



# Giving Subcutaneous Enoxaparin Through an Insuflon™

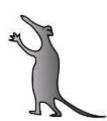
Information for families and patients

#### Introduction

This leaflet is to provide you with information about subcutaneous injections and will accompany the information and teaching you receive prior to being discharged home.

# What is a Subcutaneous injection?

A subcutaneous injection is given into the subcutaneous (fatty) layer under the skin. This allows the medication to be absorbed more slowly than being injected in to the veins. The injection is given at a 45 degree angle and is usually administered through an Insuflon $^{TM}$ .



# What is an Insuflon™?

An Insuflon™ is a port that remains in the skin to allow a small plastic catheter to be inserted at the correct position for you to administer the injection into the subcutaneous layer without having to repuncture the site.

Depending on various factors, your child may be discharged home with an Insuflon™ sited in the skin (this will be discussed with you during your admission).

#### What needs to be monitored?

The Insuflon™ will need to be changed every 7 days and this will be done either by your community nursing team or your local hospital. This will be arranged for you before you are discharged home.

Blood tests will usually be required weekly to measure Anti Xa levels whilst having Enoxaparin. This is to check the coagulation of the blood and determine if the dose of medication is still appropriate. The blood tests will be organised on discharge, either at your local hospital or at AlderHey. This information will be on your discharge information.

# Preparing your child for the injection:

There are many techniques you can use to help your child be ready for their injections. You can talk to them and distract them. Our Play Specialists in Alder Hey can support you to find out what works best for your child and give tips on how best to do this.

It is important that you are comfortable giving the injection yourself before going home. However, you can always contact the ward or the specialist nurses if you need further advice or support after being discharged.

# To give the subcutaneous injection:

- 1. Gather all the equipment that you will need
- 2. Wash your hands
- 3. Prepare your medication dose using the Alder Hey Enoxaparin Guideline provided to you
- 4. Ensure there are no air bubbles in the syringe and that the medication is pushed to the top of the needle
- 5. Clean the hub of the Insuflon™ port
- 6. Insert the needle into the hub at a 45 degree angle
- 7. Ensure all of the medication is pushed through the Insuflon™ port
- 8. Dispose of the sharps in the sharps bin
- 9. Check the skin around the site of the Insuflon™. Ensure there is no redness/bleeding or swelling, if you notice any of these or leaking from the site contact your community team/specialist nurses/ward

## What to do when the sharps bin is full:

When you are discharged home you will be given a yellow sharps bin to dispose of the needles. Please call your community team when this is full and they will dispose of the bin and replace it with a new one for you.

All other packaging and syringes that do not contain any sharps can be put into your normal bin with your other household rubbish.

## On Discharge

You will be given your discharge letter which should state how long the course of treatment is and the follow up plans regarding the enoxaparin.

You will be given a supply of medication and equipment from Alder Hey and any further supplies you require can be obtained from your community team.

The Pharmacy team at AlderHey will provide the injections for you when you are discharged home.

If there are any problems or you have any concerns please contact the ward or specialist nurses for further advice

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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