



Frequently Asked Questions and Trouble Shooting

WA Country Health Service

Symptom Management

What is meant by the term 'symptom management'?

In palliative care, symptom management refers to care given to treat unwanted experiences, such as pain or shortness of breath, sometimes associated with end stage disease. This booklet only considers the use of subcutaneous injections for symptom management.

Good symptom management aims to prevent, or treat as early as possible, the symptoms of a disease, the side effects caused by treatments for a disease, and the psychological, social and spiritual problems related to a disease. Minimising symptoms is a goal of care for everyone involved in palliative care.

Why is it important to keep symptoms well managed?

Symptoms can be distressing for people and decrease their quality of life. This is why we try to keep them well managed.

The severity of a symptom, such as anxiety or nausea, is often hard to measure. Symptom severity is usually best judged by listening to the person when they describe what they are feeling or experiencing.

If pain or other symptoms that cause discomfort are allowed to build up, they can become much harder to control than if you take steps to manage them at the first sign of their appearance – this is what good symptom management is all about.

What is meant by 'breakthrough', 'PRN' or 'as required' medication?

Symptoms are often controlled with medications given at regular times throughout the day. Sometimes, however, a symptom can break through this background control. 'Breakthrough' is a term that is used to indicate that a symptom has re-occurred even with the use of regular medications to control that symptom.

Dealing with the breakthrough symptom may simply require giving an extra dose of medication, often called 'breakthrough', 'PRN', or 'as required' medication. Such medications will be prescribed by the doctor.

Symptoms in people receiving palliative care can appear very quickly. We prepare for this by reviewing the person regularly to see what changes in management may be needed. Sometimes we can predict what may occur and have plans in place in case it actually does occur. This is why 'breakthrough', 'as required' or 'PRN' medications are prescribed. This medication should be given at the first sign of an unwanted symptom, before it has a chance to build up, remembering that medications can take up to 20 minutes to take effect.

What are side effects of medications and are they avoidable? What do I do if they happen?

Medications may cause unwanted effects (also known as adverse or side effects) as well as the desired benefits for which they have been prescribed. Your doctor will always weigh up the benefit of a medication compared to the risk of side effects, with consideration of the disease being experienced by the person. The goal is to get the right dose of a medication to treat the symptoms, whilst minimising side effects. If side effects do occur, these should be reported to the doctor or nurse as soon as possible.

Side effects vary dependent upon medications but can include experiences such as sleeplessness, muddled thinking or constipation.

Being aware of the possible side effects of the medications that a person is using is important, and understanding what to expect allows you to manage side effects if they occur.

Subcutaneous Cannula

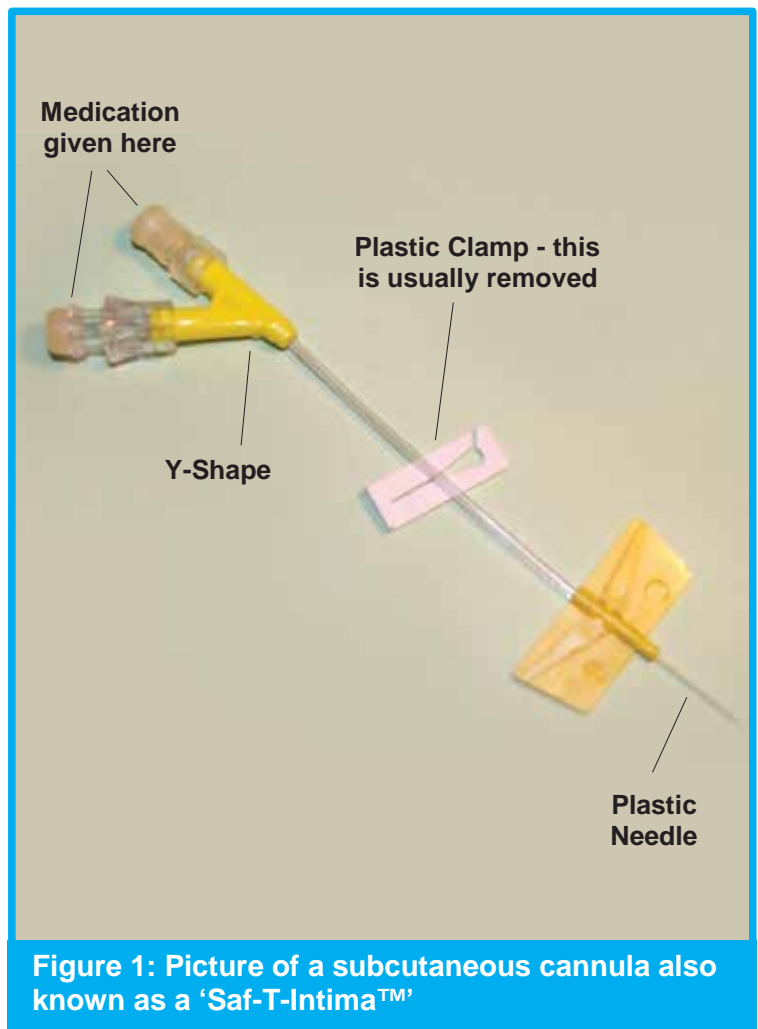
What is a subcutaneous cannula and why is it used?

A subcutaneous cannula, also known as a 'Saf-T-Intima', is a little plastic tube designed to carry medication into a person's body.

One end, inserted by a registered nurse, sits just under the person's skin. The other end divides into two parts and is shaped like a Y.

One part of the Y-arm can be connected to a syringe driver or infusion pump; the other can be used for subcutaneous injections (Figure 1).

Your nurse may insert a second cannula in a different part of the body. This allows for backup in case the original cannula stops working and ensures that there will be no delays in giving medications to the person you are caring for. It can be especially useful if the original cannula stops working at night when nurses are not readily available.



What is a subcutaneous injection and why is it used?

Subcutaneous means 'just below the skin'; a subcutaneous injection means giving an injection just under the skin. There is good blood supply under the skin and this carries the drug into the rest of the body.

Subcutaneous injections are normally less painful than an injection into the muscle and are easier to give than an intravenous or intramuscular injection.

Where is a subcutaneous cannula inserted?

The cannula can be inserted into the person's abdomen or chest, upper thigh or upper arm. If the person is experiencing some confusion and is likely to remove the cannula, it can be placed in the upper back. (Figure 2).

The nurse will secure the cannula to the person's body (Figure 3) using clear film, so that you can see the insertion site. This allows you to check the site regularly.

How do I care for the cannula?

Caring for a cannula is quite easy; mostly it looks after itself. You will need to check the insertion site before and after you give an injection into the cannula and report to the nurse if there is any swelling, redness, inflammation or leakage around the cannula site. (Figure 4 illustrates a site that is inflamed).

As mentioned previously, the cannula is secured in place with a clear plastic film. This clear film is waterproof, so you can wash the area, either in the shower or when bathing, without causing any problems.

Cannulas will need to be changed. The frequency will depend on how often the cannula is being used and the number and type of medications being injected into the site. Your nurse will change the cannula.

How will I know if the cannula is not working? What should I do if this happens?

It is normal for a small lump to appear at the insertion site immediately after the injection has been given. This is the medication sitting in the tissue just under the skin. The small lump will disappear as the medication is absorbed into the bloodstream. If it does not, contact your nurse.

If you notice that the cannula site is red, swollen, leaking or smelly, contact your nurse as it is likely the cannula will need to be changed. (Figure 4).

If it is hard to inject medications or if the medications leak out onto the skin when you inject, then contact your nurse as this means the cannula is no longer working. Leave the cannula in place for the nurse to remove. In the meantime, if there is a second cannula, this can be used until the other cannula is changed.

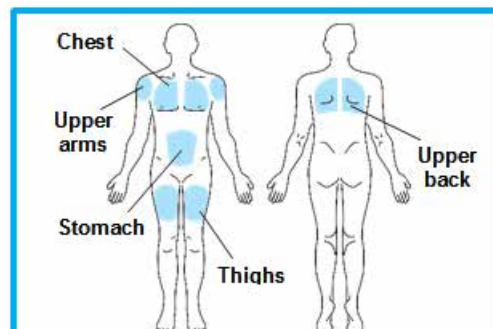


Figure 2: Common sites for a subcutaneous cannula



Figure 3: Subcutaneous cannula site - normal site



Figure 4: Subcutaneous cannula site - inflamed site

Subcutaneous Injections

Commonly used palliative care medications can either be given continuously as an infusion or intermittently using subcutaneous injections.

What is meant by ‘continuous medication(s)’?

Continuous medication(s) refers to the giving of medications that enter the bloodstream slowly and continuously throughout the day. Continuous medication(s) are usually given via a syringe driver or infusion pump, which is a portable, battery-operated machine. (Figure 5).

The syringe driver or infusion pump may be attached to a subcutaneous cannula. Once the cannula has been inserted the person should not experience any discomfort from it.

A nurse will reload the syringe driver or infusion pump regularly and may sometimes change the combination of drugs or the dose of medications in the syringe, after discussion with the doctor. This may need to occur if the person is experiencing ongoing and increasing unpleasant symptoms, has required an increase in the number of breakthrough medications daily or has been generally unsettled. It sometimes takes a few days to get the right dose(s) and combination of medication(s).



Figure 5: Subcutaneous infusion device

What is meant by ‘intermittent medication(s)’?

In palliative care, ‘intermittent medication(s)’ refers to medication given occasionally through the day. Intermittent medication(s) can be given by subcutaneous injection either for one-off symptom management or for more regular breakthrough symptom management. So breakthrough medication is a type of intermittent medication, and, as mentioned earlier, is used to control a symptom that has re-occurred in spite of regular medication.

How do I give a breakthrough injection into a subcutaneous cannula?

Connect the Syringe to the side arm via the Alaris smart site (Figure 7) in order to give the injection.



Figure 7: No Needle Technique

Troubleshooting

What happens if I run out of medications?

This is a problem that can cause worry and anxiety. However, with a little planning you can minimise the likelihood of it occurring. A few suggestions to ensure that you always have enough medication(s) include:

Make contact with your local pharmacist

- Discuss your needs, and the medications you might require.
- Try to get prescriptions to the pharmacist at least one day before you need them.
- Let your pharmacist know that sometimes the medications will need to be changed or doses altered quickly. See what your pharmacist can advise.

Check if the pharmacist has an after-hours service.

- If not, ask whether they can give you another contact in case you need supplies out of business hours.

Check your stock of medication before 9am each day.

- Make sure you have enough to see you through, especially if a weekend or public holiday is approaching. If you notify the pharmacist before 9am they can usually arrange the medication for the same-day.

What if the ampoule won't open?

Sometimes glass ampoules can be a bit tricky to open.

- Utilise the ampoule breaker, nursing staff will educate and explain its use.
- Some ampoules have a 'dot' located on the neck of the ampoule. If so, face the dot away from you as you break the ampoule open. The ampoule should then open with ease and minimal pressure.

What if the injection is painful when I give it?

Subcutaneous injections can sometimes cause mild discomfort when being given.

- Some medications do sting the person's tissues more than others. Giving the injection slowly can help to minimise the stinging.
- Cold injections can cause pain and irritation. To overcome this, just gently rub the filled syringe between your palms for a couple of seconds. This will warm up the solution enough to stop it stinging and irritating the person's tissues.

Check the site for redness.

- If the site is, or becomes red (inflamed) and painful when giving the injection the cannula site may need changing. Check with your nurse.

What do I do if the injection site is leaking?

Sometimes you may notice that the medication is leaking out.

- See if you can locate where the leakage is coming from.
- If a syringe driver or infusion pump is in use, first check the syringe connection point.
- Try tightening all the connections.
- Check if the leakage is coming from the insertion site. This usually indicates that the cannula site needs to be changed. If there is a second cannula in place, you could use that one to give the injection. If this is not successful, contact palliative care nursing team.

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