

DIVISIONAL DOCUMENT

	Standard Operating Procedure
DOCUMENT TITLE:	Standard Operating Procedure for Carer Administration of Subcutaneous Medication in Palliative Care
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AUTHOR(S): Note should <u>not</u> include names	Matron for District Nursing, Specialist Palliative Care Team

TARGET AUDIENCE:	District Nursing Teams, Specialist Palliative Care Nurses
DOCUMENT PURPOSE:	To outline the key standard operating procedures for the administration of subcutaneous medication in palliative care by carers in the community
To be read in conjunction with (identify which internal documents)	ELHT/CP22 Version 6.2 - Policy and Procedure for the T34 Ambulatory Syringe Pump in adults (Palliative Care) ELHT/CO14 Version 6 – Policy for Consent to Examination or Treatment ELHT/C003 Version 5.1 – Incident Reporting Policy ELHT/C082 Version 8 – How to implement the Mental Capacity Act 2005 and apply the supporting code of practice
SUPPORTING REFERENCES	<ol style="list-style-type: none"> 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

	<p>Medication By Intermittent Injection – Adult Palliative Care (2016)</p> <ol style="list-style-type: none"> 4. NHS 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. Harrogate and District NHS Foundation Trust (2018) Policy for Patient or Carer Administration of Subcutaneous Medication (Palliative Care) 7. Healy S, Isreal F, Charles M and Reymond L. Lay carers 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-peoplewould-be-willing-give-injections-improve-quality-life-dying-person 9. The Human Medicines Regulations Act (2012) https://www.legislation.gov.uk/ukxi/2012/1916/contents/made 10. NICE Guideline 31 Care of dying adults in the last days of life (December 2015): https://www.nice.org.uk/guidance/ng31 11. General Medical Council Good Medical Practice (2013): Section 16: https://www.gmcuk.org//media/documents/Good_medical_practice_English_1215.pdf_51527435.pdf 12. General Medical Council Good Medical Practice (2013): Section 45: http://www.gmcuk.org/guidance/good_medical_practice/continuity_care.asp 13. NMC Code (2018): https://www.nmc.org.uk/standards/code/read-the-code-online/ 14. The Royal Marsden Manual of Clinical and Cancer Nursing Procedures. Section 15.7 Medication: subcutaneous injection. Accessed online 20.03.23
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CONSULTATION		
	Committee/Group	Date
Consultation	District Nurses, Specialist Palliative Care Team, Pharmacists, membership of the Community Services Directorate Meeting	
Approval Committee	Community Services Directorate Meeting	
Ratification date at Policy Council:		
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Introduction:

Policies and guidance for carer administration of subcutaneous medication in adult palliative care have been developed elsewhere within the United Kingdom (1-6). 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 (7). 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 monitoring effectiveness (8). 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 (9).

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 and from a local review of concerns and complaints raised by families following the death of their relatives. 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 carer to give other subcutaneous medication, including the administration of emergency medication for symptoms that may develop, particularly in the last days of life. The Human Medicines Regulations Act (2012) states that delegation of administration of all medications including opioids by injection is permissible by law (10).

National and local policy supports healthcare professionals to prescribe 'anticipatory medication' which commonly includes medication for pain, nausea, breathlessness, agitation and/or excess respiratory secretions, and sometimes medication for seizures, and can be administered by injection as required (11). 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.

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 by a designated carer. The guidance will:

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

Scope:

This policy relates specifically to carers giving medication by subcutaneous injection, either using a pre-inserted subcutaneous butterfly or where the carer has demonstrable competency and prior experience (e.g. they are a registered healthcare professional), by subcutaneous injection. It should be used in conjunction with national and local policies on medicine storage and administration.

This policy applies to adult palliative patients.

Medication which may be given subcutaneously under this policy may include anticipatory medications being given for symptoms in the last days of life, or medication being given for symptom control at an earlier stage, where subcutaneous injection is the most appropriate route.

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 and must only proceed if the healthcare professional judges that it meets the needs of the patient and the carer. It must be made clear that the patient or carer is able to stop the procedure at any time or that a healthcare professional may recommend that carer administration of subcutaneous medication is no longer appropriate.

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. They are often referred to as 'informal' care givers.

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

Subcutaneous butterfly refers to an indwelling access device sited in the tissue layer between the skin and muscle that medications can be administered through

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.

Consultation and communication:

The procedure has been developed in conjunction with ELHT Specialist Palliative Care Team, ELHT District Nursing Service and membership of the Community Services Directorate Meeting.

Equality Impact Assessment:

There is no effect on the equality of provision of care to any specific group or individual and the principles within the policy apply to all patients.

Dissemination and Implementation:

The procedure will be disseminated via the ELHT intranet and implementation will be led by Clinical Team Leaders, Team Sisters, Matrons and District Nursing Service with support from the Specialist Palliative Care Team.

Monitoring and compliance

Audit of patient records against these recommendations will be undertaken to provide assurance that safe and effective care is delivered. Investigations into incidents reported will be conducted with consideration for compliance with this procedure.

The Procedure

1. Eligibility criteria

- The patient is an adult with a palliative diagnosis and may experience symptoms requiring subcutaneous medication.
- The carer is willing to administer subcutaneous medication and has been assessed as having the capability (physical and mental capacity) to do so.
- The patient must consent to the carer administering subcutaneous medication. If the patient lacks capacity for this decision, it must be judged as being in the patient's best interest.
- There is agreement from the multi professional team (minimum General Practitioner (GP) and registered nurse) that it is appropriate for the carer to administer subcutaneous medication.
- The carer must have successfully completed the necessary training, be considered competent by a healthcare professional and feel confident to administer subcutaneous medication.

2. Exclusion criteria

- The patient, or the carer who would like to administer the medication, is under the age of 18 years.
- The carer willing to give the subcutaneous medication has been assessed and lacks the capability (physical or mental capacity) to do so.
- The patient, or the carer who would like to administer the medication, has a known history of substance misuse, unless very careful safety consideration has been made for example involving the Specialist Palliative Care Team and/or Inspire substance misuse service.
- 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.

3. Risk management

- The 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.
- Carers must receive training from registered nurses about the practical aspects of giving a subcutaneous injection (either via butterfly or as an injection) and about the medication being used and must be assessed as competent before administering subcutaneous medication.
- 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 healthcare professional will need to consider the appropriateness and number of injections available for the carer to give. It may be that not all of the prescribed subcutaneous medications are appropriate to be given by the carer. For example it may be appropriate to train only for equivalent drugs that the carer or patient may have administered orally.
- Unless there are exceptional circumstances, it is only appropriate for carers to administer standard medication for symptoms from the list below:
 - Analgesia/for breathlessness - morphine, oxycodone
 - Anti-emetics - Levomepromazine, Cyclizine, Metoclopramide, Haloperidol
 - Anxiolytics - Midazolam, Haloperidol
 - Anti-secretory - Glycopyrronium, Hyoscine Hydrobromide, Hyoscine Butylbromide (the latter could also be given for colic)
- 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 hours. Specifics about the prescribed drug are included within the *Consent Form for Carer Administration of Subcutaneous Medication (Palliative Care)* (see Appendix 1) and general information about each medication is included within the information leaflet: *A Guide to Carer Administration of Subcutaneous Medication (Palliative Care)*. See Appendix 2.
- If anything about the prescribed medication is changed, including dose, interval before a repeat dose is permitted or maximum dose, the medication must be rewritten on a new line on the *Consent Form for Carer Administration of Subcutaneous Medication (Palliative Care)* (see Appendix 1), and this must be explained to the Carer.
- Carers must also be provided with written information about the practical procedure, for reference. This is included in the information leaflet: *A Guide to Carer Administration of Subcutaneous Medication (Palliative Care)*. See Appendix 2.
- 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 Palliative

Care Community Record of Anticipatory/Subcutaneous Supplementary Medicines and Injectable Medicines Stock Record (ET S446) used by healthcare professionals (see *ELHT/CP22 Version 6.2 - Policy and Procedure for the T34 Ambulatory Syringe Pump in adults (Palliative Care) p78*).

- Patients/carers must be provided with contact telephone numbers for the District Nursing Service both in and out of hours and encouraged to seek advice if they have any uncertainties or concerns.
- The carer can administer an agreed maximum number of prescribed injections of each prescribed medication in any 24-hour period, usually this will be a maximum of three doses of each medication. This will be documented on the Consent Form. They must consult the District Nurses by telephone following administration of each dose of medication and a review of the patient arranged. If frequent injections are required, the District Nurses/Specialist Palliative Care Team/GP must be contacted to review their effectiveness and to ensure any background medication (e.g. in a syringe pump) is reviewed and the doses of the subcutaneous medication remain appropriate. This will also ensure that adequate supplies of the injections are available.
- 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, i.e. make it bleed, wash it, cover it and report it to the GP and registered nurse immediately to report according to Incident Reporting.
- 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. The incident should be investigated as soon as possible and where necessary the administration of subcutaneous medication by the carer will cease and any further injections will be given by healthcare professionals.
- An alert must be placed on the patient's EMIS record that this policy is in place, i.e. that the carer has been assessed and trained to give subcutaneous medications, referencing where to find further details about the specific arrangements made.

4. Consent

- A *Consent Form for Carer Administration of Subcutaneous Medication (Palliative Care)* (see Appendix 1) must be completed for all carers who wish to administer subcutaneous medication as per this policy, and includes obtaining the patient's and the carer's consent.
- 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 Policy (*ELHT/C082 Version 8 – How to implement the Mental Capacity Act 2005 and apply the supporting code of practice*)
- Carers will also require the mental capacity to undertake this delegated task.

5. Pathway for facilitating carer administration of subcutaneous medication in palliative care

1.	A patient with a palliative illness or their carer expresses a wish for the carer 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 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 and carer meet the inclusion criteria and agree to support the process.
4	The multi professional team must agree the medication and indications which the carer may administer by subcutaneous injection. This may not necessarily be all prescribed subcutaneous medication, but an appropriate selection based on individual needs.
5	The <i>Consent Form for Carer Administration of Subcutaneous Medication</i> (Appendix 1) must be completed in full, including details about the medication that the carer may administer.
6	Where the use of a range of a dose of medication is prescribed, the GP or Independent Nurse Prescriber should advise the 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 carer in decision making.
7	Training of the carer is undertaken by a registered nurse according to the information leaflet <i>A Guide to Carer Administration of Subcutaneous Medication (Palliative Care)</i> (Appendix 2). Training should include the indications for the medication to be administered and common side effects.
8	If the carer will be administering medication via a subcutaneous cannula, the registered nurse must insert the subcutaneous cannula and make arrangements for that to be checked and replaced.
9	The registered nurse must either supervise the carer administering a medication if this is required during the training, or consider simulated training, e.g. flushing the line with 0.2mL water for injection.
10	Training should ensure that the carer is familiar with recording of medication administered (dose, time, date) on the Palliative Care Community Anticipatory/Supplementary Subcutaneous Medicines Authorisation Sheet and that they are able to update the stock record so that further supplies can be ordered in a timely manner if required.
11	Carers must be trained in the safe disposal of sharps and understand the management of needle stick injuries (appendix 3). All incidents must be reported and investigated in accordance with Incident Reporting Policy
12	The registered nurse must provide the patient and carer with 24-hour contact details for the District Nursing Team and Night Nursing Teams.
13	The registered nurse must ensure that the carer has all necessary equipment, including water for injection flushes if a subcutaneous cannula will be used.
14	The <i>Consent Form for Carer Administration of Subcutaneous Medication (Palliative Care)</i> (Appendix 1) must be completed when the registered nurse and carer feel they are confident and competent to undertake the procedure without supervision.
15	The completed consent form should be photographed and this uploaded to the patient's EMIS record. The paper copy should be filed in the patient's home notes in the black medication folder.
16	An Alert should be entered on the patient's EMIS record to indicate that the carer is able to administer subcutaneous medication
17	If the dose of a medication is changed, this must be recorded on the <i>Consent Form for Carer Administration of Subcutaneous Medication (Palliative Care)</i> (Appendix 1). Additional training or supervision must be offered, and if required can also be recorded on this form.

6. ROLES AND RESPONSIBILITIES

- 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’ (12).
 - The Nursing and Midwifery Council (NMC) Code (2018) (reference 13) advises to:
*“11 Be accountable for your decisions to delegate tasks and duties to other people
To achieve this, you must:
11.1 only delegate tasks and duties that are within the other person’s scope of competence, making sure that they fully understand your instructions
11.2 make sure that everyone you delegate tasks to is adequately supervised and supported so they can provide safe and compassionate care
11.3 confirm that the outcome of any task you have delegated to someone else meets the required standard”*
- The decision to facilitate administration of subcutaneous medication by carers should be led by them and NOT by a registered nurse or other health professional
- The decision for 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 carer administration of subcutaneous medication is followed and is continuously reviewed and monitored.
- The registered nurse should ensure the 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 and carer and recorded in the patient’s EMIS Record.
- Visits should ensure that symptoms are controlled; injection sites remain healthy, and should provide support to the patient and their carer.

Consent Form for Carer Administration of Subcutaneous Medication (Palliative Care)

Name of Patient	
Patient's date of birth	
Patient's NHS number	
Name of Carer	
Name of Registered Nurse facilitating SOP for Carer Administration of Subcutaneous Medication in Palliative Care	
Name of GP facilitating SOP for Carer Administration of Subcutaneous Medication in Palliative Care	

Date of completion of consent form	
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Declaration of consent

I _____ (name of patient) have requested that my carer _____ (name of carer) administer subcutaneous medication to me for the purpose of symptom relief.

OR, IF THE PATIENT IS UNABLE TO PROVIDE CONSENT

I confirm that a Mental Capacity Assessment and Best Interests Care Plan has been completed and retained in the patient's home record and a scanned copy uploaded to EMIS, which documents that it is the best interests of _____ (name of patient) for _____ (name of carer) to administer subcutaneous medication for the purpose of symptom relief.

Signature of registered nurse

 Full name of registered nurse

AND

I _____ (name of carer) have requested to administer subcutaneous medication for the purpose of symptom relief to _____ (name of patient).

To be completed by the Registered Nurse in conjunction with the carer		Initial of nurse
1	The carer administering subcutaneous medication fulfils the eligibility criteria	
2	The carer has undergone the necessary training and has been assessed as competent in performing the technique	
3	The carer will keep an accurate record of any medication administered on the Palliative Care Community Anticipatory/Supplementary Subcutaneous Medicines Authorisation Sheet [ETS44 Rev 1]	
4	The carer may administer an agreed maximum number of prescribed injections in any 24-hour period	
5	The carer has been provided with the Information Leaflet: 'A Guide to Carer Administration of Subcutaneous Medication (Palliative Care)' which provides a guide to the procedure and information about the medication to be administered, including likely benefits and side effects	
6	The carer is happy to proceed with this delegated responsibility in the knowledge that they have 24-hour contact numbers for support and that they can relinquish the role at any time they wish	
7	The carer informs the District Nursing Service by phone when they have administered medication and a visit by the District Nursing Service is arranged to review the patient face to face within 24 hours (or sooner if the patient or carer needs earlier support).	
8	The patient and carer are aware that any errors or incidents related to the carer administration of subcutaneous medication (including needle stick injuries) must be reported immediately to a healthcare professional	

Record of training delivered				
Ensure that the training is delivered in accordance with the procedure described in the information leaflet <i>A Guide to Carer Administration of Subcutaneous Medication (Palliative Care)</i> .				
Name of registered nurse	Name of carer	Date of training	Signature of Registered Nurse delivering training	Comments

A Guide to Carer Administration of Subcutaneous Medication (Palliative Care)



This instruction guide is to support you in administering subcutaneous medication AFTER you have received training and assessment of competence by a registered nurse

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

District Nursing Service contact number 07:30 – 16:30	
Community Nurse contact number 16:30 – 07:30	
GP contact number	
GP contact number (out of hours)	

Introduction

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

Some 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 for carers to do this. If you agree to this but at any time feel you are unable 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. 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.

Drugs that may be given by a carer and indication for use		
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/drowsiness, dry mouth Can cause pain when injected
Haloperidol	Nausea and vomiting or to reduce anxiety or confusion	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 Hydrobromide	Noisy, wet breathing (secretions)	Dry mouth, constipation, blurred vision, difficulty passing urine
Hyoscine Butylbromide	Noisy, wet breathing (secretions) or abdominal colic	Dry mouth, constipation, blurred vision, difficulty passing urine
Glycopyrronium	Noisy, wet breathing (secretions)	Dry mouth, constipation, blurred vision, difficulty passing urine

Procedure for the administration of medication via a pre-inserted subcutaneous cannula

1. Remove white cap from the end of the subcutaneous cannula and wipe the end using a 2%/70% Chlorhexidine/alcohol wipe with a scrubbing technique. Allow to dry for at least 30 seconds.
2. Use a filter needle to draw up the drug; use a 1mL syringe if the volume is less than 1mL
3. Administer the drug via the subcutaneous cannula

4. Then flush the line with at least 0.2mL of water for injection
5. The maximum volume in total for the drug and the flush at one site on one occasion is 2mL. If you are worried that the volume is greater than this, seek advice.
6. If repeated injections are needed, and the total volume is over 2mL, wait at least 15 minutes before considering giving another injection through the same subcutaneous cannula, and feel that there is no swelling around the insertion site (indicating medication has not fully absorbed).
7. When the port is not in use, apply a bung
8. Dispose of all sharps and other waste correctly
9. Record the administration on the medication chart
10. Contact the District Nursing Service to let them know you have given the medication
11. If there are concerns about the volume being given or any other concerns, seek advice from the District Nursing Service or the Specialist Palliative Care Team

Procedure for administering medication by a subcutaneous injection

1. Collect the equipment you need – a filter needle and syringe, the medication you want to give, an appropriate needle for injection, gloves, an alcohol swab, sterile gauze
2. Use a filter needle to draw up the drug; use a 1mL syringe if the volume is less than 1mL
3. Wash and dry your hands and apply non-sterile gloves
4. Select an appropriate site for injection, for example the upper arm or the outer thigh, and check that there is no inflammation, oedema, infection or skin lesions.
5. Clean the injection site with a swab saturated with isopropyl alcohol 70%
6. Remove the needle sheath
7. If there isn't much subcutaneous tissue, gently pinch a skin fold
8. Hold the syringe between the thumb and forefinger of your dominant hand, as if grasping a dart
9. Insert the needle into the skin at an angle of 45 degrees, and released the grasped skin
10. Inject the drug slowly over 10-30 seconds
11. Withdraw the needle rapidly. Apply gentle pressure with sterile gauze. Do not massage the area
12. Dispose of all sharps and other waste correctly
13. Record the administration on the medication chart
14. Contact the District Nursing Service to let them know you have given the medication
15. If there are concerns about the volume being given or any other concerns, seek advice from the District Nursing Service or the Specialist Palliative Care Team

Contact a nurse or doctor in the following circumstances:

- If you feel unsure as to whether or not you should give an injection
- 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 you would no longer like to administer subcutaneous medication
- If you are concerned that there is a problem with the subcutaneous cannula, for example redness, pain or swelling

If you require this document in an alternative format or language, please contact 01254 732316

Polish

W celu otrzymania tego dokumentu w innym formacie lub języku, prosimy o kontakt z 01254 732316

Punjabi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਨੂੰ ਕਿਸੇ ਵਿਕਲਪਿਕ ਫਾਰਮੈਟ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣੀ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ 01254 732316

Urdu

آپ کو اس دستاویز کی ایک متبادل شکل (فارمیٹ) یا زبان میں ضرورت ہے تو براہ مہربانی رابطہ کریں 01254 732316

Bengali

আপনি যদি এই প্রচারপত্রটি অন্য কোন আকারে বা অন্য ভাষায় চান, তাহলে যোগাযোগ করবেন 01254 732316

Romanian

Dacă aveți nevoie de acest document într-un format sau limbă alternativă, vă rugăm să contactați 01254 732316

Lithuanian

Norint gauti šį dokumentą kitu formatu ar kita kalba, prašome susisiekti su mumis 01254 732316

What should I do if I injure myself with a used needle?

If you pierce or puncture your skin with a used needle, follow this first aid advice immediately:

- 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
- dry the wound and cover it with a waterproof plaster or dressing

You should also seek urgent medical advice as you may need treatment to reduce the risk of getting an infection:

- call your GP, NHS 111 or go to the nearest urgent care or accident and emergency department

Needle-stick injuries

Injuries from needles used in medical procedures are sometimes called needle-stick or sharps injuries.

Sharps can include other medical supplies, such as syringes, scalpels and lancets, and glass from broken equipment.

Once someone has used a needle, viruses in their blood, such as hepatitis B, hepatitis C or HIV, may contaminate it. This includes needles used to inject illegal drugs. Blood can also contaminate sharps.

Assessing your injury

The healthcare professional treating you will assess the risks to your health and ask about your injury – for example, how and when it happened, or who had used the needle.

Samples of your blood may need to be tested for hepatitis B and C or HIV.

Although rare, there's also a small risk of other infections being transmitted through contaminated blood, such as cytomegalovirus (CMV) and Epstein-Barr virus, which causes glandular fever.

Your healthcare professional may also arrange to test samples of the other person's blood if they give their consent.

Will I need any treatment?

If your healthcare professional thinks you're at low risk of infection, you may not need any treatment.

If there's a higher risk of infection, you may need:

- antibiotic treatment – for example, if you have cellulitis (infection of the skin)
- vaccination against hepatitis B
- treatment to prevent HIV

If there's a high risk of infection with HIV, your healthcare professional may consider treatment called post-exposure prophylaxis (PEP).

Information provided via <https://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/what-should-i-do-if-i-injure-myself-with-a-used-needle/>

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