

Leamington Mennonite Home
Long Term Care

POLICY AND PROCEDURE

CATEGORY: Nursing	SUBJECT: Intermittent Subcutaneous Infusion of Medication	SECTION: I
DATE: November 2001	Administrator: _____ <i>J. M.</i>	POLICY: 1
REVISION DATES: September 2003	Director of Care: _____ <i>Cheryl Allick</i>	

INTERMITTENT SUBCUTANEOUS INFUSION OF MEDICATION

OBJECTIVE:

To provide on going pain control in a manner that will provide optimum comfort.

PROCEDURE:

1. Wash hands.
2. Don gloves.
3. Prime the tubing:
 - a. Connect the injection cap to the butterfly tubing.
 - b. Draw up 1 cc of the medication to be administered and prime the tubing and the needle until the medication drop is seen at the end of the needle.
 - c. Note and record the specific amount of medication required for priming so the exact amount needed can be drawn up for future priming.
 - d. When recording the amount of medication used in priming, it is recorded as wastage.
4. Preparing the injection site and establishing the line:
 - a. Select a site on the anterior thigh, upper arm or abdomen (must be one inch from the umbilicus).
 - b. Cleanse the injection site with antiseptic solution and allow to dry for at least thirty (30) seconds. Do not wipe or fan the area.
 - c. Grasp the skin to form a cushion as per any subcutaneous injection and insert the butterfly needle at a 45° degree angle.
 - d. Cover the butterfly needle and injection site with a gauze dressing and tape or transparent dressing (Tegaderm).
 - e. Coil the butterfly tubing and secure with tape or include the coils under the transparent dressing.
 - f. Label the dressing with the date of insertion, time and initials. If two sites are used, label both sites with the date, time and initials. Document on the flow record sheet.
 - g. Record the site and date of needle change on the ISI Injection record and in the individual's chart as well as your assessment of resident's response to medication and effectiveness.
5. Medication administration through the subcutaneous needle:
 - a. Draw up the medication as per Physician's order.
 - b. Assess the injection site for signs of inflammation, infection, bruising, swelling or burning sensation.
 - c. Cleanse the injection cap with alcohol.

- d. Insert the needle into the injection cap and inject the prescribed medication slowly to avoid stinging.
- e. Always maintain the sterility of the cap.
- f. Record all injections, sequence of injections (if more than one medication per site), and individual's response on the ISI Injection Record and the MARS. Each time analgesic is given document response and effectiveness on the ISI Injection Record and the MARS.

Planning:

- Prepare necessary equipment and supplies:
 - Butterfly needle # 25 – 27 or sub q set
 - Intermittent injection cap
 - 3 cc syringes
 - 25 g needle
 - Antiseptic solution / alcohol pad
 - Gauze dressing or transparent waterproof dressing
 - Tape
 - Non – sterile gloves
 - Prescribed medications
 - Labels
- Explain purpose and procedure to individual and family.
- Position individual in comfortable position.

Subcutaneous Infusion Protocols:

1. The same subcutaneous infusion line can be used for two medications if:
 - a. The drugs are compatible with each other.
 - b. The drugs are administered at the same time intervals (e.g. Q4H, Q12H, etc).
 - c. The drugs are administered in the same sequence.
2. Change site every seven (7) days or if there is redness, swelling induration or leakage at the site.
3. Change intermittent injection cap every seven (7) days or more often depending on frequency of use and if contaminated.
4. If more than 1.5 cc of medication is to be administered, two sites will be used (less in very thin individuals).

Assessment:

1. Assess for signs of drug incompatibility if different drugs are used.
2. Assess site(s) each shift.

Nursing Diagnosis:

Review assessment data to formulate nursing diagnosis. Some examples include:

1. Chronic pain relating to tumor – related nerve compression.
2. Alteration in nutrition: less than body requirements relating to nausea.