

2019 Palliative Care Tasmania State Conference

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Presentation Title: Carers of home-based palliative care patients can confidently manage subcutaneous medicines
Conference Theme (please circle or highlight): 1. Community 2. Aged Care 3. Clinical
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NOTE: All accepted authors must register for the 2019 Tasmanian Palliative Care Conference by 19 th August 2019.
Presenter: Liz Reymond
Type of Abstract (please highlight or circle one) 1. Presentation (15 minutes + 5 minutes Q & A) 2. Other – please specify
Abstract (250 - 300 words) Background: Palliative care patients consistently nominate home as their preferred place of care however, without the support of at least one carer, such as a family member, to manage subcutaneous medicines, this is difficult. ^{i,ii,iii,iv,v} This study examines the issue of carer confidence and subcutaneous medicine preparation and administration. Aim: To explore possible differences in carers' confidence in administering subcutaneous medicines depending upon whether a trained carer, registered nurse or pharmacist prepares injections for later administration by carers. Design: This prospective study was a randomised controlled trial. Carers were allocated to one of three intervention groups: i Carer prepared, labelled and stored daily breakthrough medicines for subsequent injection ii Registered nurse prepared and labelled daily breakthrough medicines for carers to store for subsequent injection

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- iii Clinical trial pharmacist prepared and labelled daily breakthrough medicines for carers to store for subsequent injection.

Setting/participants: Ninety-three carers, from 24 urban and rural Queensland community services, completed the study.

Results: The primary outcome of interest was carer confidence with injection administration; analysis of variance revealed no significant differences between the three intervention arms, means ranged from 5.9 to 6.1 out of 7; $F(2,90) = 0.50$, $p = 0.61$. Comparison of confidence after carer preparation versus other (nurse or pharmacist) was not statistically significant ($t = 0.7$, $df = 90$, $p = 0.49$). Averaged over intervention arms, confidence levels increase significantly with injecting experience, from 5.3 to 6.1, $F(1,75) = 47.6$, $p < 0.001$.

Conclusions: Upskilled carers can confidently administer subcutaneous medicines for palliative care patients, regardless of who prepares injections. This finding can improve patient outcomes, and potentially decrease unwanted admissions. This finding is being applied in the National Palliative Care Project *Caring Safely at Home*.

References

- i. Commonwealth of Australia. *Supporting Australians to Live Well at the End of Life: National Palliative Care Strategy 2010*. Commonwealth of Australia. Report number: D0115. Canberra. 2010.
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- iii. Payne S, Turner M, Seamark D, et al. Managing end of life medications at home—accounts of bereaved family carers: a qualitative interview study. *BMJ Support Palliat Care*. 2015; 5:181-8.
- iv. Sheehy-Skeffington B, McLean S, Bramwell M, O'Leary N, O'Gorman A. Caregivers experiences of managing medications for palliative care patients at the end of life: A qualitative study. *Am J Hospice Palliat Care*. 2014; 31(2):148-154.
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