

MERSEY CARE NHS TRUST – HOW WE MANAGE MEDICINES

**MM 18 Reporting Medicines Related Incidents within the Specialty 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 is the procedure for reporting medicines related incidents in the former Calderstones services. Staff should also read this procedure in conjunction with the trust-wide Handling of Medicines Policy SD12**

Medicines Management Procedure – MM18  
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## SUMMARY OF AMENDMENTS

APPENDIX A: removed

NPSA Risk Assessment Tool for the Preparation and Administration of Injectable Medicines in Clinical Areas – removed

- 4.1 If a Healthcare Professional suspects that a drug or combination of drugs may have caused an adverse reaction they must report the observation via the Medicines Control Agency Reporting Protocol (*see Yellow Card in BNF*) and complete a Ulysses Form (*Procedure- Incident and Accident Reporting*) as soon as possible.
- 4.2 Details of how to report and what to report can be found on the following web site:  
  
<https://www.gov.uk/the-yellow-card-scheme-guidance-for-healthcare-professionals#how-to-report>
- 5.2 If a ward requires medical assistance and is having difficulty obtaining some then the Clinical Nurse Manager or On Call Nurse Manager must be informed and they will liaise directly with the Medical Officer.

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**SUBJECT: Incident Reporting  
(Secure Services)**

## **1. INTRODUCTION**

### **Errors or Incidents in Relation to Medicine Management**

If an Accredited Person or Registered Nurse has administered medication in error then they **must** immediately notify the Nurse in Charge of the ward (*if not involved*) who will inform the Duty Nurse. The Nurse in Charge will seek an opinion from a Medical Officer as to the necessary course of action to be taken.

#### **The following information will be required for the Doctor:**

- Name of the medication given in error.
- Dose and the route given.
- Any prescribed medication that the client/patient has also been administered.

The Clinical Nurse Manager/On Call Manager will take any intermediary action necessary to alleviate the situation or prevent further harm.

#### **The Nurse in Charge will complete the following:**

- A Ulysses record (Procedure for Incident and Accident Reporting) will be completed and categorised in accordance with the agreed classifications, and the Clinical Nurse Manager or nominated deputy allocated as Incident Manager.
- An entry will also be made in the 24 Hour Report Book and in the individual's diary notes.
- Replacement medication will be requisitioned as a loss in accordance with this procedure.

In all cases statements will be completed by the administering person and any witnesses to the error.

## **2. INVESTIGATION OF MEDICATION ERRORS**

### **2.1 All incidents - Medicines Lost**

#### **2.1.1 Immediate Action – Registered Nurse/Accredited Person**

On discovery of loss of medicines the Registered Nurse/Accredited Person will:-

- Lock the cupboard.
- Search immediate area.
- Where appropriate enquire from individuals in the vicinity (*upon strong suspicion you may need to instigate the Search Procedure: Search of a Client/Patient and their Belongings*).
- Inform Matron/Duty Nurse.
- Check all medicines in cabinet against Medicine Record.
- Complete PRISM record.
- Make entry in 24 Hour Report Book to alert other shifts of possible danger.
- Make statement for the Matron outlining circumstances and action taken.
- Requisition losses.

#### **2.1.2 Action – Matron**

Consider wider action which may be necessary if a dangerous medicine or quantity is missing, i.e.

- Inform Service Manager.
- Inform other service areas.
- Inform Duty Medical Officer.
- Consider whether Police action necessary.
- Countersign requisition for replacement of loss.
- No reissue will be made unless this procedure is followed. The Clinical Lead will sign if the Clinical Nurse Manager is unavailable.
- This must be followed if the replacement is required urgently from the Emergency Drug Cupboard.
- Add to the statement as necessary. Summarise all action taken. Check 24 Hour Report Book and list all staff that have been involved in the administration process since discovery of the loss.
- Full report to the Clinical Nurse Manager

**NB: If the missing drug is a Controlled Drug please follow guidance detailed within Controlled Drug Procedure MM19 including notification of the Accountable Officer.**

### **3. REPLACEMENT OF MEDICINES**

- 3.1 Complete the Medicine Requisition Replacements Book and get the Matron to sign the losses section of the book.
- 3.2 The top copy is sent to Pharmacist together with client's/patient's Medicine Record and the container.
- 3.3 Pharmacist will enter quantity issued, in red, on medicine record with symbol "R" beside quantity of medicines. Quantity issued will also be entered on the top copy requisition, which is retained in the Pharmacy.

### **4. ADVERSE DRUG REACTIONS**

- 4.1 If a Healthcare Professional suspects that a drug or combination of drugs may have caused an adverse reaction they must report the observation via the Medicines Control Agency Reporting Protocol (*see Yellow Card in BNF*) and complete a Ulysses Form (*Procedure for Incident and Accident Reporting*) as soon as possible.
- 4.2 Details of how to report and what to report can be found on the following web site:  
  
<https://www.gov.uk/the-yellow-card-scheme-guidance-for-healthcare-professionals#how-to-report>
- 4.3 The Trust's Pharmacy Department will be responsible for cascading all information pertaining to national drug recalls and individual drug defects sent to them from MHRA.

### **5. OUT OF HOURS MEDICAL ASSISTANCE**

- 5.1 Where medical assistance is required with regard to a client/patient the Clinical Lead must be made aware of the situation. At weekends the On Call Nurse Manager must be kept informed of all medical assistance/advice being sought.
- 5.2 If a ward requires medical assistance and is having difficulty obtaining some then the Clinical Nurse Manager or On Call Nurse Manager must be informed and they will liaise directly with the Medical Officer.