



## Self-Administered Injections – Guidelines for the Pharmacist

When a patient is prescribed a self-administered injection, it is crucial that he or she receive proper training to self-inject and are comfortable enough to do so at home before leaving the pharmacy. This policy is designed to assist pharmacists in ensuring that patients are adequately prepared to self-inject at home and pharmacists have all the tools needed to allow patients to learn within the pharmacy.

In the event of a needlestick injury or exposure to blood/bodily fluid please review the “Needlestick Injury and Blood/Bodily Fluid Exposure Policy Statement and HIV PEP Kit Dispensing Guideline<sup>1</sup>”.

1. Prior to educating and observing the patient self-inject, pharmacists must do the following:
  - a) Ensure the pharmacy has a clean, safe, appropriately private and comfortable environment where the patient is to receive education and be monitored afterwards;
  - b) Ensure there is an accessible sharps disposal within the private area where the patient is to receive self-injection training;
  - c) Possess current Standard First Aid and CPR Level C with AED;
  - d) Ensure the pharmacy has a policy and procedure manual that includes administering drugs and an emergency response protocol in place;
  - e) Ensure the pharmacy maintains a readily accessible supply of epinephrine for emergency administration, diphenhydramine, cold compresses and non-latex gloves;
  - f) Possess knowledge of common drugs patients may self-inject;
    - i. Indication, action and purpose
    - ii. Adverse effects and contraindications
    - iii. Factors that may interfere with the effectiveness of the drug
  - g) Possess knowledge of routes of administration to educate the patient on;
    - i. Indications and contraindications for each route
    - ii. Advantages and disadvantages of each route
    - iii. Common complications and prevention/management of each
    - iv. Appropriate sites for administration
  - h) Ensure the prescription is valid, complete and therapeutically appropriate;
    - i. Indication
    - ii. Dose
    - iii. Patient’s allergy status
    - iv. Risk factors and contraindications

<sup>1</sup> [https://scp.in1touch.org/document/3633/REF\\_Needlestick\\_Policy\\_20151216.pdf](https://scp.in1touch.org/document/3633/REF_Needlestick_Policy_20151216.pdf)

1. Benefit of the drug outweighs potential side effects
  2. Be aware of all possible side effects to recognize a potential reaction in the patient
- v. Route of administration:
1. Appropriateness for the patient
    - (a) If the pharmacist deems the patient unable to self-administer the prescribed drug (e.g. patient has rheumatoid arthritis) refer to the “Administration of Drugs by Injection and Other Routes – Guidelines for Pharmacists<sup>2</sup>” for guidance on administering the injection to the patient
  2. Appropriateness for the drug
  3. Drug and route follows established protocols, if applicable
- i) Obtain medical history and assess the overall condition of the patient (e.g. vital signs);
  - j) Check the condition of the injection site;
    - i. To prevent infection, injection site should be cleaned with soap and water or an alcohol pad; the area should be dry before injecting to prevent stinging when the needle penetrates the skin
2. Supply the patient with the proper education that is required including, but not limited to the following:
- a) Proper hand hygiene;
  - b) Name of the drug and it’s indication;
  - c) Expected benefits and material risks of the administration of the drug;
  - d) Expected reaction(s);
  - e) Usual and rare side effects;
  - f) Rationale for the 15-30 minute wait following initial administration;
  - g) Steps to take following a reaction;
    - i. Go to the hospital emergency room or call an ambulance
    - ii. Report reaction to the pharmacist as soon as the patient is able to do so
  - h) Appropriate infection control procedures;
    - i. Perform proper hand washing procedures in front of the patient before and after caring for him or her, and after removing gloves; and wearing gloves to prevent contact with bodily fluids, excretions or contaminated surfaces or objects
    - ii. Handling all body fluids and tissues as if they were infectious
  - i) Correct administration technique appropriate for the route of injection, including techniques for reducing the pain associated with the injection;
  - j) Appropriate storage conditions of medication;
  - k) Safe disposal of medication and supplies used to inject (e.g. sharps);

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<sup>2</sup> [https://scp.in1touch.org/document/3614/REF\\_Injection\\_Admin\\_Gdlns\\_20161108.pdf](https://scp.in1touch.org/document/3614/REF_Injection_Admin_Gdlns_20161108.pdf)

- l) Demonstrate correct injection technique to the patient, explaining each step and be confident that he or she understands the procedure; and
  - m) Encourage the patient to practice and re-demonstrate self-injecting until he or she feels confident enough to perform an injection outside of the pharmacy
    - i. Patient can simulate the injection by going through each step, as taught by the pharmacist, without actually injecting themselves.
3. Following a patient-administered injection:
- a) Ensure equipment is disposed of safely and appropriately;
  - b) Ensure the patient is appropriately monitored;
  - c) Respond to complications of therapy, if they arise;
  - d) Pharmacist must document administration of the drug and that the patient has been educated;
  - e) Pharmacist must report any reportable events to the patient's family physician and other applicable agencies or organizations (e.g. The Canada Vigilance Program "Side Effect Reporting Form"<sup>3</sup>) as appropriate; and
  - f) Allow the patient to ask questions and discuss, providing reassurance when necessary.

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<sup>3</sup> [http://www.hc-sc.gc.ca/dhp-mps/alt\\_formats/pdf/medeff/report-declaration/ser-des\\_form-eng.pdf](http://www.hc-sc.gc.ca/dhp-mps/alt_formats/pdf/medeff/report-declaration/ser-des_form-eng.pdf)

## References

1. Camden Coalition of Healthcare Providers, Camden Citywide Diabetes Collaborative – “Guidelines for Education and Training”: <https://www.camdenhealth.org/wp-content/uploads/2011/07/Safe-Efficient-Insulin-Use-LH21.pdf> (accessed December 13, 2017).
2. NAPRA - “Supplemental Competencies on Injection for Canadian Pharmacists” [http://napra.ca/sites/default/files/2017-09/Supplemental\\_Compencies\\_on\\_Injection\\_for\\_Canadian\\_Pharmacists2012.pdf](http://napra.ca/sites/default/files/2017-09/Supplemental_Compencies_on_Injection_for_Canadian_Pharmacists2012.pdf) (accessed December 13, 2017).
3. New Brunswick College of Pharmacists – “Administration of Injections Policy” [http://nbcpharm.ca/document/1694/GM-PP-I-02-Administration%20of%20injections%20policy%20\(EN\).pdf](http://nbcpharm.ca/document/1694/GM-PP-I-02-Administration%20of%20injections%20policy%20(EN).pdf) (accessed December 13, 2017).
4. Saskatchewan College of Pharmacy Professionals - “Administration of Drugs by Injection and Other Routes – Guidelines for Pharmacists” [https://scp.in1touch.org/document/3614/REF\\_Injection\\_Admin\\_Gdlns\\_20161108.pdf](https://scp.in1touch.org/document/3614/REF_Injection_Admin_Gdlns_20161108.pdf) (accessed December 13, 2017).