

MERSEY CARE NHS TRUST – HOW WE MANAGE MEDICINES

**MM 14 Administration of Medicines in the Specialist Learning Disabilities  
Division**

*Medicines Management Services aim to ensure that*

- (i) Service users receive their medicines at times that they need them and in a safe way.*
- (ii) Information on medicines is available to staff, service users and their carers*

**KEY ISSUES**

**This procedure sets out the principles for the procedure for the safe administration of medicines with the division.**

**It should be read in conjunction with the trust-wide Handling of Medicines Policy SD12**

Medicines Management Procedure – MM  
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## SUMMARY OF AMENDMENTS

### Section 4.1

The Registered Nurse or Accredited Person is responsible for the delegation of any aspects of the administration of medicines. The medicine round should be viewed as a therapeutic intervention between the Registered Nurse and the patient. The Registered Nurse must ensure that there is every opportunity for medicines to be given in private to the patient and that there is ample time for the nurse to discuss any concerns, check issues such as consent and the service user/patient understanding of the medicines they are taking.

If there are risk issues that prevent the patient/service user from accessing the clinical area this must be clearly documented in their risk management plan and be acknowledged as a restrictive practice; with the MDT reviewing monthly with the aim of removing the restriction.

### **August 2015**

Section 4.8 updated

Section 4.8.4 removed

### **September 2015**

Section 4.2 and 4.6 - A second Registered nurse is required for controlled drugs (see Controlled Drugs Procedure M9.0).

**SUBJECT: Administration of Medicines  
(Secure Services)**

**1. INTRODUCTION**

- 1.1 Registered Nurses are the largest professional group to administer medicines, however, a Medical Officers, and/or Accredited Persons are also authorised to administer medicines within the Trust.
- 1.2 Each Registered Nurse is accountable for his/her own practice. This practice includes preparing, checking, and administering medication, updating their knowledge, monitoring the effectiveness of treatment, reporting adverse affects of medicines, and supporting service users/patients in decision making in relation to their medicines.
- 1.3 Medical Officers are also required to meet the same standards
- 1.4 It is the responsibility of the Registered Nurse supervising the Accredited Person that they can demonstrate the same level of competency.
- 1.5 All Registered Nurses must be conversant and compliant with Nursing and Midwifery Council (NMC) Standards for Medicines Management.

<http://www.nmc-uk.org/Documents/Standards/nmcStandardsForMedicinesManagementBooklet.pdf>

**2. PURPOSE**

The purpose of this procedure is to outline the Trust requirements in relation to the safe administration of medicines.

**3. GENERAL PRINCIPLES**

- 3.1 Medicines must only be administered in a line with a valid prescription that has been written by a Medical Officer. If ever in doubt about any aspect of medicine administration always ask.
- 3.2 Medicines may only be administered by authorised staff:
  - Medical Officer/Dentist
  - Registered Nurse
  - Accredited Person
- 3.3 There are certain circumstances under which **Accredited Persons are not allowed** to administer medication, such as:
  - Invasive clinical procedures such as injections, enemas, suppositories and pessaries.
  - Where a Controlled Drug has been dispensed. This must only be administered by a Registered Nurse witness (*see Controlled Drug Procedure M9.0*).
  - 'As required' or discretionary medication.

3.4 (Lancaster Service) where a discretionary medication has already been authorised by the medical officer then with the authorisation of a Registered Nurse discretionary medication can be administered and witnessed by an accredited person.

### 3.5 **Service Users/Patients with Swallowing Difficulties**

3.5.1 If a service user/patient has difficulties in swallowing medication the Pharmacy will be contacted for advice on alternative formulations.

3.5.2 If liquid medicine is required and a medicine spoon or graduated measure cannot be used an appropriate oral/enteral syringe will be used to measure the oral liquid medicines.

3.5.3 These syringes should **not** be compatible with intravenous or other parenteral devices.

3.5.4 All oral/enteral syringes will be clearly labelled to aid selection and use. These devices must be clearly labelled 'Oral' and/or 'Enteral' in a large font size.

3.5.5 Enteral feeding systems are not common practice. If there is ever a requirement to do this reference will be made to the following publications for guidance.

- Promoting safer measurement and administration of liquid medicines via oral and other enteral routes (*Safer Practice Notice 19 - NPSA 2007*).
- The Royal Marsden Hospital Manual of Clinical Nursing Procedures.

### 3.6 **Prior to Administration**

3.6.1 Check that the approved cupboard is locked if it is not - lock it and report the fact at once to the Clinical Lead/Clinical Nurse Manager, before checking all bottles against the Medicine Record (see *Procedure No M7.1 Incident Reporting Procedure*).

3.6.2 Ensure that the necessary equipment for administration is available.

### 3.7 **Timing and Location of Administration of Medicines**

3.7.1 For the main rounds (*after meals*) medicines should normally be given out from where the medicines cupboard is located or designated area if away from the medicine cupboard.

3.7.2 If there is a requirement to administer medicines away from the area there must be a record made in the 24 Hour Report Book/recording system of the reason why. The medicine must be administered directly by the Registered Nurse or Accredited Person.

3.7.3 When medicines are being prepared there cannot be any service users/patients in the area. When medicines are being administered

only the service user/patient receiving the medicines will be in the area.

- 3.7.4 **The NPSA Publication - 'Rapid Response Report NPSA/2010/RRR009: Reducing Harm from Omitted and Delayed Medicines in Hospital'** advocates that medicines should be administered plus or minus two hours from the time prescribed on the prescription. Some specific medicines and situations where administration should be much closer to the prescribed time or clinical indication. The examples suggested have been split into two groups as follows:-

#### **Group One**

- Resuscitation medicines including colloid or crystalloid IV fluids.
- First doses of injected anti-infectives.
- First doses of injected anticoagulants or thrombolytics.
  - First dose of injected anticonvulsants including benzodiazepines.
  - "Once Only" doses of any medicine if the prescriber requires the dose to be administered before the next regular medicine administration round.

#### **Group Two**

- Insulin - linked to when food will be actually eaten
- Strong analgesics
- Bronchodilators
- Glyceryl trinitrate
- Parkinson's disease medicines

- 3.7.5 For some of the medicines in the second group, enabling service users/patients to self-administer their own medicines at the most appropriate time is a practical approach, but may not be appropriate for all service users/patients.

## **4. ADMINISTRATION OF MEDICINES**

- 4.1 The Registered Nurse or Accredited Person is responsible for the delegation of any aspects of the administration of medicines. The medicine round should be viewed as a therapeutic intervention between the Registered Nurse and the patient. The Registered Nurse must ensure that there is every opportunity for medicines to be given in private to the patient and that there is ample time for the nurse to discuss any concerns, check issues such as consent and the service user/patient's understanding of the medicines they are taking.

If there are risk issues that prevent the service user/patient user from accessing the clinical area this must be clearly documented in their risk management plan and be acknowledged as a restrictive practice; with the MDT reviewing monthly with the aim of removing the restriction.

- 4.2 The Registered Nurse or Accredited Person will:-

- Read the prescription.
- Make sure it is understood. If in any doubt do not give the medicine.
- Check the identity of the service user/patient with the name on the prescription.
- You must check that the service user/patient is not allergic to the medicine before administering it.
- You must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications.
- You must be aware of the service user's/patient's plan of care (*care plan/pathway*).
- You must administer or withhold in the context of the service users/patient's condition.
- Check from the administration record that the dose has not already been given.
- Check that all details are correct and that the medicine container labels correspond with the prescription.
- Where medication has been prescribed within a range of dosages it is acceptable to titrate the dose according to the service user/patient response and symptom control and to administer within the prescribed range.
- You must check the expiry date (*where it exists*) of the medicine to be administered.
- Where a service user/patient is compulsorily detained check that consent or second *opinion* (*where appropriate*) are current and reflect what is written on the consent/second opinion forms.
- If the Registered Nurse or Accredited Person is not satisfied that the consent/second opinion form has been completed correctly they are responsible for informing a Medical Officer of the situation and the medicine withheld until the RC or nominated Deputy has reviewed the form.
- Give medicine on a spoon or in a medicine glass, and ensure that it is swallowed, not retained in the mouth (*always offer a drink*).
- The administering Nurse must sign the administration record. A second Registered nurse is required for controlled drugs (see Controlled Drugs Procedure M9.0).
- Registered Nurses and Accredited Persons must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications.

- 4.3 Medicines **MUST NOT** be left with service users/patients or unattended in medicine pots.
- 4.4 If medication is refused by service users/patients it should be discarded immediately – single tablets/capsules may be disposed of in a Sharps container and single liquid dose may be disposed of down the sink. This is not the case for controlled drugs, (see *Controlled Drugs Procedure M9.0*).
- 4.5 **Topical Medication**
- 4.5.1 There is a requirement that all prescribed medicines will have a record of administration completed by the administering nurse.
- 4.5.2 Wherever the risk is appropriate service users/patients will have a ‘Self Administration’ plan developed (see *section 7*) to use topical medication and the code for ‘self administration’ recorded within the administration record at the appropriate times.
- 4.5.2 Where it is not appropriate for a ‘self administration’ plan the registered nurse has a responsibility to record all administrations or omissions for medicines on the MAR.
- 4.6 **“As Required” and “Once Only”**
- 4.6.1 “As required” medication must only be given by a Registered Nurse. A second Registered Nurse may act as witness is not mandatory, but may assist in supporting the administration process.
- With the exception of Buccal/Midazolam which can be given by an appropriate trained person (see *Procedure M9.4 Administration of Buccal Midazolam*).
- 4.6.2 “Once only” can be given by a Registered Nurse as per the instructions on the MAR.
- 4.6.3 Where an “as required” medication is administered to prevent the imminent threat of violence, i.e. rapid tranquillisation, the requirements outlined within Procedure M9.1 Management of Clinical Risk Associated with Disturbed and Violent Behaviour by the use of Rapid Tranquillisation must be implemented.
- 4.6.4 Each ‘as required’ medication administration must be followed by an initialled entry by the Registered Nurse in the administration record under the date given at the time of giving the medicine(s).
- 4.6.5 Also record the administration in the Clinical Notes and select the “include in 24 Hour Ward Report Tab”.
- 4.6.6 Lancaster Service – (Lancaster Service)-In a medical emergency an Accredited Person can administered medication such as an inhaler whilst waiting for medical assistance. The accredited person should sign the medication card.
- 4.7 **Discretionary Medication**

- 4.7.1 Only the discretionary medicines with a Medical Officers authorising signature may be given to service users/patients. If the discretionary medicine is not to be given the prescription must be stamped with the “discontinued” stamp.
- 4.7.2 Discretionary medication shown on the MAR may only be approved for administration by a Registered Nurse.
- 4.7.3 (Lancaster Service) Where a discretionary medication has already been authorised by the medical officer then with the authorisation of a Registered Nurse discretionary medication can be administered and witnessed by an accredited person.
- 4.7.4 The service users/patients must be referred to a Doctor if the administration from this list becomes a regular event; there should be no more than 10 administrations in 28 days without a review.

#### 4.8 **Day Leave Medication**

Leave medication must be ordered via the reverse of the MAR chart for all medicine administrations given outside of the Trust

- 4.8.1 Each area will use a special container for day outing medicines, this will be kept in the approved cupboard when not in use.
- 4.8.2 Medicines will be placed in a container by the Registered Nurse/Accredited Person and the label printed with the service user’s/patient’s name and area telephone number.
- 4.8.3 Hand medicines to escort in charge of the trip or to service user/patient himself if unescorted.

#### 4.9 **Extended Leave including Holidays**

- 4.9.1 Medication administration whilst the service user/patient is on holiday will be subject to the same requirements as if the service user/patient was residing within the Hospital.
- 4.9.2 Provision will need to be made at the holiday destination for the safe handling and storage of the dispensed medication. This is the responsibility of the Nurse in Charge of the holiday.
- 4.9.3 The recording of medicine administration whilst the service user/patient is on holiday will be recorded into the service user’s/patient’s holiday journal. This entry must record the medicine given including dosage, date and time.
- 4.9.4 With regards to refusals or spoilt medicines these must be recorded within the holiday journal with the same requirements as if the service user/patient was within the Hospital.
- 4.9.5 Whilst the service user/patient is on holiday enter “H” on the medicine card in the drug administration section as a record of the service users/patient’s absence.

#### 4.10 Omissions

- 4.10.1 If a medicine is omitted for any reason a record will be made on the MAR by substituting the initial with the appropriate code (*see front of MAR*).
- 4.10.2 Where it is not possible to administer medication for a reason not specified on the medicine record the symbol x should be placed in the appropriate box and the reason for omission recorded in the Diary Notes and 24 Hour Report Book/ recording system.
- 4.10.3 In addition if a medicine is omitted due to an illegible or invalid prescription, record this fact in the 24 Hour Report Book/recording system. The Nurse in Charge must contact the prescribing Doctor, and ask them to attend the ward and amend the prescription. If out of hours and they are not available the Nurse in Charge must contact the Duty Medical Officer and inform them of the situation asking them to attend the ward to review the prescription.
- 4.10.4 (Lancaster Service) On call/nurse in charge to contact Clinical Lead on site for advice and support and to contact duty medical officer to inform them of the situation and to review the prescription.
- 4.10.4 If the Duty Medical Officer will not attend the ward the Nurse in Charge must contact the Clinical Nurse Manager/On Call Clinical Nurse Manager to liaise with the Doctor directly.

### 5. ROLE OF WITNESS TO THE IDENTIFICATION OF THE PATIENT

For the administration of medication,:

- Ensure the name and identity of the service user/patient corresponds with the name on the medicine card.
- ensure only 1 service user/patient at a time comes for their medication and that other staff or clients do not enter the vicinity

### 6. AFTER THE MEDICATION ROUND

- Lock and recheck the cupboard is secure.
- Ensure all utensils/equipment/bottles are washed and clean.
- Sign and record time against “medicine round completed” in 24 Hour Report Book/ recording system.

At night the Registered Nurse/Accredited Person will follow the same general rules.

### 7. SELF ADMINISTRATION

Where it is agreed at the service user's/patient's CPA Meeting that a service user/patient embarks upon a training programme for self-administration a risk

assessment will be undertaken and clear guidelines developed. The guidelines will include:-

- Information about the maximum number of doses to be carried at any one time.
- The checking procedures to ensure correct dosage is being administered.
- Indications for suspending self administration pending review.

A suitable container will be requested from the Pharmacy. Storage should be as per Procedure M5.1 Storage of Medicines.