

# A Guiding Framework

Family/supportive person administration of  
prescribed antipsychotic depot injections  
within mental health



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## Family/supportive person administration of prescribed antipsychotic depot injections within mental health

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This guiding framework arose out of a seven year doctoral research study, which originated from a patient's request to have her husband administer her prescribed depot injection. The study was sponsored by Oxleas NHS Foundation Trust and approved by NHS Research Ethics, whilst liability was established under the Liability to Third Parties Scheme (LTPS).

The requesting patient had acquired employment and wanted the option of receiving her depot injection from her husband at a time and place that would not interfere with her employment.

Administration of a depot injection by a non-clinician within mental health services is not

usual practice - consequently the research study evolved in order to understand the process and assist any other patient who may wish to consider such an option in the future. The findings of the study suggest that it is achievable for a person other than a nurse to administer a depot intramuscular injection.

This framework evolved through the experiences of patients, supportive persons and practitioners who gave of their time, commitment and knowledge to both understand and develop it. All participants within the referred study engaged with a range of information, practice and educational material. This provided guidance

on the administration of an intramuscular injection, medication, care planning, understanding relapse indicators and information for children on parental mental illness.

The framework is designed for collaborative working between patients, mental health services, practitioners and supportive persons. It is divided into 14 sections that outline the processes required for a supportive person to successfully administer a depot injection.

These sections include:

- The rationale for taking on the role
- Questions to consider
- Educational resources required for the training
- Skills required for the role to be undertaken
- Health and safety
- Communication
- Knowledge of local support structures
- Working with children
- Development of a care plan and contingency management.



## Background and questions to consider

Why might you want to take on the role of administering a depot injection to a family member? Is it personal choice, employment, holiday requirements or other?

Learning the skills, knowledge and language related to giving a family member an intramuscular injection can take time – this time is required both to learn new skills and knowledge but also to form relationships and understandings of what the project may entail – relationships between the supportive person and patient alongside the relationship between family and health services.

The research findings illustrate that problem solving is an important skill within this process as it enables individualised care plans to evolve over time which establish clear and safe parameters for all parties involved in such a project.

It is likely that the acquisition of the motor skills of injection administration will dominate the initial period - this may require home visits by a nurse who will bring equipment such as needles, syringes and a manikin to your home. Or it may necessitate attendance at a health clinic where the skills of intramuscular injection giving can be learned under supervision.

Deciding on the time and frequency of the training sessions is a matter for negotiation. For example, the sessions can be weekly for up to one hour or

longer or undertaken over a half-day. The experience of the participants in this research study averaged four sessions of between 40 minutes to 1 hour each of practice before they administered the first intramuscular injection to their family member under supervision.

Homework related to the administration of an IM injection may be given during this training period.

Initially, injection giving skills are likely to dominate – however, as competency within the giving of injections develop, supporting structures such as support and supervision, equipment supply, understanding mental health service structures and relapse indicators, become more to the fore. This is Ok – see the development of the role of injection giver within a modular process - gain competency in one area before moving on.

It is helpful for the supportive person and recipient of the depot injection to attend some of the training sessions together.

The supportive person will administer depot injections under the supervision of the nurse before administering unsupervised injections to another person. Within this process, the giving and receipt of feedback will be important to all parties in the learning process - it is useful to consider what it is like for you to give and receive feedback.

Giving your first unsupervised injection can be anxiety provoking – the study findings recommend you give

unsupervised injections at a time when a health professional is available for support – this maybe by mobile phone or at a health clinic where the injection can be administered with the nurse nearby but not observing.

The study findings recommend you give unsupervised injections within a supportive structure until you and the injection recipient feel competent.

Discussions and uncertainty are part of the learning process. For example, how much do you share with your supportive person about your mental illness? The disclosing of this information can evolve whilst learning the skills of injection administration or afterwards as practice is experienced.

Discuss whether you want other household members informed and involved as knowing who is aware of the injection administration process is important. Disclosure of personal/diagnostic information and confidentiality are relevant factors for all parties to consider.

Consider whether a nurse attending your home with equipment cause you concern in relation to alerting other family members, neighbours etc of your mental illness? Is stigma an important factor for you and the family to consider?

## Education and organisational resources

The chapter within the 'Royal Marsden Hospital Manual of Clinical Procedures' (Dougherty & Lister) (latest edition) on intramuscular injection preparation

and administration is core educational material.

Hunter's article (2008) 'Intramuscular Injection Technique' useful supportive reading or similar contemporary literature (Feetam C. & White L 2014).

The diagrams from Hunter's article on identification of IM sites, when printed off in colour were found to be useful.

Photographs from university nursing websites on sites for IM injection administration used.

Literature on medication specific to recipient's prescription ascertained from Trust website. Other sources used were the local pharmacist, MIND and Royal College of Psychiatrists.

Elements of the 'Early Warning Signs' (Barker, Smith and Higbed; Worcestershire Mental Health Partnership) useful when discussing relapse management plans.

Literature related to psychosis/schizophrenia/mental health from Trust intranet and from Mind/Royal College of Psychiatrists websites.

Trust policy and protocol related to depot injection, monitoring and record keeping.

For participants with children who wished to discuss mental illness with them, the literature from Children Adolescent and Mental Health Services (CAMHS) and voluntary organisations such as Young Minds was useful. One such book, 'Living with a Black Dog'; (Johnstone & Johnstone 2008), was identified and particularly valued by the children of one family.

## Knowledge

Knowledge of medication name, frequency and dosage of administration. Rationale as to why the medication is given.

Knowledge of where to get further information about medication if and when required. For example, psychiatrist/pharmacist/voluntary sector/online.

Some specific medications e.g. Risperadol come with their own needle and syringe.

Clinical waste boxes for the disposal of equipment used during the injection administration process such as needles, syringe and medication vial. Where to get a supply of equipment and where to dispose of the used equipment? The nurse teaching the injection skills will be aware of how to ascertain and dispose of the clinical waste box.

Knowledge of site for the administration of an intramuscular injection-the upper outer quadrant.

Knowledge of which two key anatomical features are to be avoided when administering injection; sciatic nerve and gluteal artery (use literature/photographs as reminder).

Use the triangle of the greater trochanter, iliac crest and posterior iliac spine to identify site for IM injection administration.

## Knowledge of equipment

Needles – size 21 (green) and size 19 (white). Use white needle to withdraw medication from ampoule and green needle to administer medication.

Syringes – 5 ml or 2 ml syringes. Retractable needles to administer the depot injection are now available.

The depot administrator and patient will require knowledge about the medication and its side effects.

Use medication leaflets/local pharmacy/mental health services intranet/GP services/online facilities.

The depot administrator and receiver will need to know who is prescribing the depot medication and where a supply of the medication will be gained from.

The cost of a prescription and whether payment required is necessary if the recipient is discharged from mental health services into the care of their GP.

Safe and confidential transport of medication and equipment from clinic to home (e.g. a Ferrero Rocher chocolate box in a well known shopping brand bag was found by one study participant to be suitable).

## Skills and process

The confidence and competence of the injection giver is important for both the recipient and mental health services.

Approaches used to develop skills include; familiarity with equipment, demonstration, observations, practice and feedback.

A manikin and injection pads borrowed from the university to practice injection technique. These were particularly useful in IM site recognition and developing awareness of the resistance which may be experienced when entering muscle.

An orange with cling film was useful in demonstrating and practicing the Z track technique

Vegetable oil was useful in practising and feeling the resistance which is similar to that when aspirating viscous oil based medication.

## Depot administration skills

Injection preparation; opening ampoule, aspirating medication, getting rid of bubbles, changing needles, re-sheathing needle if absolute necessary (moving needle to sheath with sheath on tray, or holding the very tip of the sheath and moving it towards the needle - to avoid needle stick injury) see photograph/check list – Royal Marsden good practice page.

Checking medication ampoule for medication name, dosage and expiry date for example, Piportil 50mg in one ml – 3 weekly.

Wear gloves if necessary – if so, rationale for wearing gloves is the minimisation of potential air droplets from the syringe, with medication, landing on skin.

Administration; identify correct site – upper outer quadrant (see guidance knowledge and skills cell).

When administering an injection, use dart like process to pierce the skin – direct 90 degree angle into muscle with smooth quick action. Leave 2 millimetres of needle showing. In the event of a needle break (very rare), calmly grab hold of protruding needle tip and withdraw from person – can use tweezers to grab tip.

Avoid slow drip administration style.

Use Z track technique. Aspirate for 10 seconds to check for any blood in the syringe. If blood appears, withdraw needle and dispose of medication and start again. May see some bleeding after administration- if so, clean with tissue and use plaster.

Blood may appear after administration due to the amount of capillaries that permeate the muscle and are punctured by injection needle.

## Health and safety issues

Hand washing before and after injection administration.

- Knowing where to acquire a clinical waste box, where to dispose of used needles and syringes.
- Storage of equipment and clinical waste box within the home, particularly with children, visitors and pets around.
- Storage of equipment related to concealment and privacy within the home
- Management of needle stick injuries.
- Clearing up after administration of injection.

## Communication between the recipient and administrator

Communication between the recipient and administrator of depot injection, between family members and Mental Health team for; Appointments and support.

- Direct telephone number of named nurse, psychiatrist and secretary.
- GP practice; for prescription of medication and equipment.
- Voluntary and support networks – Young Minds; Mind; Rethink; Carers UK or local carers network.

## Communication between supportive person and recipient

Communication between supportive person and recipient;

To plan and deliver each injection – which room to use, which side of the body to give the injection, position of receiver during the injection administration, feedback after administration, recording of administration, and the maintenance of privacy.

The recipient of the depot injection can give support and guidance about selecting the specific site of administration

Supportive persons/partners are required to have an understanding of the signs of distress and possible relapse symptoms, and a shared agreement about these symptoms with

a response plan. For example, what might these symptoms indicate? The supportive person will alert recipient of the injection if something of concern is seen or heard and discuss concerns with them.

Use published early warning signs (Barker et al) approach/assessment material to develop the personalised knowledge about relapse/distress symptoms and coping strategies.

Agreement between the giver and receiver of the depot injection about the time and day to give the depot injection. Does the medication cause a degree of drowsiness within 24/48 hours after administration? If so, the time and day of administration is important. For example, if the person receiving the depot injection is working Monday to Friday, then administering the injection on a Friday may be preferred.

Explore/discuss any possible impact on the relationship between the receiver of the injection and the supportive person– is the role impacting on relationships?

Is the role of depot administration a stressor?

## Care plan

This care plan can and should evolve over time and experience and in collaboration with the mental health and GP services.

A detailed and understood care plan on the actions to take should symptoms of distress be observed.

- Where will you keep the care plan so that it maintains confidentiality but is accessible if needed?

The care plan covers action to take if the person in receipt of the depot medication does not want to have the depot injection at the specified time. For example, the supportive person (who is administering the depot injection) may remind and seek the consent of the patient on two further occasions in the seven days following the injection due date (be respectful of your role as a family member).

The care plan should agree the timeframe and process through which the supportive person refers back to the mental health team if the recipient does not wish to accept the depot injection.

Understanding the role and boundary of being the administrator of a depot injection and being a family member partner is necessary and may take time to evolve.

Keeping a record of the prescriptions administered at home – including date, dosage of medication and site of administration. This record should be presented and discussed at clinic appointments.

Involving and informing other health professionals involved in your care of home administration. It is important to value the role of supportive person depot administration

If the out-patient clinic is the only or main link with services, it is important for both patient and supportive person to raise issues related to home

administration with the practitioner you are seeing.

E-mailing or faxing the record of depot administration charts to the mental health team before or during an appointment so that the medical intervention can be reviewed and discussed.

- Where to get a supply of home administration charts.
- What to do with completed charts.
- Where to store charts and other literature – guidance on administration of intramuscular injection/medication leaflets.

The care plan will identify strategies in place to identify medication due dates. For example, calendar, mobile phone, diaries.

- Whose responsibility is it to remember the due date of the injection?
- Knowledge of who else needs to know within/outside the family.

## Support structures 1

Support for the supportive person administrator is important

Once the depot injection is being administered unsupervised, a nurse from the local services will observe the administration of an injection at agreed periods. The recommendation is six monthly. This is an opportunity to update, refresh the skills and knowledge required and gain support. Being observed and given feedback may cause anxiety so it is important

about symptom change to the local health organisations. For example, mental health team or GP. The family will inform the services that they are home-administering a depot injection of, for example, Pliportil 50mg, three weekly and request to be seen or have a prescription.

Awareness of local mental health service configuration, venue for such services and hours of operation. For example Duty and Home Treatment teams: how they differ and expectations of support they may offer.

- Awareness of educational support networks – MIND, Royal College of Psychiatrists, personal support structures, Rethink, library, internet sources, carer groups
- Awareness of benefit and employment advice structures.

## Issues to consider if children are involved

Discussions with children and the provision of information when and where the parents feel it is appropriate, and when children ask questions about the injection or its purpose.

- Awareness of appropriate educational material and support networks- for example, Young Minds/ School support services.

## Returning the role to health services

The family can decide at any stage to return the administration of the depot injection back to the mental health team or GP practice (if an option).

Return administration of depot injection to health services – this does not have to be permanent – a break/holiday may be needed.

If the nurse has concerns at any stage of the process, then he or she will discuss these concerns and take back the role until the issues are resolved.

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