PATIENT NAME: Homecare ID:

Independency training discussed with patient/carer Date :

Referral centre agreed with independent training: Date:

Semi/ Independent training commenced: Date:

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| **LEARNING OBJECTIVE** | | **Semi Independent**  **Date Achieved** | **Independent**  **Date achieved** | **NURSE SIGNATURE** |
|  | **1. GENERAL INFORMATION: Patient /carer understands the following:** | | | |
| The service that the Homecare company provides; check patient has a copy of the Service User’s Guide | |  |  |  |
| The procedure for delivery of ancillaries | |  |  |  |
| Checking ancillary stock levels | |  |  |  |
| Care of & monitoring of fridge & temperature | |  |  |  |
| Who to contact for advice: in office hours & after office hours. | |  |  |  |
| That there will be routine follow up by the homecare team to observe technique & provide any ongoing training | |  |  |  |
|  | **2. PRESCRIPTION: Patient /carer understands the following** | | | |
| Storage & handling of medication | |  |  |  |
| The prescription & relevant information provided | |  |  |  |
| Checking dose prescribed | |  |  |  |
| Checking infusion fluid prescribed | |  |  |  |
| Checking flush fluid prescribed | |  |  |  |
| Duration of infusion | |  |  |  |
| Infusion rate (including drops/ ml for giving set  Used or rate increases on a pump) | |  |  |  |
| Frequency of the infusion and managing alterations in frequency ie. holidays | |  |  |  |
|  | **3. ASEPTIC TECHNIQUE: Patient/carer understands the importance of and demonstrates the following (delete not applicable):** | | | |
| Hand washing | |  |  |  |
| Preparing work area and equipment | |  |  |  |
| **LEARNING OBJECTIVE** | | **Semi Independent**  **Date achieved** | **Independent**  **Date achieved** | **NURSE SIGNATURE** |
| Handling sterile equipment | |  |  |  |
| Use of syringe and needle to withdraw from  vial | |  |  |  |
| Transferring liquid from vial to infusion bag/ device | |  |  |  |
| Running through IV administration set:  basic giving set / burette / Y-giving set & use of filters | |  |  |  |
| Use of infusion device – please list device used | |  |  |  |
| Handling and disposal of sharps & clinical waste | |  |  |  |
|  | **4. TREATMENT: Patient/carer understands & demonstrates the following (delete not applicable):** | | | |
| Preparation/ reconstitution of prescribed medication | |  |  |  |
| Check reconstituted medication for discolouration, flocculation’, particles etc. and action to take | |  |  |  |
| Connection procedure | |  |  |  |
| Disconnection procedure | |  |  |  |
| The potential risks & complications of IV therapy | |  |  |  |
| Management of infusion-related reactions | |  |  |  |
| Recognises signs of extravasation & actions to  take | |  |  |  |
| Recognises signs of localised infection & actions to take | |  |  |  |
| For *Central venous access device:* Recognises signs of systemic infection & actions to take | |  |  |  |
|  | **5. VENOUS ACCESS: Patient/carer understands and demonstrates the following (delete not applicable):** | | | |
| The basic anatomy & location of veins suitable for infusion administration | |  |  |  |
| The identified sites for venous access | |  |  |  |
| Reasons for rotating venous access site | |  |  |  |
| Safe preparation of access site | |  |  |  |
| Peripheral access with “butterfly” needle | |  |  |  |
| Peripheral access with cannula | |  |  |  |
| Removal of peripheral device | |  |  |  |
| Safe preparation of *Central venous access* site | |  |  |  |
| **LEARNING OBJECTIVE** | | **Semi Independent**  **Date achieved** | **Independent**  **Date achieved** | **NURSE SIGNATURE** |
| Safe access of *Central venous access* | |  |  |  |
| Safe securing and dressing of *Central venous access* | |  |  |  |
| Flushing & removal of *Central venous access* | |  |  |  |
|  | **6. EQUIPMENT (IV pump) MANAGEMENT (if applicable): Patient/carer will demonstrate:** | | | |
| Pump set-up & alarms | |  |  |  |
| Setting rate and monitoring infusion | |  |  |  |
| Maintenance, storage, changing battery/ charging pump | |  |  |  |
| Electrical safety & reporting malfunction | |  |  |  |
|  | **7. EMERGENCY PROCEDURE: Patient/carer will verbalise the following:** | | | |
| Definition of non-urgent/ urgent/ emergency  Situations | |  |  |  |
| What to do in the event of non-urgent/ urgent/  emergency situations | |  |  |  |

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| **Patient/Carer:** I have received training and instruction necessary for the preparation, self-administration and care of my intravenous therapy. I understand that I will receive routine follow up by the Homecare nursing team with Supported visits. | | | |
| Patient/ Carer Signature: |  | Date: |  |
| Patient/ Carer Name Printed |  |  |  |
| **Homecare Nurse:** Homecare has provided training to the above patient/carer in the self-administration of intravenous therapies. The patient/carer has now demonstrated an acceptable level of competence in all of the above objectives. | | | |
| Homecare Nurse’s Signature: |  | Date: |  |
| Homecare Nurse’s  Name Printed |  |  |  |
| Level patient trained to (please circle) | Semi independent Independent |  | |

**GUIDE FOR THE USE OF THE PATIENT TRAINING FORM**

* The form may be tailored to suit individual patient need;
* Please delete any boxes that are not applicable;- please note N/A
* On completion of training 3 copies need to be made and sent to the following: the patient (to be held in home notes), the Homecare office for filing in patient notes and to the Referral Centre.

**EXAMPLES OF CLINICAL SITUATIONS TO BE DISCUSSED WITH PATIENT (AS APPROPRIATE) BEFORE TRAINING IS COMPLETED**

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| --- | --- | --- | --- |
| Colour | Rating | Examples of Clinical Situations | Advice to Patient / Carer |
| GREEN | NON-URGENT | Patient unable to cannulate after 3 attempts BEFORE infusion has been prepared  Loss or damage to enzyme vials  Lack of ancillaries  Acute minor illness, mild rash or infection  Mild infusion reaction | If related to infusion, drug or ancillaries call Homecare Primary Nurse or Homecare Office.  If about a general health concern call GP or Referral Centre |
| AMBER | URGENT | Patient unable to cannulate after 3 attempts AFTER infusion has been prepared  Moderate infusion reaction  Seizures in a patient known to have epilepsy  Chest pain in a patient known to have angina | Call Homecare Primary Nurse or Homecare Office or Referral Centre  Follow infusion reaction advise  Call GP OR call 999 if seizure lasts for more than 5 minutes or if condition is deteriorating |
| RED | EMERGENCY | Severe infusion reaction / anaphylaxis  Chest pain  Severe breathlessness  Collapse / loss of consciousness  Seizures in a non-epileptic patient | CALL 999  Inform Homecare Office and Referral Centre (Clinical Nurse Specialist or Consultant oncall) once the emergency has been dealt with |