

SECTION 17 - ADMINISTRATION of MEDICINES To PATIENTS

1 General Principles

Medicines can only be administered in accordance with one or more of the following processes:

- Against a written entry made in a medicine cardex by a UK registered doctor, dentist, independent or supplementary prescriber.
- Patient Group Direction (PGD).
- Patient Specific Direction (PSD).
- Medicines Act exemption (e.g. Midwifery exemptions)
- NHSL Symptomatic Relief Policy

2 Medicines Administered in Hospital Wards

2.1 Medicines may be administered in hospital wards by:-

- A registered medical practitioner.
- A registered nurse/midwife/ODP.
- A student nurse provided supervision is given by a registered nurse.
- A student midwife, provided supervision is given by a registered midwife.
- A medical student, provided supervision is given by a registered or provisionally registered medical practitioner.
- Clinical Physiologists working within Department of Respiratory Medicine for the purposes of diagnostic investigation only and by agreement with medical staff.
- Approved and designated nursery nurses working within neonatal intensive care unit. Before a nursery nurse is authorised to administer medicines within the neonatal intensive care unit they must have completed the required training programme and comply with the Protocol for Administration of Medicines by Designated Nursery Nurses to Neonates.

2.2 **A two-person administration procedure** is required in hospital in the circumstances listed below. One of staff must be a suitably qualified registered nurse/midwife. The second person may be either a registered nurse/midwife, a student nurse/midwife (if the drug route is not intravenous) or a doctor.

- The administration of medicines to children under 12 years.
- The administration of Controlled Drugs. See Section 19, para 9 for further guidance on administration of CDs

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- The calculation of a weight-related dose.
- The calculation of quantity of drug to be administered.
- Calculation of flow rates for administration of intravenous drugs. A record is made on the IV charts of the persons involved in the setting up of medication which is administered continuously.
- IV additives which are not prepared in pharmacy.
- Administration of insulin

The second person shall check all aspects of administration and must be present during the whole procedure. Both will be held accountable for their practice.

These procedures must be carried out for every medicine administered.

Both persons must sign all relevant documentation.

In those wards/departments where there is only one registered nurse on duty – a health care assistant may act as a witness and may sign as a witness that the procedure/medicine administration has taken place, however they are not verifying dosage/rates of flow etc. For Controlled Drugs. See Section 19, para 9.

3 Medicines Administered in Patients' Homes

- 3.1 In the patient's own home members of staff are encouraged to assist patients to take their own medicines.
- 3.2 Staff who are not qualified in medicine or nursing must understand that in this situation they are acting as caring helpers rather than as professional health input; they should only do what a family member might reasonably be expected to do and be aware of their limitations. Such assistance should not be regarded as a formal medicines administration process as described below.

- 4 **Pre-Administration Procedures.** The person administering the medicine will:
 - Be certain of the identity of the patient to whom the medicine is to be administered. This is done by checking the name band or conforming to other locally agreed procedures.
 - Be aware of the patient's plan of care.
 - Ensure that the prescription is complete, correct, legible and unambiguous.
 - Identify the medicine to be administered on the patient's medicine prescription sheet/cardex/electronic prescription.

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- Check medicine sensitivity column / red wrist band.
- Check that the patient has no allergy to the drug before administering it.
- Check the medicine has not already been administered.
- Know the therapeutic uses of the medicines to be administered, its normal dosage, side effects, precautions and contra indications.
- Check the expiry date of the medicine to be administered.
- Have considered the dosage, method of administration, route and timing of the administration in context of the condition of the patient and co-existing therapies.

If there is any query about the drug, dose or other part of the prescription, or the advisability of administering the dose, the registered practitioner must consult the prescriber or pharmacist before administering the medicine.

5 Administration Procedure

The registered practitioner administering the medicine will:

- select appropriate drug against the medicine prescription.
- check the medicine label, dosage and expiry date. Do not administer any medicine which has passed its expiry date.
- remove the prescribed dosage from medicine container.
- check the medicine container/strip and dosage against the medicine prescription.
- administer the medication, or where appropriate as in the case of oral medication give the medication to the patient for them to take.
- Assess that there is no change in the patient's clinical condition as a result of taking the medication

It is important to ensure that the patient has actually swallowed the medication. Tablets and capsules must be "washed down" with a drink of water (unless the dose is to be followed immediately by a meal).

6 Recording

- 6.1 A clear and accurate record is made at the time of administration of all medicines administered or deliberately withheld, ensuring that all written entries are clear and legible

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- 6.2 All medicines administered to a patient must be signed for on the prescription chart by the registered practitioner who administered the medicine.
- For regular prescriptions initial the box corresponding to the date and time.
 - For "as required" medicines add the time and date of administration and initial the entry.
 - For "Once Only" Prescriptions administer the medicine and initial the appropriate box in the medicine recording sheet/electronic system.
- 6.3 Where medication is not given, the reason for not doing so must be recorded on the cardex/electronic system via the appropriate code (see back of cardex), circled and initialled.

7 Medicine Refusal by Patient

- 7.1 If a medicine is refused a record is made by: -
- By entering code number **3** (which indicates medication refused), circled and initialled in the box corresponding to the dose refused or in the electronic system.
 - For "once only" prescriptions write "refused" and initialled in the "given by" column of the medicine prescription sheet/electronic system.
- 7.2 Staff must consider whether the refusal of that medicine compromises the patient's condition or the effect of other medicines. The situation should be assessed and the prescriber contacted if necessary.

8 Missed Dose Procedure

- 8.1 Patients should not have consecutive missed doses without escalation to medical staff.
- 8.2 If a dose is missed the appropriate code for non-administration of drugs must be entered against the time when the drug should have been given. See codes on back page of cardex.
- 8.3 For drugs with a narrow therapeutic index e.g. gentamicin, warfarin etc the nurse should contact the prescriber to establish whether any action is required.
- 8.4 If the drug is administered later this administration must be recorded against the drug in the box marked 'other time' under the date that the medicine should have

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been administered.

9 Patient Absence During Medicine Round

- 9.1 If a patient is absent from the ward during the medicine round, enter code number **6** in the box on the medicine recording sheet/electronic system, circle and initial the entry.
- 9.2 The prescriber should be informed. If the drug is to be administered when the patient returns this must be documented on the cardex and in the nursing notes
- 9.3 If the drug is administered later this administration must be recorded against the drug in the box marked 'other time'.

10 Queries Regarding Missed Dose of Medication

- 10.1 The cardex must be checked to see if a code has been added to explain why the dose was not given.
- 10.2 If the nurse caring for the patient is still on shift, check with them why the dose was not signed, if a reason is given ask the nurse to add the appropriate code to the medicine cardex to explain the non-administration.
- 10.3 If there is no reason for non-administration but the medicine was **not given**, and **it is safe** to give the medicine later than prescribed, then administer the medicine and document why it was administered late.
- 10.4 If no information is gained from the cardex and the nurses have changed shift then check
 - The nursing record for any information which indicates that the dose was actually given (but not signed) or a reason why the dose was not given, such as venflon access problems for IVs or NBM for orals.
 - The medical notes for any information from the medical staff about a request for the dose to be withheld for any reason. If the reason for a dose being omitted is identified a medicine code should be added to the appropriate administration box
 - Inform the medical staff responsible for the patient at the time about the possibility that a dose of a medicine has not been given
 - If the patient is aware of their medication and is able to give an accurate answer ask if they remember which medicines they had received from the time of day the dose was prescribed to be given but not given (or not

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signed) until the present.

- If all of the above issues have not resolved the question try contacting the nurse involved at home to see if they can remember administering the dose.
- If the nurse is not available ask for advice from the medical staff about the safety of administering a dose without full information about why not signed previously. (*For Gentamicin this could be clarified by checking a Gentamicin level, for other medicines based on clinical signs*)