

MEDICINES CODE

10. Administration of Medicines

10.1. Medicines administered to patients in the Trust MUST be prescribed or subject to an approved patient group direction. Always check that the right patient is administered the right dose of medicine at the right time via the right route. Check allergies and patient identification before administration.

10.2. It is recognised that the Medicines Code is mostly written from an acute hospital perspective. Trust staff working in community & domiciliary settings face very different challenges when using medicines. Please see section (10.9) for details of how the 'Administration of Medicines' differs in the Community setting.

10.3. Key Principles**ALWAYS...**

- ✓ Confirm the identity of the patient prior to administration of a medicine¹
- ✓ Check the patient does not have any documented allergy to the medicine
- ✓ Check that medicines are in date and have been stored correctly
- ✓ Ensure that medicines contained in a patient's bedside medicines locker are correctly labelled, and only used for the current 'named' patient
- ✓ Ensure that written or electronic prescriptions are unambiguous, legible and complete (if in doubt do not proceed until you have confirmed the prescription)
- ✓ Check medicines prior to administration to ensure they are correct. Check the *Five-Rights*² of administration: right patient, medicine, dose, route, time.
- ✓ Witness administration of medicines where patients lack mental capacity
- ✓ Document the administration of a medicine on the appropriate prescription record or chart. Document the reason a medicine is omitted in the health record and take action to obtain the medicine and / or escalate to a prescriber

¹ Trust Positive Patient Identification Policy – see Trust Intranet

² <http://www.ihf.org/resources/Pages/ImprovementStories/FiveRightsofMedicationAdministration.aspx>

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NEVER...

- × Administer medicines that you are unfamiliar with (ALWAYS check first)
- × Administer medicines that have NOT been authorised by a prescriber as a written patient specific prescription, or under a patient group direction
- × Administer medicines on a verbal order (except in a medical emergency)
- × Omit medicines unless you are authorised to do so by a prescriber or pharmacist (always document the reason clearly in the health record)
- × Administer medicines labelled for a *named* patient to another patient
- × Sign for administering medicines prior to the patient taking the medicine
- × Administer unlabelled IV medicines (unless *you* have *just* drawn these up)
- × Refill a patient's own compliance aid on the ward (for inpatient use or for discharge)
- × Never administer medicines from an unsealed compliance aid "dosette" box (ALWAYS contact pharmacy to review)

WHERE POSSIBLE...

- Administer urgent medicines (e.g. IV antibiotics³) as soon as possible
- Involve patients in self-administering their own medicines. Regularly reassess them during their stay and support them to take their medicines safely.
- Avoid disturbing staff whilst they are administering medicines. Use of the 'do not disturb' tabard during medicines administration rounds is encouraged.
- Provide, further information to the patient about their medicines (including common side-effects) or refer them for support with their medicines. Users of ePMA should make use of the Medicines Information sheet functionality.

³ Trust Sepsis care Bundle – see Trust Intranet

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10.4. Key Standards

- Named patient medicines are only used for the specified patient
- Appropriate checks are made prior to administration of medicines
- Bedside medicines lockers contain medicines for the current patient
- Patient self-administration of medicines is encouraged and managed

10.5. General Procedures

- 10.5.1. Only medicines that have been supplied by the Trust Pharmacy service or Patients' own medicines that have been approved for use should be administered to patients'
- 10.5.2. Medicines dispensed for an individual patient **MUST** only be administered to that patient and must **NOT** be shared with other patients
- 10.5.3. Before administration of a medicine, the practitioner **MUST** read the prescription carefully to:
- 10.5.3.1 Ensure that the prescribed dose has not already been given and is due at that time. Particular care should be given to the prescribed frequency and total daily dose of 'when required' medication
- 10.5.3.2 Check the medicine and the label against the prescription.
- 10.5.4. Check the identity of the patient carefully in accordance with the Trust policy for Positive Patient Identification, asking the patient to tell you their full name, date of birth and or address. This can then be checked against the prescription chart, ID band, and health records.
- 10.5.5. Check that allergy information has been completed before administration. Ensure that patient has a red wrist band if known allergy recorded.
- 10.5.6. Administer the medicine by the prescribed route, and document the administration on the appropriate prescription record or chart

10.6. Oral medicines supplied by Derby Teaching Hospital Pharmacy

- 10.6.1. Where possible the pharmacy will supply solid and liquid oral doses in the original packaging

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10.6.2. Medicines that are not supplied in the original packaging (e.g, when short course lengths are required) may be 'packed down' by Pharmacy and can still be used for administration.

10.6.2.1 The hospital pharmacy will always ensure the original batch and expiry date appear on the outer carton/bottle for oral products which are not supplied in their original packaging. Partial foil blister strips may also be dispensed in this way where small quantities are required. A Patient Information Leaflet will be provided to aid identification.

10.7. Patients Own Medicines

10.7.1. Wherever possible patients own medicines, including Controlled Drugs, should be used during their stay in hospital, to facilitate continuity of care, self-administration (where appropriate) and to reduce waste.

10.7.2. Patient's medicines that have been prescribed should be stored in the patient's locked medicines cabinet on the ward, along with other named patient medicines supplied from pharmacy for the same patient.

10.7.2.1 Always ensure patient's medicines are transferred with the patient and the bedside medicine cabinet is empty, before putting in another patient's medicines.

10.7.3. Before patient's own medicines can be used in the hospital they should be checked to ensure that they are clearly labelled and of sufficient quality to be safely administered.

Where labelled, medicines should include the following information:

- The name of the patient.
- Name and strength of the medicine.
- Method and frequency of administration.
- Date dispensed.
- Name and address of supplier.

10.7.4. Where a brand name is used on the label, a member of pharmacy staff should annotate this against the approved name on the prescription.

10.7.5. The directions on the label MUST match those on the prescription ('as directed' is acceptable). If necessary these may be relabelled by pharmacy.

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- 10.7.6. If the medicine has no label, it must NOT be used unless it is clearly identifiable and is within its expiry date (in practice usually within a 'blister strip'); such medicines should be relabelled by the Pharmacy before use.
- 10.7.7. Overall appearance of bottle, label and medicine MUST be acceptable; the container MUST be intact and clean, and the medicine must NOT show any visible sign of deterioration, and be of uniform appearance.
- 10.7.8. Confirmation that the medicines have been stored correctly should be checked before use.
- 10.7.9. Sealed compliance aids (blister packs) may be used if they are clearly labelled (or accompanied by a completed medicines administration record (MAR) sheet which aids identification of the contents). Before use, staff should satisfy themselves that:
- 10.7.9.1 All the medicines are prescribed. Where medicines have been stopped or changed the sealed compliance aid must NOT be used, and the medicines redispensed by pharmacy.
 - 10.7.9.2 Includes the patient's name, date of birth (or alternative ID), details of the medicine and strength, and name and address of the pharmacy supplier.
 - 10.7.9.3 The medicines appear to be in good condition, with no signs of degradation.
- 10.7.10. Compliance aids that are not sealed (i.e. have a removable lid covering medicine compartments) and that can be filled by relatives and carers must NOT be used unless the contents have been verified and authorised by the pharmacy team. In most cases these medicines should be reordered from the hospital pharmacy for inpatient use.
- 10.7.11. Where a new compliance aid is being considered to assist a patient to take their medicines, this must be assessed by the ward pharmacy team and at least 24 hours notice provided before discharge.
- 10.7.12. Patients own medicines that do not meet these requirements, or are no longer required, should usually be destroyed with the patient's permission.
- 10.7.12.1 Routine analgesics and other general sales medicines that are not required in hospital e.g. paracetamol may be sent home with the patient's relatives, but patient's prescription only medicines

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that have been discontinued should be returned to pharmacy for destruction.

10.8. Self-administration of medicines in hospital

- 10.8.1. Derby Hospitals supports an 'opt-out' self-administration scheme, where all in-patients are encouraged to self-administer their medicines, unless there are clinical reasons why this is not appropriate, or they do not want to. This helps to ensure appropriate autonomy and independence while in hospital, involving patients in their treatment, improving adherence and reducing waste.
- 10.8.2. Self-administration of medicines (self-medication) occurs when an inpatient administers one or more of their own medicines. This does NOT remove the Trust's duty of care to ensure medicines are stored and taken safely.
- 10.8.3. Healthcare staff are expected to assess all patients on admission to determine the appropriate level of self-administration, and to regularly reassess them as their condition changes.
- 10.8.4. Where appropriate parents and carers can partake in the scheme under nurse supervision, but some patients will not be suitable for self-administration either in the short or longer term e.g. due to cognitive impairment, dementia or physical disability.
- 10.8.5. Patients or their carer MUST sign the relevant section of the nursing documentation that states that they understand and agree to take part in the scheme
- 10.8.6. Patient's own medicines that are suitable for use, or medicines that have been dispensed from the hospital, may be used for self-administration.
- 10.8.7. All medicines used for self administration MUST be clearly labelled.
- 10.8.8. All medicines for self-administration MUST be locked in the individual patient's bedside medicine cabinet.
- 10.8.9. If the prescription is altered the patient should be advised of the change and relevant medicines information provided. It may be necessary to re-label medicines and change the level of self-administration for a period.

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- 10.8.10. When a patient is self-administering his or her own medicines, a record **MUST** be made in the administration section of the prescription. Nursing staff should document the relevant self-administration code e.g. L1 or L2 in the administration section of the prescription
- 10.8.11. On transfer or discharge, the patient's medicines **MUST** be removed from the medicine cabinet and the key to the cabinet retained on the ward.
- 10.8.12. Day case and outpatients can continue to take their medicines as they would at home without an assessment, as long as there is no clinical reason not to do so.
- 10.8.13. Patients self-administering their medicines will usually be given an information leaflet about the scheme and a 'medicines Information card' to record relevant information about their medicines.

10.9. Omission of Medicines (inpatients)

- 10.9.1. All drugs should be given as soon as possible after administration time. Due to risk of serious patient harm, prescribing, administration and dispensing of critical medicines must never be unintentionally omitted or delayed.
- 10.9.2. Delay is defined as failure to administer a medicine within 2 hours of the specified time. Antibiotics for severe sepsis/septic shock **MUST** be administered within 60 minutes of decision to treat as per Trust urgent care standards.
- 10.9.3. Omission is defined as failure to prescribe a critical medicine in a timely manner, failure to administer a dose before the next dose is due, or failure to administer 'once only' medication, within 2 hours of the prescribed time.
- 10.9.4. Critical medicines are published on the Derby Hospitals intranet and include those used for resuscitation, anaphylaxis, antidotes for reversal of drug toxicity (e.g. naloxone), systemic therapy for prophylaxis or treatment (e.g. antimicrobials, anticoagulants), and some therapies for long-term conditions (e.g. insulin, anticonvulsants) or symptom management (e.g. strong analgesia).
- 10.9.5. Unintentional omission or delay of any critical medicines should be reported as a medication error and recorded on DATIX.

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- 10.9.6. Prescribers **MUST** inform nursing staff when a 'stat' dose medicine has been prescribed.
- 10.9.7. All once-only medicines, urgent doses (including first doses of antimicrobials for acute sepsis) and pre-medications should be prescribed as 'stat' doses on the prescription and communicated directly to nursing staff to ensure timely administration.
- 10.9.8. For non-standard treatments, the prescriber should inform the pharmacist to ensure the medicine is appropriate, available and can be supplied in a timely manner.
- 10.9.9. Nursing staff **MUST** communicate any medication delays / omissions during patient handover / transfers of care. If a dose cannot be given due to an unclear prescription, the prescriber (or another prescriber if original staff member is unavailable) should be contacted to clarify instructions for administration.
- 10.9.10. Medical, nursing and pharmacy staff should routinely review the administration section of the prescription chart as part of their daily activities and query any omitted doses so these can be followed up and appropriate action taken. Users of ePMA should make use of the colour coded administrations section and reporting functionality to highlight omitted or overdue medicines at each drug administration round.

10.10. Omission codes (inpatients)

- 10.10.1. If a medicine cannot be administered to the patient as prescribed, the registered nurse responsible for administration must record the time, the appropriate omission code and their initials on the administration record of the prescription chart or ePMA.
- 10.10.2. An omission code should only be used **ONCE** per medicine by a nurse and then appropriate action taken.
- 10.10.3. When a prescribed medicine has not been given for two or more doses **OR** when any **SINGLE** dose of a critical medicine has been omitted or significantly delayed, this should **ALWAYS** be recorded in the health records. If necessary (and **ALWAYS** in the case of critical medicines), the relevant medical team must be advised and asked for further instructions.
- 10.10.4. A record of action(s) undertaken for dose omissions must be documented in the patient's clinical notes.

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10.10.5. Prescribers using a paper based system should mark an 'X' in the administration box for each dose they want to withhold and document the reason for omission in the notes so nursing staff have clear written instructions regarding any deviations to prescribed doses. Prescribers using ePMA should utilise the OM15 code function to highlight doses to be omitted and the reason for omission. Omission codes used in Derby Hospitals are shown in the table below, along with definitions, examples and appropriate action(s) to be taken.

Omission code	Definition and action to be taken
OM3 Nurse-led omission	Nursing staff to use this code when a medicine is omitted for clinical reasons e.g. contra-indicated, adverse drug reaction. Reason for omission must be documented and the prescriber informed so alternatives can be prescribed if necessary.
OM5 Medicine not available	For long term medicines or those continued on admission, always ask if the patient has their own supply or if a relative/carer can bring in their supply from home. If not, order medication from pharmacy (contact ward services for stock replenishment or ward pharmacist for non-stock items).
OM6 Patient refused	Speak to patient and ensure they understand what the medicine is for and any implications of not taking the dose. (Contact medical/pharmacy staff for advice if further information needed) Where the patient is fully informed and has capacity to understand their actions, this should be respected and medicine should not be administered. Medication must not be disguised in food or drink as this constitutes 'deception' of the patient and breaches current NMC guidance. Document the reason for refusal in the notes and inform prescriber if a patient refuses a dose of a critical medicine or refuses multiple doses. Prescribers should review the need for medication that a patient is continually refusing and amend the prescription chart as appropriate.
OM7 Patient unable to take	Patients who are fasting prior to a diagnostic procedure or surgery should receive all of their usual medicines as prescribed with a small amount of water unless specifically informed to withhold by prescriber/anaesthetist. Use this omission code when the patient is unable to take the dose for other reasons e.g. if patient is too drowsy or is vomiting or has severe nausea. Refer to specific Trust guidelines for 'nil by mouth' patients. If patient has difficulty swallowing, contact pharmacy for advice on alternative formulations. Medicines should not be crushed for ease of administration unless approved by Pharmacy.
OM10 Patient off ward	Give dose when patient returns to ward unless next dose is due. If unsure, ask pharmacist or prescriber for advice on timing of medication. Infusion therapy should normally be continued when patients are off the ward e.g. receiving a diagnostic test. Infusion therapy should only be temporarily discontinued on written instructions of a prescriber.
OM12 Route not available	Examples for when this code should be used are cannula not in situ/not patent; NG tube is pulled out. IV route – contact prescriber/Night Nurse Practitioner to request cannula insertion. Contact the prescriber/pharmacist to consider alternative routes if necessary.
OM15	Use this omission code if a prescriber has given an instruction to omit a dose

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Prescriber authorised	and document the reason for prescriber's instructions in the notes. Can use this code if dose not required due to specific parameters stated on prescription e.g. if oxygen not required due to saturations being within target range.
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10.11. Community & Domiciliary setting

10.11.1. The preparation and administration of medicines is usually performed by a single healthcare worker i.e. second checks are not possible.

10.11.2. The Key Principles (10.1) for Administration of medicines do apply except that:

10.11.2.1 The process for positive patient identification is different (refer to relevant SOP)

10.11.2.2 The process for checking of allergy status is different (refer to relevant SOP)

10.11.2.3 Omission of medicines (10.8 and 10.9) is approached differently in the community setting. If patients refuse medicines an entry in the record should be made (including the reason for refusal) in line with local policy. Omission codes are not used in the community setting.

10.11.3. Whilst the safe storage of medicines in the patient's home does not involve 'locked bedside lockers', safe storage of medicines in the domiciliary setting is still an important consideration.

10.11.4. Staff are responsible for providing advice on the safe storage of medicines and should escalate any concerns they have. Inappropriate use of medicines can be part of 'safeguarding' issues so prompt escalation is required.

10.11.5. The principles outlined in section 10.5 on checking of patients own drugs before use do apply

10.11.6. Similarly to section 10.6, 'self-administration' of medicines by patients should be encouraged. Patients referred to the community nursing team for medicines prompting should be assessed for a suitable level of support.

10.11.7. If the prescription is altered, it is important that the patient is advised of the change and relevant medicines information provided.

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