

# **Medicines - Preparation and Administration of Medicine**

**Ref PHARM-0002-007-v3.3**

**Status: Approved**  
**Document type: Procedure**

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## 1 Purpose

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Following this procedure will help the Trust to:-

- Manage risks associated with the preparation and administration of medicine
- Ensure medicines are prepared and administered in a safe, legal and timely way

## 2 Related documents

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This procedure describes what you need to do to implement the Medicines - preparation and administration section of the [Medicines Overarching Framework](#).



The Medicines Overarching Framework defines the compliance requirements for safe, secure and appropriate handling of medicine which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ [MAR Charts Procedure](#)
- ✓ [Self-Medication Procedure](#)
- ✓ [Controlled Drugs Standard Operating Procedures](#)
- ✓ [Patients Own Drugs Procedure](#)
- ✓ [Rapid Tranquilisation Policy](#)
- ✓ [Lithium shared care guidelines](#)
- ✓ [High Dose Antipsychotic Treatment](#)
- ✓ [Medicines - Management of alerts recalls reporting](#)
- ✓ [Consent to Examination or Treatment Policy](#)
- ✓ [Mental Capacity Act 2005](#)
- ✓ [Medicines Ordering Storage Security Transporting and Disposal](#)
- ✓ [PGD Overarching Policy](#)
- ✓ [PGD 10 Zopiclone Crisis](#)
- ✓ [PGD 31 Diazepam 2mg 5mg](#)
- ✓ [Depot and Long Acting Injections Inpatient Procedure](#)
- ✓ [Depot Injections Community Procedure](#)

### 3 Preparation and administration of medicines

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Throughout this document the term “Designated Practitioner” refers to Registered Nurses (RN) and Nursing Associates (NA) as outlined within the Medicines Overarching Framework roles and responsibilities. The preparation of medicines for administration is recognised as an area of risk of error particularly when some form of dose calculation is involved. In the majority of cases, medicines will be presented to ward areas from the pharmacy in a ready-to-use form, where no further dilution or dose calculation is required. Where the preparation of medicines is undertaken outside the pharmacy the following points must be observed:

Read the prescription carefully. Check the name, dose, diluent, route for administration and expiry date.

**If the practitioner is unclear as to the correct medicine, diluent or precise method for medicine preparation, they must contact Trust pharmacy before proceeding.**

An appropriate area for the preparation of medicines must be identified. This area should be kept clean and tidy and free from unnecessary interruptions.

Following the supply of a medicine from the pharmacy, it must never be transferred from the original container to another container by any person other than a pharmacist or pharmacy technician.

If the label on the container is indistinct or damaged in any way, the container must be returned to pharmacy with a request for re-labelling or replacement. Labels must never be altered or containers re-labelled other than by pharmacy staff.

Medicines may be administered to patients in one of the following ways:

- By a Designated Practitioner in accordance with directions on a drug prescription and administration record
- By a Designated Practitioner in accordance with a MAR chart completed by a community pharmacist or a Designated Practitioner and witnessed by another Designated Practitioner in units where medication is prescribed and supplied via the GP (see [MAR charts procedure](#))
- By a Designated Practitioner on their own responsibility within trust approved written guidelines e.g. under a Patient Group Direction or protocol
- By a registered doctor or dentist.  
Self-administration by a patient under a Trust authorised self-administration scheme (see [Self-medication by Inpatients Guidance](#))
- By a practitioner in training under the supervision of a Designated Practitioner or doctor (see Appendix 1 Position Statement on Student Nurses' Involvement in Medicines Administration)

## 4 Administration of medicines

### 4.1 General principles

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Single designated practitioner administration of medicines is normal practice. The involvement of a second person is only necessary when:

- A controlled drug is to be administered (see [Controlled drugs standard operating procedures](#))

- A calculation of dosage is required – this should be a second practitioner, pharmacist, technician or doctor. The two individuals should perform the calculations independently and check with each other.
- There is a locally agreed protocol in specialist areas
- There is a patient specific care plan in place
- Supporting a newly registered practitioner during the early stages of their preceptorship
- The practitioner is instructing a student nurse or trainee Nursing Associate

The appointed Designated Practitioner in charge is responsible for ensuring that oral prescribed medicines are administered within 60 minutes either side of the prescribed time (agreed normal ward meal times or specified time indicated on the prescription and administration record). A wider tolerance for administration is permitted if covered by an individualised treatment plan authorised by the prescriber. These instructions will normally be annotated on the prescription and administration record.



Levodopa preparations for Parkinson's disease should be administered to inpatients within 30 minutes of the prescribed administration time – see [NICE QS164 \(standard 4\)](#)

Oral syringes must be used to administer liquid oral doses of less than 5ml or controlled drugs of doses less than 20mls. For guidance on when it is appropriate to use plastic measuring pots please see [MSS 12 Liquid Oral Medicines](#)

Medicines should only be prepared for one patient at a time. Medicines should be administered immediately after preparation and must not be left unsupervised.

**Injections:** Keep the ampoule(s) with the final prepared syringe until administration has taken place. This should be signed for on the prescription and administration record. When preparing multiple injections, for the same patient, the injections must be prepared and kept separate with the used ampoules available to double check with each injection.

The Designated Practitioner must then re-check the identity of the patient by visual recognition and verbal questioning before proceeding to administer the dose. Where available other means of positively identifying the patient should be used to inform identification (e.g. photographs or wrist bands). If medicines are being administered by a bank nurse or a nurse unfamiliar with the patient a second person familiar with the patient may assist with identification.

The Designated Practitioner who has administered or supervised the administration of the medicine must, sign with initials immediately following administration in the appropriate column of the drug prescription and administration record. In cases where a student nurse/trainee nursing associate has been involved in the process both initials should be present on the record. Patients must be observed to have taken their medicines by the Designated Practitioner.

If a medicine is omitted, the appropriate code, as identified on the back page of the prescription chart, must be entered on the administration record. If a medicine is omitted for any other reason, the “other” code should be used and an explanation must be recorded in PARIS.

If the patient is absent from the ward, or has missed a dose for some other reason, the delayed dose can be administered at a later time provided a doctor has confirmed that it is appropriate to do so. The actual time of administration must be clearly recorded in the administration record by the Designated Practitioner.



**Failure to record the administration of a medicine or an omission code constitutes a medication incident and must be reported via DATIX. This will be the subject of regular assessment.**

**When exercising accountability for the administration of medicines the Designated Practitioner must:**

- Have an overall understanding of the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- Understand and check that the monitoring requirements for the medicines prescribed are being followed. Refer to the following documents for guidance on monitoring the side effects of specific treatments:-
  - [Psychotropic Medication Monitoring Guideline](#)
  - [Rapid tranquillisation \(RT\) policy](#)
  - [Safe Lithium Therapy and Shared Care Guidelines](#)
  - [Guidance on the use of High Dose Antipsychotic Treatment](#)
  - [Clozapine and the role of therapeutic monitoring](#)
  - [Medication Series 5 - Warfarin](#)
- “As a professional, you are personally accountable for actions and omissions in your practice and must always be able to justify your decisions”. The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC May 2015)
- Refer to the current BNF ([www.bnf.org/products/bnf-online/ublications](http://www.bnf.org/products/bnf-online/ublications)) to confirm appropriateness of treatment prior to administering a medicine that is unfamiliar. If further advice is needed contact the Trust pharmacy team
- Be certain of the identity of the patient to whom the medicine is to be administered
- Be aware of the patient’s care plan
- Check that the prescription and the label on the medicine is clearly written and unambiguous
- Have considered the dosage, method of administration, route and timing of the administration in the context of the patient’s condition and other medicines
- Check the expiry date of the medication to be administered
- Check that the patient is not allergic to the medication before administering it.



**Unless it is an emergency, medicines must not be administered if the allergy box has not been completed**

## 4.2 Procedure for the administration of medicines

**Medication should NEVER be prepared or administered without fully checking the patient’s prescription chart**

Read the prescription carefully and check:

- Patient’s name
- Age and weight – if appropriate
- Date – is the prescription valid? – always check the start and stop dates. Use visual controls to make it clear when a treatment has stopped if the prescriber has not done so, i.e. a line through the prescription and subsequent zig zags on the administration record.
- Name of medicine, dose and frequency, and route of administration
- Signature of prescriber
- Any allergies documented

- Specific storage requirement for the medicine to be given, e.g. CDs and fridge items
- Additional administration advice – e.g. before food

Ensure that the dose has not already been administered, checking the minimum dose interval and maximum daily dose for “as required” medication.

Select the required medicine, and check the label for:

- Medicine’s name – always check the strip to ensure you have the correct medication
- Strength
- Form
- Expiry date

Prepare the medicine and check with the prescription that:

- The correct medicine has been prepared – and returned to the correct box/packaging
- Any calculations are correct
- The measured dose is correct
- The correct route is clearly identified

The Designated practitioner must be certain of the identity of the patient to which the medication is to be administered the positive identification of the patient can be done by checking the photograph on the front of the prescription and administration record or those patients who refuse to have a photograph taken, an alternative method of identification must be used e.g. positive verbal confirmation or wristbands.

Administer the medicine. For oral medicines, always check that the dose has been swallowed.

**Administration times:** For regular medicines where the interval between doses is critical, e.g. minimum of 4 hours for paracetamol-containing medicines, the exact time of administration of each dose should be recorded on the prescription and administration chart as well as the initials of the nurse who has administered it. This is to ensure that the next dose is given after a safe interval.

Sign for the administration or enter the appropriate omission code for medicine that is not given due to refusal, wastage or lack of availability. To improve the audit trail of medicines and account for wasted doses of medicines any doses that are prepared and then subsequently refused by a patient should be recorded on the administration record by putting a circle round the omission code number e.g. ②.

The prescription record must be available to sign immediately once the medicines have been administered.

Monitor the patient for any side effects of the dose administered. All Practitioners must observe and note any adverse reactions of medicines and inform the responsible medical staff. See section 4 Adverse Drug Reaction (ADR) reporting within [Medicines – management of alerts, recalls and reporting](#).

## 4.2.1 Nursing Associates (NA)

NAs can administer medication via oral, enteral, topical, Intramuscular, subcutaneous, inhalation routes and administer enemas and suppositories in line with a valid prescription. The administration of insulin will continue to be the responsibility of the RN though this will be under review as the NA role becomes more established. In regards to depots the NA can only administer to those titrated/established on depot medication.

The only as required (PRN) medication that NAs can administer currently are any that are prescribed within the homely remedies section of the prescription chart. This will maintain the clinical judgement for the use of any other medicines required to the first level RN. NAs can only administer to those titrated/established on depot medication.

#### **4.1.2 Health Care Assistant (HCA) Administration of general sales list medicines**

The RN can delegate the administration of the following general sale list items

- Emollients and bath products
- Non-prescription creams and ointments
- Toothpaste and mouthwash
- Barrier preparations
- Incontinence products
- Feeds – only in areas where HCAs have completed relevant training

Once confirmed that the item has been administered, the RN must add the relevant code (9) to the prescription and administration record.

#### **4.3 Controlled Drugs**

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See [Controlled drugs standard operating procedures](#)

#### **4.4 Self-administration of medicines by patients**

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Whenever possible patients should be assessed and given the opportunity to self-administer medication. The Appointed Practitioner in Charge must be satisfied that the patient has sufficient understanding and ability to perform this task appropriately. For full details refer to [Self-medication by inpatients guidance](#).

Patients may self-administer their own medicines following the agreement of the multidisciplinary team. The multidisciplinary team must decide whether the self-administration is fully independent or supervised as part of a medicine training scheme.

Doses administered by nursing staff in addition to or instead of the self-administration must be recorded in the normal way.

#### **4.5 Covert Administration of Medicines (Disguising medicines in food or drink)**

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Covert administration of medicines should be used in exceptional circumstances and is only likely to be necessary or appropriate in the case of patients who lack capacity to refuse treatment and the treatment has been determined to be in their best interests. The trust guidance for covert administration can be found here: - [Covert Medication Procedure](#)

This guidance should be read and implemented alongside:

- [Royal Pharmaceutical Society / Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings](#)

Where a team is considering disguising medicines in food or drink, the guidance given in the following trust policies will apply:

- [Policy for Consent to Examination or Treatment](#)
- [Mental Capacity Act Policy 2005](#)



## 4.6 Administration of symptomatic relief

Medicines are generally administered in accordance with a prescription written for an individual patient. However there is a recognised need to be able to treat minor ailments without a prescription. The prescription chart now has a symptomatic relief section which allows the prescriber to agree and sign off the symptomatic use of the following medicines on admission:

Paracetamol 500 mg tablets, Simple Linctus, Peptac liquid, Glycerin suppositories, Anusol cream and Senna 7.5 mg tablets.

Within this section none of these medicines should be administered for more than 3 days without a prescriber review.

<b>Symptomatic Relief Prescriptions</b>											
Please check the list below and clearly cross out any medicines you do <u>not</u> wish to be administered											
Delete paracetamol if any paracetamol-containing medicines prescribed regularly or as required											
<i>N.B. patients under the age of 16, or weight for height &lt;85% - this section is invalid</i>											
	Drug, form & strength	Route	Indication	Dose frequency and maximum daily dose							
A	Paracetamol 500mg tablets	Oral	Pain	1 gram every 4 hours Maximum 4 grams in 24 hours							
B	Simple linctus	Oral	Cough	5 ml every 4 hours Maximum 20 ml in 24 hours							
C	Peptac liquid	Oral	Dyspepsia	10 ml after a meal Maximum 40 ml in 24 hours							
D	Glycerin suppositories	Rectal	Constipation	1 x 4 gram suppository inserted into the rectum Maximum 2 suppositories in 24 hours							
E	Anusol cream	Topical	Piles	Apply morning, night and after each bowel movement Maximum 1 x 30 g tube in 24 hours							
F	Senna 7.5mg tablets	Oral	Constipation	Two tablets at night Maximum 2 tablets in 24 hours							
<b>Prescriber signature:</b>				<b>Name:</b>				<b>Date:</b>			
<b>Administration:</b> (medicines should not be administered for more than 3 days without prescriber review)											
Date											
Time											
Drug (A-F)											
Dose											
Sign											

In conjunction with symptomatic relief the trust also promotes the use of NRT as per individual need, the procedure can be found here: [Stop Smoking Guidance](#)

### 4.6.1 Emollients, barrier preparations and sun creams

Emollients, barrier preparations and creams (General sales list items) can be administered for up to 72 hours without an individualised prescription, provided administration is documented in the care record. Any application beyond 72 hours requires an authorised individual prescription.

Sunscreen preparations may be used without the need for a doctor to review.

See Position statement on the use of topical medication (general sales list) without prescription Appendix 2.

## **4.7 Administration in respite care or community residential units using medicines supplied via the GP or patient's own supplies**

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There are some TEWV services which receive medical and prescribing services from external providers; however the administration of medicines remains the responsibility of Trust staff. To accommodate these situations an agreed process is required to record administration of medicines that are not prescribed by Trust staff.

The function of a MAR chart is to provide a permanent record of the patients' treatment with medicines whilst in the care of the Trust; to direct and record the administration of the medicine to a patient.

- for further guidance see [MAR charts procedure](#)

## **4.8 Administration by crisis resolution teams**

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Designated Practitioners in the Crisis Resolution Team may access and supply/administer oral zopiclone ([PGD 10](#)) and diazepam ([PGD 31](#)) under a PGD outside of normal working hours to patients referred to the Team.

Designated Practitioners should:

- Access the appropriate PGD supplies located at designated sites.
- Supply/Administer medicines only in accordance with the relevant accompanying PGD.
- Make the appropriate records.
- Organise replacement stock as necessary.

## **4.9 Antipsychotic Depots and Long Acting Injections (LAI's)**

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For administration of antipsychotic depots and long acting injections refer to [Depot and Long Acting injections Inpatient Procedure](#) & [Depot injections Community Procedure](#)

Visual controls/systems must be in place to identify each patient on a depot/LAI - this must include notifications of due dates. All practitioners must consider the licensed route and site of administration for each product. This is clearly documented in the above procedures and the summary of product characteristics for each product.

## **4.10 Patients Own Drugs (PODs) and Over the Counter Products (OTC)**

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On all admissions a check should take place to establish if PODs have been brought in with the patient. If confirmed The POD procedure should then be followed [Patients Own Drugs Procedure](#)

Each time a patient goes on leave and returns, the same check should take place with the addition of asking if any OTC medications have been purchased and brought to the ward with the patient. This includes anything purchased from a community pharmacy, shop, purchased over the internet or via an online pharmacy. Careful questioning should also be considered regarding anything which may have been obtained illegally.

## Appendix 1: Position Statement on Student Nurses' & Trainee Nursing Associates Involvement in Medicines Administration in Tees, Esk and Wear Valleys NHS Foundation Trust

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During the clinical placement element of the pre-registration training programmes for student nurses and Trainee Nursing Associates they must access as many learning opportunities as possible related to the administration of medicines. Whenever possible the student/trainee must become involved in the administration of regular medicines to observe and learn about the medication and the processes of administration.

This should always be under **direct** supervision from a registered nurse. At no time must student nurses/Trainees have unsupervised access to the medication storage cupboards/trolley or individual patient medication boxes. Student nurses and Trainee Nursing Associates must **NEVER** be given the medication keys.

The role of the student nurse/Trainee is to learn about the medication, doses and side effects, observe administration and recording and practice administration under the **direct** supervision of a registered nurse. Students/Trainees must at all times adhere to the Trust Medicine Overarching Framework parameters throughout their placement and must never administer medicines to a patient out of sight of the registered nurse.

Registered nurses in TEWV may administer an identified list of topical creams without the need of a prescription, student nurses and Trainee Nursing Associates may administer these on their behalf under direct supervision and within sight of registered nurse.

In addition:

### **Rapid tranquillisation**

Student nurses and Trainee Nursing Associate cannot be involved in any part of this process. However the Trainee Nursing Associate can be involved in restraint within their primary employment role.

### **Depots**

In regard to depot/long acting injections both the Student Nurse and Trainee Nursing Associates can prepare and administer though only to those patients titrated/established on depot medication.

### **Controlled drugs**

The student nurse and Trainee Nursing Associates can be involved in the administration, receipt and checking of controlled drugs under the **direct** supervision of a registered nurse but there needs to be a second registered nurse, or suitably trained and authorised practitioner, involved throughout as a witness to the process.

### **Patients' Own Drugs (PODs) and Medicine Administration Records (MAR)**

- May be involved in the administration of medicines against a MAR chart, using PODs, under the **direct** supervision of a suitably accredited registered nurse who has completed the Trust approved POD and MAR training and has the Trust Pharmacy's authorisation to practice.
- Can observe the process of POD assessment for suitability of use but cannot be directly involved.
- Cannot write or check medications written on a MAR chart.

## **Recording**

Both Student nurses and Trainee Nursing Associates can make entries about medication into patient records, including PARIS, prescription and administration record, or controlled drug registers. Every recording entry however needs to be supervised and countersigned by a registered nurse.

**During any medicines administration carried out by the student nurse or Trainee Nursing associate, the registered nurse remains accountable for the process. This is why no administration carried out by a student nurse or Trainee Nursing Associate should take place out of sight of the supervising registered nurse.**

## Appendix 2: Position statement on the use of topical medication (general sales list) without prescription

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Registered nurses can apply certain creams and lotions without the need for a prescription

When administering these medicines it must be documented into the patient's records with time of administration, reason for administration and outcome/effect. The registered nurse can administer within the following parameters:

- If needed for more than 72 hours refer to a doctor
- The 72 hour treatment time can recommence after a 24 hour gap if necessary
- Ad-hoc use to be reviewed after two weeks
- If used on more than 50% of days within the two week period refer to a doctor

Topical medication authorised for use:

**Emollients** – are used to soothe, smooth and hydrate the skin and are indicated for all dry or scaling disorders. Their effects are short-lived and they should be applied frequently. Only specific products can be used within the parameters of this authorisation please refer to the Trust formulary for the list of these.

NB – Aqueous cream can be used as a soap substitute for hand washing and in the bath; the preparation is rubbed on the skin before rinsing off completely

**Barrier preparations** – can be used on the skin to protect against nappy rash or around bedsores and pressure areas in the elderly where the skin is intact. They are no substitute for adequate nursing care.

**High factor sunscreen preparations** – are used to protect the skin against UVA and UVB radiation, but they are no substitute for covering the skin. Photosensitivity is a recognised side effect of a number of medicines including some first generation antipsychotic medicines. Check the current edition of the BNF for more information. Photosensitivity can occur after relatively short periods of exposure to the sun. The SPF classification gives guidance on the level of protection provided. For optimum protection sunscreen preparations should be applied thickly and frequently.

Sunscreen preparations may be used when sunny without the need for a doctor to review.

**Topical/toiletry Items not supplied on prescription-** Items brought in on admission that are used as toiletries at home such as creams, ointments, bathing products can continue to be used as a toiletry whilst in hospital but should be noted within the medicines reconciliation process. An appropriate risk assessment should be carried out.

## 5 Document control

Date of approval:	28 <sup>th</sup> January 2021	
Next review date:	26 <sup>th</sup> January 2022	
This document replaces:	PHARM-0002-007-v3.2	
Lead:	Name	Title
	Linda Johnstone	Lead Medicines Management Nurse
	Claire Spinks	Lead Pharmacy Technician
	Amanda Metcalf	Lead Pharmacy Technician
Members of working party:	Name	Title
	Pharmacy Leadership Team Meeting	
This document has been agreed and accepted by: (Director)	Name	Title
	Ruth Hill	Chief Operating Officer
This document was approved by:	Name of committee/group	Date
	Drug and Therapeutics Committee	28 <sup>th</sup> January 2021
An equality analysis was completed on this document on:	See overarching pharmacy EA	
Amendment details:	<p>16 Feb 2015 – Amend to P9 re: decision to disguise medication</p> <p>28 July 2016 – amended section on administration of depots and LAIs (page 6)</p> <p>24<sup>th</sup> 2018 May – reviewed and amended to reflect current policy and procedure</p> <p>28<sup>th</sup> March 2019 – amended to reflect the role of the NA and to reflect the Royal Pharmaceutical Society / Royal College of Nursing Professional Guidance on the administration of medicines. Reference to NICE QS164 added with regard to administration of levodopa preparations</p> <p>26<sup>th</sup> September 2019 (V3.2) – injections information added to page 5 and administration times added to page 7</p> <p>July 2020 – Review date extended six months per policy portfolio extension.</p> <p>28<sup>th</sup> January 2021 (V3.3) – administration, depot and appendix one RT section amended and section on PODs &amp; OTC added. Policy links updated.</p>	