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Example policy and procedures: *Supporting carers/families to help manage breakthrough symptoms safely using subcutaneous medicines in the home*

Version 4 – June 2022

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Disclaimer

The Example policy and procedures: *Supporting carers/families to help manage breakthrough symptoms safely using subcutaneous medicines in the home* is intended as a guide for clinical services to help them develop or review their own policies and procedures.

While the Brisbane South Palliative Care Collaborative has exercised due care in ensuring the accuracy of the material (at the date of publication) contained in the example policy and procedures, it is only a general guide to developing appropriate policies and procedures.

The Brisbane South Palliative Care Collaborative does not accept any liability for any injury, loss, or damage incurred by use of, or reliance upon, the information provided within this example policy and procedures.

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OVERVIEW

Purpose of this policy and procedures document

The purpose of this document is to provide an Example policy and procedures: *Supporting carers/families to help manage breakthrough symptoms safely using subcutaneous medicines in the home*. Clinical services can use this document to develop or review their own policies and procedures.

This document outlines example policy and procedures for providing high quality palliative care by teaching carers/families how to help manage breakthrough symptoms safely using subcutaneous medicines.

This document is a component of the resources developed as part of two National Palliative Care projects:

- *caring@home*
- *caring@home* for Aboriginal and Torres Strait Islander Families

These projects aim to improve the quality of palliative care service delivery across Australia by providing resources that will support people to be cared for, and die at home, if that is their choice.

The policy and procedures described here are supported by resources developed by the projects. These resources are available at www.caringathomeproject.com.au.

How to use this document

This document is a resource for clinical services to inform the development of policy and procedures for supporting the carers/families of a palliative patient, to help manage breakthrough symptoms safely using subcutaneous medicines in the home. It is not meant to be prescriptive. A clinical service may adapt the content of the policy and procedures to meet their identified needs. This document is applicable to all jurisdictions across Australia and should be used in combination with other *caring@home* resources.

How was this document developed?

This document was developed using best practice guidelines regarding home-based palliative care as identified in the literature. Guidelines include:

- [Guidelines for the Handling of Palliative Care Medicines in Community Services, Version 2, 2020](#)
- [National Palliative Care Strategy 2018](#)
- [Caring Safely at Home resources](#)
- [Nursing and Midwifery Board of Australia Nursing Standards for Practice](#)
- [National Palliative Care Standards 5th ed. 2018](#)
- [Palliative Care Therapeutic Guidelines, Version 4, 2017](#)

PART ONE: POLICY

[Name of clinical service] is committed to providing quality palliative care to people who wish to be cared for, and die at home, if possible, by supporting carers/families to help manage breakthrough symptoms safely using subcutaneous medicines.

Purpose

This policy facilitates safe and effective symptom control, patient choice, carer/family involvement and honours preferred place of care and death. This policy has been written to provide health professionals working in the community with a safe framework to use when teaching carers/families to help manage breakthrough symptoms using subcutaneous medicines.

Policy statement

The aim of modern palliative care is to support palliative patients to live and die within the context of their lives, in the setting of their choice, with symptom control and a pattern of care that is supportive of patients' carers/family. Palliative patients consistently nominate home as their preferred place of care; however, without the support of at least one carer, such as a family member, this is difficult. In part, this is because symptoms in palliative patients are prone to rapid and unpredictable escalation; severe symptoms can emerge at any time and, if not optimally treated, can necessitate transfer to inpatient settings.¹

This policy is supported by *caring@home* resources that specifically aim to improve symptom management for home-based palliative patients. The resources provide education for nurses and training materials for carers/families to partner in providing care in the final weeks of a person's life through safe administration of subcutaneous medicines to alleviate breakthrough symptom distress. In this model of care, community-based services can support carers/families, who volunteer, by integrating them into the multidisciplinary team and providing them with best-practice education and skills to help manage breakthrough symptoms safely by giving subcutaneous medicines as required.

Guiding principles

- Special attention is paid to the needs of people who may be especially vulnerable or at risk, for example, Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse communities.
- People should be supported to be cared for and die in the place of their choice.
- The important role of the dying person's family and carers in providing physical, emotional, social and spiritual support and care is appreciated and respected.
- Supporting the person's family and carers by working with them to understand the level of care they are willing and able to provide is essential to quality palliative care.
- For the carer/family, the voluntary nature of the role and the ability to stop managing breakthrough symptoms using subcutaneous medicines at any time must be acknowledged.
- The process of initiating the use of subcutaneous medicines to help manage breakthrough symptoms must be openly discussed with the person (if appropriate) and the carer/family in the context of death and dying, respecting the person's specific spiritual, religious and cultural needs.

¹ Israel F, Reymond L, Slade G, Menadue S, Charles MA. [Lay caregivers' perspectives on injecting subcutaneous medications at home](#). *Int J Palliat Nurs*. 2008; 14(8):390-395.

- Carers/families are to be supported to help manage breakthrough symptoms safely using subcutaneous medicines within a safe and supportive environment and after appropriate training and support. All members of the multidisciplinary team are to support carers/families being able to give subcutaneous medicines to help manage breakthrough symptoms.
- Bereavement support is considered important to carers/families should they be involved in breakthrough symptom management.

Principles of service provision

- Registered nurses² administering any medicines, assisting with administration or supporting carers/families to give medicines must exercise professional judgement, apply knowledge and recognise their professional accountability according to the organisation's mandatory training requirements and the requirements of the Nursing and Midwifery Board of Australia's Registered nurse standards for practice - effective 1 June 2016.³
- Registered nurses are responsible for recognising any limitations in their knowledge and competence and must decline any duties they do not feel able to perform in a skilled and safe manner in accordance with the Nursing and Midwifery Board of Australia's Registered nurse standards for practice - effective 1 June 2016.⁴
- Clinical services are responsible for using best-practice principles with carers/families who are taught to give subcutaneous medicines including:
 - Using a closed, needle-free technique, with a subcutaneous cannula and luer lock syringes to maximise patient, carer/family and staff safety and reduce the incidence of needle stick injury.
 - Inserting of a second subcutaneous cannula to ensure that, in the case of one cannula becoming blocked, the patient can still have timely access to symptom control medicines. This is particularly important if a nurse is not immediately available to change the subcutaneous cannula.
 - Flushing the subcutaneous cannula with 0.9% sodium chloride 0.5mL after subcutaneous medicines are given. Some subcutaneous medicine doses are delivered in small volumes therefore flushing the cannula after the last medicine dose ensures the patient receives the complete dose of prescribed medicine.
- Registered nurses teaching carers/families to help manage breakthrough symptoms with subcutaneous medicines need to complete the *caring@home* education for nurses or equivalent.
- Registered nurses must assess whether a carer is competent to safely prepare and give subcutaneous medicines. Registered nurses have a legal obligation to ensure that carers taught to prepare and give subcutaneous medicines are competent to do so. Competency can be demonstrated using the *Training checklist and carer/family post-training competency assessment checklist* (see Appendix 3).
- Registered nurses will ensure the carer/family has been trained using the *caring@home* resources and have access to ongoing support both in person and via a 24-hour oncall procedure.

² Other suitably qualified and registered health professionals may be able to teach carers/families to give subcutaneous medicines depending on jurisdictional requirements.

³ Nursing and Midwifery Board of Australia. Registered nurse standards for practice - effective 1 June 2016. Melbourne: Nursing and Midwifery Board of Australia.

⁴ Nursing and Midwifery Board of Australia. Registered nurse standards for practice - effective 1 June 2016. Melbourne: Nursing and Midwifery Board of Australia.

- All adverse incidents are to be reported by existing internal reporting arrangements.
- Registered nurses should use their clinical judgement to critically assess each individual situation and intervention when appropriate.
- All employees practise in accordance with specific policies and procedures, linked to continuous quality improvement and risk management programs of their employment organisation, to allow safe and effective medicine management.

Relevant resources

caring@home resources

Clinical services	Guidelines for the handling of palliative care medicines in community services (Version 2)	These guidelines can be used by community service providers to inform the development of detailed protocols and procedures tailored to the requirements of individual services.
	Example policy and procedures: <i>Supporting carers/families to help manage breakthrough symptoms safely using subcutaneous medicines in the home (Version 4)</i>	This document may be used by community service providers to develop and/or review relevant documentation within their own organisation's policy and procedure framework.
Health professionals	Online education modules	The online education aims to educate nurses about how to teach carers/families to manage symptoms at home, including safely using subcutaneous medicines.
	<i>palliMEDS</i>	This app familiarises primary care prescribers and community pharmacists with eight palliative care medicines used for management of terminal symptoms.
	Palliative care symptom management medicines for Australians living in the community	A consensus-based list of medicines suitable for use in the community for the management of terminal symptoms.
	Training checklist and carer/family post-training competency assessment	This is used by nurses to guide one-on-one teaching and to assess if a carer is competent to manage subcutaneous medicines.
	Syringe labels	A set of colour-coded syringe labels for common medicines used in palliative care.
Carers/families	STANDARD	
	A practical handbook for carers: <i>Helping to manage breakthrough symptoms safely using subcutaneous medicines</i>	The handbook provides written and pictorial material with all the information a carer needs to help manage breakthrough symptoms safely using subcutaneous medicines.
	Writing a label, opening an ampoule and drawing up medicine: <i>A step-by-step guide</i>	This illustrated guide explains how to label a syringe correctly, open an ampoule and draw up medicine using a step-by-step approach.
	Giving medicine using a subcutaneous cannula: <i>A step-by-step guide</i>	This illustrated guide explains how to give medicine through a subcutaneous cannula using a step-by-step approach.

	Medicines diary	The medicines diary is for carers to record all the subcutaneous medicines that are given.
	Colour-coded labelling system	The colour-coded labelling system acts as an extra safety check to ensure the correct medicine is given for each breakthrough symptom. It includes sticky labels for syringes and the Symptoms and medicines: <i>Colour-coded fridge chart</i> .
	A practice demonstration kit	The demonstration kit is used to practise giving medicines through a subcutaneous cannula.
	Short training videos	The videos show how to do each step when giving subcutaneous medicine.
FOR PEOPLE FROM CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES		
Translated into Arabic, Greek, Hindi, Italian, Punjabi, Simplified Chinese, Traditional Chinese, Tagalog and Vietnamese		
	A practical handbook for carers: <i>Helping to manage breakthrough symptoms safely using subcutaneous medicines</i>	The handbook provides written and pictorial material with all the information a carer needs to help manage breakthrough symptoms safely using subcutaneous medicines.
	Writing a label, opening an ampoule and drawing up medicine: <i>A step-by-step guide</i>	This illustrated guide explains how to label a syringe correctly, open an ampoule and draw up medicine using a step-by-step approach.
	Giving medicine using a subcutaneous cannula: <i>A step-by-step guide</i>	This illustrated guide explains how to give medicine through a subcutaneous cannula using a step-by-step approach.
	Medicines diary	The medicines diary is for carers to record all the subcutaneous medicines that are given.
	Short training videos	The videos show how to do each step when giving subcutaneous medicine.
FOR ABORIGINAL AND TORRES STRAIT ISLANDER FAMILIES		
	Help with feeling sick in the gut	The tip sheets provide written and pictorial information about how to identify a symptom and what actions can be taken to help the person being cared for.
	Help with fitting	
	Help with pain	
	Help with rattly breathing	
	Help with restlessness	
	Help with short of breath	
	Help with stress	
	Help with troubling visions, sounds, thoughts	
	Knowing when a person is getting closer to passing / Knowing when a person has passed	
	Medicines book	The medicines book is for families to record all the subcutaneous medicines that are given.

	What medicine to give?	This is a wall chart to identify medicines to be given for particular symptoms.
	Help manage symptoms at home	This illustrated guide explains how to manage symptoms at home by giving medicine.
	Put the medicine in the syringe	This illustrated guide explains how to label a syringe correctly, open an ampoule and draw up medicine using a step-by-step approach.
	Give the medicine under the skin	This illustrated guide explains how to give medicine through a subcutaneous cannula using a step-by-step approach.
	Short training videos	The videos show how to do each step when giving subcutaneous medicine.

[National Palliative Care Standards 5th ed, 2018](#)

The National Palliative Care Standards (5th ed) have been updated following consultation with the palliative care community and other stakeholders. The Standards clearly articulate and promote a vision for compassionate and appropriate specialist palliative care. The Standards recognise the importance of care that is person-centred and age-appropriate. In particular, they point to the requirement for specific attention to the needs of people who may be especially vulnerable or at risk.

[Therapeutic Guidelines: Palliative Care Version 4, 2017](#)

A practical and up-to-date Australian palliative care text for all healthcare professionals, particularly those working in primary care, is vital. The revised 4th edition continues to provide good advice from expert clinicians on a range of practical issues, including symptom management, communication guidance and support for deprescribing.

[Nursing and Midwifery Board of Australia Professional Standards](#)

Nurses and midwives must be registered with the Nursing and Midwifery Board of Australia (NMBA), and meet the NMBA's professional standards in order to practise in Australia.

Professional standards define the practice and behaviour of nurses and midwives and include:

- *Codes of conduct*
- *Standards for practice*
- *Codes of ethics*

Terms/definitions

Anticipatory prescribing	Anticipatory prescribing is designed to enable prompt symptom relief when the person develops distressing symptoms. It is based on the premise that although each person is different, many acute events that occur at the end of life can be predicted and management measures put in place in advance.
Breakthrough symptoms	Even with regular medicines, sometimes symptoms can unexpectedly get worse. When this occurs it is called a "breakthrough symptom" and may require an extra dose of medicine.
Carer	A person who provides personal care, support and assistance to another person who has a disability, medical condition or mental illness, or who is frail and aged. The carer is unpaid.

<i>caring@home</i>	<i>caring@home</i> is a national project funded by the Australian Government and aims to improve the quality of palliative care service delivery across Australia by developing resources that support people to be cared for, and die at home, if this is their choice. It includes its extension project called ' <i>caring@home</i> for Aboriginal and Torres Strait Islander Families'
Family	Family can be defined as those who are closest to the person receiving care in knowledge, care and affection. The family may include the biological family, the family of acquisition, and the family of choice and friends (including pets). ⁵
Palliative care	Care provided for a person of any age who has a life-limiting illness, with little or no prospect of cure, and for whom the primary treatment goal is quality of life.
Prescriber	A health professional authorised to write prescriptions and medication orders and give directions (verbal or written) about administration and supply of prescription-only medicines.
Registered nurse	A registered nurse is a person with appropriate educational preparation and competence for practice, who is registered with the Australian Health Practitioner Regulation Agency (AHPRA) to practise nursing in Australia.
Sharps container	A sharps container is used for disposing of needles and syringes that are generally classified as "sharps" within State and Territory waste management legislation.
Subcutaneous cannula	A subcutaneous cannula is a thin plastic tube that is inserted under the person's skin by a health professional.
Subcutaneous medicine	Subcutaneous medicine is medicine given via a small plastic tube placed under the person's skin.
Unused medicines	Unused medicines are medicines dispensed to a patient that are no longer in use including all patient medicines after the person's death.

⁵ Palliative Care Australia. National Palliative Care Standards 5th ed. Canberra: Palliative Care Australia, 2018.

PART TWO: PROCEDURES

1. Training for staff – Nurse information and education

Sustainable and ongoing staff training processes are implemented to ensure all registered nurses have an understanding and knowledge of the *caring@home* resources.

These resources include the *caring@home* online education modules for nurses:

- Module 1: Understanding the *caring@home* resources and their benefits
- Module 2: Conducting one-on-one carer/family training

Additional educational resources (as listed in the policy section of this document) include:

- Palliative care symptom management medicines for Australians living in the community
A consensus-based list of medicines suitable for use in the community for the management of terminal symptoms.
- *palliMEDS*
This app familiarises primary care prescribers and community pharmacists with eight palliative care medicines commonly used for management of terminal symptoms in home-based palliative care patients.

2. Implementing

a) Identify the carer/s

The appropriate health professional must:

- Identify when a person receiving palliative care is approaching their end of life in a timely manner.
- Identify the person's and carer's/family's wishes for place of care through open discussion in the context of supporting a home death.
- Identify if the carer/family would like more than one carer to be trained to manage subcutaneous medicines.
- Use clinical judgement to determine the suitability of carers to give subcutaneous medicines to help manage breakthrough symptoms. The *Assessment of carer preparedness to administer subcutaneous medicines checklist* (See Appendix 1) may help to inform decision making.
- Discuss with the carer/s which *caring@home* resources would be most appropriate for them to use: the standard version, the version for Aboriginal and Torres Strait Islander families or translated versions (nine languages available).
- Determine the carer/s' willingness to give subcutaneous medicines by explaining the procedure for managing breakthrough symptoms, explaining why symptom management is important and explaining the role of the carer in helping to manage breakthrough symptoms safely by using subcutaneous medicines. If carer/s is/are not willing, alternative care to ensure patient symptom control needs to be explored.
- Identify additional potential supports to support the primary carer, if the carer is willing to take on the role.
- Leave resources (as considered appropriate by the health professional) with carer/s after the initial discussion about giving subcutaneous medicines.

- Clearly explain to the carer/s that they can discontinue helping to manage breakthrough symptoms with subcutaneous medicines at any time, should they wish to, and that alternative care to ensure adequate symptom control will be provided.

b) Liaise with the multidisciplinary team

- Inform all relevant health stakeholders of the carer/s' decision to volunteer to give subcutaneous medicines to help manage breakthrough symptoms and communicate this according to organisational guidelines.
- Send a letter, if appropriate, to the prescriber indicating that training has occurred (See Appendix 2).
- Discuss anticipatory prescribing with the person's prescriber and plan ahead to ensure prescriptions and medicine supplies are available when needed. The prescriber will be required to prescribe anticipatory medicines and all relevant information must be communicated to them.

c) Preparing for one-on-one training with the carer/s

- Assemble clinical equipment required and the relevant *caring@home* resources for carers (as listed in the policy section of this document) that will meet the needs of the patient and their carer/s.

d) Training the carer/s

- Deliver one-on-one training with carer/s as the key strategy for educating carers about managing breakthrough symptoms safely using subcutaneous medicines.
- Create a relaxed and open environment allowing the carer/s space to focus and concentrate on the training. This includes ensuring the person being cared for is settled and comfortable before commencing the training.
- Provide an opportunity for the carer/s to express any fears and anxieties that they may have.
- Use the *Training checklist and carer/family post-training competency assessment* to guide training. Specific components of the education are:

Education component	Outcome
Recognising and rating breakthrough symptoms	The carer can demonstrate that they are competent to: <ul style="list-style-type: none"> ▪ Recognise breakthrough symptoms that the person maybe experiencing ▪ Rate those breakthrough symptoms using a rating scale (numerical or facial)
Knowing what subcutaneous medicine to give	The carer can demonstrate that they are competent to: <ul style="list-style-type: none"> ▪ Select the subcutaneous medicine prescribed for a particular breakthrough symptom ▪ Read the syringe label to make sure the right medicine is selected ▪ Use the colour-coded medicine labelling system as an extra check to ensure the right

	<i>medicine is selected for a particular symptom</i>
Writing a label, opening an ampoule and drawing up medicine	If applicable, the carer can demonstrate that they are competent to: <ul style="list-style-type: none"> ▪ Write a syringe label correctly including all the relevant details ▪ Open a glass and a plastic ampoule ▪ Draw up medicine into a syringe ▪ Place the label on the syringe
Giving medicine using a subcutaneous cannula	The carer can demonstrate that they are competent to: <ul style="list-style-type: none"> • Give medicine via a subcutaneous cannula safely
Checking the subcutaneous cannula	The carer can demonstrate that they are competent to: <ul style="list-style-type: none"> • Check the subcutaneous cannula and insertion site
Recording in the medicines diary/book	The carer can demonstrate that they are competent to: <ul style="list-style-type: none"> • Use the medicines diary/book to record the details of every subcutaneous medicine given
Making sure there are enough medicines in the house	The carer can demonstrate that they are competent to: <ul style="list-style-type: none"> • Implement strategies to ensure that there is always enough subcutaneous medicines in the house
Safely storing and disposing of subcutaneous medicines	The carer can demonstrate that they are competent to: <ul style="list-style-type: none"> • Store medicines safely and dispose of unused medicines appropriately
Seeking further advice	The carer can demonstrate that they are competent to: <ul style="list-style-type: none"> • Show where the 24-hour oncall number is documented

- Assess the carer's ability to prepare and give subcutaneous medicines using the *Training checklist and carer/family post-training competency assessment* (See Appendix 3).
- File the assessment in the patient's chart.
- Ensure all relevant contact numbers are available and encourage the carer to report any concerns or phone to ask questions.

e) Appropriate support

- Provide a 24-hour oncall phone number that carers can use outside of business hours that is supported by a procedure to manage after-hours emergency situations and carers' questions about subcutaneous medicine use.
- Conduct home visits according to patient need to support the carer. Assess the effectiveness of care at each contact, review the medicines diary/book and adjust the care plan in liaison with the treating doctor to best meet the needs of the patient.
- Assess the need for further training or support at each contact. Reiterate the role of the oncall service and encourage the carer/s to use the after-hours telephone number for ongoing support.

- Review the supply of medicines at each contact and support the carer/s to restock medicines according to local practices.
- Provide replacement resources if originals are lost or inaccessible.

3. Safe handling of medicines

- Medicine prescription, management, storage, transport, administration and disposal is conducted in accordance with the [Guidelines for the handling of medicines in community services](#). Processes comply with state and local policy regulations and workplace policy and procedures.

a) Medicine authorisation

- Prescription-only medicine must not be given unless an authorised prescriber has provided an order for this to occur. Each order must be recorded in the person's medical record according to the policy and procedures of the organisation so that a complete and up-to-date reference record is available to all appropriate health professionals involved in the person's care. Any changes in dosage, route or frequency must be included in this record.
- Specific guidelines may differ between states - please refer to the medication guidelines specific to your state and work place policy and procedure regarding medicine management.

b) Storage of medicines in the home

- Educate carer/s about appropriate storage of medicines and emphasise that medicines must be stored in accordance with instructions included on the label and instructions discussed by the appropriate health professional. Inform carers that they are responsible for the safe storage of all medicines within the home environment and provide education to support this process.
- Store pre-prepared subcutaneous medicines in the fridge in an appropriate container to decrease risk of microbial contamination. Each syringe must be labelled using a colour-coded label and marked with the following in accordance with national standards⁶:
 - Medicine name
 - Medicine dose
 - Date of preparation
 - Initials of the person preparing the syringe

c) Disposal of medicines

- Educate carers that unwanted or unused medicines must be disposed of safely according to state legislation and workplace policy and procedures.

4. Quality improvement

- After the death of the patient, as part of continuous quality improvement processes, audits can be undertaken to monitor the effectiveness of breakthrough symptom management and the experience of the carers using the *caring@home* resources (see Appendix 4). Audits need to be directly relevant to the implementation of the *caring@home* resources. Evaluation and

⁶ Australian Commission on Safety and Quality in Health Care. [National Standard for User-applied Labelling of Injectable Medicines, Fluids and Lines](#). Sydney: ACSQHC, 2015.

monitoring should be simple, inexpensive and feasible. The processes should use routinely collected data and data linkage where possible.⁷

⁷ Australian Commission on Safety and Quality in Healthcare. National Consensus statement: essential elements for safe and high-quality end-of-life care. Sydney: ACQSHC, 2015.

Appendix 1: Assessment of carer preparedness to give subcutaneous medicines checklist⁸

This checklist can be used by nursing staff to support clinical decision making when determining a carer's preparedness and ability to manage breakthrough symptoms safely using subcutaneous medicines. This tool does not replace a nurse's clinical judgment. The carer's confidence may increase after receiving more information and education. The service provided should explore the support needs of the carer and use this understanding of their individual situation to inform the decision to implement the use of subcutaneous medicines in the home.

Questions	Yes	No
Is the prescriber aware and agreeable to the carer giving the person subcutaneous medicines?		
Has the carer demonstrated an understanding of the reasons for the use of subcutaneous medicines?		
Is the carer willing to give subcutaneous medicines at home?		
Does the carer have any relevant health issues or cognitive impairment that may affect their ability to safely give subcutaneous medicines?	Specify....	
Does the carer have any visual impairment that may affect their ability to safely give subcutaneous medicines?	Specify....	
Is the carer able to understand the resources?	Specify....	
Can the carer read the colour-coded syringe labels and the fridge chart?		
Are there any other factors that may affect the carer's ability to safely give subcutaneous medicines?	Specify....	

On a **Scale of 0 – 3** how confident is the carer feeling about their ability to manage breakthrough symptoms safely using subcutaneous medicines?

Score	Level descriptor
0	Unwilling/ unable
1	Less confident
2	Confident
3	Very confident

⁸ Adapted from WA Country Health Service: Medication safety for palliative carers at home procedure. Government of Western Australia.

Appendix 2: Prescriber correspondence letter⁹

[Clinical service's name/ logo/ letterhead]

[Patient information]

Date

Dear [Prescriber's name]

It has been identified that the above person requires subcutaneous medicines to help manage breakthrough symptoms at home. As it is the client's and carer's wish to remain at home, we have discussed the carer's willingness to give subcutaneous medicines using the *caring@home* resources with support from our service.

[name of carer] has been identified as the main carer for this person who will give subcutaneous medicines to help manage breakthrough symptoms.

We have determined that the carer is an appropriate person for this role.

We have provided training to the above carer using the *caring@home* resources in the context of supporting a home death. The training topics include teaching carers about:

- Recognising and rating breakthrough symptoms
- Knowing what subcutaneous medicine to give for each symptom
- Writing a label, opening an ampoule and drawing up medicine (if the nurse does not do this)
- Giving medicine using a subcutaneous cannula
- Checking the subcutaneous cannula
- Recording in the medicines diary/book
- Safely storing and disposing of subcutaneous medicines
- Seeking further advice.

The carer has agreed to:

- Participate in ongoing education and support
- Contact the oncall nursing services if support is required.

The carer understands that you are likely to prescribe medicines in anticipation of common emergent symptoms.

Participating carer confidence to give subcutaneous medicines is assessed regularly during home visits.

The carer is aware that they are able to change their minds at any time. If choices change, we will contact you to discuss the person's place of care options.

[Name]

[Designation]

[Signature]

[Date]

[Contact]

⁹ Adapted from WA Country Health Service: General Practitioner notification letter. Government of Western Australia.

Appendix 3. Training checklist and carer/family post-training competency assessment



Training checklist and carer/family post-training competency assessment

Patient name:		DOB:	
Carer name:			
Training checklist		Carer competency assessment	
1. Recognising and rating breakthrough symptoms			
Discuss how to recognise a symptom	<input type="checkbox"/>	The carer understands how to recognise breakthrough symptoms and how and when to rate them	<input type="checkbox"/>
Explain how and when to rate breakthrough symptoms	<input type="checkbox"/>		
2. Knowing what subcutaneous medicines to give			
Explain how to select the right medicine for a symptom	<input type="checkbox"/>	The carer can accurately select the right subcutaneous medicine for each breakthrough symptom	<input type="checkbox"/>
3. Writing a label, opening an ampoule and drawing up medicine		Applicable <input type="checkbox"/>	Not applicable <input type="checkbox"/>
Demonstrate the steps involved in writing a label, opening an ampoule and drawing up medicine as per the <i>step-by-step guide</i>	<input type="checkbox"/>	The carer can demonstrate all the steps involved in writing a label, opening an ampoule and drawing up medicine as per the <i>step-by-step guide</i>	<input type="checkbox"/>
Observe the carer completing all the steps involved in writing a label, opening an ampoule and drawing up medicine as per the <i>step-by-step guide</i>	<input type="checkbox"/>		
4. Giving medicine using a subcutaneous cannula			
Demonstrate the steps involved in giving subcutaneous medicines using a subcutaneous cannula as per the <i>step-by-step guide</i>	<input type="checkbox"/>	The carer can demonstrate all the steps involved in giving subcutaneous medicines as per the <i>step-by-step guide</i>	<input type="checkbox"/>
Observe the carer completing all the steps involved in giving subcutaneous medicines using a subcutaneous cannula as per the <i>step-by-step guide</i>	<input type="checkbox"/>		

caring@home is funded by the Australian Government and led by Brisbane South Palliative Care Collaborative.

Carer name:			
Training checklist		Carer competency assessment	
5. Checking the subcutaneous cannula			
Demonstrate how to check the insertion site	<input type="checkbox"/>	The carer understands how to check the subcutaneous cannula and its insertion site	<input type="checkbox"/>
6. Recording in the Medicines diary/medicines book			
Demonstrate how to fill out the Medicines diary/book	<input type="checkbox"/>	The carer can accurately complete the Medicines diary/book	<input type="checkbox"/>
Observe the carer filling out the Medicines diary/book	<input type="checkbox"/>		
7. Making sure there are enough medicines in the house			
Discuss with the carer how they will access prescriptions and or/medicines	<input type="checkbox"/>	The carer understands how to ensure an ongoing supply of medicine	<input type="checkbox"/>
8. Safely storing and disposing of subcutaneous medicines			
Explain how to store medicines and dispose of unused medicines safely	<input type="checkbox"/>	The carer understands how to safely store and dispose of unused medicines	<input type="checkbox"/>
Ask the carer to show you where they will store the medicines	<input type="checkbox"/>		
9. Seeking further advice			
Ensure that the carer has all contact details including a 24-hour phone number	<input type="checkbox"/>	The carer has the contact phone number of the responsible service provider including a 24-hour phone number	<input type="checkbox"/>

NB: This document should be is filed/scanned in the patient's notes.

Registered nurse name

Registered nurse signature

/ /
Date



Appendix 4. Example *caring@home* audit form¹⁰

[Clinical Service Name]

Carer's experience/information	Yes	No	Comments
Did the carer/family have any prior experience/knowledge using the <i>caring@home</i> resources (e.g. health professional)?	<input type="checkbox"/>	<input type="checkbox"/>	
How many carers/family members were trained to use the <i>caring@home</i> resources?			
Who provided the training to the carer/family?			
Carer/family post-training competency assessment	Yes	No	Comments
Was the carer/family post-training competency assessment completed?	<input type="checkbox"/>	<input type="checkbox"/>	
Drugs used	Yes	No	Comments
Fentanyl	<input type="checkbox"/>	<input type="checkbox"/>	
Hydromorphone	<input type="checkbox"/>	<input type="checkbox"/>	
Morphine	<input type="checkbox"/>	<input type="checkbox"/>	
Clonazepam	<input type="checkbox"/>	<input type="checkbox"/>	
Midazolam	<input type="checkbox"/>	<input type="checkbox"/>	
Hyoscine butylbromide	<input type="checkbox"/>	<input type="checkbox"/>	
Haloperidol	<input type="checkbox"/>	<input type="checkbox"/>	
Metoclopramide	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Carer/family support	Yes	No	Comments
Did the carer/family ask for support (please describe support required e.g. deciding on medicines to give, asking for advice, request for further injections etc)?	<input type="checkbox"/>	<input type="checkbox"/>	
If so, did the carer/family contact during business hours? Please list details.	<input type="checkbox"/>	<input type="checkbox"/>	
If so, did the carer/family contact after hours? Please list details.	<input type="checkbox"/>	<input type="checkbox"/>	
Was the support received in a timely manner and to the satisfaction of the carer/family?	<input type="checkbox"/>	<input type="checkbox"/>	

¹⁰ Adapted from The Lincolnshire Policy for Informal Carer's Administration of As Required Subcutaneous Injections in Community Palliative Care. Checklist for registered nurse commencing procedure for carer to administer as required subcutaneous medication in community palliative care. 2021.

Did the carer/family continue to give subcutaneous medicines?	<input type="checkbox"/>	<input type="checkbox"/>	
Did the carer/family follow the policy guidelines e.g. document medication given.	<input type="checkbox"/>	<input type="checkbox"/>	
Discontinuation of use of <i>caring@home</i> resources	Yes	No	
Did the carer/family discontinue giving subcutaneous medicines for any reason? (Please state why).	<input type="checkbox"/>	<input type="checkbox"/>	
Were the patient's symptoms controlled?	<input type="checkbox"/>	<input type="checkbox"/>	
As a health professional involved do you think the care was enhanced by the carer/family being able to give subcutaneous medicines?	<input type="checkbox"/>	<input type="checkbox"/>	
Family friendly question	Yes	No	
If required would the carer/family give subcutaneous medicines again to a person they were caring for?	<input type="checkbox"/>	<input type="checkbox"/>	
Policy recommendations	Yes	No	
Are there any changes you would suggest to this policy (please state why)?	<input type="checkbox"/>	<input type="checkbox"/>	

This completed form must be stored according to documentation procedures.