



Carer Competency Checklist



Patients name:

To be completed by the healthcare professional (HCP) after training the carer to administer as-needed subcutaneous medication and to confirm ongoing competency throughout the time they administer these.

The carer must fulfil all of the competencies below before being allowed to administer as-needed subcutaneous medications without HCP supervision.

| Carer's name | Initials of HCP | Initials of HCP | Initials of HCP |
|--|-----------------|-----------------|-----------------|
| Is aware of the symptoms of pain, restlessness/anxiety, nausea/vomiting and noisy breathing and which medications to use for each of these symptoms | | | |
| Understands why it is necessary to wash and dry hands | | | |
| Is able to assemble equipment into a clean container | | | |
| Is able to attach a needle to a syringe | | | |
| Can reconstitute drugs if required | | | |
| Is able to draw up medication from an ampoule into a syringe | | | |
| Is able to ensure correct volume required for prescribed dose is in the syringe (either by drawing up a part ampoule or wasting) | | | |
| Is able to give an injection into the cannula by either: <ul style="list-style-type: none"> • No needle technique, or • Blunt needle technique | | | |
| Understands how to check the injection site for redness, tenderness, swelling or leakage and what to do if this occurs | | | |
| Is able to record accurately the medication that was given and understands the importance of completing all associated study paperwork | | | |
| Is aware of how many as-needed doses can be administered of each drug in 24 hours | | | |
| Is able to safely store medications and needles and dispose of ampoules, used needles and unused medication appropriately | | | |
| Has contact numbers of appropriate healthcare team contacts and knows when to use these | | | |
| Understands the importance of contacting the healthcare team immediately if an error is made with medications or unusual symptoms develop | | | |
| Print name (HCP) | | | |
| Date | | | |
| Signed (HCP) | | | |