

Name:
Date of Birth: DD /MM /YYYY
NHS Number:
MRN/ICS Number

Prevention of Venous Thromboembolism MRN/ICS Number: by Administration of Fragmin

(or affix hospital label here)

Problem	The patient has been prescribed Fragmin due to			
Goals	To teach patient / carer to administer own Fragmin Injection □			
	To administer Fragmin □			
Actions ▼	Action (s) taken		Review Date/Time	
Consent and Communication	Ensure patient and relatives / carers a care and treatment plan.			
	Provide written information (Pfizer Pa by verbal information as required. □	tient Information leaflets) supported		
	Involve relatives / carers / friends in a review as appropriate. □	Il aspects of the planned care and		
	•	is, and then check understanding and d prior to undertaking interventions. \Box		
Ongoing Care	Ensure a valid prescription chart has	been completed.		
	Duration of prescribed treatment is Full blood required on day 7 of treatm FBC requested □ FBC taken □ Review by medical staff □	-		
	Check allergy status.			
	If nurses are administering;			
	Ensure adrenaline is accessible.			
	Wear plastic apron and non sterile	-		
	information.	tion chart, and document any other		
	The following section applies to bo	-		
	Wash hands, and assemble items rec	•		
	Prepare patient, maintaining privacy a (usually abdomen or outer aspect of t with soap and water.			
	Establish site of last injection (site rot infection)	ation reduces risks of pain and		
	Clean injection site for 30 seconds wi dry for 30 seconds.	th an alcohol swab, and allow to air		
	Remove syringe from packaging and sheath. Do NOT expel the air bubble.	5 ,		
	Pinch the skin between thumb and fo at an angle of 90 degrees.	re finger into a fold, and insert needle		
	Inject the drug slowly, keeping the foldadministration.	d of skin pinched up during		
	Release the fold of skin, and withdrav site, but do not rub.	v needle. Apply pressure to injection		
	Dispose of sharps into sharps bin, an	d wash hands.		
Signature:		Print Name:		
State Designation:		Date Care Plan Commenced:		

Date & Time	Evaluation & Instructions for next shift / visit	Signature & designation