Royal Cornwall Hospitals
NHS Trust

Self-Administration of Subcutaneous Systemic Anti-Cancer Therapies (SACT) Policy

V2.0

February 2024

Summary

- This policy describes the safe assessment, enrolment and education of patients for the self-administration of sub-cutaneous Systemic Anti-cancer Therapy (SACT).
- This policy defines the roles and responsibilities for Royal Cornwall Hospital Trust (RCHT) personnel utilising the policy.
- This policy defines the competency required for assessors, educators and patients.
- This policy defines the exclusion criteria for patient assessors.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

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1. Introduction

1.1. Recommendations and guidance from the Audit Commission, the Care Quality Commission and the NHS Litigation Authority recognise that patients should be given the opportunity to administer their own medications in hospital provided this can be done safely. This requires safe systems of patient assessment and medicines management at outpatient clinic and pharmacy level (RCHT, 2018).

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. **Self-Administration of Subcutaneous SACT**

2.1.1. This policy lays out systems of patient assessment and mechanisms of prescribing, ordering, supply, storage and documentation of medicines to enable patients deemed competent when assessed by a Health Care Professional (HCP) to administer their own subcutaneous SACT safely whilst at home.

2.1.2. Accordingly, this policy is a supplement to The Safe Handling and Administration of Systemic Anti-Cancer Therapy Policy (2022) which is applicable and supersedes this policy in all regards, except those stated above.

2.1.3. The detailed objectives are as follows:

- To maintain patient independence and safety in self-administration of medication for patients receiving sub cutaneous SACT where medication changes are not required.
- To highlight to SACT trained registered nurses the approved patient criteria, and training materials to be used to safely support this patient group; see appendix 3 and 4.
- To highlight to SACT trained registered nurses any medication related problems prior to discharge, Which could impact on their competence and compliance e.g. poor eyesight or understanding of instructions.

3. Scope

With the approval of the ward or unit manager and SACT pharmacy this policy can be applied in any area within RCHT provided that the necessary facilities, trained staff and governance arrangements described in this document are in place to support safe patient self-administration. This policy does not apply to patients who require close support, training and monitoring for the duration of their treatment.

4. Definitions/Glossary

- DATIX Web-based incident reporting system used by this Trust.
- ARIA Electronic chemotherapy Prescribing and Medicines Administration system.

- NMC Nursing and Midwifery Council.
- PODs Patients Own Drugs.
- SACT Systemic Anti-Cancer Therapy.
- SC Subcutaneous.
- TTOs Discharge medications (To Take Outs).
- HCP Health Care Professional.

5. Ownership and Responsibilities

This policy has been drawn up by a multidisciplinary group representing clinicians, nurses and pharmacists and has been ratified by members of the Haematology MDT.

5.1. Role of Nominated Director

The nominated director is responsible for authorising the final approval of the policy.

5.2. Role of the Lead Nurse and Matrons

Are responsible for ensuring that staff have access to the appropriate equipment and documentation; and staff carrying out assessment and training in self-administration of SACT, have undergone the appropriate training and have been assessed as competent.

5.3. Role of the Doctors

Are responsible for following the instructions given in this policy regarding prescribing for patients who are self-administering, and for communicating any changes in medication to the patient, nurse and pharmacist as appropriate.

5.4. Role of the Ward and Unit Managers

Are responsible for deciding whether self-administration can be safely practiced and taught on their ward or unit, for ensuring that necessary safe storage for SACT is available, and for ensuring registered nursing staff are properly trained in the application of this policy.

5.5. Role of the Pharmacists and Pharmacy Technicians

Are responsible for following the instructions in this policy relating to the assessment and supply of medications for use by patients.

5.6. Role of Registered SACT trained nurses and Clinical Nurse Specialists (CNS) in Haematology assessed as competent for SC SACT

Are responsible for following the instructions in this policy, relating to assessment training and the competency for their practice.

6. Standards and Practice

6.1. Patient Identification

All new patients meeting the inclusion criteria are eligible for undertaking their self-administration of subcutaneous SACT and should be asked whether they wish to participate if they feel willing to do so; or if they wish to nominate an appropriate relative/third party, provided both parties are not excluded by the exclusion and caution criteria listed below.

The Patient should also be reassured that nurse led administration as an outpatient, will be available if they do not wish to participate; or should the training/assessment for self-administration subcutaneous SACT be unsuccessful. Eligible patients can be identified by their consultant team, their clinical nurse specialist, the SACT pharmacist or a SACT trained registered nurse. Provided the following selection criteria are adhered to:

6.1.1. Inclusion criteria

- Patients over 18 years of age.
- Patients who require subcutaneous SACT only.
- Patients who are capable of self-administration and willing to do this and have a good understanding of their treatment.
- Patients whom appropriate members of the multidisciplinary team (e.g. Consultant, Named Nurse) deem to be suitable.
- Patients who are on a stable medication regime.

6.1.2. Exclusion criteria

- Patients at risk of self-harm.
- Patient deemed unable to participate due to lack of capacity* as defined under the Mental Capacity Act (2005) (UK Government, 2020).
- Patients who lack dexterity and would be unable to use the equipment.
- Patients who decline to participate.
- Patients whose home conditions may negatively impact on this course of treatment.

*Note: If there is any doubt about the patient's capacity to make decisions, further guidance can be found in the RCHT Mental Capacity Act Policy (RCHT, 2020).

6.1.3. Caution criteria

- History of drug abuse.

- Psychiatric illness, severe depression, suicidal tendencies.

- Physical disabilities which may prevent safe and effective administration of a subcutaneous injection.

6.2. **Patient Education**

6.2.1. The appendix 3 and 4 education materials are to be provided and discussed with the patient. To determine the patient's suitability for self-administration a full patient assessment should be carried out. The outcome of this assessment is then filed within the patient's medical notes.

6.2.2. The skill of self-administration of subcutaneous SACT will be demonstrated by a SACT trained registered nurse or a Clinical Nurse Specialist (CNS) in Haematology to assess as competent. The patient will return to the appropriate clinical area to complete their own administration of the SC SACT, when an assessment of their competence will be undertaken by a SC SACT competent nurse.

6.2.3. This assessment may be completed with the patient and a nominated third party if appropriate. Note however when a third party is nominated, it is the patient that must demonstrate their knowledge and understanding of the therapy. The third part may only act as a proxy for the administration of the subcutaneous SACT.

6.2.4. Patients should demonstrate to the competent nurse their understanding of the risks/side effects of their subcutaneous SACT and the appropriate use of supporting services i.e. the 24-hour SACT advice line and their named CNS so that they can assess the patient is competent to manage issues which may arise from subcutaneous SACT.

6.2.5. Full patient education should be given including suitable site for injection, preparing the skin and what steps to take in the event of a spill or dropped dose.

6.2.6. Patients assessed to be competent to administer their own medicines are considered to be at Level three, as described in the RCHT Self-administration policy (RCHT, 2019). At this level, patients may self-administer medications independently, and demonstrate sufficient knowledge of their drugs to self-medicate unsupervised, accessing medication from the appropriate storage.

6.3. **Ongoing Assessment**

Patients will be given the opportunity for further SC SACT assessment should they request it or if the competent nurse does not deem them to have reached the required competence for self-administration and requires further support. Additionally, the patient will attend Haematology clinic for clinical review with their specialty team prior to the start of each new cycle when they may express any concerns relating to their SC SACT.

6.4. **Patient Consent**

6.4.1. Written consent for the patient's SACT regime will be obtained prior to treatment by the relevant HCP.

6.4.2. Once the administration information in appendix 3 or 4 is explained to the patient and their questions are answered, it must be verbally agreed with the patient and documented that they:

- Having sufficient information and wish to continue with Self-administration of subcutaneous SACT.
- They understand and will appropriately dispose of their medications and wastes in accordance with the information provided.
- They understand that participation is voluntary, and consent may be withdrawn at any time.

6.4.3. Once consent has been completed and they have successfully demonstrated the knowledge and skill to self-administer their subcutaneous SACT. A copy of their consent should be provided for their records, the original being filed in their medical records and have a patient note added to ARIA prescribing system detailing their decision and successful completion of the training.

6.5. **Supply, Storage and Prescribing of medications for SC SACT**

6.5.1. **Supply and Storage of medications.**

6.5.1.1. Patients shall not receive their 'own' medication until such time as the subcutaneous SACT assessment is completed and a note added to ARIA for the benefit of pharmacy dispensing.

6.5.1.2. During the period that the SACT documentation and assessment is being completed, all patient related subcutaneous SACT agents shall be stored in accordance with standard pharmacy policy on Lowen Ward or the Headland Unit only.

6.5.1.3. Once the SACT assessment and dispensing ARIA note is completed, the patient will be able to collect their subsequent subcutaneous SACT cycles from general pharmacy or via home delivery once their consultant review is completed and their SACT prescription approved. They will then be responsible for the appropriate transportation, storage and disposal of these medications.

N.B. Note the number of injections and the storage of any issued medications will vary depending on the regime and pharmacy availability.

6.5.2. **Patients returning to the clinical area**

Should a patient with self-administration of subcutaneous SACT enter a clinical area either as an inpatient or outpatient; it is the responsibility of the patient to notify the admitting registered nurse to ensure all such medications are securely and appropriately stored; and that the appropriate instruction is received from the patient's specialty consultant, prior to any further administration.

N.B Note advice regarding the safe storage of SACT can be found on Lowen Ward Ex 2050, the Headland unit Ex 8090 or Haematology CNS office Ex 3239.

6.5.3. Medications omitted from Patient managed subcutaneous SACT administration

All agents other than:

- Low dose subcutaneous Cytarabine.
- Subcutaneous Bortezomib.

Are excluded from this policy and their administration should be managed in accordance of The Safe Handling and Administration of Systemic Anti-Cancer Therapy Policy (2022).

6.5.4. Prescribing

6.5.4.1. Prescriptions for SACT may only be completed by the patient's specialty team or SACT pharmacist. All medications are to be prescribed on the ARIA prescribing system.

6.5.4.2. If the patient is administering subcutaneous SACT as an inpatient this must be completed in the presence of a SACT trained registered nurse approved by the trust. Accordingly, the dose will need to be prescribed on the ARIA system and a written record of the administration should be added in the patients' medical notes. The drug should be stored away from the patient in a locked fridge or cupboard.

6.5.4.3. Aria prescriptions should include all details for dose, timing and method of administration as labelled on the packaging. If using the patient's own medications, the SACT trained registered nurse need to be satisfied that the details and drugs match up with the prescription chart. The SACT pharmacist will add a note to the patient's current EPMA record that a prescription has been raised on the ARIA system.

6.5.5. Additions and altered doses

No additions or alterations to SACT prescriptions will be permitted by any parties other than the patient's specialty team.

6.5.6. Discontinued drugs

When a drug is discontinued, the doctor will cancel the prescription in the usual way and must also alert the nurse and patient so that any remaining medications are suitably put beyond use and disposed of.

7. Dissemination and Implementation

Introducing self-administration of subcutaneous SACT on a ward/clinical area constitutes a change in practice for that area requiring the following support and educational input:

- Access to relevant documentation. Appendix 3, 4 and 5.
- Relevant equipment in place (Storage areas).
- Haematology CNS team will be available to supervise and or support nurses throughout the implementation of this change of practice.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	1. Patient assessment, consent and documentation processes. 2. Datix reports related to SC SACT.
Lead	1 Chemotherapy Safety Lead Pharmacist. 2. Specialty CNS.
Tool	1. Data collection form will be used to audit compliance with the guidance on patient assessment, consent and other documentation. 2. Ongoing routine monitoring of Datix report.
Frequency	1. 2 yearly. 2. Ongoing.
Reporting arrangements	Haematology governance meetings.
Acting on recommendations and Lead(s)	Haematology governance meetings.
Change in practice and lessons to be shared	Staff groups (medical, nursing, pharmacy) are represented at the SAM Working Group, who will ensure they receive feedback from audit and are supported in performing any actions required.

9. Updating and Review

This document has been drawn up and will be reviewed by a multidisciplinary group representing clinicians, nurses and pharmacists.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Self-Administration of Subcutaneous Systemic Anti-Cancer Therapies (SACT) Policy V2.0
This document replaces (exact title of previous version):	Self-Administration of Subcutaneous Systemic Anti-Cancer Therapies (SACT) Policy V1.1
Date Issued/Approved:	February 2024
Date Valid From:	February 2024
Date Valid To:	February 2027
Author/Owner:	Haematology CNS Service and Juliet Rickard, SACT Lead Nurse
Contact details:	01872 253239 haemonccnsteam@nhs.net
Brief summary of contents:	Defines the policy for the identification, education, assessment and supply of subcutaneous SACT for patients receiving subcutaneous treatment for cancer.
Suggested Keywords:	Subcutaneous, SACT, Chemotherapy information, Teaching, Education, Consent.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Haematology MDT
Manager confirming approval processes:	Ian McGowan
Name of Governance Lead confirming consultation and ratification:	Suzanne Atkinson
Links to key external standards:	See below

Information Category	Detailed Information
Related Documents:	RCHT • Guidelines for patient self-administration of medication (SAM). • The safe handling and administration of systemic anti-cancer therapy policy (2022). • Trust consent policy. • Non-medical prescribing policy and strategy. • RCHT IT policy. Other • The nursing and midwifery council (NMC) standards for medicines management. • Guidance on handling of injectable cytotoxic drugs in clinical areas in NHS hospitals in the UK (2018). • SACT training logbook (Dr G. Stewart) Management of blood results in the Headland – September 2018.
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/Cancer Services

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
09 June 2020	V1.0	Initial issue	John Botfield CNS Haematology
22 October 2020	V1.1	Partial update to remove Appendix 5. Patient/Carer Administration of Subcutaneous SACT Checklist as not required	Caroline Edwards Haematology CNS
17 January 2024	V2.0	Minor amendments to reflect changes in practice. Policy names and references updated	Joss Hutchison, SACT CNS and Juliet Rickard Lead SACT Nurse

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy/policy/proposal/ service function to be assessed:	Self-Administration of Subcutaneous Systemic Anti-Cancer Therapies (SACT) Policy V1.0
Department and Service Area:	General Surgery and Cancer Services
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Joss Hutchison, Clinical Nurse Specialist SACT
Contact details:	01872 253239

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Patients.
2. Policy Objectives	Patient self-administration of subcutaneous SACT.
3. Policy Intended Outcomes	Safe administration of subcutaneous SACT.
4. How will you measure each outcome?	Audit of compliance from patient consent appendix 2 and clinical review.
5. Who is intended to benefit from the policy?	Patients, Staff, Pharmacy.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/visitors: No • Local groups/system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Haematology MDT. Emma Nicholls – SACT Pharmacist.
6c. What was the outcome of the consultation?	Policy approved through Haematology MDT.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Joss Hutchison, Clinical Nurse Specialist SACT

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. Administration guide for the subcutaneous injection of Velcade (also known as Bortezomib)

Step one:

Gather the supplies you need and place them nearby on a flat wipe able area:

- Prefilled syringe.
- Needle.
- Gauze swab.
- Purple top sharps bin.
- Nitrile gloves (only if administering to another person).



Step two:

Carefully open the packaging on the Bortezomib syringe; check that the label on the syringe and you drug administration sheet (if provided) together, to confirm you have the correct name and dose written on both. Check the expiry date on the syringe label. Any discrepancies please contact your CNS prior to proceeding further.

Step three:

Wash your hands well with soap and water and then dry them thoroughly.

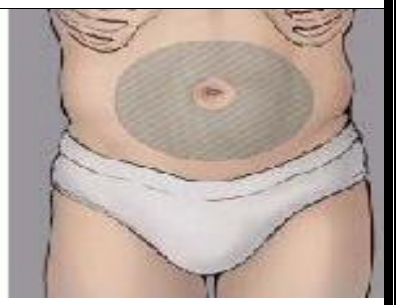


Step four:

Sit comfortably so you can see your belly easily.

Identify an area about an inch or two away from your belly button.

The ideal part is a fatty area where you can “pinch an inch”.



Step five:

Wear the gloves provided for sections 5-13 (only if completing injection for another person).

Twist off the red or blue cap and discard it into the sharps bin.



Step Six:

Open the orange needle packaging.

Push and twist on the orange needle (it can be stubborn) onto the open syringe.

Make sure it is twisted on as far as it will go, a loose twist means the drug may leak out.



Step Seven:

Open the gauze packaging and have it available on the tray should you need it.

Hold the syringe like a pencil in the hand you write with.

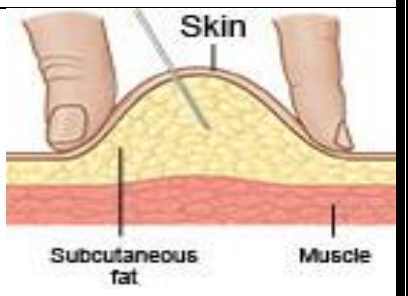
With your other hand, gently pinch the identified area on your stomach.





Step eight:

Push the needle straight into this pinched area.



Step nine:

Inject the liquid into your stomach fat by gently pushing the plunger down with your index finger.



Step ten:

Slowly Count to five then remove the needle from the skin.

Step Eleven:

Flip the protective cover over the needle then put the needle and syringe straight into the sharps bin.



Step twelve: If there is any fluid or blood at the injection site, press the site lightly with a gauze swab for ten seconds then place the swab into the sharps bin.
Step thirteen: Dispose of the packaging in a normal black bag bin. Clean your work area with disposable wipe. Put Nitrile gloves if used into the sharps bin. Wash your hands again.

Any queries/problems please call the 24hr help-line:

(07833 057447).

Frequently asked questions:

What is Velcade (Bortezomib)?

Velcade is the trade name for the drug called Bortezomib. Bortezomib is a protesome inhibitor that is extremely effective at controlling myeloma and amyloidosis. It is not a traditional chemotherapy drug but it still needs to be treated with great care. For more information see the info sheet on the Myeloma UK or Macmillan website.

What is a subcutaneous injection?

This is an injection into the fatty layer of tissue directly under the skin.

What happens if I spill the injection?

If you spill the injection on your skin, please wash it off immediately with soap and water. If you spill it on the floor/furniture please wear disposable gloves and wipe up excess fluid with a disposable cloth, then rinse the area with soapy water. Place the used gloves and cloths in the cytotoxic sharps bin.

What do I do if I have a question or query when I am at home?

Call the 24-hour advice line or your Specialist nurse.

Where should I store the injections and equipment?

All the equipment can be stored at room temperature. The syringe(s) containing bortezomib need to be stored in a refrigerator. Ideally the syringe(s) should be stored in a plastic Tupperware container on their own. **Make sure they are somewhere safe and out of the reach of children.**

Where do I get more supplies from?

All equipment and prefilled syringes will be provided to you.

How many injections will I need?

Your Doctor or Specialist nurse can inform you of how many injections you will need. You have four injections per course, and you typically have four to eight courses.

How many doses can I collect at a time?

Due to the shelf life of the drug once made up into a syringe, the maximum number of doses you are usually able to collect will be two. If you are on weekly administrations, this will be a dose to be administered on the day it is collected, with a further dose for administration one week later (check the expiry date/time and ensure it is used before this). It will then be necessary to return to the hospital (yourself or a relative/ representative) after two weeks to collect the remaining two doses for the cycle.

On some occasions, where it has been possible for the hospital to obtain externally manufactured syringes, you may be able to collect all four doses together. Unfortunately, this is a facility limited by the capacity of the external manufacturers and cannot be guaranteed on any occasion.

Why do I have to wait so long for my syringes to be prepared?

Usually before starting each new cycle of treatment, you will be reviewed in the Haematology Clinic, to assess your general condition and how well you are tolerating the treatment. The prescription for your next cycle will normally be provided after this assessment.

Due to the strict regulations that the Pharmacy Technical Services Unit work within, your syringes can only be prepared once a prescription is available, and this will take between 2-3 hours. This is due to a large number of checks and safeguards that take place throughout the process, to ensure that medicines are safe and of a suitable quality before they are provided to patients.

When the Velcade (Bortezomib) treatment is completed how do I dispose of the sharps bin?

Clinical wastes are collected by the council, you will need to register collection and they are arranged via a telephone booking. The registration link is:- https://www.cornwall.gov.uk/environment-and-planning/recycling-rubbish-and-waste/clinical-waste-and-sharps-collections/.

The telephone number is:-

0300 1234 141

***Images used are provided by The Cardiff and Vale Health Board, Haematology Department with email of consent for RCHT use provided to author.**

Appendix 4. Administration guide for the subcutaneous injection of Low Dose Cytarabine

Step one:

Gather the supplies you need and place them nearby on a flat wipe able area:

- Prefilled syringe.
- Needle.
- Gauze swab.
- Purple top sharps bin.
- Nitrile gloves (only if administering to another person).



Step two:

Carefully open the packaging on the cytarabine syringe; check that the label on the syringe and you drug administration sheet (if provided) together, to confirm you have the correct name and dose written on both. Check the expiry date on the syringe label. Any discrepancies please contact your CNS prior to proceeding further.

Step three:

Wash your hands well with soap and water and then dry them thoroughly



Step four:

Sit comfortably so you can see your belly easily.

Identify an area about an inch or two away from your belly button.

The ideal part is a fatty area where you can “pinch an inch”.



Step five:

Wear the gloves provided for sections 5-13 (only if completing injection for another person).

Twist off the red or blue cap and discard it into the sharps bin.



Step Six:

Open the orange needle packaging.

Push and twist on the orange needle (it can be stubborn) onto the open syringe.

Make sure it is twisted on as far as it will go, a loose twist means the drug may leak out.



Step Seven:

Open the gauze packaging and have it available on the tray should you need it.

Hold the syringe like a pencil in the hand you write with.

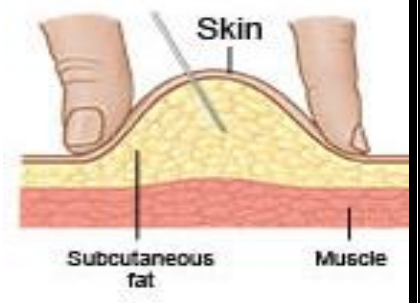
With your other hand, gently pinch the identified area on your stomach.





Step eight:

Push the needle straight into this pinched area.



Step nine:

Inject the liquid into your stomach fat by gently pushing the plunger down with your index finger.



Step ten:

Slowly Count to five then remove the needle from the skin.

Step Eleven:

Flip the protective cover over the needle then put the needle and syringe straight into the sharps bin.



Step twelve: If there is any fluid or blood at the injection site, press the site lightly with a gauze swab for ten seconds then place the swab into the sharps bin.
Step thirteen: Dispose of the packaging in a normal black bag bin. Clean your work area with disposable wipe. Put Nitrile gloves if used into the sharps bin. Wash your hands again.

Any queries/problems please call the 24hr help-line:

(07833 057447).

Frequently asked questions:

What is Cytarabine?

Cytarabine is a chemotherapy drug used to treat acute myeloid leukaemia (AML) and may also be used to treat other types of leukaemia and lymphomas. It is a cytotoxic agent that inhibits DNA synthesis during a specific stage of cell reproduction resulting in cell apoptosis.

Cytarabine can be given in a range of dosages and methods but in this instance your cytarabine will be given as a small injection under the skin (subcutaneous injection).

Like all chemotherapy drugs, cytarabine can cause side effects. Some of the side effects can be serious, so it is important to read the information issued to you when you consented to your treatment. However, for more information see the info sheet on the Macmillan website.

https://www.macmillan.org.uk/information-and-support/treating/chemotherapy/drugs-and-combination-regimens/individual-drugs/cytarabine.html

What is a subcutaneous injection?

This is an injection into the fatty layer of tissue directly under the skin.

What happens if I spill the injection?

If you spill the injection on your skin, please wash it off immediately with soap and water. If you spill it on the floor/ furniture please wear disposable gloves and wipe up excess fluid with a disposable cloth, then rinse the area with soapy water. Place the used gloves and cloths in the cytotoxic sharps bin.

What do I do if I have a question or query when I am at home?

Call the 24-hour advice line or your Specialist nurse.

Where should I store the injections and equipment?
All the equipment can be stored at room temperature. The syringe(s) containing cytarabine will need to be stored in a refrigerator. Ideally the syringe(s) should be stored in a plastic Tupperware container on their own. **Make sure they are somewhere safe and out of the reach of children.**

Where do I get more supplies from?

All equipment and prefilled syringes will be provided to you when you attend clinic with your consultant or specialist nurse.

How many injections will I need?

Your Doctor or Specialist nurse can inform you of how many injections you will need per course. Typically you will have 2 injections per day (morning and evening) for 10 days per cycle (a total of 20 doses).

How many doses can I collect at a time?

Due to the shelf life of the drug once made up into a syringe, the maximum number of doses you are usually able to collect will be between ten and fourteen syringes. It will then be necessary to return to the hospital (yourself or a relative/representative) before you run out, to collect the remaining doses to complete the cycle. We will try and co-ordinate collections with other appointments you have in the hospital e.g. for clinic, or transfusions. When you collect the second batch of syringes, please ensure that you use all of the first batch (check the expiry date/time) before starting on the second batch.

Why do I have to wait so long for my syringes to be prepared?

Usually before starting each new cycle of treatment, you will be reviewed in the Haematology Clinic, to assess your general condition and how well you are tolerating the treatment. The prescription for your next cycle will normally be provided after this assessment.

Due to the strict regulations that the Pharmacy Technical Services Unit work within, your syringes can only be prepared once a prescription is available, and this will take between 2-3 hours. This is due to a large number of checks and safeguards that take place throughout the process, to ensure that medicines are safe and of a suitable quality before they are provided to patients.

When the Cytarabine treatment is completed how do I dispose of the sharps bin

Clinical wastes are collected by the council, you will need to register collection and they are arranged via a telephone booking. The registration link is: https://www.cornwall.gov.uk/environment-and-planning/recycling-rubbish-and-waste/clinical-waste-and-sharps-collections/.

The telephone number is: 0300 1234 141

***Images used are provided by The Cardiff and Vale Health Board, Haematology Department with email of consent for RCHT use provided to author.**

Appendix 5. Works Cited

RCHT Mental Health Act 1983 Mental Health Amendment Act 2007 Policy

RCHT The Medicines Policy Chapter 1: Introduction and Overview (cornwall.nhs.uk)

RCHT The Medicines Policy Chapter 2: Standards of Practice Prescribing (cornwall.nhs.uk)

RCHT The Medicines Policy Chapter 3: Ordering and Accessing Medicines (cornwall.nhs.uk)

RCHT The Medicines Policy Chapter 4: Custody and Storage of Medicines (cornwall.nhs.uk)

RCHT The Medicines Policy Chapter 5: Preparation and Administration (cornwall.nhs.uk)

RCHT The Medicines Policy Chapter 6: Standards of Practice Discharge and Miscellaneous (cornwall.nhs.uk)

RCHT Consent to Examination or Treatment Policy (cornwall.nhs.uk)

RCHT Self-Administration of Medicines (SAM) by Competent Patients Policy (cornwall.nhs.uk)

RCHT The Safe Handling and Administration of Systemic Anti-Cancer Therapy Policy

UK Government. Mental Capacity Act 2005. Retrieved April 27, 2020, from Legislation.gov.uk: https://www.legislation.gov.uk/ukpga/2005//9