

Policy for administering NHS injections

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Introduction

The purpose of this policy is to outline the practice stance on requests for practice staff to administer medication / injections that have been prescribed by NHS staff (primary / secondary or tertiary care).

Background

There are many injectable medications that the primary care nursing team provide to patients, some are funded, some are not. However the 'burden' upon the practice is at most monthly, and often 3-monthly. The only exception being B12 which has an initial loading dose period, but then moves to a monthly or 3-monthly period.

Education

The practice nursing team are not responsible for training a patient how to do their injection (either intramuscular or subcutaneous), Provision of this training will come from the specialist team that prescribed the medication.

Exceptions

There are some medications that the practice will not provide a service for, as it is not funded for, and that the appointment overhead to do so would be problematic if scaled up.

- Insulin – patients that require insulin injections. The hospital based Diabetes specialist nursing team will train the patient on how to inject, including rotation of injection sites.
- Any medication that is described as 'personally administered' – this remains the responsibility of the patient to administer, or if they are not able to, then a family member or carer

- Methotrexate – rarely, but occasionally, patients will not tolerate Methotrexate in tablet form but will when injected. The Rheumatology specialist team will determine this, and are responsible for showing the patient how to inject (bearing in mind their dexterity may be hampered by their joint inflammation).
- Fertility – fertility treatments often require self injection of hormones, the specialist team will determine this and are responsible for showing the patient how to inject

Future decisions

In the event that an additional medication / disease area needs to be excluded, the recommendation and rationale will be discussed at the Clinical Governance committee and then added to this document.