

## Consent Form for Patient or Carer Administration of Subcutaneous Medication (Palliative Care)

Name of Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

NHS number: \_\_\_\_\_

I \_\_\_\_\_ (*name of patient*) have requested to self-administer subcutaneous medication for the purpose of symptom relief.

OR

I \_\_\_\_\_ (*name of patient*) have requested that my carer \_\_\_\_\_ (*name of carer*) administer subcutaneous medication to me for the purpose of symptom relief.

OR

I \_\_\_\_\_ (*name of carer*) have requested to administer subcutaneous medication for the purpose of symptom relief to \_\_\_\_\_ (*name of patient*) in their best interests. .

**A Mental Capacity Assessment and Best Interests Form must be completed and recorded in the patient record if the patient is unable to provide consent. This needs to be documented on SystemOne.**

The patient/carer (*delete as appropriate*) administering subcutaneous medication fulfils the eligibility criteria:

- has received the necessary demonstration and has been assessed as competent in performing the technique
- will keep an accurate record of any medication administered on the Anticipatory Drugs and Syringe Driver Chart
- may administer an agreed maximum number of prescribed injections in any 24 hr period.
- has been provided with the Information Leaflet: 'A Guide to Patient and Carer Administration of Subcutaneous Medication (Palliative Care)' which provides a guide to the procedure and information about the medication to be administered, including likely benefits and side effects
- is happy to proceed with this delegated responsibility in the knowledge that they have 24 hr contact numbers for support and that they can relinquish the role at any time they wish
- is aware that any errors or incidents related to the patient or carer administration of subcutaneous medication (including needle stick injuries) must be reported immediately to a healthcare professional

Multi professional team members who considered and agreed to the request for the administration of subcutaneous injections by the patient / carer are (minimum GP or Registered Nurse):

Name	Designation	Date agreed

### Record of demonstration of administration of subcutaneous medicines

Please ensure that administration of subcutaneous medicines is demonstrated in accordance with the procedure described in the information leaflet 'A Guide to Patient and Carer Administration of Subcutaneous Medication (Palliative Care)'. Complete the record below for any supervised practice.

Name	Designation	Date	Signature to confirm competence	Comments

### Medication that may be administered by the patient / carer

Drug	Dose (mg)	Volume of injection (ml)	Indication	Maximum number of doses to be given in 24 hrs	Date	Additional instructions (e.g. volume of dilution for diamorphine)


**I, the patient/carer (*delete as appropriate*) have undertaken training and feel competent and confident in the administration of subcutaneous medication.**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This completed form should be retained with the patient nursing notes.