



Long Term Care Program

Operational Guideline

SUBCUTANEOUS INFUSION DEVICE: Medication Administration

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Approval Signature:

Supercedes:

September 2017

Date of Approval:
December 14, 2020

Review Date:
December 2023

1.0 PURPOSE:

- 1.1 To provide a clinical resource for safely administering medication via the subcutaneous route.

2.0 DEFINITIONS:

- 2.1 Prescriber: Refers to a health care professional who is permitted to prescribe medications or treatments as defined by Provincial and Federal legislation, his/her regulatory college or association, and practice setting.
- 2.2 Subcutaneous Infusion Device: A needleless, closed, indwelling subcutaneous catheter system inserted into the subcutaneous tissue, which is used for administration of medications or fluids.

3.0 OPERATIONAL GUIDELINE:

- 3.1 A Prescriber order shall be required to give a medication via the subcutaneous route.
- 3.1.1 As per the [WRHA policy #110.170.040 Medication Order Writing Standards](#), abbreviations for subcutaneous (SC, SQ or sub Q) shall not be used. Subcut is an acceptable abbreviation.
- 3.2 Nurses must follow their scope of practice as per their licensing body. Nurses are required to seek support and guidance as needed to fill their scope of practice.
- 3.3 Routine Practices with particular attention to the four moments of hand hygiene are a minimum requirement during medication administration via a Subcutaneous Infusion Device.

- 3.4 When administering more than one medication into the same subcutaneous line, the nurse shall consult a pharmacist to ensure the medications are compatible. The compatibility of the medications shall be documented on the medication administration record (MAR).
- 3.5 The maximum amount of medication (excluding flush) to be administered at one time is 2 mL. This will provide optimal absorption and comfort for the resident.

4.0 **PROCEDURE:**

4.1 **SINGLE MEDICATION OR COMPATIBLE MULTIPLE MEDICATION ADMINISTRATION**

- 4.1.1 Perform hand hygiene.
- 4.1.2 Assemble equipment and supplies required:
- 2 alcohol swabs
 - Medication vial or ampoule
 - 1 blunt fill needle or blunt fill filter needle (if withdrawing from an ampoule)
 - 1 luer-lock syringe
 - 1 x 3 mL 0.9% sodium chloride injection (saline) pre-filled syringe
 - Sharps disposal container
- 4.1.3 Verify the resident's identity using a minimum of 2 resident identifiers as per the [WRHA Policy #110.000.370 Client Identification](#)
- 4.1.4 Explain procedure and expected outcomes to the resident or substitute decision-maker, as applicable, as per the [WRHA Policy #110.000.005 Informed Consent](#).
- 4.1.5 Perform hand hygiene.
- 4.1.6 Draw up medication into a luer-lock syringe using a blunt fill needle from the vial or blunt fill filter needle from the ampoule.
- 4.1.7 Ensure the existing subcutaneous site is free of signs and symptoms of infection, Subcutaneous Infusion Device misplacement and overuse of site.
- 4.1.7.1 This would include: leaking, redness, exudate, localized heat, localized inflammation, pain, tenderness, hardness, burning, swelling, scarring, itching, bruising, unresolved blanching, and necrosis.
- 4.1.7.2 If any of these signs and symptoms are present, change the subcutaneous site immediately.
- 4.1.8 Perform hand hygiene.
- 4.1.9 Cleanse the injection cap, scrubbing vigorously, with 2 alcohol swabs for a total of 30 seconds.
- 4.1.10 Remove the blunt fill needle from the medication-filled syringe and discard in the sharps disposal container.
- 4.1.11 Luer-lock the syringe to the injection cap.

- 4.1.12 Gently draw back on the plunger. If no blood appears in the tubing, instill the medication.
 - 4.1.12.1 If blood appears in the tubing, remove the Subcutaneous Infusion Device and the syringe containing the medication. Discard the Subcutaneous Infusion Device and insert a new one in a different site in order to administer the medication.
- 4.1.13 Do not exceed 2 mL (excluding saline flush) per administration.
 - 4.1.13.1 If the total volume of medication(s) exceeds 2 mL (excluding saline flush), only administer a maximum of 2 mL, flush with 0.5 mL of saline, and then wait 15-20 minutes before administering another 2 mL or the remainder of the dose.
 - 4.1.13.2 If the medication has not absorbed after this time (e.g. presence of a palpable bump), decide if a second subcutaneous site is required for future doses and/or wait another 15-20 minutes to administer the remainder of the medication.
- 4.1.14 Flush the tubing with 0.5 mL of saline. Remove the saline syringe and discard.
 - 4.1.14.1 Flushing between administrations of 2 compatible medications is not required.
- 4.1.15 Perform hand hygiene.
- 4.1.16 Document on the medication administration record (MAR). Document any adverse effects or difficulties encountered.

4.2 **INCOMPATIBLE MEDICATION ADMINISTRATION**

- 4.2.1 If medications are incompatible, administer them in different subcutaneous sites.
- 4.2.2 Label each site with the medication to be administered in that site.

5.0 **REFERENCES:**

- 5.1 St. Boniface Hospital (2015); Indwelling Subcutaneous Catheter: Establishment and Medication Administration (Intermittent and Continuous).
- 5.2 WRHA Palliative Care Program (2015); Procedure for Subcutaneous Insertion, Removal, and Medication Administration.

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