Medicine Administration Policy and Procedure

This policy sets down acceptable standards for the administration of medicines, which describes the law, best practice and current guidance for use of medicines issued by relevant professions. This policy applies to all candidates, clients, clinical and administration staff contributing to the safe handling and administration of medicines.

Temporary Locums are not allowed to administer medication without the authority of a senior permanent, NHS manager. **It is the policy of The Locum Agency that NO TEMPORARY WORKER IS AUTHORISED TO ADMINISTER MEDICATION.**

Policy Aim

The aims of this policy are:

- To adhere to best practice standards for the handling of medicines issued by professional bodies
- To encourage safe working procedures to reduce risks and potential errors, therefore protecting both patients, candidates and staff
- Address and clarify medicines administration issues.
- To provide a framework platform for training, teaching and future development.

Medication Prescribers

The following professionals are qualified to prescribe medicines:

- Pharmacists and Qualified Prescribing Nurses, Midwives – these are those who have completed prescribing training as per the NHS Policy and Guidance on supplementary prescribing and have recorded this qualification with their professional regulatory body (GPhC, NMC)
- Independent Prescribers as per the NHS Independent Policy
- Registered Medical Staff under the Medicines Act (1968) ie: Doctors, GP's, Dentists.
- Non-medical Prescriber according to the terms of their qualification and acting within their skills, knowledge and competence.

Definition of a Medicine

Any substance or combination of substances that are administered to a human being for medicinal purposes and includes all drugs as defined in the Medicines Act (1968), the Misuses of Drugs Act (1971) and their respective regulations.

Licensed and unlicensed drugs

- **Licensed drug -** is a drug that has a product license authorisation from the MCA.
- **Unlicensed drug -** is one that does not have a UK medicinal product license.
- **Unlicensed indication -** is where a licensed medicine is used outside of the product license

The prescriber carries full responsibility for any harm that may ensure to the patient for unlicensed drugs and an unlicensed indication.

Medicine Administration and Patient Care

TLA – The Locum Agency encourages the practice for informed consent and recommends that wherever possible, patients should be involved in the management of their care.
This includes the administration of medication, what medicines the patient will be given, what to do with medication a patient may already have at home and how to get a repeat prescription form.

Consent

Some patients do not want to take the medication prescribed to them for a number of reasons. It is advised to discuss with the patient the patient and their relatives where possible to ascertain these reasons.

Capacity to Accept or Refuse Treatment

Ultimately if a patient is deemed capable of making decision and refuses to take the medication, their choice must be respected.

The patient is assessed by a medical team, and if required by a consultant for a psychiatric assessment to establish the patient's capacity to make the decision

Advanced Directives

If a patient has an advanced directive, a copy of this must be placed at the front of the notes. When dealing with advanced directives, there are questions that need to be considered.

Patient's wishes may change and therefore consent to apply the directive must be confirmed.

If you have doubts about the directive, you must raise them with the medical team responsible for the patient's care. If there is still doubt, then it is important that Legal advice is obtained.

Covert Use of Medication

It is unlawful in both civil and criminal law to treat a patient without consent, except in an emergency. Mental health legislation allows treatment for the mental disorder itself without consent, and specialist advice must be sought in this situation.

New Medication

When a new medication is being prescribed – the patient should be informed on how to take the medication (ie Orally with or without food), how often the medication is to be taken and the duration/period of the medication. Patient should also be made aware of the main possible side effects. . Pharmacists will regularly review patient medication(s) when they come into hospital. The Pharmacist covering the clinical area or Pharmacy Department should be able to answer any queries the patient may have regarding medication.

Patient Identification

Before issuing/administering any medication the patient's identity must be verified.

- **In hospital - E**nsure that the information on the prescription chart and patients identification bracelet match
- **In Outpatients/Pharmacy** - This may be verified by checking verbally, the patient's name, date of birth and address.

Storage and Security of Medicines

Medicines must stored in a secure cupboard or fridge. The only exception is medicines used for resuscitation. Products should ideally be stored separately according to the following categories:

- **Products for External Use -** All products intended for external use should be stored separately from other medicines.
- **Products for Internal Use -** All products intended for internal use should be stored separately from other medicines.
- **Products for Parental Use -** Medicines trolleys must be supervised at all times when in use. When not in use, they must be locked and secured to a wall.

- **Controlled Drugs -** All CDs must be kept in a security fixed and locked CD cupboard that should ideally only be used for the storage of CDs plus other specific drugs that are liable to misuse e.g. Ketamine or drugs with specific storage requirements as a risk i.e. Potassium Chloride ampoules.
- **Medicines Refrigerator -** All medicines marked "store below 15^{o}c or store in a refrigerator" must be stored in an appropriate medicines refrigerator. It is unacceptable to use a refrigerator that is not specifically designed for this purpose. These refrigerators must be lockable. The temperature of the refrigerator must be maintained and be monitored using a maximum/minimum thermometer. The refrigerator must not be used to store food. It should not have a freezer compartment.
- **Intravenous Fluids & Irrigation Fluids -** Intravenous fluids and irrigation fluids should be stored in distinctly different parts of the utility areas and in such a way as to prevent identification/medication errors.
- **Parental Nutrition Fluid (TPR) -** Parenteral Nutrition Fluid must be stored at 2-6 ^{o}c

Disposal of Medicines

Pharmaceutical waste, if legal, is classed as "special waste". Therefore - must be disposed of by incineration, in approved containers, at high degree temperatures in order to completely destroy all potential substances and must be under supervision of a registered pharmacist.

Patients Own medicines - which are no longer required should be taken to a pharmacy to be disposed of.

Empty medicine containers - do not need to be returned to pharmacy. These should be placed in the appropriate glass, plastic or household waste bin. Liquid bottles must be drained and placed into the glass bin.

Disposal of Part-Used Medicines that are unsuitable for re-use

Many medicines are not suitable for re-use once they have been opened, and must be disposed of in the correct manner:

- **Classification of Medicine Method of Disposal Opened glass vials and ampoules -** Sharps Bin
- **Oral Liquids -** Employ the containers down the toilet according to the Trust waste Disposal Policy i.e. 'special waste' and dispose of bottle in a sharps bin.
- **Used creams, ointments and patches -** Sharps bin or yellow clinical waste bag.
- **Aerosols -** Glass and aerosols bin.
- **Opened suppository & pessary -** Sharps bin or yellow clinical waste bag.
- **Part used infusion bag -** Yellow clinical waste bag.
- **Part used syringe -** Sharps bin
- **Dropped tablet/capsule -** Yellow clinical waste bag
- **Inflammable Medicine -** Return to pharmacy for disposal
- **Eye, ear or nose drops -** Sharps bin for glass containers or yellow clinical waste bag for plastic containers
- **Part used Enteral feeding bottle -** Yellow clinical waste bag
- **Part used Parenteral Nutrition Bag -** Yellow clinical waste bag
- **Part used nutritional supplements -** Yellow clinical waste bag

Disposal of Controlled Drugs (CD)

Empty the containers down a sink to prevent the contents from being reclaimed follow alternative hospital waste Disposal Policy i.e. 'special waste'. All CDs should be destroyed within the clinical area. Destruction should be done in the presence of two members of staff, One, must be registered nurse/midwife. The other must be an authorised witness ass described in the controlled drugs section

Drugs Act. A record of the wastage must be made in the CD record book and signed by the two staff members.
In all other cases, unwanted or expired CDs should be returned to pharmacy for return or disposal. The pharmacist and registered nurse/midwife must enter the transaction into the CD record book. The entry must state the date and quantity being removed. The pharmacist and registered nurse/midwife must sign the entry.

Professional Practice

Refer to Chapter 3.3 Recommendations for safer administration of medicines, Building a Safer NHS for Patients (2004) The Agency Worker must, at the commencement of an assignment, for any NHS Trust establish through the line supervisor/manager within the NHS Trust the policy for the administration and assistance with drugs and medication.

Accountability & Responsibility

The administration of medicines is an important aspect of professional practice.
Pharmacists screen as many prescription sheets as possible at ward level. In the community they will often review prescriptions in consultation with the patients GP.
The Pharmacy Team are responsible for accurately dispensing medication, reviewing drug stock sheets for wards and departments at regular intervals, contactable for advice and urgent information about drugs and administration. Also available to provide training to medical staff on administration of drugs, including IV drugs where appropriate
Screening includes - Checking patient details, Allergy box data on prescription chart completed, Drug dosage is appropriate, Drug name is clear, Drug route is appropriate, Duration of treatment (if appropriate) Drug interactions, Timing and frequency of dose, Maximum dose and frequency for as required medicines, IV drug administration details are appropriate, Any additional relevant information.
Medication errors - data is collected via the hospital incidents forms and is evaluated by the pharmacy department as to whether further action is needed to reduce further errors. **A drug error is when:** A patient is given medication that was not prescribed for them, a single dose has been administered twice by mistake, a dose is omitted, a dose is given at the wrong time, the wrong dose is given, the wrong route of administration is used, the incorrect rate is set. 70-80% of errors are related to giving medication via the wrong route of administration
Medication Preparation - It is unacceptable to prepare medicines in advance of their immediate use or to prepare medicines for administration by others. There are some exceptions to this i.e. in theatres where A/ODP/anaesthetic nurses are required to prepare medicines for administration by another person. This is only acceptable when carried out on the instructions and in the presence of a doctor or dentist.

Please ensure to refer to local operating department policy for further information on rules, responsibilities and accountabilities.

Principles for the administration of medicines

In accordance with your professional accountability and in the best interest of your patient you must:

- Wash hands in accordance with Hand Hygiene and Infection Control Policy
- Read drug chart, ensure that the patients name and hospital number are recoded clearly on the front page and inside the drug chart
- Check the ward, consultant and weight are recorded on each chart
- Read all sections of the drug chart for doses, period, duration of drug administration, administration type (oral, intravenous)

- Check patient identity (hospital identity band against details on a drug chart) Familiarise yourself with Patient Identification Policy.
- Check whether the patient has any drug allergies/no allergies and ensure that this is documented on the drug prescription chart, and on the yellow allergy page at the front of the patient's medical notes. Where there is a drug sensitivity/allergy, ensure the patient is wearing a red allergy bracelet.
- Check all prescriptions for completeness and legibility – if there is any doubt about either of these, do not give the drug until the prescription has been amended.
- Name of the drug – drugs are supplied by the Pharmacy Departments using internationally approved name.
- Some dosage forms are not equivalent (e.g. Nifedipine 20mg is not the same as Nifedipine 20mgs Slow Release). If the patient says that the medication looks different check that they are receiving the correct form.
- Wherever possible the preparation of medicines should take place as close to the time of administration as possible.
- Medications via different routes e.g. oral and intravenous should not be prepared together (DoH; 2004). This is to avoid inadvertent administration of medicines via the wrong route.
- Make clear, accurate and immediate record using black ink of all medicine administered, intentionally withheld or refused by the patient, ensuring administered, intentionally withheld or refused by the patient are clear and legible. It is also your responsibility to ensure that a record is made when delegating the task of administering medicine.

All staff administering medications must be aware of the Trust's anaphylaxis policy.

Patient Group Direction

A Patient Group Direction (PGD) is a written direction relating to supply and/or administration of medicines and must comply with the guidance set out in Health Service Circular HSC2000/026. The qualified health professionals who may supply or administer medicines under a PGD are nurses, midwifes, pharmacists, radiographers, physiotherapists, paramedics, optometrists, chiropodists, orthoptists and health visitors. Supply and/or administration of medicines can only be carried out by **named** individuals.

Independent and Supplementary Prescribing

The amended Prescription Only Medicines Order, Pharmaceutical and Charges Regulations permit nurses and midwives who have undertaken a Nursing and Midwifery Council (NMC) approved programme of extended educational preparation and training, to prescribe from an Extended Formulary from April 2002. Please refer to the Nursing, Midwifery & Pharmacist Independent Prescribing Policy (Nov 2003) for further information.

Supplementary Prescribing is a voluntary prescribing partnership between an independent prescriber and a supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient's agreement. Section 63 of the Health and Social Care Act 2001 allowed Ministers, by Order, to designate new categories of prescriber, and to set conditions for their prescribing. Amendments to the Prescription Only Medicines Order and changes to NHS regulations to allow the introduction of supplementary prescribing were laid before Parliament on 14th March 2003 and came into force on 4th April 2003.

Local Policies

Local areas are expected to adhere to the principles outlined within this policy, but specific guidelines may also be in place for staff functioning in these areas. It is expected that staff are orientated to these guidelines and that they are published and displayed locally.

Paediatric Issues

See Chapter 4.3 recommendations for safer use of medicines in children – Building a Safer NHS for Patients, DoH 2004

References

British National Formulary

Department of Health (2004) Building a Safer NHS for Patients – Improving Medication Safety, DoH; London. www.dh.gov.uk/PublicationsAndStatistics

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Clinical Pharmacy sub group of Welsh Chief Pharmacists Committee, September 2004.