

This guidance applies to all HCPs involved in regular clinical review of patients whose carer(s) have been trained to administer PRN SC medication. It is understood that those in their last days of life cared for in their own homes will have regular (ideally daily) review by HCPs. As such, these tasks are particularly pertinent once a carer has started administering PRN SC medication.

The CARIAD-specific tasks for each review:

1. Review Carer Diary.

If the carer(s) administered medication since the last review, check whether they have completed *medication administration entries* in the carer diary for each medication administered.

If so, check and discuss as needed:

- Appropriateness of administration (is administration accompanied by evidence of need?)
- Proportionality (has the correct dose been administered?)
- Side effects, both anticipated and not anticipated.
- Carer confidence scores (does the carer need more training or support? If so, review [Competency Checklist](#) accordingly.)

Also:

- If an *additional copy* of the [Carer Diary](#) might be needed soon, ensure this is available in time.

2. Review prescribing.

- Ensure medication administered by carers are indicated on usual HCP prescription/medication administration chart (e.g. the All-Wales Medication Administration Record) (marked as carer-administered e.g. '*carer-admin*' could be entered in the signature box).
- Check the *medication information table* in the Carer Diary against the usual HCP prescription/medication administration chart and update as needed.
 - Explain any changes (especially in dose volume) to carer(s).
 - Review (if applicable) arrangements for top-up doses.
 - Review (if applicable) arrangements for dose steps/choice of doses.

3. Review carer coping and patient events.

- Review how carer(s) are coping (in general and specific to this practice), and whether there were any events e.g. injury, accidental or purposeful self-administration.
- Ensure the carer(s) know(s) that, even if trained to give SC medication, they are *not under any obligation* to actually administer the SC medication if they feel they shouldn't do so at the time.
- Review patient events, e.g. unscheduled hospital or hospice admissions.

4. Review medication management.

- Review medication management e.g. do drug stocks tally? (Use local mechanisms in place e.g. stock balance sheets used by some DN teams.)
- Check SC catheter and availability of consumables.

The review should be recorded in the patient's clinical record and any concerns escalated appropriately. At intervals (and at the discretion of the HCP team), review whether the [Risk Assessment](#) criteria continue to be met. If not, the practice should be withdrawn.