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Policy for Patient or Carer Administration of Subcutaneous Medication (Palliative Care)

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Author	Dr Kath Lambert (Consultant in Palliative Medicine)	**Date/s**
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1. INTRODUCTION

Policies and guidance for patient and/or carer administration of subcutaneous medication in adult palliative care have been developed elsewhere within the United Kingdom[1-5]. In Australia the benefits of this practice are reported as not only offering immediate symptom relief but carers also valued the role and felt that it gave them a sense of empowerment, pride and achievement as opposed to feelings of hopelessness[6]. Studies have shown that with appropriate education and support, carers can confidently administer subcutaneous medication to relieve breakthrough symptoms, including documenting appropriately, providing the right medication for the particular symptom and monitor effectiveness[7]. In a recent survey by Dying Matters, six out of ten people said that they would feel comfortable giving a pain relief injection to someone who was dying and wanted to stay at home[8].

This policy has been developed in response to a number of requests from patients and carers in the locality to be able to administer subcutaneous medication in a palliative care setting.

Carers have a significant role in symptom management and commonly administer or assist with the administration of oral medication. It is not uncommon for carers to administer subcutaneous medications such as insulin and low molecular weight heparin. In palliative care there are occasions when it may be helpful to train a patient or carer to give other subcutaneous medication including:

- Regular medication which cannot be taken by a less invasive route e.g. oral due to issues with absorption or nausea or vomiting. Examples include short term use to avoid the requirement of a syringe driver as a result of chemotherapy induced nausea and vomiting or longer term use in patients who are otherwise mobile and independent where a syringe driver may be burdensome. Visiting times from a health care professional may not be convenient to the patient.

- Emergency medication for symptoms that may develop particularly in the last days of life. National and local policy supports healthcare professionals to prescribe ‘anticipatory medication’ which include an opioid, sedative, antiemetic and anti-secretory and can be administered by injection as required[9]. Rapid access to this medication in the community is important to improve symptom management and can reduce unwanted or unnecessary admissions to hospital or hospice in the last days of life. In occasional situations a carer may express a wish to be trained to administer these medications in the best interests of the patient in order to provide timely access. This may be particularly relevant in more rural areas.

1.1. Purpose

This policy provides the guidance and associated documentation for healthcare professionals to support patients and carers in the safe administration of prescribed medication by the subcutaneous route. The guidance will:

- Facilitate effective symptom control and offer greater patient choice and informal carer involvement
- Improve patient/carer understanding of medication, their indications, actions and side effects
- Assist healthcare professionals in the training and assessment of patients and carers in a consistent and safe manner

1.2. Scope

This policy relates specifically to patients/carers giving medication via a subcutaneous injection or subcutaneous injection line (saf-t-intima). It should work in conjunction with national and local policies on medicine storage and administration[10].

The need to implement this procedure should be led by the needs and wishes of the patient/carer and must not be imposed by healthcare professionals. It is not anticipated that this will be suitable for all patients/carers. It must be made clear that the patient/carer is able to stop the procedure at any time or that a healthcare professional may recommend that patient/carer administration of subcutaneous medication is no longer appropriate.

1.3. Definitions

The term ‘carer’ is a person who is either providing or intending to provide a substantial amount of unpaid care on a regular basis for someone who is disabled, ill or frail. Carers are usually family members, friends or neighbours and are not paid care workers.

‘Subcutaneous’ injection refers to the bolus administration of medication into the tissue layer between the skin and the muscle.

‘Anticipatory medication’ refers to injectable medication to manage common symptoms that may occur in patients in the last days of life e.g. pain, breathlessness, agitation, nausea and vomiting and secretions.

2. POLICY

2.1. Eligibility criteria

- The patient is an adult with a palliative diagnosis and may experience symptoms requiring subcutaneous medication.
- The patient and/or carer are willing to administer subcutaneous medication and have been assessed as having the capability (physical and mental capacity) to do so.
- There is agreement from the multi professional team (minimum General Practitioner (GP) and registered nurse) that it is appropriate for the patient and/or carer to administer subcutaneous medication.

- The patient and/or carer has successfully completed the necessary training and is considered competent by a healthcare professional and feel confident to administer subcutaneous medication

2.2. Exclusion criteria

- The patient or carer who would like to administer the medication is under the age of 18 years.
- The patient or carer willing to give the subcutaneous medication has been assessed and lacks the capability (physical or mental capacity) to do so.
- The patient or carer who would like to administer the medication has a known history of substance misuse. There are concerns relating to substance abuse involving the patient or carer or persons who may have access to the home environment. There are safeguarding concerns in relation to the patient or relevant carers who may be willing to administer medication e.g. concern that the carers may not administer the medication in the best interests of the patient.

2.3. Risk management

- General Medical Council (GMC)[11] guidance states 'wherever possible you should avoid providing medical care to anyone with whom you have a close personal relationship'. It is the responsibility of any doctor or registered nurse who is considering the administration of subcutaneous medication in these circumstances to seek advice from their governing body and/or defence union.
- Sensitive discussion with any carers involved in the administration of subcutaneous medication should explore how the carer may feel about undertaking the task and the giving of medication to relieve symptoms when the patient is close to death. Specifically there should be discussion about the possibility that a patient may die shortly after administering medication and how a carer may feel in this situation. Health care professionals should offer increased support when it is recognised that the patient may be in the last days or hours of death and offer to take over full responsibility for administering all medication at this point if the carer would prefer this.
- The prescriber will need to consider the appropriateness and number of injections available for the patient or carer to give. It may be that not all of the prescribed subcutaneous medications are appropriate to be given by the patient or carer. For example it may be appropriate to train only for equivalent drugs that the carer or patient may have administered orally.
- Patients/carers must be provided with written information for each medication including the name, dose, indication, common undesirable effects, interval before a repeat dose is permitted and maximum number of doses in 24/hrs as part of the information leaflet: 'A Guide to Patient and Carer Administration of Subcutaneous Medication (Palliative Care)'. See Appendix 3.
- Patients/carers must keep a record of all injections given, including date, time, medication strength, formulation and dose, and name of person giving the injection. In practice this will be on the 'Community Palliative Care Medication Administration Chart (WHZ061)' used by healthcare professionals.

- Patients/carers must be provided with contact telephone numbers for the Community Care Team both in and out of hours.
- The patient/carer can administer an agreed maximum number of prescribed injections in any 24 hr period. This will be documented on the Consent Form. They will be encouraged to consult the GP/Out of Hours Doctor or Community Care Team if frequent injections are required to review their effectiveness and to ensure any background medication e.g. in a syringe driver is reviewed and the doses of the subcutaneous medication are appropriate. It will also ensure that adequate supplies of the injections are available.
- Patients and carers will be provided with a sharps bin and taught the correct technique for sharps disposal.
- Carers will be informed of the correct steps to be taken in case of needle stick injury: make it bleed, wash it, cover it and report it to the GP and registered nurse immediately to report according to Incident Reporting Policy[12].
- Should any medication errors or incidents occur this should be communicated to all involved in the patient's care immediately and reported and investigated in accordance with Incident Reporting Policy[12]. The incident should be investigated as soon as possible and where necessary the administration of subcutaneous medication by the patient or carer will cease and any further injections will be given by healthcare professionals.

2.4. Consent

A 'Consent Form for Patient or Carer Administration of Subcutaneous Medication (Palliative Care)' (see Appendix 2) should be completed for all patients and carers who wish to administer subcutaneous medication as per this policy. The completed form should be filed in the patient's notes and the electronic record updated.

Where the patient has the capacity to consent to the carer administering subcutaneous medication, this will be sought. It is however recognised that a number of patients will not have the capacity to agree to this and so the procedure may be undertaken in the patient's best interest. This should be documented according to Trust Mental Capacity Policy using a Mental Capacity Assessment Form and Best Interests Form[13.] Carers will also require the mental capacity to undertake this delegated task.

2.5. Description of practice

1. A patient with a palliative illness or their carer expresses a wish to undertake the administration of subcutaneous medication to facilitate the management of symptoms.
2. A description of the procedure is discussed in detail with the patient or carer so that they may better understand what is required of them. If appropriate this should include exploration of how the carer may feel about giving medication to relieve symptoms if the patient is close to death. Specifically there should be discussion about the possibility that a patient may die shortly after administering medication and how a carer may feel in this situation.
3. If they wish to proceed there must be a discussion with the multi professional team caring for the patient (minimum GP and registered nurse) who must be

familiar with the policy to ensure that the patient/carer meets the inclusion criteria and agree to support the process.

4. Where the use of a range of a dose of medication is prescribed, the GP (or Independent Nurse Prescriber) should advise the patient/carer to administer a set dose within the range and to seek advice if this requires adjustment. This aims to reduce the burden on the patient/carer in decision making. They must agree the medication and indications which the patient/carer may administer by subcutaneous injection which may not necessarily be all prescribed subcutaneous medication. The name of the medication the patient or carer may administer should be recorded on the 'Consent Form for Patient or Carer Administration of Subcutaneous Medication' (see Appendix 2).
5. Training of the patient/carer is undertaken by a registered nurse according to the information leaflet 'A Guide to Patient and Carer Administration of Subcutaneous Medication (Palliative Care)'. See Appendix 3. Training should include an understanding of the indications for the medication to be administered and any common side effects.
6. The registered nurse must either supervise the patient/carer administering a named medication if this is required during the training, or if not consider observation of flushing the line with 0.3ml water for injection or other simulated training.
7. Training should ensure that the patient/carer is familiar with recording of medication administered (dose, time, date) on the 'Community Palliative Care Medication Administration Chart (WHZ061)' and that they are able to update the stock record so that further supplies can be ordered in a timely manner if required.
8. Patients/carers must be trained in the safe disposal of sharps and understand the management of needle stick injuries.
9. Patients/carers must be aware of the process to follow in the event of a medication error or incident. All incidents must be reported and investigated in accordance with Incident Reporting Policy[12].
10. The registered nurse must ensure that the patient/carer has 24hr contact details for the Community Care Team.
11. The 'Consent Form for Patient or Carer Administration of Subcutaneous Medication (Palliative Care)' (see Appendix 2) must be completed when the registered nurse and patient/carer feel they are confident and competent to undertake the procedure without supervision. This must be retained in the home of the patient with their paper based community record. It is good practice to have a copy of this form scanned into the SystmOne record for the patient.
12. The SystmOne record should be updated by the registered nurse to record that the patient/carer is able to administer subcutaneous medication. It is recommended that this information is included as a 'high priority reminder' as part of the care plan. If the GP uses a different electronic clinical record (e.g. EMIS) then the nurse is responsible for informing the practice and recommending this information is recorded in the record.
13. The frequency of contact by nursing teams must be agreed with the patient/carer and recorded within the SystmOne record.
14. Further support should be offered to the patient/carer after any change of dose. Any additional training or supervision can be recorded on the 'Consent

Form for Patient or Carer Administration of Subcutaneous Medication (Palliative Care)' (see Appendix 2).

3. ROLES AND RESPONSIBILITIES

Patient and carer administration of subcutaneous medication is supported by national policy, legislation and professional governing bodies:

- The General Medical Council (GMC) advises that 'when you delegate care you must be satisfied that the person to whom you delegate has the knowledge, skills and experience to provide the care involved'[14].

- The Nursing and Midwifery Council (NMC) Code (2015) advises to 'only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions. Make sure that everyone you delegate tasks to is adequately supervised and supported, and confirm that the outcome of any task you have delegated to someone else meets the required standard.'[15].

The decision for patients or carers to administer subcutaneous medication should be made by a multi professional team (minimum GP and registered nurse).

The registered nurse responsible for assessing and overseeing the patient's care is responsible for ensuring the procedure for patient/carer administration of subcutaneous medication is followed and is continuously reviewed and monitored. They should ensure the patient or carer administering the injection has been trained and is competent to do so using the step by step assessment procedure. Registered nurses will be responsible for maintaining and updating their own knowledge and practice in the administration of medication.

The frequency of contact by a registered nurse must be agreed with the patient/carer and recorded on SystmOne. Visits should ensure that symptoms are controlled, injection sites remain healthy and should provide support to the patient and their carer. If medication doses are adjusted the nursing team will support the patient/carer with any additional training required.

4. POLICY DEVELOPMENT AND EQUALITY

This policy and associated guidance has been developed following a comprehensive literature search and review of existing recommendations and published policies – see section 9. This policy adheres to the Trust's equality and diversity ambitions, reflecting its objectives in order to ensure that the policy is implemented in a non-discriminatory and appropriate way.

5. CONSULTATION, APPROVAL AND RATIFICATION PROCESS

Appendix 1 details the groups and individuals who have been consulted in the production of this policy.

6. DOCUMENT CONTROL

The policy will be published on the Trust intranet. The HDFT Palliative Care Team will be responsible for archiving previous versions and replacing with the current ratified version.

7. DISSEMINATION AND IMPLEMENTATION

The new policy will be implemented in the Community Care Teams and HDFT Palliative Care Teams using existing meeting structures and briefing sessions supported by senior nursing colleagues.

This policy will be available on the HDFT intranet for staff to view.

8. MONITORING COMPLIANCE AND EFFECTIVENESS

Competency assessments will be completed by a registered nurse for each patient or carer who wishes to undertake the procedure. A record of training received will be included in the ‘Consent Form for Patient or Carer Administration of Subcutaneous Medication (Palliative Care)’ which will be filed in the patient notes (see Appendix 2).

Practice will be compared to the standards within this policy. Incidents, feedback and complaints relating to this policy will be reviewed to determine future policy.

9. REFERENCE DOCUMENTS

1. Twycross R, Wilcox A and Howard P. Procedures and safeguards for informal carers giving SC injections. Palliative Care Formulary 5th edition (2014). Palliativedrugs.com Ltd. Nottingham UK.
2. Subcutaneous Drug Administration by Carers (Adult Palliative Care), Bradford and Airedale Teaching Primary Care Trust (2006)
3. NHS Grampian Policy and Staff Guidance On Patient and Informal Carer Administration Of Subcutaneous Medication By Intermittent Injection – Adult Palliative Care (2016)
4. The Lincolnshire Policy for Informal Carer’s Administration of As Required Subcutaneous Injections in Community Palliative Care (2013)
5. South Tees Hospitals NHS Foundation Trust: Self Administration or Relative Administration of Subcutaneous Injections (2016)
6. Anderson BA, Kralik D. Palliative Care at Home: carers and medication management. Palliative Supportive Care Dec 2008;6(4):349-56
7. Healy S, Isreal F, Charles M and Reymond L. Lay cares can confidently prepare and administer subcutaneous injections for palliative care patients at home: A randomised controlled trial. Palliative Medicine May 2018 (EPub ahead of print)

8. Dying Matters 8 May 2017: http://www.dyingmatters.org/news/most-people-would-be-willing-give-injections-improve-quality-life-dying-person
9. NICE Guideline 31 Care of dying adults in the last days of life (December 2015): https://www.nice.org.uk/guidance/ng31
10. HDFT Medicines Policy (2015): http://nww.hdft.nhs.uk/long-term-and-unscheduled-care/pharmacy/medicines-policies-etc/
11. General Medical Council Good Medical Practice (2013): Section 16: https://www.gmc-uk.org/-/media/documents/Good_medical_practice___English_1215.pdf_51527435.pdf
12. HDFT Incidents Policy (2017): http://nww.hdft.nhs.uk/corporate/department-of-risk-patient-experience/strategy-policies-and-protocols/
13. HDFT Mental Capacity Policy and Procedures: http://nww.hdft.nhs.uk/trust-wide/mental-health-and-mental-capacity/mental-capacity/
14. General Medical Council Good Medical Practice (2013): Section 45: http://www.gmc-uk.org/guidance/good_medical_practice/continuity_care.asp
15. NMC Code (2015): https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf

10. ASSOCIATED DOCUMENTATION

- Community Palliative Care Medication Administration Chart (WHZ061)
- Y&H Guide to Symptom Management in Palliative Care (2016): http://www.harrogateandruraldistrictccg.nhs.uk/data/uploads/liam/test/yh-palliative-care-symptom-guide-2016-v2.pdf
- HDFT Guidelines for Prescribing Opioids in Palliative Care (2018): http://nww.hdft.nhs.uk/document-search/?q=opioids
- HDFT Incidents Policy (2017): http://nww.hdft.nhs.uk/corporate/department-of-risk-patient-experience/strategy-policies-and-protocols/

11. APPENDICES

11.1. Consultation Summary

Those listed opposite have been consulted and any comments/actions incorporated as appropriate.	List Groups and/or Individuals Consulted
	HDFT Palliative Care Team
	HDFT Community Care Team
	HDFT End of Life Care Operational Group
	Harrogate Locality End of Life Care Group

The author must ensure that relevant individuals/groups have been involved in consultation as required prior to this document being submitted for approval.	Community and HDFT Pharmacists
	Deborah Borrill, Palliative Care Discharge Facilitator (Strategic),Hospital Specialist Palliative Care Team, Leeds Teaching Hospitals
	Sarah McDermott, Palliative Care Service Lead, Leeds Community Healthcare NHS Trust
	Catherine Malia, Nurse Consultant, St Gemma's Hospice, Leeds
	Chris Toothill, Medicines Management Pharmacist (Governance and Risk), Leeds Community Healthcare NHS Trust
	Moira Cookson, Pharmacist, St Gemma's Hospice, Leeds
	Gwyneth Whitehead, Palliative Care Clinical Nurse Specialist, Sue Ryder Care, Wheatfields Hospice
	Annette Clark, Head of Outreach Services, Saint Michael's Hospice , Harrogate
	Dr Suzie Gillon, Consultant in Palliative Medicine, Leeds Teaching Hospitals
	HDFT Reader Panel (Information Leaflet)
	Area Prescribing Committee
	Dr Jim Woods (on behalf of LMC)
	Sylvia Wood, Deputy Director of Governance, HDFT
	David Scullion, Medical Director, HDFT
	HaRD CCG Quality and Clinical Governance Committee

11.2. Consent Form for Patient or Carer Administration of Subcutaneous Medication (Palliative Care)

Consent Form for Patient or Carer Admi

11.3. Information Leaflet for Patient or Carer Administration of Subcutaneous Medication (Palliative Care)

Information Leaflet for Patient and Carer