



## Mental Health Services

# Standard Operating Procedure for the Administration of Controlled Drugs within In-patient Areas

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## Mental Health Services

# Standard Operating Procedure for the Administration of Controlled Drugs within Inpatient Areas

### Objective

To describe the procedure required for administration of Controlled Drugs (CDs) within Inpatient Mental Health services.

This should be viewed in conjunction with the following documents:

- [0-safe-and-secure-handling-of-medicines-core-policy-approved-board-cg-forum-feb-23.pdf \(ggcmedicines.org.uk\)](#)
- [medicines-administration-1133-24.pdf \(scot.nhs.uk\)](#)
- NHSGGC Procedure for the Use of Patients Own Drugs
- Standard Operating Procedure for the Administration of Medicines within Mental Health Inpatient Areas

### Please Note

In hospitals, two designated registered members of staff must always participate in the administration of CDs, one witnessing the procedure and one administering the medicine (the exception is when one of the members of staff is a suitably competent Student Nurse). Responsibility ultimately rests with the person administering the CD, unless this is a student nurse, where responsibility lies with the registered nurse witnessing the administration. At least one practitioner must be a permanent member of staff within the ward.

All staff involved in the administration of medicines should have knowledge of the medicines involved. This should include normal dosage, side effects, precautions and contraindications.

The administration of non-controlled drugs and controlled drugs should be treated singly and should be administered as consecutive ward rounds.

**Note: when two practitioners are involved they must independently check and verify all aspects of the process before jointly administering (see Appendix 7 of Medicines Administration 1133-24 above)**

The whole administration period for Controlled Drugs must be witnessed by the two practitioners involved in the procedure.

Please note the use of a colleague or, 'runner' to take medicine to a patient is not permitted. If the patient is unable to attend the treatment room the procedure for outwith the treatment room must be followed.

### **Preparation for administration of Controlled Drugs**

1. Ensure any equipment required is prepared and ready for use where appropriate. This includes the following:
  - HEPMA system
  - Ward Controlled Drug Record Book(s)
  - Controlled Drug cupboard keys
  - Medicine Cups or appropriate receptacles
  - Water
  - Purple apron and/or signage as per NHSGGC **Medicines Administration 1133-24 section 5.1 above**
  - Current on line BNF
  
2. Please ensure the designated area for preparation is a clear and uncluttered surface.

### **Checking the HEPMA record**

#### **Read the appropriate patients HEPMA system data carefully**

1. Two Registered Nurses must check stock of Controlled Drugs against both the HEPMA system and Controlled Drug Record Book to confirm availability prior to the first patient entering the room.
2. Identify roles for both practitioners as i.e. witness and administrator. The roles should not be swapped throughout the process of administration.
3. Ensure patients prescription is complete and identifying the following:
  - Start date
  - Medicine form i.e. elixir, tablet, caps
  - Dose
  - Route
  - Time due
  - Prescriber
  - Allergies

### **Procedure for administration within the treatment room**

1. Both practitioners check Ward Controlled Drug Record Book to reconcile stock balance of prescribed medicine against amount in the controlled drug cupboard prior to patient entering the room.
2. HCSW (or appropriate other i.e. student nurse or registered nurse) to escort patient to the treatment room as delegated by the registered nurses.
3. Ensure the environment where administration is to take place is clean, tidy and free from interruptions.
4. Confirm the identity of patient following process described in the [mhs-21-policy-procedure-for-the-safe-identification-of-patients.pdf](https://www.scot.nhs.uk/mhs-21-policy-procedure-for-the-safe-identification-of-patients.pdf) ([scot.nhs.uk](https://www.scot.nhs.uk))
5. Confirm the patient's allergy status
6. Both practitioners must accurately confirm the Controlled Drug(s) to be administered to patient from the HEPMA system.
7. Unlock and open drug cupboard and controlled drug cupboard door.
8. Both practitioners check the prescription medicine label i.e. medicine name, form, dose and expiry date.
9. Dispense medicine into appropriate receptacle.
10. Ensure both the witness and the administrator witness the patient ingesting the prescribed medicine.
11. Offer water as required.
12. Ensure Ward Controlled Drug Record Book is updated and signed immediately according to who administered and who witnessed the administration.
13. The administering practitioner then makes a HEPMA system entry to confirm administration of prescribed medicine.
14. If prescribed medicine refused or not given for any reason this must be documented on recording sheet and the responsible doctor informed, if necessary.
15. Ensure area is left clean and tidy.

### **Procedure for administration outwith the treatment room**

1. Both practitioners check Ward Controlled Drug Record Book to reconcile stock balance of prescribed medicine against amount in the Controlled Drug cupboard.
2. Check patient is available within the ward area.
3. Within the treatment room both practitioners must accurately confirm the Controlled Drug(s) to be administered to patient from the HEPMA system.
4. Unlock and open drug cupboard and controlled drug cupboard door.
5. Check the prescription medicine label i.e. medicine name, form, dose and expiry date.
6. Dispense medicine into appropriate receptacle.
7. Both practitioners should then take the medicine, HEPMA laptop and the Ward Controlled Drug Record Book to the area where the patient is.
8. Confirm the identity of patient following process described in the [mhs-21-policy-procedure-for-the-safe-identification-of-patients.pdf \(scot.nhs.uk\)](https://www.scot.nhs.uk/mhs-21-policy-procedure-for-the-safe-identification-of-patients.pdf)
9. Confirm the patient's allergy status.
10. Ensure both the witness and the administrator witness the patient ingesting the prescribed medicine.
11. Offer water as required.
12. Ensure Ward Controlled Drug Record is updated and signed immediately according to who administered and who witnessed the administration.
13. The administering practitioner then makes an appropriate HEPMA entry to confirm administration of prescribed medicine.
14. If prescribed medicine refused or not given for any reason this must be documented on recording sheet and the responsible doctor informed, if necessary.
15. Ensure area is left clean and tidy.