

The Medicines Policy

Chapter 5: Standards of Practice

PREPARATION AND ADMINISTRATION

V2.4

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CHAPTER 5

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6.4 Preparation and Administration

6. 4.1 Preparing Medicines for Administration

6.4.1.1 The Law

When preparing a medicine for use involves mixing two or more “ingredients” (for example, water and amoxicillin powder) or two or more medicines (for example, an IV infusion and an additive)¹, the activity is governed by provisions of the Medicines Act 1968. Basically, the activity can only be conducted in accordance with the terms of a license granted by the Medicines and Healthcare Products Regulatory Agency (MHRA). However, the Act grants exemptions to some registered health professionals as listed below:

Doctors and Dentists: Section 9 of the Act permits doctors and dentists *personally* to prepare medicines for use for their own or another doctor’s patients.

Pharmacists: Section 10 of the Act allows pharmacists and others working under their supervision in a hospital or a registered pharmacy to prepare medicines for use in accordance with a prescription or in anticipation of a prescription.

Nurses: Section 11 of the Act allows registered nurses and registered midwives to assemble medicines for use in the course of their professional duties.

It follows that staff who are not registered members of one of the above professions may not prepare medicines for use (except under the supervision of a registered pharmacist).

Ward or Department Managers where this limitation causes operational problems are reminded that it is a requirement of the Medicines Act, and that the Trust cannot condone any practice which leads to a breach of the law.

All activities concerned in preparing injectable medicines for use are covered by the Trust procedure ‘Prescribing, preparing and administering injectable medicines in the clinical area’.

6.4.1.2 Single use items: No single use items may be used in a multi-dose fashion. The practice of ‘vial sharing’ (using a single use vial to dose more than one patient) may only occur in the Pharmacy Technical Services Unit.

6. 4.2 Administering Medicines

6. 4.2.1 Overview

- Trust staff may administer medicines to patients only with the explicit approval of the appropriate Ward or Department Manager. Before giving approval, the Ward or Department Manager shall take into consideration the competence of the

¹ This is a simplistic statement of the law. If more details are needed, consult the Prescribing Support Unit.

member of staff and shall make clear any restrictions which are to apply to that member of staff.

- Although usual practice would be for only registered healthcare practitioners to administer medicines, in specific circumstances, non registered Trust staff may authorised to do this. An example would be the administration of vaccinations within Occupational Health by a Healthcare Assistant. Such arrangements must have prior approval by the Director of Nursing and the Chief Pharmacist.

6. 4.2.2 Checking

- Registered Healthcare Practitioners who have demonstrated the necessary knowledge and competence can administer medicines where no complex dose calculation is required without involving a second person – subject to specific rules governing the administration of medicines to children, the administration of cytotoxic medicines and the administration of intravenous medicines.
- It is the individual Registered Healthcare Practitioner's prerogative to ask to be checked should they think it appropriate.
- When a learner e.g. student nurse is involved in the administration of medicines, they cannot be employed as a 'checker'. The Registered Healthcare Practitioner takes sole responsibility.
- Where a checker is employed the following applies:

Intravenous administration of medicines in general

1) Any Registered Healthcare Practitioners undertaking the role of 'checker' must be competent in the administration of intravenous medicines.

2) Intravenous administration of cytotoxic medicines

Any Registered Healthcare Practitioner undertaking the role of 'checker' must be competent in the administration of cytotoxic medicines.

3) Administration of medicines(all other routes)

Any Registered Healthcare Practitioner undertaking the role of 'checker' must be competent in the administration of medicines.

4) Appropriately trained healthcare assistants and assistant practitioners are allowed to administer a saline flush provided there is a specific training programme in that area, and it has been approved by the MPC and there is a valid patient specific direction to administer from.

Please refer to the specific policies (injectables, controlled drugs, cytotoxic and intrathecal) for more details on checking on intravenous administration.

6. 4.3 Medicine Rounds

6. 4.3.1 Timing

The Ward or Department Manager shall determine the times at which regular medicine rounds are to take place. In doing so, they must take into account the standard times that medicines are usually administered, namely: MORNING (0730) - LUNCHTIME (1300) - EVENING (1800) - NIGHT (2200) – although specific timings may also be instructed by the prescriber.

6. 4.3.2 Organisation

Wherever possible the Registered Healthcare Practitioner undertaking a medicine round should be protected from interruption. The use of distinctively coloured tabards for this purpose is encouraged.

In the course of a ward medicine round, the Registered Healthcare Practitioner who conducts the round must check the inpatient drug chart of every patient on the ward.

6.4.3.3 Before administering a medicine to a patient the practitioner should ensure the following:

- The identity of each patient must be checked to confirm that it corresponds to the electronic prescription for the patient.
- It is good practice to review recent administrations on the EPMA system before administering any medicines and not rely on the system to prevent medication errors such as missed and duplicate doses
- If the medicine to be administered is listed in the 'Allergies' section of the EPMA system, consider contacting the prescriber before administering the medicines unless sufficient information suggesting that the administration would be safe can be found.
- Each administration must be recorded immediately after the dose has been given by charting the administration in the EPMA system.
- No medicine may be administered unless it has been prescribed on the JAC EPMA system, Aria Chemotherapy management system or any of the companion drug charts, except in the following circumstances:
 - 1) Medications administered on the basis of a valid PGD
 - 2) Medications administered on the basis of a Homely Remedy (as specified in this policy)
 - 3) Medications administered on the basis of Midwives Exemptions
- When 'as required' medications are prescribed, the EPMA system must be adjusted to record the actual dose that was administered.
- If a dose of a regular medicine is not administered a reason for non-administration should be recorded. . Please refer to the Delayed and Omitted Doses policy for further guidance.

6. 4.4 Administration Steps

All practitioners administering medicines:

- must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications.
- must be aware of the patient's plan of care (care plan/pathway)
- must check the expiry date of the medicine to be administered.
- must have considered the dosage, patient's weight where appropriate, method of administration, route and timing.
- must administer or withhold in the context of the patient's condition (e.g. digoxin not usually to be given if pulse below 60) and co-existing therapies e.g. physiotherapy.

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- must 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.

ACTION	RATIONALE
<ol style="list-style-type: none"> 1. Wash your hands 2. Check that the patient's weight has been recorded. 3. Review the administration record to understand what, if any, other medicines have been given to the patient 4. Question the suitability and rationale as to why the patient is receiving this medicine and judge its appropriateness. If in doubt, withhold the medicine, having explained why to the patient and clarify with the prescriber. 5. Select the required medicine from the patient's medicine locker or drug trolley and check that the details of the medicine match the prescription. If a supply is not available, medicines belonging to another patient must not be used. 6. Take the medicine to the patient. Check the patient's name and hospital number are the same as the electronic record: <ol style="list-style-type: none"> a) Checking the patient's identity bracelet b) Asking the patient to identify himself/herself. c) explain the medicines to the patient 	<p>To prevent cross infection</p> <p>The patient's weight must be recorded for all children under 14 years old and where the dose is related to weight/surface area or where the clinical condition requires a weight to be recorded</p> <p>To ensure the patient is given the correct medicines at the correct time.</p> <p>To prevent error.</p> <p>To clearly identify the patient</p>

ACTION	RATIONALE
<p>7. Purple oral/enteral syringes must be used to administer liquid medicines. If not administering the drug immediately, or if more than one drug is being given via oral/enteral syringe, each syringe should be labelled to indicate the medicine contained within the syringe.</p> <p>8. Follow any instructions on the Prescription or notes attached to it , e.g. with or after food. No medicine should be mixed with food or fluid in order to disguise its origin, unless stated by the manufacturer/ pharmacist.</p> <p>9. Administer the medicine prescribed and ensure that the patient has taken the medicine.</p>	<p>To ensure safe administration of liquid medicines by the correct route (NPSA Alert no. 19)</p>
<p>10. The nurse should record administration on the EPMA system. If unable to administer the medicine, a reason for non-administration should be added</p>	<p>To Identify who has administered or tried to administer the medicine and to provide history of reasons for non-concordance</p>
<p>11. If the patient declines to take a medicine, the nurse should clarify the reason why, and explain any risks of not taking the medicine, before documenting this on the EPMA system. The prescriber should be informed.</p>	<p>To record whether medicines have been administered</p>
<p>12. If the medicine appears to be no longer needed or the patient is experiencing side effects/ may be now contraindicated, this should be discussed with the prescriber</p>	

6.4.5 Oral liquids

- Oral liquid medicines should be measured using a 5ml spoon, a graduated medicine measure or an oral syringe.
- Parenteral syringes should NOT be used to measure or administer oral liquids.

- Special oral/enteral syringes (coloured barrel or plunger) are available on all wards. For large volumes, 50ml catheter tipped syringes can be used.
- Always use enteral feeding sets compatible with oral/enteral syringes.

6. 4.6 Homely Remedies

- These medicines are intended for occasional administration by an authorised nurse. All nursing staff have access to 'prescribe' and record the administration of Homely Remedies on the JAC EPMA system and must do so on every occasion that the medicine is administered. If any patient requires more than 2 doses of a homely remedy this should be drawn to the attention of a prescriber. Please refer to *Appendix 6* for further details.

6. 4.7 Safe Administration of Insulin and 'Insulin Passports'

Following guidance from the NPSA:

- All regular and single insulin (bolus) doses are measured and administered using an insulin syringe or commercial insulin pen device. Intravenous syringes must never be used for insulin administration.
- An insulin syringe must always be used to measure and prepare insulin for an intravenous infusion. Insulin infusions are administered in 50ml intravenous syringes or larger infusion bags.
- All patients on insulin must be provided with an **insulin passport** if they do not bring one with them on admission. It is the responsibility of the ward nursing staff to update the insulin passport with relevant up to date information at the end of each care episode. Insulin passports are available from the pharmacy department.

6.4.8 Self-Administration

It is sometimes appropriate for patients to administer their own medicines in hospital. This may be the case when:

- The patient's ability to self-administer is being assessed before discharge.
- The patient usually self-administers, and it is considered appropriate to maintain independence.
- A particular medicine needs to be administered at short notice or at times which do not correspond to routine medicine rounds (e.g. glyceryl trinitrate spray, some antiparkinsonian agents).
- Please refer to the Trust policy on self-administration of medicines for further guidance.

6. 4.9 Medical Gases

- Oxygen, nitrous oxide and Entonox (among others) are, legally, medicines and should be administered in accordance with this policy document. These gases should be prescribed before administration.
- Please refer to the Emergency Oxygen Policy on the document library for further information.

6.4.10 Verbal Orders

- Electronic prescribing allows the prescribing of medicines remotely and therefore due to the inherent risks of verbal these are no longer allowed within the Trust unless in exceptional circumstances as outlined below.
- Only in exceptional circumstances, in emergency situations should medicines be administered following a verbal order. The details of this administration should be documented as soon as is possible in the patient notes.

6.4.11 Remote prescribing

- In situations where a medication is required urgently and a prescriber is not able to attend the patient it is acceptable to prescribe for a patient remotely.
- The prescriber should only prescribe if they can assure themselves that remote prescribing is safe and an examination of the patient is not necessary.

6.4.12 Administering Medicines to Children

The rules in this section apply to the administration of medicines to children, regardless of where that administration takes place.

- Subject to the exceptions set out below, all administration to children must be checked in accordance with general guidance above. In this context, administration includes setting or adjusting intravenous infusion or injection devices and syringe drivers.
- The person administering the medicines must be a registered nurse or a registered midwife. Local rules in individual wards or departments may require that they be a registered children's nurse or equivalent.
- The "Checker" can be:
 - 1) Another registered nurse or registered midwife.
 - 2) At the discretion of the ward or unit manager, the parent or guardian of the patient. In this case the parent or guardian and a registered nurse will both sign the patient's care plan to confirm that the parent or guardian is willing and competent to carry out the actions required.
 - 3) On the neonatal unit only, a student midwife.
- A registered nurse or midwife in their regular place of work may administer the following medicines without an additional check, following an assessment of competence by the Ward or Department Manager:
 - 1) For paediatric wards, oral medication excluding controlled drugs.
 - 2) For Neonatal Unit, multi-vitamin drops, folic acid and iron.
- Insulin administration must be checked by a second registered nurse or midwife except that:

After a period of education and competency assessment and at the discretion of the ward manager or clinical nurse specialist (paediatric diabetes), the checker may be a child or the parent or guardian who will be undertaking full responsibility after discharge. A Registered Healthcare Practitioner and the parent or guardian or the child (depending on age, knowledge and maturity), will

both sign the patient's care plan to confirm that the parent or guardian is willing and competent to carry out the actions required.

6.4.13 Administration of 'When Required' Medicines

- When administering PRN medicines, first check the patient's administration record on the JAC EPMA system to ensure that they have not recently been given a dose as the EPMA system does not always prevent overdosing of medicines
- When PRN medicines are requested on a regular basis, ask the prescriber to review the prescription and prescribe the item regularly, if appropriate.

6. 4.14 Administering Medicines under the Mental Capacity Act

There may be circumstances where:

- medicines are required to be given covertly. Where this is needed, in accordance with the Mental Capacity Act 2005, there is a need to request a second opinion in relation to medicines for people detained under the Mental Health Act 1983
- covert administration of medicines is being considered, requiring best interest meetings to be held with people who know and understand the person using the services, to decide whether this is in the person's best interest.
- Patients' receive medicines that are duly authorised and administered in line with the Mental Health Act 1983 Code of Practice.

In such situations the Trust lead for Safeguarding Adults should be consulted. Please refer to *Appendix 7* for further guidance on the covert administration of medicines and providing treatment to adult patients that are unable to consent.

6.4.15 Patient Group Directions

- Patient Group Directions (PGDs) are written instructions for the supply and administration of Prescription Only Medicines by specified health professionals in an identified clinical situation. PGDs apply to groups of patients who may or may not be individually identified before presenting for treatment.
- Where medicines are administered to inpatients using a PGD the administration should be recorded on the JAC EPMA system using the appropriate protocols
- For advice and guidance on drawing up a new PGD contact the Pharmacy Department on Extension 2593 or speak to your ward pharmacist.

6.4.16 Medication Waste Management

- For full details of how to manage waste please refer to 'An Introductory Guide to Healthcare Waste Management in England and Wales' Published in April 2014 published by the CIWM (Chartered Institution of Wastes Management).
- The primary aim in the management of medication waste is to ensure that it is handled, treated and disposed of safely, cost effectively and in a manner that does not impact negatively on the environment.
- The majority of medicines should be returned to pharmacy for appropriate disposal as set out in the department's SOPs. However, items such as part used ampoules, vials, creams and liquid doses.
- This medicine waste (EWC coded 18 01 09) should be discarded into Blue lidded containers in the treatment room.

- If the waste is cytotoxic or cytostatic (EWC coded 18 01 03 and 18 01 08), they should be discarded in a Purple lidded sharps container.
- Medicine contaminated infectious clinical waste (EWC Code 18 01 03) e.g. IV bags and lines and tubing that have had medicines added, should be disposed of in Yellow bags and preferably labelled as "Medicines Contaminated Infectious Clinical Waste".
- Sharps waste that has been used in the treatment of patients (EWC Code 18 01 09) e.g. needles and syringes, should be disposed of in a yellow sharps bin.

Part doses of controlled drugs should be disposed of in the DOOP kits provided to the wards. Further supplies can be ordered from pharmacy