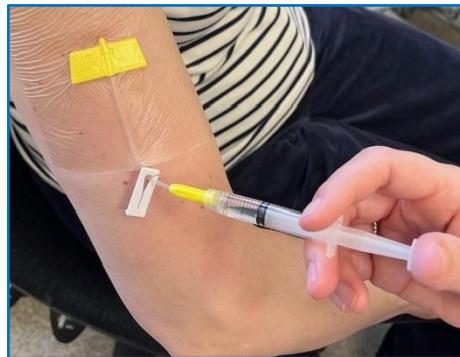


A Guide for Patient and Carer Administration of Subcutaneous Medication (Palliative Care)



This instruction guide is to support you in administering subcutaneous medication only **after** training and assessment of competence by a registered nurse and in agreement with your GP.

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

Community Nurse contact number (in hours):.....

Community Nurse contact number (out of hours):.....

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

GP contact number (out of hours):.....

Local Palliative Care Helpline:

Other:

Published by:

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Introduction

Drugs to manage symptoms (such as pain) and improve comfort in palliative care are usually given by mouth. However, there are some situations when it is necessary to give medication by injection, such as when a patient is unable to swallow, or when vomiting or extremely sleepy. This is usually a medication that a person may already have been taking by mouth and an equivalent amount of the drug in injectable form is used. These injections are usually given by a nurse or doctor and there are services available in the community 24 hours a day to support this.

Some injectable drugs, such as insulin and blood thinning treatments are commonly given by patients or carers who have been suitably trained.

Some patients and carers may wish to be trained to give injections to manage pain and other symptoms used in palliative care and this leaflet gives more information about the process.

It is not a requirement or an expectation for patients or carers to do this. For some patients and carers there are reasons why it may not safe for them to give medication by injection and we will not be able to support them to administer any injections. If this is the case for you, we will discuss the reasons with you.

If you wish and it is safe for you to give injections, the community nurses will give you training and ensure you are safe and competent to do this.

* The medication, dose and frequency you can give will be carefully decided with your nurse and doctor. This will be fully discussed and explained to you. The medication you can give will be clearly written on your “Consent Form for Patient or Carer Administration of Subcutaneous Medication”.

The community nurses will continue to support you closely. If at any time you feel you no longer wish to continue, the nurses will be very willing to 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 or moments of their life. It may be that an injection given to ease symptoms comes close to the end of life. This is not unusual the person giving the last medication must not worry that the injection has in any way caused the patient’s life to end; that any doses given will not have hastened the person’s death and that their death was nearing naturally.

Medication that may be given by subcutaneous injection

Health care professionals may add other medication as appropriate. *You will only be able to give specified medication, at a single dose when indicated.

Name of drug	Indication for use	Common side effects
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, poor sleep, agitation, swollen ankles, indigestion/heartburn, increased appetite

Procedure for the administration of a subcutaneous injection via a 'Saf-T-Intima' subcutaneous cannula

For individual comfort, a nurse will often insert a simple device (Saf-T-Intima) under the skin, so that when you give injections you only inject through the device and not directly into the patient. Once inserted the device is needle free and device can be used repeatedly.

1. Wash your hands with soap and dry well.
2. Check the injection site for redness, soreness, swelling or leaking. If there are any problems with this then **do not proceed.**
Contact a community nurse for advice.
3. Check the Community Medication Chart for the time the last dose was given to make sure it is ok to give the injection e.g. that the correct time has passed between doses, and this is the right drug for the symptom. Only give the medication agreed* for you to give.



Gather the medication - checking the dose required against the prescription chart. Ensure the medication is within the expiry date.



4. Gather all the equipment required to prepare the injection. Ensure you have:

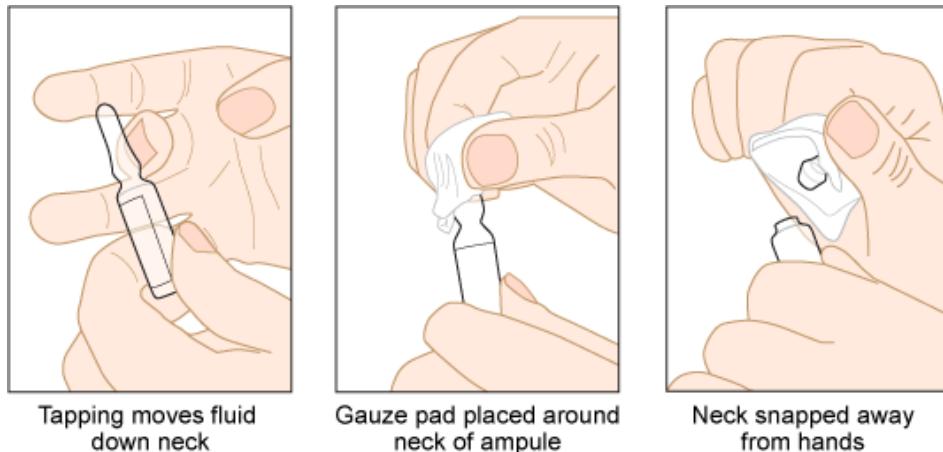
- Medication to be given*
- Sterile water for injection (to flush)
- Syringes
- Blunt filter drawing up needles
- Hard walled container/tray
- Sharps bin
- Community medication administration chart.



5. Select appropriate size syringe, up to 2.5ml volume
No more than 2ml total volume should be given at any one time.
6. Attach the blunt filter drawing up needle to the syringe.
7. Open the necessary ampoule (plastic or glass):



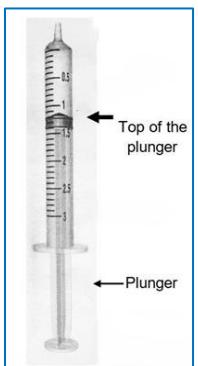
- A glass ampoule should be held in upright position. Check all fluid removed from neck of ampoule. If not, gently flick the top of the ampoule until the fluid runs back down into it. If there is a dot on the ampoule, ensure the dot is facing away from you. You may cover the top with gauze or tissue. 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

8. Draw up medication from the ampoule:

- 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.
- The medication should not come out of the ampoule if you tip it upside down
- Insert the needle into the ampoule
- Draw the medication into the syringe by slowly pulling back on the plunger of the syringe
- Once the medication is removed from the ampoule, take the needle out of the ampoule and hold the syringe with the needle pointing upright.
- 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.
- Slowly push the plunger of the syringe, emptying any excess volume into a container until you have the correct dose/amount as prescribed. Read the amount from the top of the plunger
- Use a separate syringe 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 at any one time. This can cause pain and discomfort for the patient.

9. Record the number of ampoules used, any wastage, batch number, expiry date and remaining stock of each medication on the community palliative care medication administration and stock charts.

Dispose any remaining medication and the ampoules into a sharps bin.

10. Take the prepared syringes to the person in a hard walled container with a sharps bin.

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



12. Remove the blunt needle from the syringe and place the blunt needle directly into the yellow sharps bin container

13. 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.



14. Follow administration of the medication with 0.3ml of water for injection to flush the saf-t-intima using the same process as for the medication.



15. Discard all the syringes and any remaining needles in the sharps bin. Do not snap shut or use overfilled sharps bin. Contact your community nurse to arrange new bin and disposal of used bins.

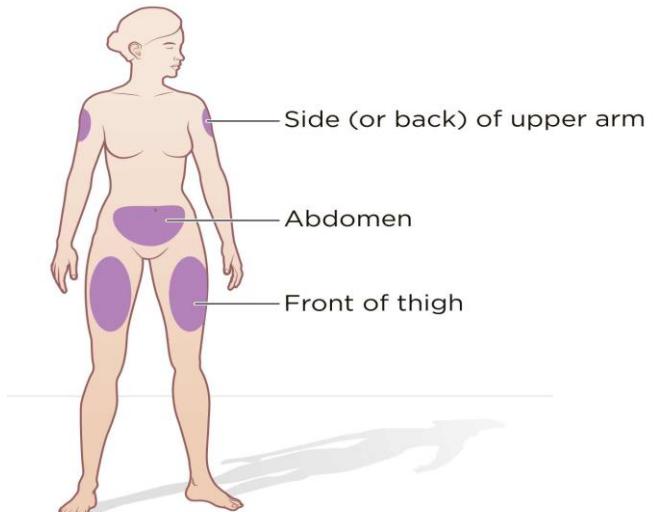
16. Record the drug, dose date and time the medication was given on the community palliative care medication administration chart.



17. Wash your hands thoroughly.

Procedure for the administration of a subcutaneous injection

Subcutaneous injections are given into the fatty tissue just under the skin. The following sites are recommended: abdomen around the tummy button (avoiding the tummy button itself), outer side of the upper arms and the thighs (see diagram). Avoid any area that is bruised, red or swollen with lymphoedema or for other reasons, is scarred or where the skin is broken or damaged by previous injections.



It is important to rotate sites to keep the skin healthy. Repeated injections in the same spot can cause scarring and hardening of fatty tissue that will interfere with uptake of medication. Each subsequent injection should be at least 1 inch away from the previous one.

1. Wash your hands with soap and dry well
2. Check the community palliative care medication administration chart for the time the last dose was given to make sure it is ok to give the injection e.g. that the correct time has passed between doses and this is the right drug for the symptom. Only give the medication agreed for you to give*.



Gather the medication - checking the dose required against the prescription chart. Ensure the medication is within the expiry date.

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

Ensure you have:

- Medication to be given*
- Syringes
- Blunt drawing up needles
- Short sharp needle for giving injection
- Hard walled container
- Sharps bin
- Community palliative care medication administration chart



4. Select appropriate size syringe – up to 2.5ml syringe

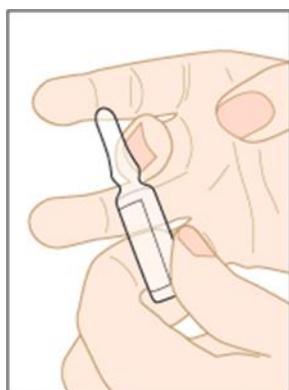


5. Attach the blunt drawing up needle to the syringe



6. Open the necessary ampoule:

- 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. You can place gauze or tissue over the top. Hold the ampoule in one hand, using the other hand to snap the neck of the ampoule away from you.



Tapping moves fluid down neck



Gauze pad placed around neck of ampoule



Neck snapped away from hands

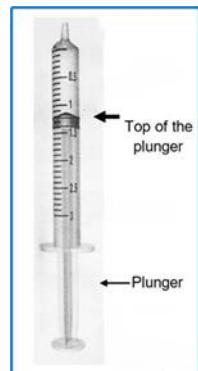
- A plastic ampoule - simply twist the top of the ampoule until it is removed.

7. Draw up medication from the ampoule:

- 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.
- The medication should not come out of the ampoule if you tip it upside down.
- Insert the needle into the ampoule.
- Draw the medication into the syringe by slowly pulling back on the plunger of the syringe



- e) Once the medication is removed from the ampoule, take the needle out of the ampoule and hold the syringe with the needle pointing up.
- f) 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.
- g) Slowly push the plunger of the syringe upwards or into a container until you have the correct dose/amount as prescribed.
- h) Use a separate syringe to draw up any other medications you may be giving.
- i) Discard blunt needle into sharps bin and replace with small needle in preparation to give injection.



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

8. Record the number of ampoules used, any wastage, batch number, expiry date and remaining stock of each medication on the community palliative care medication administration and stock charts.

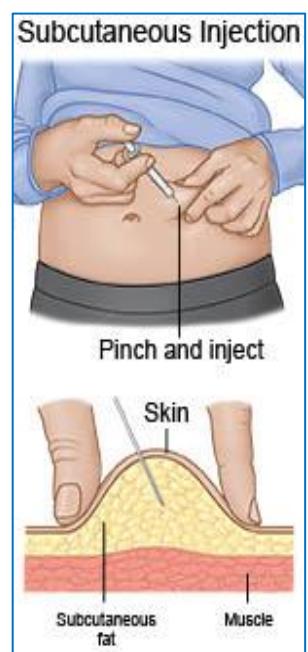


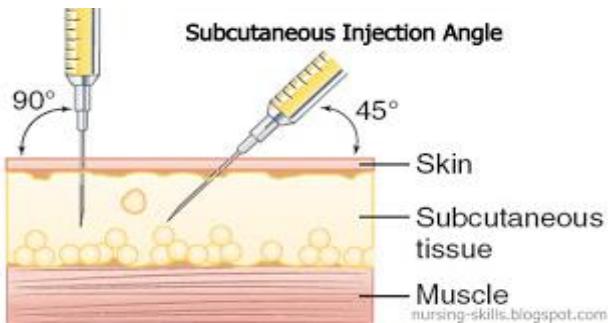
Discard any remaining medication and the ampoules in the sharps bin.

9. Take the prepared syringes to the person in a hard walled container with a sharps bin.

10. Select an appropriate site –following instructions at start of this section. If the patient is receiving regular subcutaneous injections, rotate sites used.

- a) Remove/move any clothing in order to access the chosen site. If skin is visibly dirty, wash with soap and water and then dry.
- b) **Prepare the needle.** Hold the syringe with your writing hand and pull the cover off with your other hand. Place the syringe between your thumb and first finger. Let the barrel of the syringe rest on your second finger.
- c) **Pinch the skin.** Take about an inch and a half pinch of skin gently between thumb and index finger and hold it. This pulls the fatty tissue away from the muscle and makes the injection easier.
- d) **Inject the needle.** Inject the needle into the pinched skin at a 90-degree angle. You should do this quickly, but without great force. If the patient is very thin, you may need to inject the needle at a 45-degree angle to the skin. Once the needle is all the way in, push the plunger down slowly to inject the medicine.



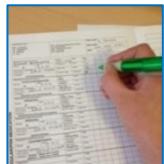


- e) **Pull out the needle.** Remove the needle at the same angle that you put it in. Apply gentle pressure from a gauze pad if there is any bleeding from the injection site.
- f) Do not replace the cover on the needle. Instead place needle and syringe straight into sharps bin. If using a 'Safety Needle' then the needle needs to be pushed into the protective cap and then placed in the sharps bin.

11. Do not snap shut or use overfilled sharps bin. Contact your community nurse to arrange new bin and disposal of used bins.

12. Record the drug, dose date and time the medication was given on the Community Palliative Care Medication Administration Chart.

13. Wash your hands thoroughly.



Contact a nurse or doctor in the following circumstances:

- If you feel unsure as to whether or not you should give an injection
- If you have given the **maximum number of doses** and now are required to inform the community nurses.
- If symptoms persist despite the medication given
- If there is an unexpected problem such as a needle stick injury
- 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
- For additional supplies of equipment and medication
- If the sharps bin is getting full. Full boxes can be returned to your GP Practice or to a community nurse.
- If you would no longer like to administer subcutaneous medication