) Clean the connector at the loose end of the cannula (called a ‘bionector’) with an alcohol swab and let it dry for 30 seconds.</p> <p>b) Remove blunt needle from the syringe; dispose of it in sharps bin.</p> <p>c) Insert the tip of the medication syringe into the bionector.</p> <p>d) Slowly push in the plunger until the syringe is empty.</p> <p>e) If there are other injections to be given, give them now.</p>			
<p>13) Flush the cannula:</p> <p>Flush the cannula after the last medication is given, using at least 0.3mL of the saline drawn up, to ensure all the drug is flushed through.</p>			
<p>14) Dispose of items: syringes in sharps bin, and other non-sharp items in your household waste, e.g. plastic ampoules, alcohol swab.</p>			
<p>15) Document each medication given:</p> <p>Use the sheets in the second half of this booklet, ‘Record of Subcutaneous Injections Administration’. Each medication has its own sheet. Write the date, time, amount given, and whether it worked – see below. If you sought advice before giving the injection, write that down.</p>			
<p>16) Observe for the effects of the medication:</p> <p>Try to notice the effects the medication has over the next 30-60 minutes. Does it seem to work? Document this under ‘comments’ on the sheets in this booklet.</p>			
<p>17) Let a healthcare professional know you have given the injection:</p> <p>a) If it is the first time you have given a medication</p> <p>b) If a District Nurse is not planning to visit in the next 24 hours</p> <p>c) If you have reached the maximum number of injections you can give in 24 hours</p> <p>d) If you have any concerns at all</p>			
<p>18) If a problem occurs:</p> <p>a) If you accidentally draw up the wrong medication or wrong amount, dispose of it safely and document on the charts in this booklet that you ‘wasted’ an ampoule. Tell the District Nurse the next time you speak to them.</p> <p>b) If you accidentally give a dose which is too small, phone the District Nurses. They may be able to advise you to give the rest of the dose. They will offer more support and training the next time they visit.</p> <p>c) If you accidentally give a dose which is too big or the wrong medication, phone the District Nurse immediately.</p>			
<p>19) If a needlestick or sharps injury is sustained:</p> <p>During the procedure, if anyone is accidentally pricked with a needle which pierces the skin or cut with something sharp (e.g. glass from the ampoule):</p> <ul style="list-style-type: none"> • Encourage the wound to bleed, ideally by holding it under running water • Wash the wound using running water and plenty of soap • Do not scrub the wound while you’re washing it • Do not suck the wound • Do not reuse the needle • Phone the District Nurse for advice 			

