

Carer administration of Subcutaneous Injections Pathway

January 2026



Carers and relatives can be taught to administer Just In Case (JIC) medications to patients by the most appropriate service at the time. This may be District Nursing, the Hospice Community Team or Inpatient units prior to discharge.

This is not a pathway owned by a specific service, but vitally a shared communication intervention and support mechanism for families.

Audit is essential, and because we each have different electronic health record systems St Margaret's have agreed to be the point of contact to ensure all carers are registered.

Therefore the pathway includes the pathway of communication as well as the process flow chart.

These processes can be followed for self-administration.

This pathway will be reviewed every 2 years.

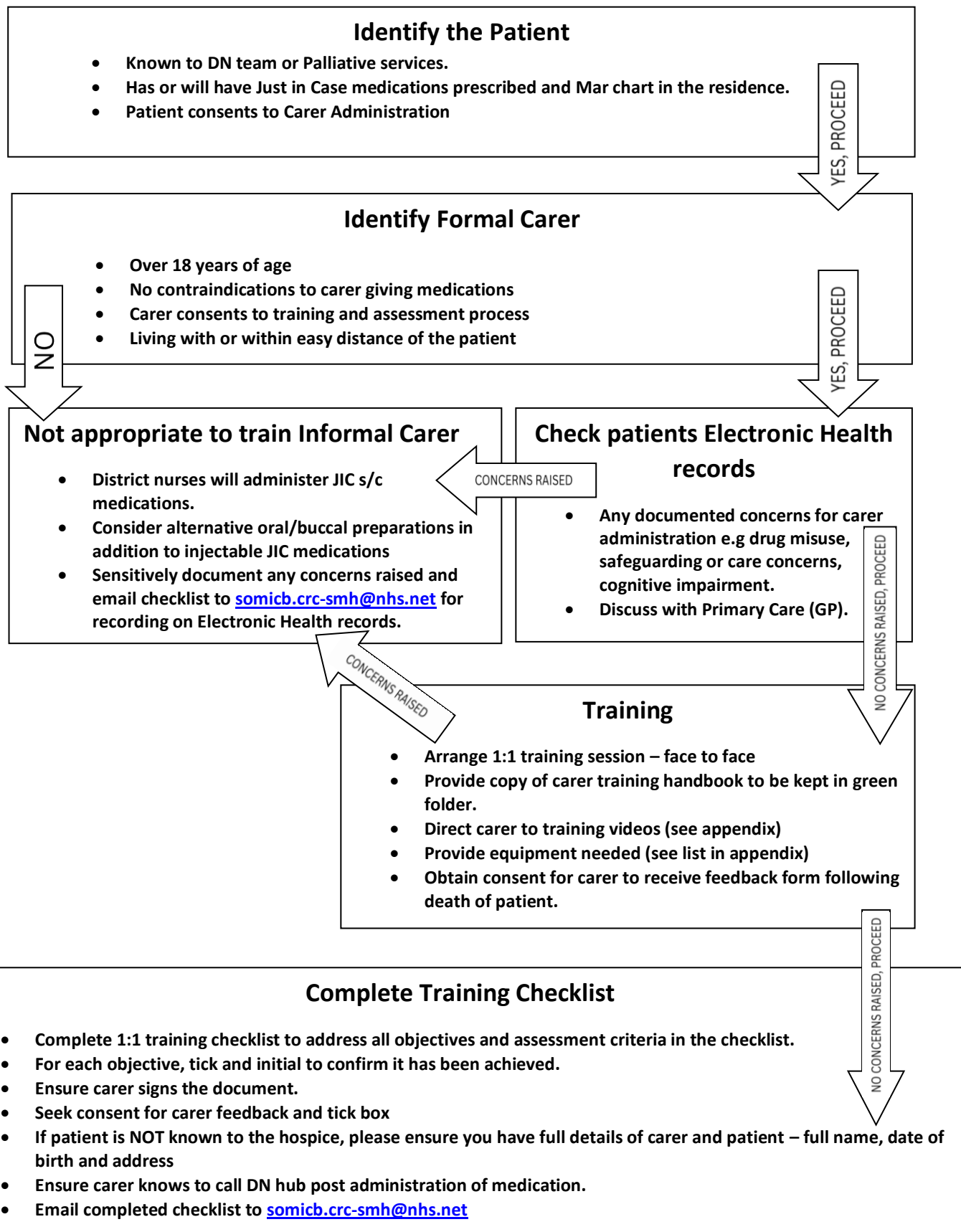
In all circumstances:

- email the **completed checklist** to somicb.crc-smh@nhs.net. Central Referral Centre (CRC) will then add to S1 (add document and complete window), RiO and SiDeR (ePaaCs) and EMiS (e-mail to GP surgery for adding)
- ensure the Patient is on a DN planner for a weekly scheduled visit

This pack includes:

1. Flowchart
2. Carer training handbook
3. Symptom Chart
4. Carer feedback document
5. Assessment Tool to Give Subcutaneous Medication
6. References and resources

Flow Diagram for Carer Administration of Subcutaneous Injections Pathway



Carer training handbook:

**Information to support carers in giving
subcutaneous injections of medicines for
breakthrough symptoms**

January 2026

Version 2

Introduction

This leaflet provides information and guidance for carers and relatives who are being trained to give subcutaneous medications for symptom control. It should be used alongside the one to one training given to you by a nurse.

At any time, if you are unsure or don't feel comfortable in giving medication, please let somebody know. Community Nurses can take over.

The doses of medication that you will give are very low and won't cause the death of your loved one, but sometimes the injections may be given very close to the end of their life.

After you have given an injection, contact the community nurses, they will advise if a review of the patient is needed.

When the nurse trained you, they will have asked consent for you to provide feedback about this process, after the person you are caring for has died. This is important to help us improve and continue the service for future carers. so please return the form to us when you are able.

If you have any questions or worries please contact us:

St Margaret's Advice Line

24/7

Taunton 01823 333822/Yeovil 01935 709480

The Community Nursing Federation

Hubs operate from 8am to 10pm, seven days a week

Bridgwater Bay and North Sedgemoor Neighbourhood: 0300 124 5601

Mendip Neighbourhood: 0300 124 5602

South Somerset Neighbourhood: 0300 124 5603

Taunton and West Somerset Neighbourhood: 0300 124 5606

For overnight, please contact 0300 124 5609

Definitions:

Symptoms:

A symptom is a sensation experienced by a person as a result of a disease or illness. Symptoms can be unpleasant or distressing.

Breakthrough symptoms:

Breakthrough symptoms are symptoms that arise unexpectedly even if someone is taking regular medication to control those symptoms. This can be distressing, and often an extra dose of medicine is sometimes needed to ensure the person's comfort.

Subcutaneous medications:

Subcutaneous medications are medicines given by an injection underneath the skin into the fatty tissue.

There are two ways in which to give these medications:

- With a needle
- Without a needle

Both of these will be covered in this guide.

Using this guide:

The nurse training you will give you this handbook to guide the one on one training session. It will also be a useful guide and reminder once you have completed the one to one training.

You will be trained how to:

- Recognise the 5 common breakthrough symptoms
- Rate the severity of the breakthrough symptoms
- Select which subcutaneous medication to give
- Calculate the right amount of medication to give
- Open an ampoule of medication safely and draw up the medicine
- How to give an injection using either needle or needles technique
- Record what has been given in the Palliative Care Drug chart and stock card
- Check the medication stock and order more
- Store and dispose of medications and sharps
- Seek advice if any concerns

Useful tip

Keep this handbook in the Green Folder along with the Palliative Care Drug Chart, Treatment Escalation plan, and Stock Card.

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When to give medicines as an injection?

- When people become more poorly, they may lose the ability to swallow medications or liquids. This means we need to use other ways of giving medications for pain relief and control of other symptoms.
- A good and safe way of doing this is to give medicines as an injection underneath the skin. There may be other times when injections are prescribed e.g severe nausea/ vomiting or if people can't tolerate oral medications.
- Carers are often used to giving extra oral medications (medicines taken by mouth) for example for pain control. Giving these injections is a very similar process with main difference being the way the medicine is given.
- Having carers that are able to give subcutaneous medications can help to ensure a person is able to stay at home at the end of their life, if that is their wish. Carers often find comfort knowing that they were able to support that.
- Having said that you shouldn't feel any pressure to give these injections, and if you feel unable to at any point please let someone know.
- The Palliative Care Specialist Nurses, Doctors, and District Nurses will support you and teach you how to give these injections safely.

Recognising breakthrough symptoms

Common breakthrough symptoms:

In the last few weeks of life, some people may experience **breakthrough symptoms** requiring extra doses of medication to feel comfortable.

The **five** most common breakthrough symptoms are:

- Pain
- Breathlessness
- Respiratory secretions
- Nausea and/or vomiting
- Restlessness or agitation

How to recognise breakthrough symptoms:

The best way to tell if someone is experiencing a breakthrough symptom is to ask them. If the person is not able to tell you how they feel, you will need to rely on some other signs which are described below.

It is possible for a person to experience more than one symptom at the same time.

The person you are caring for may experience other symptoms as well as the common five listed above.

-If you have any queries please contact the advice line or the District Nurses

Don't worry!

You are likely to know the person you are caring for better than other health professionals, and it may not be as difficult to recognise these symptoms as you may think.

Trust your own judgement, and if you are unsure, please ask for help.

Five most common breakthrough symptoms and signs

<u>Symptom</u>	<u>Signs you may see</u>
Pain	<ul style="list-style-type: none"> -Grimacing, groaning or frowning -Resisting or groaning when you try to move them -Moving around as if trying to find a comfortable position
Breathlessness	<ul style="list-style-type: none"> -Fast or shallow breaths -Difficulty in speaking or finishing sentences -Exaggerated movements of chest neck or shoulders with each breath -Bluish tinge around lips or finger tips -Agitated behaviour or signs of anxiety
Respiratory Secretions	<p>Saliva and mucous produced by the airways can collect because the muscles that control swallowing become weaker as someone approaches the end of their life.</p> <p>This can cause some sounds that you may notice:</p> <ul style="list-style-type: none"> - Noisy breathing - A “rattling” or “wet” sound with each breath <p>The person being cared for is unlikely to be aware of or distressed by this noise, but it can be distressing to hear for those caring for them.</p>
Nausea and/or vomiting	<p>The person may be:</p> <ul style="list-style-type: none"> -clammy - sweaty - retching - above signs may be worse on movement <p>NB Nausea and vomiting can occur with or without each other</p>
Restlessness or agitation	<p>You may notice changes in behaviour including:</p> <ul style="list-style-type: none"> -An inability to settle, frequently wanting to get up and move -A furrowed brow/ frown -Fidgety movements -Calling out <p>This symptom occurs more frequently in the last days of life, and can sometimes be more distressing at night.</p>

Rating breakthrough symptoms:

The Somerset Symptom Observation Chart:

- The nurse giving your training will ensure that you have a copy of the **Symptom Observation chart** (shown below).
- When you notice one of the breakthrough symptoms, document it on this chart, giving the symptom a rating on the “traffic light” scale.
- This helps to keep a record of when symptoms occurred, and how effective any extra medicines given were.
- **Contact the advice line** if a symptom has scored **RED**, or if it has scored **AMBER** and you have given an injection of medication.

Selecting the right medication to give

- Medications for subcutaneous injections will be supplied in the “**Just in Case box**”.
- Which medicine to use depends on which symptom you have identified.
- Below is a table of the five breakthrough symptoms and the most commonly used medicines for each one.
- The medications will be prescribed on the **Palliative Care Drug Chart**, and the symptom they cover will be written on the prescription.

NB

This is a list of the **most commonly used** medications in “Just in Case” boxes in Somerset.

Sometimes the prescribing doctor may choose **different** medications or doses to suit the person you’re caring for.

If so, the nurse doing the one to one training will go through these differences with you

Symptom	Medication	Common doses (variations may occur)	Minimum time between doses
Pain	Morphine sulphate	2.5 to 5mg	2 to 4 hours
Breathlessness	Morphine sulphate	2.5 to 5mg	2 to 4 hours
Respiratory secretions	Hyoscine Butylbromide	20mg	2 to 4 hours
Nausea / Vomiting	Levomepromazine	6.25mg to 12.5mg	4 hours
Restlessness	Midazolam	2.5 to 5mg	2 to 4 hours

The Palliative Care Drug Chart

Palliative Care Drug Chart

Only for authorisation of injectable (PRN) and syringe pump medication and record of administration for adult patients. The chart can be used by organisations outside Somerset NHS Foundation Trust at their discretion.

Any other medication to be administered by Trust staff must be prescribed on the MAR chart / electronic prescribing system

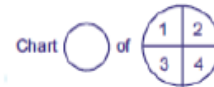
For Specialist advice, contact:

- St. Margaret's Hospice 01823 333 822
- Weston Hospice 01934 423 900
- Dorothy House Hospice 0345 0130 555

Medication prescribed on a MAR can either be handwritten, or on a sticker that meets the following requirements: containing patient's name and NHS number or DOB, a clear dose, frequency, route and prescriber name: all of which should be printed or written clearly. The prescriber's signature should overlap both the sticker and MAR underneath. Do not remove or overlap/overlay stickers, new/changes to prescriptions should always be on a separate line.

PATIENT DETAILS:

First Name:	Allergies/Sensitivities:
Last Name:	
DOB: NHS No:	
GP Practice:	
<input type="checkbox"/> No known allergies	



Write clearly when completing this chart. If entries are not legible do not administer any drugs and consult the prescriber

Just in case (JiC) medication: supply at least 5 doses when authorising PRN drugs only. More doses will be needed if complex symptoms, frequent PRNs or if authorising syringe pump: e.g. at least 3 day's supply.				
Drug:	Subcutaneous (SC) as required (PRN) dose:	Ampoule Strengths:	Starting dose range over 24 hours via subcutaneous syringe pump:	Usual total maximum dose/24 hours: (Max dose may be increased with clinical discretion)
SYMPTOM 1: PAIN / DYSPNOEA				
Morphine Unless already on an alternate opioid	2.5 - 5mg 2-4 hourly Usual max: 6 doses in 24 hours	10, 15, 20 or 30mg/ml in 1ml amps	10-15mg/24hr (If opioid naive)	No upper limit but prescriber may indicate a max dose If patient is already on an opioid see back page for conversion table
If eGFR <30 please see Somerset Guidance on Anticipatory Prescribing in Renal Failure at End of Life				
SYMPTOM 2: NAUSEA AND VOMITING				
Levomepromazine	6.25mg 2-4 hourly Usual max: 4 doses in 24 hours	25mg/ml	6.25mg / 24hr	25mg
Higher doses of Levomepromazine can be used in a syringe pump to treat agitation in addition to Midazolam				
SYMPTOM 3: AGITATION IN LAST DAYS OF LIFE				
Midazolam	2.5-5mg 2-4 hourly Usual max: 6 doses in 24 hours	10mg/2ml	10-20mg/24hr (5-15mg if lower dose indicated)	30mg
Midazolam can be used in a syringe pump to prevent seizures				
Levomepromazine 2nd Line	12.5 - 25mg 2 - 4 hourly Titrated to effect Seek advice	25mg/ml	25mg/24hr	Seek specialist advice for doses >50mg
SYMPTOM 4: RESPIRATORY TRACT SECRETIONS IN LAST DAYS OF LIFE				
Hyoscine Butylbromide	20mg 2-4 hourly Usual max: 6 doses in 24 hours	20mg/ml	60mg/24hr	120mg
Can also be used at the same doses for colic or to reduce secretions in inoperable bowel obstruction				

The Palliative Care Drug Chart

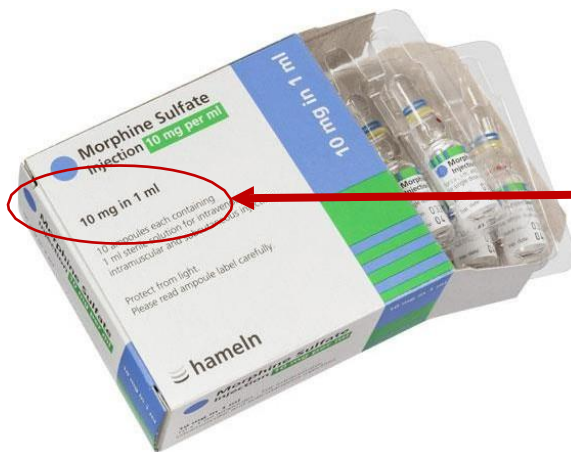
AS REQUIRED INJECTABLE DRUGS (in addition to syringe pump dosing)
If four or more PRN doses are required in 24hrs you must seek clinical reassessment.
For opioids the PRN dose is usually 1/6th of the total 24hr dose

Patient Name:	
NHS No:	

For dosing guidance see front page

Drug:		Date:																		
Indication:		Time:																		
Dose range:	Max number of doses in 24hrs:	Dose:																		
Route: Sub-cutaneous	Dosing interval	Route:																		
Prescriber Signature:		Initials:																		
Print Surname:	Date:																			
Drug:		Date:																		
Indication:		Time:																		
Dose range:	Max number of doses in 24hrs:	Dose:																		
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Drug:		Date:																		
Indication:		Time:																		
Dose range:	Max number of doses in 24hrs:	Dose:																		
Route: Sub-cutaneous	Dosing interval	Route:																		
Prescriber Signature:		Initials:																		
Print Surname:	Date:																			

- The medicines for the breakthrough symptoms will be prescribed in the Palliative care drug chart.
- The prescription shows the dose of medications that you can give.
- The ampoules of medications that have been supplied in the 'Just in Case Box' will have a **total dose** in the ampoule and **total volume** of the ampoule written on the side.



Example:

Morphine comes in 10mg/1ml ampoules

The **Total dose** is 10mg

The **Total volume** is 1ml

- The **total dose** in the ampoule will often be **more** than the dose on the prescription, so you will need to work out **how much of that ampoule to give**.

Don't Worry!

Your Nurse will go through this with you in the one to one training session. If you aren't sure of how much medicine to give, don't give the injection.

Stop, and call the Advice Line or the District Nurses.

Calculating how much medicine to give

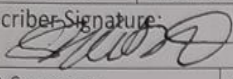
- Here is the calculation to work out how much of the ampoule you should draw up.
- This will be referred to as the **volume to be given**.
- You will need a calculator, the prescription on the palliative care drug chart, and the ampoule of medication.

Volume to be given =

(Dose prescribed ÷ total dose in ampoule) x total volume in ampoule

This will give you a number which is the number of millilitres (ml) you need to draw up.

Example:

Drug: MORPHINE SULPHATE		Date:
Indication: Pain/Shortness of breath		Time:
Dose range: 2.5-5mg	Max number of doses in 24hrs: 6	Dose:
Route: Sub-cutaneous	Dosing interval 2-4 ^o	Route:
Prescriber Signature: 		Initials:
Print Surname: WEBSTER	Date: 9/4/20	

Here is a prescription for morphine:

Dose prescribed is 5mg

Morphine comes in 10mg/1ml ampoules:

Total dose in ampoule = 10mg Total

volume in ampoule = 1ml

Volume to be given = $(5 \div 10) \times 1$ Volume to
be given = $0.5 \times 1 = 0.5\text{ml}$ **You should**
therefore draw up 0.5ml

Common examples:





Here are the common “Just in case medicines” and strengths of the ampoules they come in.







<u>Medication</u>	<u>Example dose</u>	<u>Strength of ampoule</u>	<u>Volume to be given</u>
Morphine sulphate	2.5 to 5mg	10mg/1ml	0.25 to 0.5ml
Levomepromazine	6.25mg to 12.5mg	25mg/1ml	0.25 to 0.5ml
Midazolam	2.5mg to 5mg	10mg/2ml	0.5 to 1ml
Hyoscine Butylbromide	20mg	20mg/1ml	1ml

Use the examples in the table to practice the calculation

Step by Step Guides:



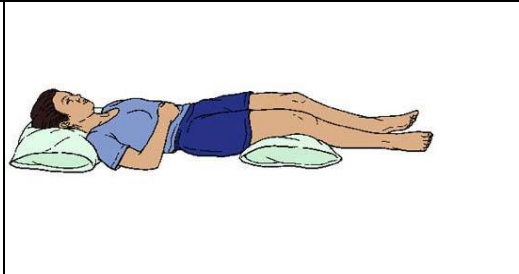
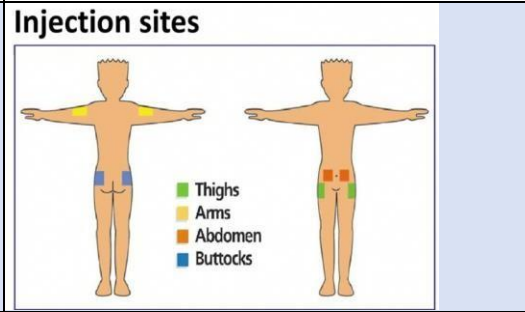
1. How to open an ampoule and draw up the medicine

<p>1.a Arrange the following items:</p> <ul style="list-style-type: none"> - Glass ampoule of medicine or plastic ampoule of water for injection -Sharps bin -Pink blunt filter needle to draw up medicine -Cap to screw onto syringe OR orange needle for injection -2ml syringe -Clean container to put the equipment in 	
<p>2.a Wash your hands thoroughly with soap and water, and dry them well</p>	
<p>3.a Attach the blunt drawing up needle to the syringe:</p> <ul style="list-style-type: none"> - Remove the syringe and the pink blunt needle from the packaging. - Avoid touching the open end of the syringe. - Twist the needle (with protective cover) onto the syringe. 	
<p>4.a Open the glass ampoule:</p> <ul style="list-style-type: none"> - Hold the ampoule upright and check there is no medicine in the top. - If there is, gently flick the top of the ampoule with your finger, to move the medicine to the bottom. - Ensure the black dot at the neck of the ampoule is facing away from you. - Place your thumb and index finger above the neck of the ampoule. - Pushing your thumb away from you, snap the top off the ampoule and discard the top in the sharps bin <p>*Some services use ampoule openers- if so your nurse will show you how to use one.</p> <p>*If an ampoule shatters, discard it into the sharps box, and start again</p>	 
<p>5.a</p>	

<p><u>4.b) Open the plastic ampoule:</u> -Twist the top of the ampoule until it is removed.</p>	
<p><u>h5. Draw the medicine into the syringe:</u> -Place the ampoule in a position that is comfortable for you, such as on a table, or turn the ampoule upside down. -Remove the protective cover from the blunt drawing up needle. -Insert the needle into the ampoule, slowly pull back the plunger to draw the liquid into the syringe. -Once empty, discard the used ampoule into the sharps box.</p>	
<p><u>6. Remove air bubbles from the syringe:</u> - Point the syringe upwards -Gently flick syringe with your finger to move air bubbles to the top of the syringe.</p>	
<p><u>7. Remove excess medicine from syringe:</u> - Keep the syringe pointing upwards - Gently push the plunger upwards until air bubbles are removed, and you have the correct volume of medicine left in the syringe. -If you are drawing up water for a flush, you want to have 0.5ml left in the syringe. (It is ok if you see droplets of medicine coming out of the syringe)</p>	
<p><u>8. Twist the blunt drawing up needle off the syringe, and discard the needle in the sharps box</u></p>	
<p><u>9. Twist the cap or the orange needle onto the end of the filled syringe, and place in the clean container.</u> -Prepare to give the injection</p>	

2. How to give a subcutaneous injection:

The needle technique

<p>1. <u>Wash your hands with soap and water and dry them thoroughly.</u></p>	
<p>2. <u>Prepare your equipment:</u> -Follow the instructions in Step by Step guide 1. "How to open an ampoule and draw up the medicine". You should have: -a clean container, -syringe containing the medicine attached to orange needle. -Alcohol wipe and sterile gauze if available -Sharps box</p>	
<p>3. <u>Prepare the patient for the injection:</u> -Ensure they are comfortable, and help them to relax, ensuring privacy and dignity. -Position them to make the injection site visible -Explain the reason for the injection and what you are going to do.</p>	
<p>4. <u>Prepare the injection site:</u></p> <ul style="list-style-type: none"> - You can inject into the buttock, abdomen, upper arm or thigh. - Look for an area of fatty tissue. - If available, clean the site with an alcohol wipe or soap and water. 	<p>Injection sites</p> 

5. Remove the needle sheath:

- Push back the safety cover, so that the needle sheath is exposed.
- Remove needle sheath and place in sharps container.



6. Insert the needle into the skin:

- Gently pinch the skin into a fold
- Hold the syringe between the thumb and forefinger of your dominant hand.
- Insert the needle into the skin at a 45 degree angle, and release the grasped skin.
- Inject the drug slowly over 10-30seconds






7. Dispose of the needle:

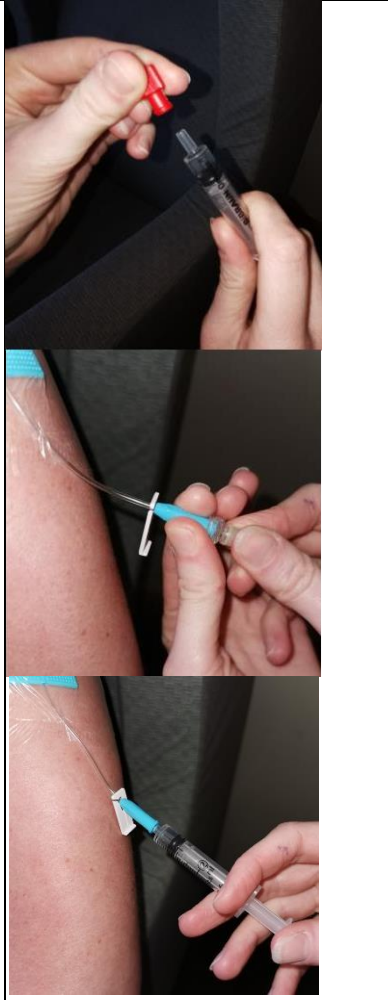

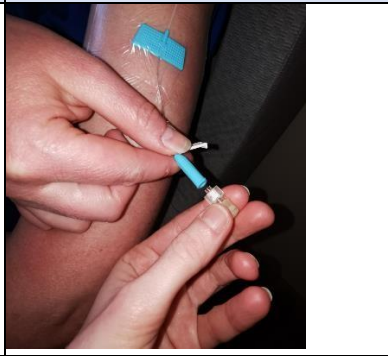
- Withdraw the needle and push over the safety cap.
- Dispose of the syringe and needle together in the Sharps box.
- Apply gentle pressure to the injection site with sterile gauze if available.



3. How to give a subcutaneous injection:

The needleless technique

<p>1. <u>Check the subcutaneous cannula site for:</u></p> <ul style="list-style-type: none"> - Swelling, tenderness - Redness or leakage - Changes in the cannula position <p>If any of these are present, contact your nurse for advice before continuing</p>	
<p>2. <u>Wash your hands with soap and water and dry them well</u></p>	
<p>3. <u>Prepare your equipment:</u></p> <p>Follow Step by Step Guide 1. to draw up the medicine and water for injection for flushing the cannula (in two separate syringes).</p> <p>You should have:</p> <ul style="list-style-type: none"> - Clean container - Syringe filled with medicine with cap on the end - Syringe filled with 0.5ml water for flush, with cap on the end. 	

<p>4. <u>Attach the syringe to the cannula</u></p> <ul style="list-style-type: none"> - Pick up the syringe containing the medicine and remove the red cap. Place red cap in sharps box. - Pick up the cannula and remove the cap, placing the cap in the clean container. - Twist the syringe onto the blue end of the cannula. Ensure the syringe is securely attached to the cannula. 	
<p>5. <u>Give the injection:</u></p> <ul style="list-style-type: none"> - Slowly push the plunger until the syringe is empty. - Remove the syringe from the cannula using a twisting motion. - Place syringe in the sharps box. - Replace the cap on the cannula and ensure secured. 	
<p>6. <u>Flush the cannula</u></p> <ul style="list-style-type: none"> - Pick up the syringe containing the water for flush. - Repeat actions 4 and 5 - Place the cap back onto the cannula 	
<p>6. <u>Check the injection site for:</u></p> <ul style="list-style-type: none"> - Redness, welling, tenderness, leakage. 	<p>If any of these are present, contact your nurse or the advice line.</p>

Recording in the Drug Chart and Stock Card

You will need to document that you have given the injection in two places

1. The Palliative Care Drug Chart
2. The Stock Card

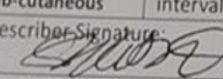
After you have given an injection of any kind, contact the Advice Line so that we can arrange a review of the patient if needed.

1. Palliative Care Drug Chart:

- To the right of the prescription are spaces to record that you have given a dose of the medication
- You will need to document the:

- **Date**
- **Time**
- **Dose**
- **Route**
- **Initial 'C' for carer**

For dosing guidance see front page

Drug: MORPHINE SULFATE	Date:	14/4		
Indication: Pain/Shortness of breath	Time:	9.30		
Dose range: 2.5-5mg	Max number of doses in 24hrs: 6	Dose:	5mg	
Route: Sub-cutaneous	Dosing interval: 2-4 ^h	Route:	S/C	
Prescriber Signature: 		Initials:	C	
Print Surname: WEBSTER	Date:	9/4/20		

Checking medication stock:

- Prescriptions are needed for all subcutaneous medicines.
- It is recommended that enough medicine for at least three days is always available at home.
- In the one to one training session, your nurse will explain the best way to make sure you always have enough medicine in the hose.
- Check the amount of medicine each day and let your GP/ District Nurse or Palliative Care Specialist Nurse know if stocks are running low.
- If getting to the Pharmacy is difficult, ask your pharmacist if medicines can be home-delivered.

How to Safely store and dispose of subcutaneous medicines:

Medicines need to be stored safely and disposed of safely.

- Your nurse will advise you on safely storing and disposing of subcutaneous medicines

Storage:

- Keep all medicines in a cool, dry place, out of view and reach of children
- Store all medicine ampoules in a secure container (i.e the 'Just in Case Box'
- Store the sharps container out of reach of children

Disposal:

- Dispose of all opened ampoules in the Sharps Box
- Return all unused medicines to your local Pharmacy as soon as possible

Asking for Help or Advice:

If you have any questions or worries please contact the district nurses, or the advice line on numbers shown below.

St Margaret's Advice Line: Taunton

01823 333822

Yeovil 01935 709480

District Nurse Telephone Numbers:

Please add appropriate number below:

District Nurses.....

MRN:
 NHS No:
 Surname:
 First Name(s):
 D.O.B: / / Gender: M / F
 Address:



Symptom Observation Chart & Daily Record

Record observations at least 4 hourly

Date symptom observations chart commenced: / / 20												
WARD:	DATE											
	MONTH/YEAR: --/--	TIME										
PAIN (reported or observed)												
BREATHLESSNESS												
RESPIRATORY SECRETIONS												
NAUSEA/ VOMITING												
AGITATION/ DISTRESS												
THIRST												
OTHER:.....												
Is the patient/those important to them at peace?*												
Escalation (Y/N)												
Initials												

RED	Symptom present - does not resolve within two repeated PRN doses or interventions	Urgent doctor review of patient is required (ideally within 2 hours) unless needed sooner
AMBER	Symptom present - requires PRN medication or intervention to resolve (i.e. catheterisation, repositioning)	If triggers for symptom score on three consecutive occasions (for any symptom), urgent doctor review of patient (ideally within 2 hours)
GREEN	Symptom absent	Care continues

*If there are any concerns from the patient or family member that have not been addressed this should be charted as red and documented in the notes including who has been informed and action take



Daily Record. Date:.....

Any concerns about symptom management?	
How are hydration and nutrition needs being met:	
Note: End of Life patients should not be left nil by mouth. Please discuss with supportive and palliative care team if you have concerns.	
Bowels last open?	
Daily family contact - document discussion	
Is the patient improving? Or have the family expressed any concerns?	Y/N Seek medical review. If 'Yes'
Date commenced on Individual Care Plan for the Last Days of Life	Date: This is day since the start of the care plan
This care plan is still appropriate for the patient	Y/N Seek medical review if 'No'
Any other observations/comments? Please use continuation sheet if necessary	

NHS number:
For Trainer to complete

Dear Carer,

You are being sent this form because you agreed to give feedback about your experience of giving "Just in Case" injections at home. Honest feedback is vital to help improve our service for future carers. Please answer all questions as fully as you can. Thank you so much for your time.

1: Prior to the training, had you any experience of giving just in case medication? YES NO

Details:

2: Did you administer the just in case medication?

- No
 Once
 2-5 times
 >5 times.

Any further details it might be useful for us to know:

3: You will have been trained by either a district nurse or a St Margaret's palliative care nurse.
Can you answer the following statements:

	Strongly agree		Neutral		Strongly disagree
	5	4	3	2	1
The training covered everything I needed to know and was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I felt I knew what symptoms to look for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew what injection to give for different symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was glad I was able to give the right injection at the right time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you tell us a bit about this training? What was good or what could have been done differently?
 Was there anything missing from the training?

Details:

4: Regarding the Carers Training Handbook:

	Strongly agree	Neutral	Strongly disagree		
	5	4	3	2	1
I found the handbook useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The handbook was easy to follow and had everything I needed in it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The handbook increased my confidence and skill in assessing symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The handbook increased my confidence in preparing, administering and discarding medication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What were the most and least useful aspects of the handbook? How can we improve it?

Details:

5: Regarding the support offered:

	Often	Sometimes	Rarely		
	5	4	3	2	1
I phoned the hospice advice line.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I phoned the District nursing hub.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I phoned the GP surgery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Agree	Neutral	Disagree		
	5	4	3	2	1
I felt supported throughout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew how to access support throughout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessment tool to give Subcutaneous Medication (Including Assessment of Competence)

This checklist is to be completed by the health care professional delivering training to the carer, following the criteria stated in the Somerset Just in Case Policy. Please complete this checklist.

Forward this form to somicb.crc-smh@nhs.net and upload to Electronic health records.

Patient name and NHS number

GP practice

Carer name and relationship to patient

Assessor name and role

Training method (face to face/remote)

Objective	Completed – tick and initial to confirm carer has demonstrated the objective or cross if not achieved	Comments
Recognising and rating breakthrough symptoms		
Discuss common breakthrough symptoms and how to recognise them		
Explain how and when to rate breakthrough symptoms using the Somerset Symptom observation chart		
Knowing what subcutaneous medicines to give		
Explain how to select the right medicine for each breakthrough symptom		
Opening an ampoule and drawing up medicine		
Observe the carer completing all the steps involved in opening an ampoule and drawing up medicine		

Giving medicine		
Demonstrate the steps involved in giving subcutaneous medicines using a subcutaneous cannula		
Demonstrate flushing subcutaneous cannula, where relevant		
Demonstrate the steps involved in giving subcutaneous medicines using an injection		
Demonstrate recording dose given on the palliative drug chart and stock list		
Checking medication stock		
Demonstrate recording stock levels on the stock sheet and explain reordering process to carer		
Storage of medication		
Ask the carer to show you where they will store medication		
Demonstrate safe disposal of medication vials, syringes, and needles (sharps) into yellow sharps bin after administration		
Seeking guidance		
Provide the hospice advice line number and DN contact number. Explain support available 24/7		
Practicalities		
The carer is provided with <ul style="list-style-type: none"> • Palliative care drug chart • Drug stock card • Sharps box • Symptom observation chart • SC injection: carer training handbook • Link to resources or printed copies • Contact details for hospice advice line and DN • Feedback document 		

The trainer and carer agree that the carer has demonstrated practical ability to administer SC medication for symptom control. The carer understands never to give medication if they feel unsure or uncomfortable but to call the hospice advice line or district nurses hub for support. After administering medication the carer will sign the medication chart with a "C" and inform the district nurses to allow for replenishment of stock and review of symptoms (per countywide policy).

I consent to providing feedback (please tick)

Signed (trainer)

Signed (person trained)

References

The full Somerset wide protocol is available to read on RADAR or the Somerset EOLC website (search for JIC for Carers Protocol)

1. Informal carers giving SC injections. Palliative Care Formulary 5th edition (2014). Palliativedrugs.com Ltd. Nottingham UK
2. Dying Matters 8 May 2017: <http://www.dyingmatters.org/news/most-peoplewould-be-willing-give-injections-improve-quality-life>
3. The Human Medicines Regulations Act (2012)
<https://www.legislation.gov.uk/uksi/2012/1916/contents/made>
4. NICE Guideline 31 Care of dying adults in the last days of life (December 2015):
<https://www.nice.org.uk/guidance/ng31>
5. General Medical Council Good Medical Practice (2013): Section 16:
https://www.gmcuk.org//media/documents/Good_medical_practice_English_1215.pdf_51527435.pdf
6. General Medical Council Good Medical Practice (2013): Section 45:
http://www.gmcuk.org/guidance/good_medical_practice/continuity_care.asp
7. NMC Code (2018): <https://www.nmc.org.uk/standards/code/read-the-code-online>