

Sub-Cutaneous Injections

POLICY AND PROCEDURE

1.0 Purpose

The Sub-cutaneous Injections policy and procedure is to ensure that clients receive appropriate support to their individual needs around sub-cutaneous injections and administration of medicine.

Scope

All support workers that have clients requiring sub-cutaneous injections and medication management as part of their care should follow the Sub-cutaneous Injection Policy and Procedure.

The Registered Nurse/s of Subee Newlake are responsible for the assessment, planning and review of the client Care Plan.

The Registered Nurse is also responsible for training and competency-based assessment of support staff involved in sub-cutaneous injection management.

Definitions

A subcutaneous injection is a shot given into the subcutaneous layer between the dermis and epidermis. Subcutaneous injections are used to give small amounts and certain kinds of medicine.

Subcutaneous injections are highly effective in administering medications such as insulin and morphine. Medication given this way is absorbed more slowly.

Relevant Standards

National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018.

Module 1: High Intensity Daily Personal Activities
New Aged Care Standards
Australian Community Industry Standards (ACIS) 2018

Procedure

Subee Newlake's Clinical Governance Framework ensures all staff employed have the appropriate professional qualifications to carry out clinical support to clients with high intensity daily support activities.

The Registered Nurse completes an assessment of the clients support needs and with the client and or their advocate develops a Nursing Care Plan that reflects their individual support needs and choice.

Nursing Care Plan reflects:

- Documented Doctors' orders and recommendations
- Client input and choice
- Current best practice standards for sub-cutaneous injection management
- Plan includes dosage measurement and calculations
- An Action Plan of how risks, incidents and emergencies are identified and managed in regard to sub-cutaneous injections

The client and or their advocate has signed the Nursing Care Plan.

The care plan has a review date of 6 months but will be reviewed earlier if the client, support worker, or registered nurse identifies earlier review is needed.

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Earlier review may occur due to change in client's needs, incident report that suggests a review of needs or emergency.

Support workers complete progress notes per visit.

Support staff will contact the service co-ordinator if they identify problems or risks whilst on shift with sub-cutaneous injection site or adverse effects of medication. This information is reported back to the Registered Nurse for review.

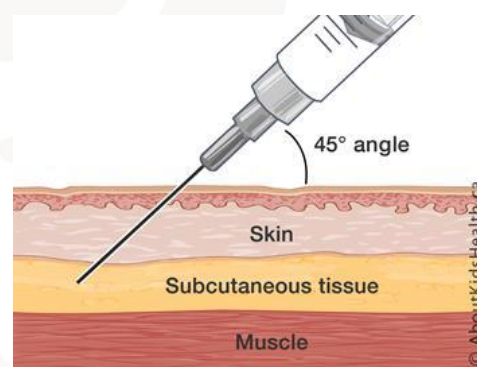
An incident report is completed by the support staff if required. Service co-ordinator to follow up that the incident report is documented and followed up on by the registered nurse or Operations Manager.

Nursing Care Plan is reviewed by the registered nurse with the client and or advocate if risks, incidents or emergencies are identified.

Administration technique

Subcutaneous injections can be given straight in at a 90 degree angle or at a 45 degree angle. Refer to Figure 1. Give the injection at a 90 degree angle if you can grasp 2 inches of skin between your thumb and fist finger. Refer to Figure 3.

Figure 1. Injection Angle.



The Syringe:

There are 3 parts to a syringe: the needle, the barrel, and the plunger. The needle goes into your skin. The barrel holds the medicine and has markings on it like a ruler. The plunger is used to get the medicine into and out of the syringe.

Insulin syringe: This holds a maximum of 1 mL of medicine. The syringe has markings from 10 to 100. The marking at 100 is the same as 1 mL. The marking at 50 is the same as ½ mL.

Tuberculin syringe: This syringe holds up to 1 mL of medicine. It has a needle that is slightly longer than an insulin syringe. The syringe is marked every 0.1mL.

Insulin Pens and Storage

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Most insulin is given using an insulin pen. The pen is pre-loaded with a specific type of insulin or a mixture of insulin. Where there is a mixture of insulin the window where you can see the insulin is cloudy. Within the context of working at Subee Newlake only Registered Nurses and Endorsed Enrolled Nurses will administer insulin in pens.

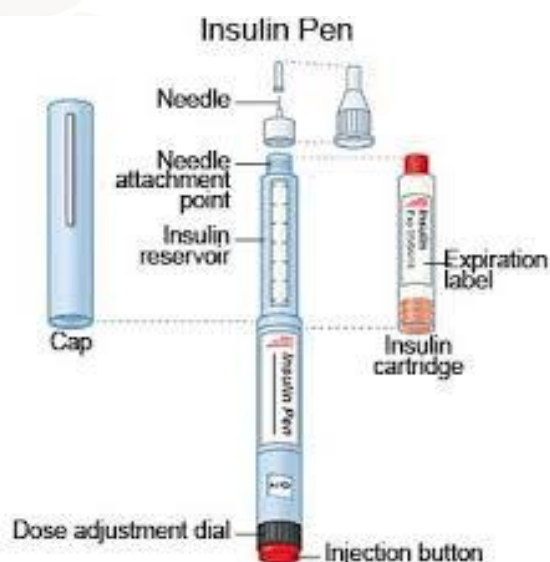
Insulin pens are stored in the refrigerator until opened. They will last in the refrigerator until their expiry date. Make sure they do not freeze. After opening the insulin pen it can be stored in a safe place at room temperature.

Preparation prior to Insulin Pen Administration

Wash hands thoroughly with warm water and soap and collect equipment. It is important to follow standard hand washing precautions.

Equipment will include Medication Authority Plan, disposable gloves, a kidney dish or similar for carrying the insulin pen, a gauze swab or similar, the correct insulin pen that has been checked that it has not expired, disposable insulin needles, a sharps container, a sign off sheet for the Medication Authority, a black pen, alcohol based hand sanitiser, sharps container, receptacle for rubbish.

i) Understanding the parts of the Insulin Pen



Administration

Take equipment to where the insulin will be administered. Make sure the client is provided with privacy during the administration. Where a client is assessed as self-administering the insulin the Support Worker is there to support them if they require additional help.

Infection control; either wash hands again with soap and warm water or use alcohol-based hand rub. Put on gloves.

Check the insulin pen has not expired. Check the medication order is for an insulin pen i.e. that the medication is to be given by the **correct route**.

Check the insulin pen is the **correct medication** on against the Medication Authority Plan. Check the Medication Authority Plan against the label of the insulin pen.

Check the insulin pen is being given at the **correct time**.

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Check that the client is the **correct person** in more than one way..

Prepare the pen for administration. If this is a mixed insulin roll the pen between palms ten times and rock left to right ten times. Do not shake.

Check the number of units to be administered against the Medication Authority Plan.

Remove the cap and dial two units of insulin. Hold pen upright and tap the pen on the side gently to force air bubbles to the top. Discard the two units.

Dial up the correct units and check the number of units against the pen and the Medication Authority Plan to ensure the **correct dose**. If the client is self-administering their insulin check the unit dose against the Medication Authority Plan as the second person.

Select the injection site. It is usual to use the abdomen. Other sites can be selected but use of the abdominal fat area aids in absorption. Select a space 10 cm from the last injection site.

Insert the needle into the abdominal fat which can be "pinched" using a thumb and fore finger. Press the injector button and count to ten before withdrawing the tip to allow for absorption. Do not use a band aid to cover the site.

Remove the nib safely or recap at ninety degrees by pushing the needle into the upright cap. Remove the cap unit. Dispose of in the needle-sharp container

Place the pen into the kidney dish. Remove gloves and wash hands with warm water and soap or use alcohol-based hand rub.

Complete the administration record with the **correct documentation**.

Replace all equipment in correct location as per Medication

Management Procedures

Subcutaneous Injection Sites

The following are sites (Refer to Figure 2.) where you can give a subcutaneous injection:

- **Abdomen:** Uncover your abdomen. You may give an injection within the following area: below the waist to just above the hip bone and from the side to about 2 inches from the belly button. Avoid the belly button.

Figure 2. Injection Sites



- **Thigh:** Uncover the entire leg. Find the area halfway between the knee and hip and slightly to the side. Gently grasp the area to make sure you can pinch 1 to 2 inches of skin.
- **Upper Arm:** Uncover the arm to the shoulder. Have the person getting the injection stand with his hand on his hip. Stand next to and a little behind the person. Find the area halfway between the elbow and shoulder. Gently grasp the skin at the back of the arm between your thumb and first 2

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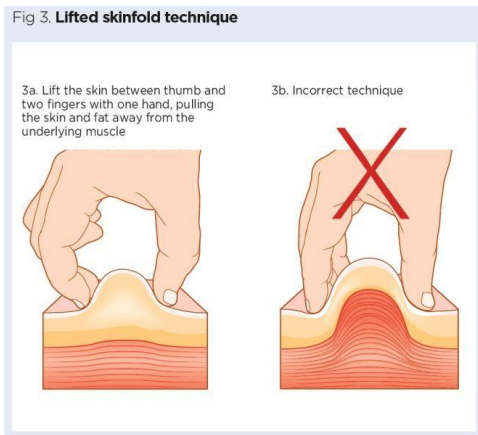
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fingers. You should be able to grasp 1 to 2 inches of skin.



Injection Site

- **Keep track of where the injections are given:** Make a list of the sites you can use. Write down the date, time, and the site each time you give an injection.
- **Change sites for the injections:** It is important to use a different site each time you give an injection. This prevents scars and skin changes. The sites where injections are given should be at least 1 inch away from each other. Ask your healthcare provider if you need to inject the medicine in a certain site.

Injection Method

Subcutaneous injections can be given straight in at a 90 degree angle or at a 45 degree angle. Give the injection at a 90 degree angle if you can grasp 2 inches of skin between your thumb and first finger. If you can grasp only 1 inch of skin, give the injection at a 45 degree angle.

- **Open the alcohol wipe:** Wipe the area where you plan to give the injection. Let the area dry. Do not touch this area until you give the injection.
- **Prepare the needle:** Hold the syringe with your writing hand and pull the cover off with your other hand. Place the syringe between your thumb and first finger. Let the barrel of the syringe rest on your second finger.
- **Grasp the skin:** With your other hand, grasp the skin.
- **Insert the needle into the skin:** Hold the syringe barrel tightly and use your wrist to inject the needle into the skin. Once the needle is all the way in, push the plunger down to inject the medicine.
- **Pull out the needle:** Remove the needle at the same angle you put it in. Gently wipe the area with the gauze pad.
- **Dispose of Syringe:** It is important to dispose of needles and syringes appropriately in YELLOW sharps container. Replace when $\frac{3}{4}$ full.

Risks associated with subcutaneous injections

Possible risks include:

- *the needle break in your skin or hit a nerve. If this occurs, follow the Incident Management Procedure*
- *scarring, lumps, or dimpling of the skin*

You should record and report the following adverse effects:

- A fever, sneezing, or coughing develops after the injection is given.
- There is a lump, swelling, or bruising where the injection was given that does not go away.

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Immediate medical advice is required if:

- A rash or itching develops after the injection is given.
- Shortness of breath develops after the injection is given.
- The mouth, lips, or face swells after the injection is given.

Call 000 and continue to provide the client with first aid.
Ring supervisor when safe to do so.

Document and follow the Incident Management Procedure once the client is receiving medical treatment.

Training and Competency

The Registered Nurse/s of Subee Newlake is responsible for the training and competency checking of any Endorsed Enrolled Nurses giving subcutaneous medication.

Training is provided on a needs basis to support workers that are providing care to clients self-administer subcutaneous medication.

Training may include a combination of eLearning modules and face to face training which covers:

- Dosage measurement
- Health conditions that require sub-cutaneous conditions
- Anatomy related to sub-cutaneous administration. Refer to Figure 2. Subcutaneous Injection sites
- Infection Control & Waste Management
- Sharps/needle handling and disposing including needle stick injuries

Related Forms

Subcutaneous Injection Care Plan F 101

Related Policies & Procedures

Waste Management Policy and Procedure

Infection Control Policy and Procedure

Medication Policy and Procedure

Needle stick and Sharps Policy and Procedure

Clinical Governance Policy and procedure

Incident Reporting Policy

Confidentiality Policy

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