

Parental Administration of subcutaneous (GCSF)

Patient’s Name:

Hospital Number:

Date of Birth:

POSCU:

* GCSF should be kept refrigerated unless specifically told otherwise.
* If patient is having injections daily, then they should be administered at the same time each day.
* If the medication looks different or is different to the dose stated on your discharge letter, please ring your local centre.
* If you run out of GCSF or a dose is wasted please contact your local centre as soon as possible

**Supervised Practice**

This is your record of supervised practice.

There is no set number of times that you need to be supervised.

|  |  |
| --- | --- |
| **Supervised Practice: Performance criteria essential for competent**  **administration of subcutaneous GCSF through an insuflon** | |
| A | With clean hands, clean tray (if using) and allow to dry |
| B | Check medication and expiry date |
| C | If needle **not** attached, place 25G (orange) needle onto prefilled syringe |
| D | Prime your needle by pushing plunger of syringe slowly  upwards until the liquid reaches the top of the needle |
| E | Clean hub of insuflon with an sanitising cloth  (e.g. sani-cloth) and allow to dry **for 30 seconds** |
| F | Remove sheath of needle and insert needle into the  centre of the insuflon hub |
| G | Administer medication slowly (until syringe empty) |
| H | Remove needle and syringe from insulflon and dispose of in sharps bin |
| I | Wash hands |

**Statement of competence**

I ………………………………………… (parent/carer) have been assessed, and feel happy

to administer GSCF via an insuflon.

Parent/carer signature:

I...................................................... (health care practitioner) agree that the parent/carer is

competent to administer GCSF.

Nurse designation:

Name & Signature

Date:

This is your record of supervised practice.

There is no set number of times that you need to be supervised.

|  |  |  |
| --- | --- | --- |
| **Supervised Practice: Performance criteria essential for competent administration of GCSF directly into subcutaneous tissue** | | |
| A | With clean hands, clean tray (if using) and allow to dry | |
| B | Check medication and expiry date | |
| C | If needle **not** attached, place 25G (orange) needle onto prefilled syringe | **OR**  If needle already attached move onto next step |
| D | Prime your needle by pushing plunger of syringe slowly upwards until the liquid reaches the top of the needle |
| E | Chose a site for administration (middle of thigh). Clean skin with a alcohol wipe (e.g. sani-cloth) and allow to dry **for 30 seconds** | |
| F | Sites should be rotated daily. Remove sheath of needle. Angle needle to 45O and insert needle into the skin | |
| G | Administer medication slowly (until syringe empty) | |
| H | Remove needle and syringe from skin and dispose of in sharps bin | |
| I | Apply gentle pressure with sterile gauze over administration site if bleeding | |
| J | Wash hands | |

**Statement of competence**

I ………………………………………… (parent/carer) have been assessed, and feel happy to administer GSCF directly into the skin.

Parent/carer signature:

I...................................................... (health care practitioner) agree that the parent/carer is competent to administer GCSF.

Nurse designation:

Name & Signature

Date: