

## **CG3 Guidelines for the Administration of Medicines**

### **Introduction**

The safe administration of medicines is an important aspect of the professional practice of persons whose names are on the NMC register. It is not solely a mechanistic task to be performed in strict compliance with the written instructions of a medical practitioner or an independent and supplementary prescriber but requires thought and the exercise of professional judgment (NMC Standards for medicines management 2008)

The administration of medicines has been identified as a source of risk to patients. The National Reporting and Learning System highlights that the most frequently reported source of medication errors are wrong dose, omitted or delayed medication and administration of the wrong medicine ([NPSA 2013](#)). This has prompted many organisations to adopt the '5 rights' approach to medication administration: Right patient, Right drug, Right dose, Right route, Right time (Jones 2009). Some types of errors, such as maladministration of insulin, are now classed by the Department of Health (DH) as 'never events'. Never events are serious, largely preventable patient safety incidents and are considered to be unacceptable and eminently preventable. Data for 2014/15 shows there were 308 never events recorded, 19 related to medication issues. (DH 2015)

Safe administration of medicine is a national priority. It is an essential standard of the Care Quality Commission (CQC 2016) and NHS Litigation authority ([NHSLA 2013](#)) in England, and a key outcome of the Scottish Patient Safety Programme ([SPSP 2013](#)) and 1000 lives plus safety programme in Wales ([1000 lives plus 2013](#)).

It is important that all NHS Professionals' flexible workers are aware of their responsibilities with regards to medication administration.

### **Scope of guidance**

This guidance applies to all staff involved in the administration of medicines to patients while carrying out assignments for NHS Professionals in any healthcare setting including Acute, Primary Care & Community NHS Trusts. It does not include the prescribing or dispensing of medicines.

This policy is not a replacement for local NHS Trusts' policies and guidelines, which all flexible workers should familiarise themselves with and adhere to. Rather it outlines general principles of good practice using guidance set out by the NMC.

### **Responsibilities of all NHS professional flexible workers**

All flexible workers are responsible for following the principles outlined in this guideline. All flexible workers must also ensure they are familiar with the policies and guidelines of the Trust(s) where they undertake assignments and must adhere to these at all times. Flexible workers must confirm which parts of the medicines administration process they may participate in according to the local policy. Even when permitted to do so, flexible workers must only undertake those aspects of care in which they have been trained, are competent and, if required, have been assessed.

### **Responsibilities of registered practitioners**

All registered flexible workers must follow their professional regulations and code of conduct as well as the local policy in the Trust(s) where they undertake assignments. This is particularly important when additional assessment is required by the Trust such as in the administration of PGDs (Patient Group Directions) and chemotherapy.

### **Responsibilities of non-registered carers and healthcare workers**

In general non-registered flexible workers should not check or administer medications. The only exception is when the non-registered flexible worker has received training and has written authority

from the Trust(s) where they undertake assignments that confirms they are permitted to check or administer medications.

## **Principles of safe administration of medicines (Summary of Standard 8, NMC 2008)**

**As a registrant, in exercising your professional accountability in the best interests of your patients, you must:**

- be certain of the identity of the patient to whom the medicine is to be administered
- check that the patient is not allergic to the medicine before administering it
- know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- be aware of the patient's plan of care (care plan or pathway)
- check that the prescription or the label on medicine dispensed is clearly written and unambiguous
- check the expiry date (where it exists) of the medicine to be administered
- have considered the dosage, weight where appropriate, method of administration, route and timing
- administer or withhold in the context of the patient's condition (for example, digoxin not usually to be given if pulse below 60) and co-existing therapies, for example, physiotherapy
- contact the prescriber or another authorised prescriber without delay where contra-indications to the prescribed medicine are discovered, where the patient develops a reaction to the medicine, or where assessment of the patient indicates that the medicine is no longer suitable
- make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible. It is also your responsibility to ensure that a record is made when delegating the task of administering medicine.

### **In addition:**

- where medication is not given, the reason for not doing so must be recorded.
- you may administer with a single signature any prescription only medicine, general sales list or pharmacy medication.

### **In respect of controlled drugs:**

- these should be administered in line with relevant legislation and local standard operating procedures.
- it is recommended that for the administration of controlled drugs a secondary signatory is required within secondary care and similar healthcare settings.
- in a patient's home, where a registrant is administering a controlled drug that has already been prescribed and dispensed to that patient, obtaining a secondary signatory should be based on local risk assessment.
- although normally the second signatory should be another registered health care professional (for example doctor, pharmacist, dentist) or student nurse or midwife, in the interest of patient care, where this is not possible, a second suitable person who has been assessed as competent may sign. It is good practice that the second signatory witnesses the whole administration process. For [guidance](#) go to [www.dh.gov.uk](http://www.dh.gov.uk) and search for Safer Management of Controlled Drugs: Guidance on Standard Operating Procedures DH 2007
- in cases of direct patient administration of oral medication from stock in a substance misuse clinic, it must be a registered nurse who administers, signed by a second signatory (assessed as competent), who is then supervised by the registrant as the patient receives and consumes the medication.
- you must clearly countersign the signature of the student when supervising a student in the

administration of medicines.

### **Specific Guidance for Professionally Registered Flexible Workers**

- you must confirm with the Nurse in Charge of the ward or area that the Trust where you are undertaking assignments allows you to administer or check controlled drugs
- you must only administer IV medication if you have been assessed as competent in the Trust where you are undertaking assignments

### **References**

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### **Bibliography and useful websites**

- Care Quality Commission (NHS England): [www.cqc.org.uk](http://www.cqc.org.uk)
- DH (2008) [Updated guidance on the safe administration of intrathecal chemotherapy](#), Department of Health, London.
- DH (2000) [An Organisation with a Memory](#). Reviewed 2013 Department of Health, London
- HCPC <http://www.hcpc-uk.co.uk/aboutregistration/medicinesandprescribing/index.asp>
- Healthcare improvement (NHS Scotland): [www.healthcareimprovementscotland.org](http://www.healthcareimprovementscotland.org)
- NHS Litigation Authority [www.nhsla.com](http://www.nhsla.com)
- NHS Wales: [www.wales.nhs.uk](http://www.wales.nhs.uk)
- NMC (2015) The Code for nurses and midwives
- National Patient Safety Agency [www.nrls.npsa.nhs.uk/resources/patient-safety-topics/medication-safety/](http://www.nrls.npsa.nhs.uk/resources/patient-safety-topics/medication-safety/)
- Scottish Patient Safety Programme: [www.scottishpatientsafetyprogramme.scot.nhs.uk](http://www.scottishpatientsafetyprogramme.scot.nhs.uk)
- MHRA Improving medication error incident reporting and learning. March 2014
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013 S.I. 2013/373 can be obtained directly from [www.legislation.gov.uk](http://www.legislation.gov.uk).

## CG3 VERSION HISTORY

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1	March 2006	Approved by NHSP CG Committee	Cathy Winn, Head of Clinical Governance
2	May 2008	Reviewed and updated	Karen Barraclough, Clinical Governance and Risk Manager
3	Mar 2010	Reviewed and updated	Karen Barraclough, Senior Nurse
4	Mar 2013	Reviewed and updated	Sue Chapman, Nurse Consultant, Chapman Medical Services Karen Barraclough, Senior Nurse/ Head of Governance
5	Mar 2016	Reviewed and updated	Kathryn Oddy, Nurse Lead Karen Barraclough, Senior Nurse/ Head of Governance
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