

# PALLIATIVE JUST IN CASE (JIC) SYMPTOM MANAGEMENT KIT (SMK) EDUCATION CHECKLIST

Patient Name (last) \_\_\_\_\_  
 (first) \_\_\_\_\_  
 DOB (dd/mm/yyyy) \_\_\_\_\_  
 PHN \_\_\_\_\_ MRN \_\_\_\_\_  
 Account / Visit # \_\_\_\_\_  
**IH USE ONLY**

## Area of Training *(check as completed)*

Client is willing for nominated family member or caregiver to administer subcutaneous medications.	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A
Nominated person(s) is willing to administer the subcutaneous medications.	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A
There is a clear JIC prescription in the home stating: Medication, Dose, Route, specific symptom(s) it is used for, minimal interval between doses.	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A
Person understands reasons for medication(s) administration.	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A
Person is able to describe frequency of dosing as per the prescription and in home medication record.	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A
The person is able to demonstrate competence in administering medications through the subcutaneous line (see resource link below).	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A
The person is able to accurately document in the in-home medication record and knows where to store the record.	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A
The person is able to describe safe storage of medications in the home.	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A
The person is able to demonstrate safe disposal of syringes and supplies.	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A
At the appropriate time the person is able to describe how to safely return the JIC SMK back to the pharmacy.	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A
The person can identify where the After Hours Palliative Nursing Service (AHPNS) phone number is available for after-hours support.	<input type="checkbox"/> Complete <input type="checkbox"/> Incomplete <input type="checkbox"/> N/A

Permanent part of the health record

Date (dd/mm/yyyy) / /	Time (24 hour)	Name/Signature	Designation / College ID #
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 Resources: <https://patienteduc.fraserhealth.ca/file/giving-medicines-using-a-subcutaneous-butterfly-77368.pdf>