

	<b>Subcutaneous Fluids: Standard Operating Procedure</b>	Version	Final Version
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<b>Aim</b>	To provide guidance for community nursing staff when caring for patients in their own home or in a homely setting who require a subcutaneous fluid regime.
<b>Statement</b>	To ensure that community nursing staff are aware of the process and have the correct skills and knowledge to competently set up, monitor and discontinue a subcutaneous fluid regime.
<b>NHS Scotland Palliative Care Guidelines 2019: Subcutaneous Fluids</b>	<p><b>Please read the guideline in conjunction with this SOP</b>  <a href="https://www.palliativecareguidelines.scot.nhs.uk/guidelines/end-of-life-care/subcutaneous-fluids.aspx">https://www.palliativecareguidelines.scot.nhs.uk/guidelines/end-of-life-care/subcutaneous-fluids.aspx</a></p>
<b>Requirements</b>	<p>The patient has been assessed by the GP and Community Nurse and/or other members of the team providing care as per the guideline.          The care team must be aware of the persons anticipatory care plan (if one exists) and any previously expressed wishes.</p> <p>The rationale for a trial period of subcutaneous fluids must be documented and the patient and family/carer must be informed of the rationale and a sensitive communication must have taken place.</p> <p>When a trial of subcutaneous fluids is commenced a review date should be agreed between the care team. This should be communicated to the person and their family/carer. However the patient should be assessed at each visit for signs of any adverse effects.</p>

	<p>The trial period should be in the region of 24 to 72 hours based on clinical judgment.</p> <p>Communication with the patient and their family is the most important element of this care. This should be part of anticipatory care planning conversations that are essential to person centred palliative care.</p> <p>Communication should include:</p> <ul style="list-style-type: none"> <li>• Establishing the understanding of the patient and their family as to the advanced nature of the disease</li> <li>• The potential benefits and risks of subcutaneous fluids.</li> <li>• That subcutaneous fluids will be stopped either because; <ul style="list-style-type: none"> <li>➢ They have/have not had the desired effect and are no longer necessary</li> <li>➢ The patient is experiencing undesired effects</li> <li>➢ The patient is dying and subcutaneous fluids are no longer in their best interests</li> </ul> </li> </ul> <p>The family/carer will be given the Subcutaneous Fluids leaflet. It is important to ensure they understand the important role they play in supporting the patient while on a trial of subcutaneous fluids. The District Nurse will ensure that the family/carer know how to recognise adverse symptoms, how to switch off infusion system and have the contact number of District Nursing Service</p>
<p><b>Procedure</b></p>	<ul style="list-style-type: none"> <li>• Communication with the patient and family/carer is essential to this process</li> <li>• Subcutaneous Fluids can be ordered on a stock order form and delivered to an agreed base in each HSCP/Locality</li> <li>• Subcutaneous Fluid regime will be delivered over a 12 hour period and should be set up where possible between 8.30am and 11am. The Out of Hours nursing service will set up next bag of fluids between 8.30pm and 11pm. This will avoid patient /family/carer being disturbed unnecessarily during the night.</li> <li>• Consider adequate subcutaneous tissue at cannula site.</li> <li>• Document the agreed care team review date on the Community Palliative Care kardex.</li> <li>• Provide family/ carer with Subcutaneous Fluids Information Leaflet.</li> </ul>

	<ul style="list-style-type: none"> <li>• Inspect the cannula site immediately after commencement of the infusion.</li> <li>• At each visit (minimum of 2 per day) the Community Nurse must inspect the site for signs of infection, fluid accumulation or discomfort.</li> <li>• The patient must be reviewed at each visit for signs of fluid accumulation or overload.</li> <li>• Review patient daily for benefit and review of future prescribing.</li> <li>• Ensure patient and or family/informal carer know how to contact Community Nurses if there is any evidence of pooling/leakage/redness/bleeding /bruising/pain or excessive oedema at infusion site. If any of these are noted the infusion should be switched off or discontinued following discussion with Community Nursing Team.</li> </ul>
<p><b>Equipment Required</b></p>	<p>Subcutaneous Fluids Pack will contain:</p> <ul style="list-style-type: none"> <li>• Subcutaneous Fluids</li> <li>• Baxter solution administration set (non air vented) luer lock, length 234 cm. Code 020607</li> <li>• Portable drip stand (provided by Community Nurses)</li> <li>• Saf-T- intima set</li> <li>• Clear Occlusive Dressing</li> <li>• Sharps box</li> <li>• Nursing documentation including Palliative Care Kardex and Subcutaneous Fluid Chart</li> </ul>
<p><b>Additional Considerations</b></p>	<ul style="list-style-type: none"> <li>• The Infusion should not exceed 1.5 litres in 24 hours.</li> <li>• Continue to encourage oral fluids if patient able to take them.</li> <li>• Treatment should always be in conjunction with other quality care including good mouth care.</li> </ul>