Appendix 5c – Carer’s authorisation chart to administer as required subcutaneous injections for complex palliative care patients

**Blank no prepopulated drugs for complex patients**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT’s SURNAME** | |  | | | **FORENAME:** | | | |  | |
| **DATE of BIRTH** | |  | | | **NHS Number:** | | | |  | |
| **Allergies or Adverse Drug Reactions :**  **None known tick here** | | | | | | | | | | |
| NAME OF HEALTHCARE PROFESSIONAL  PRINT NAME:  SIGNATURE: | | | | | | | DESIGNATION:  BASE:  DATE: | | | |
| **DRUG &**  **strength** | **INDICATION FOR USE** | | **DOSE** | **VOLUME**  **(MLS)** | | **ROUTE** | | **FREQUENCY**  Minimum interval | | **ANY OTHER COMMENTS** |
| Water for injection | **Flush of saf-t-intima device if used** | |  | 0.2mls pre and 0.2mls post administering medication | | SC | |  | |  |
|  | **PAIN** | | *Low*: |  | | SC | | 1 hour | | If *low* dose not effective call for advice**\*** before giving high dose. |
| *High*: |  | |
|  | **NAUSEA/**  **VOMITING** | |  |  | |  | |  | |  |
| *Alternative* | **NAUSEA/**  **VOMITING**  **2nd choice if needed** | |  |  | |  | |  | |  |
|  | **AGITATION/**  **RESTLESSNESS** | | *Low*: |  | | SC | | 1 hour | | If *low* dose not effective call for advice**\*** before giving *high* dose. |
| *High*: |  | |
|  | **RATTLY BREATHING** | |  |  | | SC | |  | |  |
|  | **BREATHLESSNESS OR PERSISTENT COUGH** | |  |  | | SC | |  | | If breathless open window, sit upright. |
|  | **OTHER:** | |  |  | |  | |  | |  |

**SC**=subcutaneous injection either into SAF-T intima line or using syringe and needle

**GUIDANCE FOR PRESCRIBER:** (also complete usual community palliative care drug chart)

* Check the following have been completed for each carer administering injections
  + Consent form.
  + Assessment of carer’s competence in administering subcutaneous injections, using the competence assessment tool.
* Choose the appropriate chart 5a, 5b or 5c depending on the complexity of patient
* **Doses to be as simple as possible think about vial sizes**.
* Carers to record doses on Community Palliative Care Chart used by Community Nurses/visiting professionals.
* Give a minimum interval between doses in hours for frequency and avoid abbreviations

**GUIDANCE FOR CARER:**

**\***Please phone Sirona Single Point of Access (1st line) on 0300 125 6789 or your local hospice 2nd line (St Peter’s Hospice Advice line on 0117 9159430 or Weston Hospice on 01934 423900) if:

* Any time if you have given 3 injections in total within a 24hour period to discuss whether it is appropriate to give additional injections, or whether a review is needed
* If the symptom has not improved an hour (or sooner if you are worried) after giving the drug.
* If you have administered the prescribed limit of the number of administrations which has been prescribed in 24 hours (this might be fewer than 3)
* If you prefer to discuss with a HCP prior to administering the injection
* You have any concerns, questions or queries at all related to injectable medication
* You no longer wish to give the subcutaneous injections

*(Adapted from St Joseph’s Hospice Carer Administration of sub-cutaneous injections procedure (2019) by Dr C Cornish 2020)*