Northern Devon Healthcare NHS Trust

Document Control

Title			
Administration of Medicines Standard Operating Procedure			
Author		**Author's job title** Medicines Governance and Safety Pharmacist	
Directorate Trustwide		**Department** Trustwide	**Team/Specialty** Medicines Management

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2.1	Sept 2017	Draft	Minor amendment made, following outstanding action identified at DTC 21-09-17 'Registered' added to paragraph 1, section 6.3. For ratification by DTC 16-11-17
3.0	Nov 2017	FINAL	Approved by DTC 16-11-17
3.1	July 2018	Draft v3.1	Updated to include new roles, such as trainee and registered nursing associates. For DTC approval 20-09-18.
4.0	Sept 2018	FINAL	Approved DTC 20th Sept 2018
4.1	Jan 2021	Draft	Version 4.0 updated with stakeholder comments (recorded separately)
4.2	Jan 2021	Draft	Version 4.1 updated with further stakeholder comments (recorded separately); categories of medicines requiring a second check aligned to Trust Injectable Medicines Policy
4.3	Jan 2021	Draft	Reference to second check for TPN removed, to align SOP to Trust Injectable Medicines Policy. Information added about administration of medication prescribed as 'IV/Oral' (Section 6.3), following minor amendment to Trust Medicines Policy Requirements for second checks clarified (Section 6.4)
4.4	Mar 2021	Draft	Situations where a second check is required updated (injectable cytotoxics removed; Systemic Anti-Cancer Treatments added; paragraph on safe preparation of medicines (Section 6.5)
5.0	May 2021	FINAL	Approved by Trust Medicines Management Group 11th May 2021.

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Trust Head of Nursing
Medicines Management Group
Senior Pharmacy Management Team (including Trust Chief Pharmacist and Clinical Pharmacy Manager)
Senior staff nurse, Caroline Thorpe Ward (Paediatric services)
Paediatric Pharmacist
Clinical nurse leads – Accident and Emergency / Minor Injury Unit Services
Senior Nurse Forum / Ward Managers
Trust Resuscitation Service Manager
Theatre staff
Head of Therapies
Divisional Lead Nurses (Medicine, Surgery, Clinical Support and Specialist Services, including sexual health)</td><td>Contact responsible for implementation and monitoring compliance:
Director of Nursing
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Education/ training will be provided by:
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1. Background

1.1. It is the responsibility of staff to administer medicines in accordance with statutory and local rules and guidance issued by their professional body. Primary legislation concerning the administration of medicines is contained in the Medicines Act 1968 and the Misuse of Drugs Act 1971.

1.2. When administering medicines, Trust staff must also adhere to Codes of Practice and Standards set out by their professional bodies.

1.3. Registered staff undertaking administration of medication must have the required knowledge of the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contraindications.

2. Purpose

2.1. The Standard Operating Procedure (SOP) has been written to:

- Inform healthcare professionals employed by Northern Devon Healthcare NHS Trust about safe and appropriate procedures for administration of medicines to patients.

3. Scope

3.1. This Standard Operating Procedure (SOP) relates to the following staff groups

- Registered practitioners
- Year three student nurses and student midwives, according to current competencies
- Trainee nursing associates in final six months of training, according to current competencies

4. Location

4.1. This Standard Operating Procedure can be implemented in all clinical areas where trained and competent staff are available to undertake this role.

4.2. Staff undertaking this procedure must be able to demonstrate continued competence as per the Trust 'Assessment and Maintenance of Clinical and Medical Device Competence in Nurses, Midwives, AHPs and Support Workers' Policy.

5. Equipment

- Equipment to support the safe administration of medicines e.g. oral syringes, insulin syringes.

- Access to one of the following:
  - A valid prescription with directions to administer
  - A Prescription and Medication Administration Record (PMAR)
  - A Community Authority to Administer / PMAR
  - A GP Decision to Administer, DTA (GP generated Direction to Administer from GP clinical system) – see Appendix 1
  - Trust Patient Group Direction and associated Trust Clinical Protocol

NB: Other authorities to administer medicines are included in the Trust Medicines Policy (e.g. Trust Discretionary Medicines Standard Operating Procedure, list of medicinal products for parenteral administration in an emergency).

- Access to medicines information resources:
  - British National Formulary and North and East Devon Formulary on Trust intranet website, Bob.
  - The Summary of Product Characteristics (SPC), via the electronic Medicines Compendium website
  - The Injectable Medicines Guide website 'Medusa' accessible via link on Bob / Trust website Injectable Medicines Page

6. Procedure

6.1. Administration of Medicines – all settings

All medicines must be administered in accordance with Northern Devon Healthcare NHS Trust Medicines Policy.

The Trust Self-Administration of Medication Standard Operating Procedure permits patients to self-administer their own medication or for parents/carers to administer medication on behalf of patients where appropriate.

If not self-administered, medicines must either be administered by competent registered practitioners or by trained and competent Skilled Not Registered staff, following the Trust Medicines Policy for Skilled Not Registered Staff

Skilled Not Registered staff may only administer medicines as a delegated task from a registered practitioner, for a specific medicine or medicines, following the relevant associated Standard Operating Procedure/s for the service they work in, for the medicine/s specified.

The task of administering medicine/s via a Patient Group Direction may not be delegated.

All details of drug administration must be recorded by the practitioner responsible for administering the medication in accordance with the Medicines Policy.

Practitioners administering medicines must be competent in the treatment of anaphylactic shock and ensure adrenaline (epinephrine) 1:1000 is available to be administered for the emergency treatment of an anaphylactic reaction. The administration of adrenaline 1:1000 IM is included in the Medicines Act Exemption List for administration in life threatening conditions.

If the person administering a medicine has concerns about the clarity of the prescription or the suitability of the treatment they must contact the prescriber before administering the medicine.

Extended practice procedures may only be undertaken by appropriately trained and competent practitioners, following extended practice Policies and Procedures (e.g. Systemic Anti-Cancer Theapy, SACT).

6.2. Administration of medicines in the community

Medicines may be administered to patients in the community setting, by Trust registered practitioners, in accordance with one of the following:

- A valid Community Authority to Administer / Prescription and Medication Administration Record (PMAR)
- A GP Decision to Administer, DTA (GP generated Direction to Administer from GP clinical system) – see Appendix 1
- A Trust Patient Group Direction and associated Trust Clinical Protocol

- Other authority to administer medicines, as per the Trust Medicines Policy *(e.g. Trust Discretionary Medicines Standard Operating Procedure, list of medicinal products for parenteral administration in an emergency)*

Skilled Not Registered Trust staff working in the community setting must follow the Trust Medicines Policy for Skilled Not Registered Staff and Administration of Medications by Skilled Non-Registered Staff in the Community Standard Operating Procedure.

6.3. Procedure for the Administration of Prescribed Medicines

Read the prescription carefully.

For any Controlled Drug (CD) refer to and follow the Trust Controlled Drugs Policy and Standard Operating Procedure.

Check that the prescription is clearly written and unambiguous.

Know the therapeutic uses of the medicines to be administered, its normal dosage, side effects, precautions and contra-indications.

Information on medicines and their administration may be found in the manufacturers information leaflet, the British National Formulary (BNF), the Summary of Product Characteristics (SPC), via the electronic Medicines Compendium online at www.medicines.org.uk.

Consider the dosage, weight where appropriate, method of administration, route and timing of the administration in the context of the condition of the patient and pre-existing therapies.

Where a medicine has been prescribed as 'IV/Oral', the registered practitioner administering the medication must ensure that the prescribed dose is equivalent for both IV and oral routes (i.e. doses do not require adjustment according to the route of administration); the Prescription and Medication Administration Record must be annotated with the route of administration for each dose.

If the medicine is administered is an anti-coagulant check appropriate monitoring has been done in accordance with the Trust Anticoagulant Policies, Procedures and Guidelines (Trust Oral Anticoagulation Policy, Management of Patients Taking Oral Anticoagulants in Community Hospitals SOP, Perioperative Anticoagulant Guideline) and BNF recommendations.

If the medicine is to be administered via the injectable route, refer to the Trust Injectable Medicines Policy, associated SOPs and flowchart.

If the medicine administration time differs from the prescribed time, ensure that administration is still appropriate.

Ascertain from the administration record that the prescribed dose is appropriate and has not already been administered. Document the actual time of medication administration.

Select the medicine required and check the container label with the prescription.

Medication must not be prepared prior to the administration episode. It is unacceptable to prepare substances for injection in advance of their immediate use or to administer medication drawn into a syringe or container by another practitioner when not in their presence.

Be certain of the identity of the patient to whom the medicine is to be administered. For inpatients, check the patient name, date of birth, NHS number or unique identification on the patient's wrist band against the details on the Prescription and

Medication Administration Record. In addition, confirm patient identity with the patient and/or a patient photo where possible.

For outpatients and clinics, check the patient's full name and date of birth.

Obtain verbal patient consent for administration.

Check that the patient is not allergic to the medicine, following the Trust Recording and Checking Patient Allergy to Medication Status Standard Operating Procedure.

Check the selected medicine with the prescription as follows:

- Name, form and strength;
- The expiry date of the medicine;
- Quantity to be administered;
- If the medicine has been removed from a multi-dose container, check that it confirms in appearance with those units left in the original pack;
- The administration is in accordance with any dose instructions that may be on the container label or enclosed information leaflet.

6.4. Situations where a second check is required

The Trust requirements for a second check by another registered healthcare professional, student nurses, midwives, operation department practitioners or trainee /nursing associates (excluding IV medication administration for trainee / nursing associates) according to current competencies are outlined below:

Trust requirements for a second check are as follows:

- Systemic Anti-Cancer Therapy (SACT)
- Epidurals
- Controlled Drugs, according to and following the Trust Controlled Drugs Policy and Standard Operating Procedure.
- Administration of medicines to in-patients who are under 18 years of age*****.

***** Administration of medicines to children who are under 18 years of age in non-inpatient settings may be carried out without the requirement for a second check, providing that the practitioner is trained and competent to carry out the administration of the required medication. In such circumstances, there must be clear justification by the service lead why a second check is not possible or required. NB: Second checks are still required for controlled drugs and injectable medicines according to the relevant Trust Policy and associated Standard Operating Procedure/s.

When performing the second check, it is essential that the second checker understands their role and has the necessary experience and competence to detect any problem, challenge and intervene as necessary. If this is not the case, the second checker may decline to carry out the task of second checking, stating their reasons.

When completing the second check, it is best practice for the second checker to begin the process by assuming that an error has been made and then carry out sufficient checks to ensure that no error exists.

Administer the medicine as prescribed or following the direction to administer.

The administering practitioner is responsible for ensuring that the medication is actually taken by the patient. Medication should not be left so that it is accessible to other patients.

Once administration has been undertaken and/or observed, the administering practitioner must make a clear, accurate and immediate record of all medicines administered on the Prescription and Medication Administration Record or associated chart.

Where supervising a student nurse, trainee nursing associate or student midwife in the administration of medicines, the registrant must clearly countersign the signature / initials of the student nurse, trainee nursing associate or student midwife on the Prescription and Medication Administration Record.

If the medicine administration time differs from the prescribed time clearly annotate the true time of administration next to the signature for administration. Document the reason for any discrepancy on the patient's Prescription and Medication Administration Record or patient notes.

Administration of medication via Patient Group Direction (PGD) must be undertaken in accordance with and following the relevant Trust PGD.

6.5. Safety considerations when administering medication

Oral liquid medication may be administered using a 5ml medicines spoon or graduated medicines measure, providing that the medicine can be accurately measured; an appropriate oral / enteral syringe should be used to measure oral liquid medicine if a medicine spoon or graduated measure cannot be used.

When administering medicines to babies, an oral syringe is preferable, however, occasionally it may be necessary to administer medication via a teat / bottle, providing that dilution / compatibilities have been checked and documented.

When administering medication via an enteral tube, the Trust Standard Operating Procedure for Enteral Route Medication Administration must be followed.

Covert administration of medicines must only be carried out following the Trust Covert Administration of Medicines Standard Operating Procedure.

The opening of capsules and crushing of tablets will often constitute unlicensed use and should only be carried out where there is no suitable alternative, if the individual prescriber authorises in writing and there are no concerns regarding safety of patient or the Registrant administering medication.

Medication administered for the purpose of rapid tranquilisation must be done following the Trust Rapid Tranquilisation Policy.

To minimise the risk of administration by the wrong route, medicines for administration by different routes should not be prepared at the same time.

NB: Intravenous syringes must NEVER be used to measure and administer oral liquid medicines, as this could result in oral liquid medication being inadvertently administered by the intravenous route, resulting in a ‘Never Event’.

Medicines prepared but subsequently not administered to a patient must be disposed of correctly. Medicines must not be returned to the container from which they were removed.

Items that have a specific, limited shelf life after opening from example, liquids, lotions, irrigations, ophthalmic preparations, must be marked with the date and time of opening, to ensure timely disposal.

When a prescribed medicine is not administered to a patient for any reason, this omission along with the reason for omission should be recorded on the Prescription and Medication Administration Record and in the patient’s notes. Refer to the Trust SOP for Omitted and Delayed Medicines.

When a medicine is not available, it should be ordered and the prescriber informed when it will becomes available to assess the clinical implications of non-administration and inform any remedial action that may be required. Refer to the Trust SOP for Omitted and Delayed Medicines.

Any adverse drug reaction/s must be reported to the prescriber, recorded in the notes and a yellow card completed online.

Any incident occurring during administration must be reported according to Northern Devon Healthcare Trust incident reporting procedure and the Trust Standard Operating Procedure for Medication Incidents (Managing and supporting staff following a medication incident) followed.

6.6. Injectable medicines safety – specific safety points

Also see "Situations when a second check is required" section, above.

All medicines to be administered via the injectable route must be drawn directly from their original ampoule or container into syringes, and then either administered immediately or, if they are not for immediate use, the syringe is labelled by the person who prepared them and checked before later use. Only one unlabelled medicine must be handled at one time to avoid the potential for confusion / medication error.

Other than in embolization procedures, where embolic agents need to be mixed and prepared openly during a procedure, the use of 'open systems' (decanting of injectable medication into gallipots or other types of open container such as moulded plastic procedure trays), cannot be justified, due to the risk posed by unidentifiable solutions in the 'open system'. Patient safety alert NHS/PSA/D/2016/008 clearly states that "the use of 'open systems' in any situation, other than that described above, is an indefensible practice", so must not be used.

Where the use of an infusion device is indicated ensure that an appropriate device is used; where any infusion device is involved, check that it is correctly set.

6.7. Oral syringes – specific safety points

There is a risk of dosing error if different sized oral syringes are supplied with different concentrations of medication, leading to the risk of medication error.

When using an oral syringe for oral liquid medicine measurement and administration, never assume that the medication strength or size of syringe is always the same.

To minimise the risk of measurement error, always check the strength / concentration of the oral liquid and calculate the volume required to administer the prescribed dose. Ensure that the size / calibration of the oral syringe supplied (1ml, 2ml 5ml etc) is suitable to accurately measure the required volume of oral liquid.

Be aware that patients, carers or parents may have been be supplied with different concentrations of medicine and / or different sizes of oral syringes on separate occasions, increasing the risk of dosing error.

When supplying liquid medication for self-administration, ongoing care or at discharge, ensure that the patient, carer or parent understands the prescribed dose, the concentration of the oral liquid supplied and how to accurately measure the dose using the oral syringe supplied with the medication, in order to minimise the risk of measurement error. Supply the smallest size oral syringe required to give the dose volume, in order to measure the dose accurately, and ensure that the patient / carer understands how to measure the dose prescribed with the oral syringe supplied.

6.8. Administration of Discretionary Medicines

The Northern Devon Healthcare NHS Trust Discretionary Medicines SOP includes a list of discretionary medicines that may be administered in the absence of a prescription to adult patients, under the care of the Trust, by a registered practitioner competent to administer that medicine.

The Trust Discretionary Medicines SOP has been written to enable Northern Devon Healthcare Trust employed registered professionals to administer medication from a limited list, without the need for prescribing by a medical or non-medical prescriber for a period of 48hours, or up to 96 hours (including Bank Holidays) in situations where a delay in administration would be detrimental to the patient.

Discretionary medicines may not be administered to patients under 16 years of age and pregnant or breast feeding patients.

The registered practitioner administering the discretionary medicine takes responsibility for that administration and ensuring that there is not interaction or duplication with the patients prescribed medication.

Any discretionary medicines administered must be clearly documented on the patient Prescription and Medication Administration Record and clinical record.

7. References

- Injectable Medicines Guide (Medusa) online; accessible via link on Bob / Trust website Injectable Medicines Page
- British National Formula (BNF) – online or via BNF 'App' / latest edition
- National Patient Safety Agency Alert 2007: Promoting safer measurement and administration of liquid medicines via oral and other enteral routes NPSA/2007/19
- National Patient Safety Agency Alert 2007: Promoting safer use of Injectable Medicines NPSA/2007/20
- NHS Improvement 2016: Restricted use of open systems for injectable medication NHS/PSA/D/2016/008
- NHS Improvement Never Events List 2018 January 2018
- Resuscitation Council (UK) Emergency Treatment of Anaphylactic Reactions: Guidelines for Healthcare Providers. 2008 (Annotated with links to NICE guidance July 2012)
- Advisory Guidance – Administration of Medicines by Nursing Associates Health Education England
- Trust 'Assessment and Maintenance of Clinical and Medical Device Competence in Nurses, Midwives, AHPs and Support Workers' Policy 2020
- Ref: Devon LMC Monthly Newsletter – September 2019 issue 211

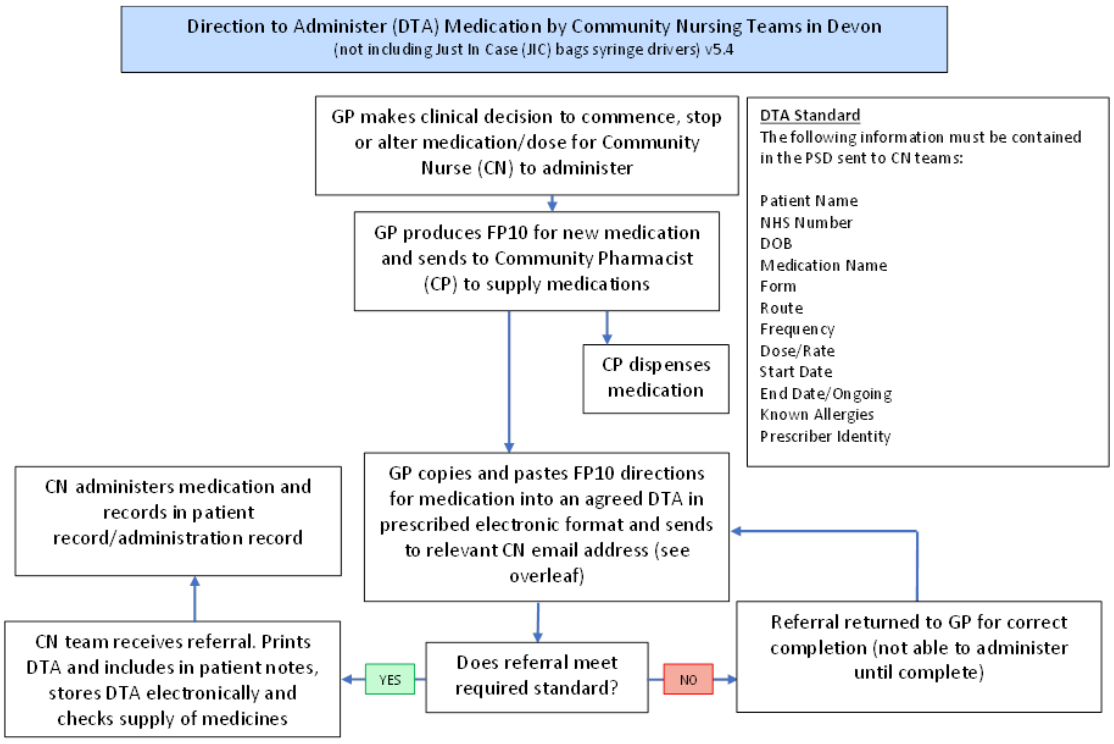
8. Associated Documentation

Northern Devon Healthcare NHS Trust Policies for:

- Medicines Policy and associated Standard Operating Procedures
- Injectable Medicines Policy, and associated Standard Operating Procedures
- Self-Administration of Medication SOP
- Omitted and Delayed Medicines SOP
- Discretionary Medicines SOP
- Trust Policy for the Safe Prescribing, Handling and Administration of Systemic Anti-Cancer Treatment and associated Standard Operating Procedures (SACT Policy agreed but not published – March 2021)
- Controlled Drugs Policy and SOP
- Enteral Feeding Tube Medication Administration SOP
- Covert Administration of Medicines SOP
- Patient Group Direction Policy
- Assessment and Maintenance of Clinical and Medical Device Competence in Nurses, Midwives, AHPs and Support Workers
- Trust Incident Reporting, Analysing, Investigating and Learning Policy and Procedures
- Medication Incidents SOP (Managing and Supporting Staff Following a Medication Incident)
- Rapid Tranquilisation Policy
- Recording and Checking Patient Allergy to Medication Status SOP
- Medicines Policy for Skilled Not Registered Staff and associated Standard Operating Procedures
- Non Medical Prescribing Policy

Appendix 1:

Direction to Administer (DTA) by Community Nursing Teams in Devon
(not including Just in Case [JIC] bags) flowchart



Ref: Devon LMC Monthly Newsletter – September 2019 issue 211