

### Subcutaneous Infusion

**Guideline I: Insertion of subcutaneous needle**

**Guideline II: Intermittent medications via subcutaneous**

**Guideline III: Infusion of medication subcutaneous**

1. Review or obtain provider's order.
2. Gather and prepare necessary equipment and supplies.
3. Wash hands thoroughly prior to and after contact with the patient.
4. Confirm the patient's identity.
5. Provide privacy.
6. Explain procedure to patient and/or caregiver.
7. Raise the bed to waist level before providing care.
8. Put on gloves and, as needed, other protective equipment.

#### Guideline I: Insertion of subcutaneous needle

Supplies	Gloves	Antiseptic agent	Subcutaneous needle size 25- 27G ½"	
1 ml syringe	Transparent dressing	Tape (paper or cloth)	Labels	Prescribed medication

1. Organize the equipment and supplies on a clean surface.
2. Select access site on patient taking the following into consideration ease of access, mobility of patient presence of an adequate amount of subcutaneous tissue.
3. Clean site using an antiseptic agent. Allow solution to dry completely.
4. Prime tubing with ordered medication (with syringe or CADD pump).
5. Using the needle set, access site by inserting needle into subcutaneous tissue at 30 to 45-degree angle, with the appropriate medication in tubing.
6. Aspirate at site to ascertain the absence of blood prior to medication administration.
7. Remove syringe and attach injection cap.
8. Apply transparent dressing over access device and secure tubing with tape as needed.
9. Label the site with the medication, date, and your initials.
- 10. Each medication should have its own site and labeled accordingly, never flush with normal saline.**
11. Change site at least every 7 days and as clinically indicated, rotating site to assure maximum tissue preservation and absorption of medication. Administration sets in a closed system running continuously (CADD) is changed routinely with medication reservoir changes.
12. Discard used supplies in appropriate receptacles.



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13. Remove and discard your gloves and other personal protective equipment worn.
14. Perform hand hygiene.
15. Document the procedure including subcutaneous site, date, time, and number of attempts, gauge and length of needle, complications, dressing, solution, and rate in the patient's medical record.

**Guideline II: Intermittent medications via subcutaneous site**

<b>Supplies</b>	Gloves	Antiseptic agent	Prescribed medication
<ol style="list-style-type: none"> <li>1. Use antiseptic agent and cleanse the port of the subcutaneous infusion device.</li> <li>2. Verify that the medication to be infused is the same medication in the site device.</li> <li>3. DO NOT FLUSH, attach the syringe with medication to the subcutaneous device and push medication.</li> <li>4. Discard used supplies in appropriate receptacles.</li> <li>5. Remove and discard your gloves and other personal protective equipment worn.</li> <li>6. Perform hand hygiene.</li> <li>7. Document administration of medication in the medical record.</li> </ol>			

**Guideline III: Infusion of medication subcutaneous site (CADD)**

<b>Supplies</b>	Gloves	CADD pump	Antiseptic agent	Prescribed medication (in cassette)
<ol style="list-style-type: none"> <li>1. Use antiseptic agent and cleanse the port of the subcutaneous infusion device.</li> <li>2. Verify that the medication to be infused is the same medication in the site device.</li> <li>3. DO NOT FLUSH, attach the CADD pump primed with medication to the subcutaneous device.</li> <li>4. Open the clamp on the subcutaneous device.</li> <li>5. Start the CADD pump at prescribed order amount, making sure of correct settings.</li> <li>6. Discard used supplies in appropriate receptacles.</li> <li>7. Remove and discard your gloves and other personal protective equipment worn.</li> <li>8. Perform hand hygiene.</li> <li>9. Document CADD infusion in the medical record.</li> </ol>				

**References:** Subcutaneous injection, indwelling catheter (2023). Lippincott Procedures. Retrieved May 5, 2024, from <https://procedures.lww.com/lnp/view.do>

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**Historical Reviews & Revisions:**

Review	Reviewer's Name(s)	Changes Made?
5/12/2025	Dr. Anderson, Amy Lowe, Clinical Dir, Shannon Johnson, Mngr Clinical Compliance	New, approved