

## Interprofessional Clinical Policy & Procedure Manual

<b>Policy &amp; Procedure: Intermittent Subcutaneous Medication Administration</b>	
Developed By: Professional Practice	Number: 2 – 5 - 9040
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### See Policy & Procedure Number

Medication Administration Record (2-5-2720)  
Safe Medication Administration (Learning Package)

### Policy Statement

Subcutaneous indwelling devices, such as a *butterfly* may be used for the administration of intermittent medication administration for patients that are unable to take oral medications, to decrease the necessity for multi-site injections of medications, or long term pain control.

### Responsibility

Registered Nurses (RN) and Registered Practical Nurses (RPN) who have the knowledge, skill, and judgement to adequately perform the procedure with competency.

Competent RN's and RPN's are responsible for the initiation, assessment, monitoring, and maintenance of subcutaneous indwelling devices and the administration of medications and fluids into the subcutaneous tissue.

A physician's order is required to initiate an indwelling subcutaneous device or port and to administer medications or fluids using such device.

### Equipment

- Subcutaneous indwelling device/port
- Chlorohexidine or alcohol swabs
- Transparent dressing
- Needless Connector
- 0.9% normal saline sterile flush

### Special Considerations

The RN or RPN will administer the most appropriate concentration of medication through an indwelling subcutaneous device or port. The maximum amount of volume to be administered at one time is 2 mL, this volume includes the medication and the flush amount (flush amount = 0.25 mL).

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Subcutaneous indwelling devices must be assessed at minimum every shift and with every medication administration. Assessment of subcutaneous sites must be documented in Meditech, using the subcutaneous butterfly intervention.

Subcutaneous indwelling devices must be changed at minimum every 7 days or when required based on site assessment.

## Method

### A: Insertion of subcutaneous indwelling device

1. Review and verify physician's order
2. Explain the procedure and device to the patient and family
3. Select the appropriate site. (Appendix A: Subcutaneous Insertion Sites). If the patient has an existing subcutaneous indwelling device prior to admission, this device should be removed and a new device inserted.
4. Gather necessary equipment.
5. Perform hand hygiene and don non-sterile gloves.
6. Cleanse subcutaneous site with chlorohexidine or alcohol swab and allow it to dry.
7. Prepare Subcutaneous Device

#### If using the Saf-T-Intima Subcutaneous Device

- a. Remove from package
  - b. Rotate white safety shield to loosen the needle
  - c. Prime a needless cap with sterile 0.9% normal saline, attach the needless cap to the subcutaneous indwelling device and flush with 0.25 mL of sterile 0.9% normal saline.
  - d. Remove the safety cover from the needle and ensure that catheter is not covering the needle
8. Pinch yellow wings with textured side down
  9. Insert needle, bevel side up at a 30 to 40-degree angle to the hub
  10. Lay the yellow wings flat on skins surface and pull the white safety shield in a straight, continuous motion until the safety shield separates from the safety system.
  11. Discard the needle immediately in a sharps container
  12. Secure set with a transparent dressing. Ensuring the subcutaneous site is visible. Include date and initials on the dressing

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## **B: Administration of Medication via Subcutaneous Indwelling Device**

1. Review and verify physician's order. Use the 8 rights of medication administration: correct patient, correct medication, correct dose, correct route, correct time, correct frequency, correct documentation, and correct reason.
2. Gather supplies, obtain and prepare appropriate concentration medication from omniceil.
3. Perform hand hygiene and don non-sterile gloves.
4. Assess subcutaneous indwelling device and site
5. Cleanse needleless injection port with alcohol or chlorohexidine swab for 15 seconds and allow to dry.
6. Attach medication syringe to needleless injection port and administer medication slowly
7. Disconnect medication syringe from needleless port, attach sterile 0.9% saline flush syringe, and flush with 0.25 mL
8. Document medication administration on MAR and document site assessment on meditech

## **Guiding Principles**

1. If patient is receiving incompatible medications insert additional site and label each site with intended medication
2. If patient is receiving frequent medication administrations and flushes, consider using more than one site or rotating site more frequently

## **C: Removal of Subcutaneous Indwelling Device**

1. Review and verify Physician's order.
2. Gather supplies.
3. Perform hand hygiene and don non sterile gloves.
4. Remove transparent dressing from subcutaneous indwelling device.
5. Remove subcutaneous indwelling device and apply a dressing.
6. Document removal of subcutaneous indwelling device on meditech.

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## References

BD Saf-T-Intima use Guide, (2013). *BD Saf-T-Intima for Subcutaneous Infusion Therapy*.

Capital Health, (2005). *Management of Subcutaneous Injection Sites(s) in Palliative Care Patients*

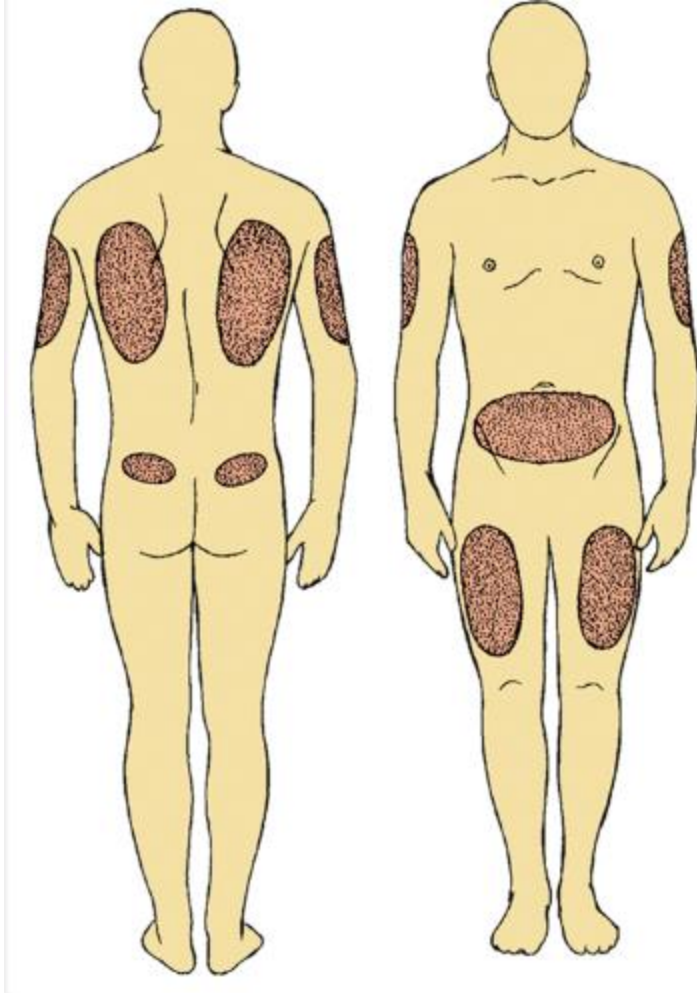
Common sites for subcutaneous injections. (From Perry, A.G., Potter, P.A., Ostendorf, W.R. [Eds.]. [2018]. *Clinical nursing skills & techniques* [9th ed.]. St. Louis: Elsevier.)

Guelph General Hospital, (2019). *Insertion of Subcutaneous Device for Medication Administration*

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## Appendix A: Subcutaneous Insertion Sites



Common sites for subcutaneous injections. (From Perry, A.G., Potter, P.A., Ostendorf, W.R. [Eds.]. [2018]. *Clinical nursing skills & techniques* [9th ed.]. St. Louis: Elsevier.)