

Subcutaneous Immunoglobulin (SCIg) Program



Patient / Carer Training Competency

Affix Patient Identification Label here

Specific steps are to be assessed by the clinician prior to the patient/carers being considered competent to self-administer SCIg in a home setting. The number of training sessions are individualised for each patient.

Person responsible for the infusion: Patient Carer Name: _____
(Please circle)

Patient Skills	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
	Date:	Date:	Date:	Date:	Date:	Date:
	Clinician:	Clinician:	Clinician:	Clinician:	Clinician:	Clinician:
	Signature:	Signature:	Signature:	Signature:	Signature:	Signature:
Competent (C)	C	C	C	C	C	C
Not yet competent (NYC)	NYC	NYC	NYC	NYC	NYC	NYC
(Please circle)						
Describe transportation and storage requirements of specific product						
Define SCIg administration and location of infusion site (no rotation)						
Understanding and demonstrated appropriate infusion sites						
Understanding of appropriate supplies						
Understanding of pump usage and troubleshooting <i>only required if pump used</i>						
Understanding of "push" method <i>Pt must be aware even if pump method used</i>						
Understanding of product checking – type, dose, expiry, discolouration						
Understanding of reporting waste / unused product –						



Patient Skills	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
	Date:	Date:	Date:	Date:	Date:	Date:
	Clinician:	Clinician:	Clinician:	Clinician:	Clinician:	Clinician:
	Signature:	Signature:	Signature:	Signature:	Signature:	Signature:
Competent (C)	C	C	C	C	C	C
Not yet competent (NYC)	NYC	NYC	NYC	NYC	NYC	NYC
(Please circle)						
Returning product to Hospital						
Ability to prepare infusion site						
Ability to draw up product from single or multiple vials						
Ability to prime tubing						
Demonstrated ability to insert SC needle / catheter (no touch technique)						
Demonstrated ability to perform and understand the 2 point Safe-T-Check <i>Syringe Drawback & gravity</i>						
Demonstrated ability to administer product						
Demonstrated ability to remove and safely dispose of needle						
Demonstrated ability to accurately record infusion treatment in the information diary						
Understanding of potential situations/reactions which could result from the infusion						
Understanding of correct management of reactions (if required).						

At competency completion patient/carer to:

Sign: _____ Print Name: _____ Date: _____

Comments if required:

