Patient’s Name:

Date of Birth:

Medical Record Number:

PHN:

Ordering Physician:

**Subcutaneous Immune Globulin (SCIG) Home Infusion**

**Patient Skills Assessment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Patient Skills Reviewed** | **Introduced**  **RN Initials/Date** | | **Reinforced**  **RN Initials/Date** | | **Mastered**  **RN Initials/Date** | |
| 1. Define subcutaneous infusion and locate sub-q tissue |  |  |  |  |  |  |
| 2. Gather appropriate supplies for SCIG home infusion |  |  |  |  |  |  |
| 3. Demonstrate knowledge of aseptic technique |  |  |  |  |  |  |
| 4. Demonstrate proficiency in filling syringe. |  |  |  |  |  |  |
| 5. Demonstrate proficiency in setting up (priming) tubing. |  |  |  |  |  |  |
| 6. Describe appropriate sites for needle placement |  |  |  |  |  |  |
| 7. Demonstrate proficiency in inserting needle and checking for blood return |  |  |  |  |  |  |
| 8. Describe appropriate care of subcutaneous infusion site |  |  |  |  |  |  |
| 9. Describe signs/symptoms of sub-q needle complications |  |  |  |  |  |  |
| 10. Identify appropriate interventions for complications |  |  |  |  |  |  |
| 11. **Scenarios to be discussed:**   * Blood in tubing when pulling back on syringe * Pump malfunction (if applicable) * Site reactions * Other adverse reactions |  |  |  |  |  |  |
| 12. Demonstrate proficiency in discontinuing infusion. |  |  |  |  |  |  |
| 13. Demonstrate understanding of acquisition, storage and transportation of SCIG and acquisition of other supplies. |  |  |  |  |  |  |
| 14. Demonstrate understanding of disposal of waste |  |  |  |  |  |  |
| 15. Demonstrate understanding of post-infusion site care. |  |  |  |  |  |  |
| 16. Demonstrate understanding of care and maintenance of infusion pump (if applicable) |  |  |  |  |  |  |
| 17. Demonstrate understanding of appropriate use of epinephrine auto-injector (if recommended) |  |  |  |  |  |  |
| 18. Demonstrate proficiency in completing infusion log |  |  |  |  |  |  |
| 19. Demonstrate knowledge of contacts for urgent and non-urgent medical issues |  |  |  |  |  |  |
| 20. Additional patient-specific tasks (If applicable): |  |  |  |  |  |  |