

## MERSEY CARE NHS TRUST – HOW WE MANAGE MEDICINES

*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*

### **Discretionary Medicines Procedure MM08**

#### **KEY ISSUES**

- **This procedure applies to all nurses that have successfully completed discretionary medicines training**
- **The department/ward manager will be responsible for assessing the eligibility of staff able to supply and administer medicine under this procedure**

#### **OBJECTIVES**

- **To ensure that all staff follow standard procedures when dealing with Discretionary Medicines**
- **To provide a standard for Discretionary Medicines within Mersey Care NHS**
- **To ensure that all members of staff working within Mersey Care NHS Trust are aware of their roles, responsibilities and limitations with respect to discretionary medicines.**

Medicines Management Procedure – MM08

Approved by Drugs and Therapeutics  
Committee

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Author(s) Julia Mayer, Lee Knowles

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## DISCRETIONARY MEDICINES PROCEDURE

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## 1. INTRODUCTION

### 1.1 Rationale

To allow qualified nursing staff to administer certain medication to hospital inpatients without it being prescribed by a doctor in situations where a delay in administration would be detrimental to the patient. The medicines in question are mainly 'homely remedies'.

### 1.2 Scope

The policy applies to registered nurses in the Local division and Medium and Low Secure Services only, who are band 5 or above with at least one years post registration experience and who: -

- a) have fully understood each drug protocol within the policy and successfully completed the training provided by the pharmacy department
- b) have agreed to strictly adhere to the contents of each protocol
- c) will only administer the appropriate medication where a delay in administration would be detrimental to the patient
- d) must record the time and date of any non-prescribed medication administered on the front section of the drug chart (once only treatments section) and clearly sign it
- e) will record in the patient's case notes, the following:-
  - name of drug given
  - dose/strength of drug
  - indication for use
  - date of administration
  - time of administration
  - signature of nurse

**Bank staff are excluded from using the policy.**

**This procedure is not used within High Secure Services or Specialist Division as separate systems for prescribing of homely/discretionary medicines operates for those services.**

### 1.3 Principles of the Policy

This policy will benefit hospital inpatients by increasing access to certain medication prior to a full assessment and prescription by a doctor.

## 2. THE POLICY

### GAVISCON ADVANCE LIQUID or PEPTAC LIQUID

USE: Indigestion  
Heartburn

DOSE: Gaviscon Advance - 5ml to be given up to a maximum of four times a day in 24 hours  
Peptac Liquid - 10ml to be given up to a maximum of four times a day in 24 hours

Maximum that can be given before a Doctor is required to prescribe it:

Gaviscon or Peptac can be given for 48 hours before a Doctor is required to prescribe it.

Gaviscon or Peptac cannot be given to the following patients:

- 1) Patients who are passing stools containing blood or black stools – refer to a Doctor
- 2) Patients who are coughing up or vomiting blood (may have the appearance of 'coffee grounds') – refer to a Doctor
- 3) Patients who are suffering from vomiting or constipation alongside indigestion – refer to a Doctor
- 4) Patients who are pregnant or breastfeeding – refer to a Doctor

### CAUTION

- Antacids can impair absorption of many other medicines. Avoid giving Gaviscon Advance or Peptac at the same time as other medicines. Try leaving two hours between giving Gaviscon Advance or Peptac and other medication.
- Non-steroidal anti-inflammatory drugs (NSAIDs) e.g. Ibuprofen, diclofenac, naproxen, may cause indigestion. If this occurs, the NSAID should be stopped as there is a risk of NSAID induced ulcer. Gaviscon Advance or Peptac can be given but refer to a Doctor when able to. If a patient has severe indigestion, blood in stools or vomiting blood – refer to a Doctor immediately.
- Each 5ml dose Gaviscon Advance contains an equivalent of 2.3mmol sodium. Each 10ml dose Peptac contains 6.2mmol sodium. This may be of importance when a highly restricted salt diet is required, eg. renal or cardiovascular conditions.

## **GLYCEROL (Glycerin) 4G SUPPOSITORIES**

USE: Rectally, to relieve constipation

DOSE: One suppository, when necessary

Maximum that can be given before a Doctor is required to prescribe it:

One Glycerol suppository can be administered before a Doctor is required to prescribe it.

Glycerol Suppositories cannot be given to the following patients:

- 1) Patients who are pregnant (see Lactulose)

NB: Moisten the tip of the suppository with water before use

NB: Glycerol suppositories usually work within 15-30 minutes

## LACTULOSE LIQUID

USE: Constipation in patients suffering from haemorrhoids  
Constipation in patients suffering from irritable bowel syndrome  
Constipation in pregnancy

DOSE: Three 5ml spoonfuls (15ml) to be given twice in 24 hours

Maximum that can be given before a Doctor is required to prescribe it:

Lactulose can be given for 72 hours before a Doctor is required to prescribe it.

Lactulose cannot be given to the following patients:

- 1) Patients who have evidence of gastro intestinal obstruction
- 2) Patients who are lactose intolerant
- 3) Patients with a history of eating disorders
- 4) Patients with undiagnosed acute or persistent abdominal symptoms - refer to a Doctor
- 5) Patients passing blood or stools containing blood - refer to a Doctor
- 6) Patients suffering from severe pain with constipation - refer to a Doctor
- 7) Patients with abdominal distension - refer to a Doctor
- 8) Patients suffering from vomiting as well as constipation - refer to a Doctor
- 9) Patients with galactosaemia
- 10) Patients with a colostomy or ileostomy

NB: Lactulose can take 1-2 days to work.

## LOPERAMIDE TABLETS

USE: Treatment of acute diarrhoea, in patients with no recent history of constipation

DOSE: Two tablets to be given initially, followed by one tablet after each loose stool  
Not more than 8 tablets can be given in 24 hours

Maximum that can be given before a Doctor is required to prescribe it:

Loperamide can be given for 24 hours before a Doctor is required to prescribe it.

Loperamide cannot be given to the following patients:

- 1) Patients who are also suffering from vomiting and/or fever and raised temperature (may have a gastro intestinal obstruction) - refer to a Doctor
- 2) Patients who are passing stools containing blood - refer to a Doctor
- 3) Patients who are passing stools containing mucus - refer to a Doctor
- 4) Patients with severe hepatic impairment
- 5) Patients with ulcerative colitis or Crohn's disease - refer to a Doctor
- 6) Patients who are currently taking antibiotics - refer to a Doctor
- 7) Patients who have diarrhoea accompanied by persistent, severe abdominal pain - refer to a Doctor
- 8) Patients who are pregnant or breastfeeding – refer to a Doctor

## CAUTION

- Encourage regular fluids during the episode of diarrhoea, to ensure replacement of lost fluids.
- Avoid prolonged use/over treatment with loperamide as it can lead to constipation.

## PARACETAMOL 500mg TABLETS OR SOLUBLE TABLETS

USE: Headache  
Fever  
Generalised, mild aches and pains

DOSE: Two tablets every 4-6 hourly when necessary for pain relief  
Not more than 8 tablets can be given in 24 hours

Maximum that can be given before a Doctor is required to prescribe it:

Paracetamol can be given for 48 hours before a Doctor is required to prescribe it.

Paracetamol cannot be given to the following patients:

- 1) Patients with known, impaired liver or kidney function. Clinical signs of liver impairment include jaundice, abdominal pain and tenderness, swollen abdomen
- 2) Patients with an alcohol dependency syndrome and clinical signs of liver impairment e.g. jaundice, ascites
- 3) Patients with an extremely intense headache which comes on suddenly without warning - refer to a Doctor (may be an emergency such as a subarachnoid haemorrhage)
- 4) Headache following head injury - refer to a Doctor
- 5) Pain felt in the eye - refer to a Doctor
- 6) Patients experiencing central nervous system involvement with headache eg. drowsiness, irritability, numbness, paraesthesia 'pins and needles', muscle weakness - refer to a Doctor immediately

### CAUTION

- Paracetamol is "hidden" in many medicines and accidental paracetamol poisoning does occur.
- Check carefully that any painkillers the patient is prescribed or may be taking, do not also contain paracetamol.
- Treat pain promptly. The tablets may take 30 minutes or so to work.



## SENNA TABLETS or SYRUP

USE: Uncomplicated, simple constipation

DOSE: Two tablets or 10ml syrup to be given at night before going to bed

Maximum that can be given before a Doctor is required to prescribe it:

Senna tablets or syrup can be given for two nights before a Doctor is required to prescribe it.

Senna cannot be given to the following patients:

- 1) Patients with a history of eating disorders
- 2) Patients with undiagnosed acute or persistent abdominal symptoms
- 3) Patients with a colostomy or ileostomy
- 4) Patients passing blood or stools containing blood - refer to a Doctor
- 5) Patients suffering from severe pain with the constipation - refer to a Doctor
- 6) Patients suffering with vomiting as well as the constipation - refer to a Doctor
- 7) Patients with abdominal distension – refer to a Doctor
- 8) Patients who have evidence of gastro-intestinal obstruction
- 9) Patients with irritable bowel syndrome - give Lactulose (see protocol for Lactulose)
- 10) Patients with haemorrhoids - give Lactulose (see protocol for Lactulose)
- 11) Patients who are pregnant or breastfeeding – refer to a Doctor

NB: Tablets or syrup act in 8-12 hours.

Some patients may suffer from abdominal cramps due to the increase in intestinal mobility. Reduce the dose or discontinue if this is a problem.

Encourage patient to take plenty of fluids and provide dietary advice.

### CAUTION

- Risk of diarrhoea; if this occurs, discontinue and reassess. If bowel habit is not regular, consider diagnosis of overflow diarrhoea due to high impaction, before treating with loperamide. Refer to a doctor.

## SIMPLE LINCTUS

USE: Relief of cough symptoms

DOSE: 5ml to be given up to a maximum of three times in 24 hours.  
Can be taken in a small amount of warm water.

Maximum that can be given before a Doctor is required to prescribe it:  
Simple Linctus can be given for 72 hours before a Doctor is required to prescribe it.

Simple Linctus cannot be given to the patients:

- 1) Asthmatics - seek a Doctor's advice if patient is suffering from cough symptoms
- 2) Coughing up blood stained sputum - refer to Doctor
- 3) Severe pain on coughing or on inspiration - refer to a Doctor
- 4) Patients who are pregnant or breastfeeding – refer to a Doctor

**NB: If patient is diabetic, only administer if the sugar free preparation is available**

Check if sputum is discoloured. This may indicate an infection, which would require antibiotics. Simple Linctus can still be administered in this case to control short-term symptoms. Sputum samples should be taken and a Doctor contacted.

Check the patient is not on an ACE inhibitor (eg. captopril, enalapril, fosinopril, lisinopril, perindopril, ramipril). Simple Linctus can be given to control short-term symptoms but a cough can be an adverse effect of ACE inhibitors, so refer to a Doctor as the use of the ACE inhibitor may need to be reviewed.

## **SODIUM CITRATE ENEMA ('RELAXIT')**

USE: Rectally, to relieve constipation

DOSE: The contents of one micro-enema when necessary

Maximum that can be given before a Doctor is required to prescribe it:

One Micralax enema can be administered before a Doctor is required to prescribe it.

Micralax cannot be given to the following patients:

- 1) Patients with inflammatory bowel disease
- 2) Patients who are pregnant or breastfeeding – refer to a Doctor

NB: Micralax works within 5-15 minutes

### **CAUTION**

- Excessive use may cause diarrhoea and fluid loss, which should be treated symptomatically. If this occurs, discontinue and re-assess.

## NICOTINE TRANSDERMAL PATCHES

USE: Nicotine Replacement Therapy (NRT) for trust wards that have become completely smoke-free

DOSE: Individuals who smoke more than 10 cigarettes daily should apply a high-strength patch daily for 6-8 weeks.  
Individuals who smoke fewer than 10 cigarettes daily may start on a medium strength patch.

### Maximum that can be given before a Doctor is required to prescribe it:

The trust allows Nicotine Replacement Products (Patches or Inhalators) to be given for 48 hours before a Doctor is required to prescribe it. The prescribing doctor should decide on the longer term NRT option after discussion with the service user regarding all options available in the trust formulary.

### NRT patches cannot be given to the following patients:

- 1) Transdermal patches should not be placed on to broken skin
- 2) Transdermal patches should not be used in patients with skin disorders

### CAUTION

- When initiating NRT in patients with **diabetes mellitus** – blood glucose concentration should be monitored closely
- Used with caution in patients who have recently been hospitalised for **MI, severe dysrhythmia or CVA** – a doctor should be contacted to prescribe appropriate NRT
- Used with caution in patients with **uncontrolled hyperthyroidism**
- **Seizures:** Potential risks and benefits of nicotine should be carefully evaluated before use in service users taking anti-convulsant therapy or with a history of epilepsy

## NICOTINE (Nicorette) 15mg INHALATOR

USE: Nicotine Replacement Therapy (NRT) for trust wards that have become completely smoke-free

DOSE: Nicorette Inhalator should be used whenever the urge to smoke is felt or to prevent cravings in situations where these are likely to occur. Smokers who stop smoking immediately should initially replace all their cigarettes with the Inhalator and as soon as they are able, then reduce the number of cartridges used until they have stopped completely.

### Maximum daily dose: 6 cartridges.

Each cartridge can be used for approximately eight 5-minute sessions, with each cartridge lasting approximately 40 minutes of intense use.

### Maximum that can be given before a Doctor is required to prescribe it:

The trust allows Nicotine Replacement Products (Patches or Inhalators) to be given for 48 hours before a Doctor is required to prescribe it. The prescribing doctor should decide on the longer term NRT option after discussion with the service user regarding all options available in the trust formulary.

### NRT patches cannot be given to the following patients:

- 1) Service user's who have had any previous hypersensitivity to any component of the inhalator.

### CAUTION

- **Underlying cardiovascular disease:** In stable cardiovascular disease Nicorette Inhalator presents a lesser hazard than continuing to smoke. However dependent smokers with a recent medical history of myocardial infarction, severe dysrhythmia or CVA should be considered for non-pharmacological interventions. If this fails, Nicorette Inhalator may be considered but a doctor must be consulted.
- **Gastrointestinal disease:** Swallowed nicotine may exacerbate symptoms in patients suffering from oesophagitis, gastritis or peptic ulcers and oral NRT preparations should be used with caution in these conditions.
- Used with caution in patients with **uncontrolled hyperthyroidism**
- **Renal or hepatic impairment:** Nicorette Inhalator should be used with caution in patients with moderate to severe hepatic impairment and/or severe renal impairment
- When initiating NRT in patients with **diabetes mellitus** – blood glucose concentration should be monitored closely

### **General Information regarding stopping smoking**

Polycyclic aromatic hydrocarbons in tobacco smoke induce the metabolism of drugs metabolised by CYP 1A2 (and possibly by CYP 1A1). When a smoker stops smoking, this may result in slower metabolism and a consequent rise in blood levels of such drugs. This is of potential clinical importance for products with a narrow therapeutic window, e.g. clozapine, theophylline, ropinirole and warfarin. A doctor must be informed of service users beginning treatment with NRT products who are also taking these medications – further advice can be found in the trust's Smoke Free Policy and Medication document.

### **3. PROCEDURE**

A list of qualified staff enable to administer discretionary medication will be kept within the pharmacy department and within nursing administration. Review dates will be updated by senior nurse managers as appropriate.

Staff will have received the appropriate level NRT training as organised via the Smoke Free Committee.

An annual review (after the first review date) of the contents of the procedure will take place to ensure up to date information is available and for new medication to be included if and where appropriate.

### **4. DEVELOPMENT AND CONSULTATION PROCESS**

This policy has been developed by the Pharmacy Department, Mersey Care NHS Foundation Trust in consultation with senior nursing staff

### **5. REFERENCES**

British National Formulary (current edition)  
Electronic Medicines Compendium (eMC) for each medication, where available.