

A Guide to Patient and Carer Administration of Subcutaneous Medication in Palliative Care



This instruction guide is to help and support you in administering subcutaneous medication AFTER the following criteria has been fulfilled:

- You or a relative, friend or carer have expressed a wish to do so
 - You have been provided with all of the necessary training
- You have had complete assessment of competence by a registered nurse.

Should you have any concerns or worries at any time, please contact your GP or a registered nurse before administering any medication

Neighbourhood Team contact number in hours (7:00am to 4:30pm)

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This number should be used between 4:30 pm and 9:30 pm unless you have been told to use the following number instead

Neighbourhood Night Service contact number (9:30pm to 7:00am)

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GP contact number (in hours).....

GP contact number (out of hours)

Other:

Introduction

Drugs to manage symptoms (such as pain) and improve comfort are usually given by mouth. There are some situations when injections are better than giving drugs by mouth, such as when a patient is unable to swallow, or when they are vomiting or are sleepy. Usually these injections are given by a nurse or doctor. An equivalent amount of the drug is given compared to what would be given by mouth, but it usually works a little faster. Some injectable drugs, such as insulin and blood thinning treatments are frequently given by patients or carers who have been suitably trained.

Within palliative care, some patients and carers may wish to be trained to give injections to manage pain and other symptoms. **It is not a requirement for patients or carers to do this. However, if you agree to administering medication in this way and at any time feel you are unable to continue, the nurses will be very willing to support you with this and take over the role.**

It is important to remember that patients experience symptoms at any time during their illness, even in the last few hours. It may be that an injection given to ease pain comes close to the end of life. This is not unusual and if this has been given by a carer they must not worry that the injection has in any way caused the patient's life to end.

Medication that may be given by subcutaneous injection

Health care professionals may add other medication as appropriate.

Name of drug	Indication for use	Common side effects
Diamorphine	Pain or shortness of breath	Nausea, vomiting, constipation, dry mouth, drowsiness
Morphine	Pain or shortness of breath	Nausea, vomiting, constipation, dry mouth, drowsiness
Oxycodone	Pain or shortness of breath	Nausea, vomiting, constipation, dry mouth, drowsiness
Levomepromazine	Nausea and vomiting, sedation, agitation	Drowsiness, dry mouth Can cause pain when injected
Haloperidol	Nausea and vomiting, confusion, agitation	Drowsiness, stiffness, insomnia (poor sleep), headache
Cyclizine	Nausea and vomiting	Drowsiness, dry mouth Can cause pain when

		injected
Metoclopramide	Nausea and vomiting	Stiffness, diarrhoea
Midazolam	Shortness of breath, anxiety, agitation, sedation	Drowsiness
Hyoscine butylbromide	Noisy 'wet' breathing	Dry mouth, constipation, blurred vision, difficulty passing urine
Dexamethasone	Pain, headache, nausea	High blood sugar, insomnia (poor sleep), agitation, swollen ankles, indigestion/heartburn, increased appetite

Procedure for the administration of a subcutaneous injection via a s/c canula e.g. Saf-t-intima®

For the sake of comfort, a nurse will often insert a simple device (e.g. saf-t-intima) under the skin, usually on the arm, so that when an injection is given, it is only injected into the device and not directly into the patient.

1. Wash your hands with warm water and soap and dry well with a clean towel or kitchen roll.



2. Check the injection site (the point where the device is inserted) for redness, soreness, swelling or leaking. If there are any problems with this then **do not proceed. Contact your neighbourhood team for advice on the numbers on the front of this guide.**



3. Check the LCH MAR Chart (PM1) for:
 - the time the last dose was given
 - how often it is safe to be administered (for example every 4 hours)
 - make sure that the maximum dose in 24 hours has not been reached



4. Gather all the equipment required to prepare the injection.

Ensure you have available:

- LCH MAR Chart (PM1) and CD Stock Record (PM4)
- the medication to be given
- sterile water for injection (for flushing afterwards)
- syringes (max 2ml)
- blunt drawing up needles
- alcohol swab
- hard walled container
- sharps bin (yellow bin)



5. Select appropriate size syringe – 1ml or 2ml

No more than 2ml of injection should be given at any one time



6. Attach the blunt drawing up needle to the syringe



7. Open the necessary ampoule (plastic or glass):

- A glass ampoule should be held in upright position. Check all fluid removed from neck of ampoule. If not, gently flick the top of the ampoule until the fluid runs back down into it. If there is a dot on the ampoule ensure the dot is facing away from you. Hold the ampoule in one hand, using the other hand to snap the neck of the ampoule away from you
- A plastic ampoule - simply twist the top of the ampoule until it is removed
- Do not discard any of the ampoules until all of the paperwork has been completed (step 10)



8. Draw up medication from the ampoule:

- 1) Hold the ampoule in your non-dominant hand upside down at a slight angle or in a position that is comfortable for you such as on a table
- 2) The medication should not come out of the ampoule if you tip it upside down
- 3) Insert the blunt needle into the ampoule
- 4) Draw the medication into the syringe by slowly pulling back on the plunger of the syringe
- 5) Once the medication is removed from the ampoule, take the needle out of the ampoule and hold the syringe with the needle pointing upright
- 6) Flick the syringe with your finger to get all the air bubbles to the top, then slowly push the plunger up to expel the air bubbles from the syringe
- 7) Slowly push the plunger of the syringe, emptying any excess volume into a container until you have the correct dose/amount as prescribed
- 8) Use a separate syringe and blunt needle to draw up any other medications you may be giving and a **0.3ml sterile water flush** as above.



Do not give more than 2mls total volume of medication (excluding the line flush) at any one time. This can cause pain and discomfort for the patient.

9. For diamorphine only:

- a) Draw a specified amount of sterile water for injection using the process described in section 8 a) to g). The exact amount will be documented on the 'Consent form for Patient or Carer Administration of Subcutaneous Medication (Palliative Care).
- b) Squirt the water into the opened glass ampoule containing the diamorphine powder. The diamorphine powder will quickly dissolve.
- c) Draw back the specified dose of medication. The exact volume to draw back will be documented on the 'Consent form for Patient or Carer Administration of Subcutaneous Medication (Palliative Care).

10. Record on the LCH Controlled Drug Stock Record (PM4):

- number of ampoules used
- batch number of ampoules used (printed on each ampoule)
- any wastage in the ampoules (for example if you use 1ml of liquid from a 2ml ampoule, there will be 1ml of waste),
- remaining stock of each medication

Any remaining medication and the ampoules can now be disposed of into a sharps bin.

11. Take the prepared syringes to the patient using a hard walled container along with the sharps bin.



If the sharps bin is getting full, further supply can be obtained from your Neighbourhood Team or on prescription from your GP surgery. Full boxes can be returned to your GP Practice or to a community nurse.

12. Swab the end of the Bionector with an alcohol swab and wait for approx. 30 seconds for it to dry.



13. Remove the blunt needle from the syringe and place the blunt needle directly into the sharps container



- 14.** Before administration of medication use 0.3ml of water* for injection to flush the Saf-t-intima.
*If the flush is anything other than water the patient/carer will have been informed by the nurse and this will be documented on the consent form



- 15.** Insert the syringe containing the medication, into the bionector. Slowly push the plunger of the syringe until the barrel is empty, and then remove the syringe.

If required, insert the second syringe of medication and repeat the process as necessary.



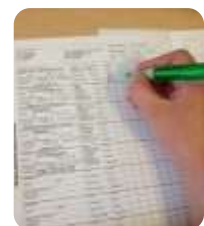
- 16.** Follow administration of the medication with 0.3ml of water* for injection to flush the Saf-t-intima.
*If the flush is anything other than water the patient/carer will have been informed by the nurse and this will be documented on the consent form



- 17.** Discard all the syringes and any remaining needles in the sharps bin.



- 18.** Record the drug, dose date and time the medication was given on the LCH MAR Chart (PM1).



19. Wash your hands with warm water and soap and dry well with a clean towel or kitchen roll.



Contact a nurse or doctor in the following circumstances:

- If you are concerned that the wrong drug or the wrong dose of a drug or other error has occurred this must be reported immediately
- If you would no longer like to administer subcutaneous medication
- If you feel unsure as to whether or not you should give an injection
- If symptoms persist despite the medication you have given
- If there is an unexpected problem such as a needle stick injury (where the needle sticks into you by accident)
- For additional supplies of equipment and medication