## Caring Safely at Home – Elements of Standardised Educational Framework

| Standardised Educational Framework | Rationale | Framework Element |
|---|---|---|
| 1. Routinely teach lay carers to prepare & administer injections for subcutaneous use | ▪ Palliative patients are inherently unstable and require timely access to palliative medications as soon as symptoms emerge.<br>▪ At times lay carers may run out of pre-prepared medication and therefore should have the skills to prepare an extra injection; to ensure timely access to palliative medication(s) for symptom control. | ▪ RNs to teach lay carers to prepare & administer subcutaneous medications at a clinically appropriate time.<br>▪ RNs support lay carers throughout this process. |
| 2. Ensure competency of laycarers to prepare and administer subcutaneous injections | ▪ RNs have a legal obligation to ensure that a lay carer taught to prepare and administer a subcutaneous injection(s) is competent to do so.<br>▪ Lay carers must be provided with appropriate training to safely assist with medication administration. | ▪ A competency checklist for RN to confirm lay carer's competency. |
| 3. Use of a needle-less system | ▪ Best-practice to maximise patient/lay carer and staff safety to reduce the incidence of needle stick injury by using a closed needle-less system. | ▪ Provide advice on best-practice principles related to the use of a needle-less system as part of standardised practice. |
| 4. Maximise patency of subcutaneous access | To ensure palliative patients have patent subcutaneous access for medication(s) administration:<br>▪ The insertion of a second saf-t-intima guarantees timely access to subcutaneous medications.<br>▪ A likely consequence of lay carers unable to access subcutaneous sites is inappropriate presentation to an emergency department. This represents a potentially poor outcome for the patient, the carer and the health system. | ▪ To insert a second saf-t-intima when the need to provide subcutaneous injections is identified becomes standard practice. |
| 5. Ensure the delivery of the complete dose of subcutaneous medication. | ▪ Some subcutaneous medication doses are delivered in very small volumes; therefore flushing ensures the palliative patient receives the complete dose of prescribed medications. | ▪ RNs to teach carers to flush the saf-t-intima. with a minimum of 0.3mls - 0.5mls of normal saline, after the last breakthrough injection. |