

Subcutaneous Immunoglobulin (SCIg) Program NURSING TRAINING COMPETENCY

Nurses must be deemed competent to deliver patient training on subcutaneous immunoglobulin.

Skills	Competent	Not yet competent	Comments
Describe what immunoglobulins are	<input type="checkbox"/>	<input type="checkbox"/>	
Describe blood tests required for patients on SCIg program	<input type="checkbox"/>	<input type="checkbox"/>	
Describe transportation and storage requirements of specific products	<input type="checkbox"/>	<input type="checkbox"/>	
Define SCIg administration, preparation and location of infusion (<i>no rotation</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Outline equipment required – what is supplied, what the patient supplies	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding of product checking – type, dose, expiry, discolouration	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding of pump usage and troubleshooting	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding of “push” method (<i>patient must be aware even if pump method is used</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Discuss how to prime tubing, and ability to perform and understand the 2 point Safe-T-Check (<i>syringe drawback and gravity</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Describe administration of product	<input type="checkbox"/>	<input type="checkbox"/>	
Discuss removal and disposal of needles, vials, tubing etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Instruct patient how to record in treatment diary or App.	<input type="checkbox"/>	<input type="checkbox"/>	
Understand of adverse events and how to instruct patient to manage	<input type="checkbox"/>	<input type="checkbox"/>	
Rebooking patient for training/ treatment/product collection/ assessment	<input type="checkbox"/>	<input type="checkbox"/>	

Understanding of potential situations/reactions which could result from infusion	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding of correct management of reactions	<input type="checkbox"/>	<input type="checkbox"/>	

Date:

Assessor's Name: Assessor's signature