journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

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Medicines - Preparation and Administration

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Status: Approved
Document type: Procedure
Overarching policy: Medicines Overarching Framework

Contents

1 Introduction

This procedure is needed to give registered practitioners a framework and guidance in promoting safe practice in the activity of preparing and administering medicines to patients. It covers risk, safety and legality to help ensure that our patients receive the safest care we can provide.

It supports the Trust goal: To co-create a great experience for our patients, carers and families

2 Purpose

Following this procedure will help the Trust to:-

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

3 Who this procedure applies to

This procedure applies to all staff involved in the preparation and administration of medicines.

It has been developed to provide a standardised approach and guidance for the safe preparation and administration of medications for all patients within our care, and aligns to all three of the Trust values:


Respect


Compassion


Responsibility

4 Related documents

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

5 Preparation and administration of medicines

Throughout this document the term “Designated Practitioner” (DP) refers to Registered Nurses (RN) and Nursing Associates (NA) as outlined within the Medicines Overarching Framework roles and responsibilities. The preparation and administration of medicines 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 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 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 independently 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 designated Practitioner in an emergency situation without a prescription e.g. Adrenaline - within their scope of practice.
- By a practitioner in training under the supervision of a Designated Practitioner (see Appendix 1 Position Statement on Student Nurses' Involvement in Medicines Administration)

5.1 Administration of medicines

5.1.1 General Principles

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 – Best practice recommends there 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
- A second checker is considered best practice in the preparation/checks for depot administration though it is recognised that this is not always possible.
- Supporting a newly registered practitioner during the early stages of their preceptorship
- The practitioner is instructing a student nurse or trainee Nursing Associate


It is essential that during the medication round the Designated Practitioner is not interrupted. Where there is a runner identified their role is to bring patients to the clinic for their medication and to prevent interruptions to the Designated Practitioner during the round. They should not be given prescription only medicines (POM) to be administered as part of this role.

The Designated Practitioner(s) responsible for the medication round must ensure that all 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 and should be administered immediately they **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 – asking for the name and date of birth - 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 **must** assist with identification.

The Designated Practitioner who has administered or supervised the administration of the medicine must, sign with initials or the relevant code immediately following administration in the appropriate column of the 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. The designated Practitioner **must** observe all stages of this process

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 the electronic record. The Designated Practitioner should refer to Appendix 3 – omissions and missing signatures flowchart.

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 and has made the relevant changes to either the prescription chat if a STAT dose is required or an entry in the electronic record for a dose to be administered. The actual time of administration must be clearly recorded in the administration record by the Designated Practitioner.

At the end of each medication round the Designated Practitioner should check the clinic for any dropped medicines.

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. See appendix 3 omissions/missing signatures flowchart

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.
- Check that the patient is not allergic to the medication before administering it.
- 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) 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
- 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 on the inpatient prescription chart has not been completed

5.1.2 Procedure for the administration of medicines

The prescription chart is the primary source for all preparation and administration, medication should NEVER be prepared or administered without FULLY checking the patient's prescription chart(s).

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 – If two Designated Practitioners are completing the medication round there must be a system/clear communication around which patients each are administering too. At the point that any medicine keys are transferred between designated practitioners there **must** be a clear and concise verbal handover of current medication status on the ward, i.e. medications due, PRN etc., 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 in the patient electronic record and handed over to other DPs on shift and those DPs at handover coming on shift to ensure that the next dose is given after a safe interval. The Designated Practitioner must always consider possible additional PRN doses and the rolling 24 hour period.

Sign for the administration or enter the appropriate 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.

If the DP is taking the medication to the patient away from the clinic setting they MUST take the drug chart with them to ensure correct identification of the patient and immediate completion of the chart.

As required (PRN) medicines:
Any medication administered as a PRN **MUST** adhere to the following parameters. A full assessment must take place to ensure that medication is required, if deemed appropriate the Designated Practitioner must fully check if there is a PRN protocol, the prescription chart to establish which medication can be administered, the last dose given – taking into account the previous 24 hour period, **NOT** only the last dose given: and then all other preparation requirements. Every administration of PRN should be recorded on both the prescription chart and within the patient's electronic record including the assessment of need, details of administration; medication, route, dose and a record of effectiveness/any side effects.

The prescription record must be signed immediately once the medicines have been 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.

If the decision is made to omit any medications the appropriate code – e.g., 8 for asleep - must always be entered on the chart and the rationale for the omission must be document in the patient electronic record and discussed in both report out and handover.

Practice point
The expectation of the prescriber is that the prescribed dose is always given. The full prescribed dose MUST always be prepared for administration. In a scenario where the patient requests a partial dose, ask why they are requesting it and explain that the request will be raised with the prescriber, but still offer and encourage the patient to take the full dose as prepared. If they only accept a partial dose, record this on the chart using code "10" with details of the date & dose taken in the comments section of the chart next to the drug(s) in question, and in the electronic record (case note and safety summary). If the patient refuses the whole dose, record this on the chart using code "2". Ensure the partial/full refusal is included in handover information and mentioned in the ward report out at the next opportunity. DO NOT REPEAT partial dose administration without the prescriber's awareness and/or authorisation (or on-call medic if out of hours).
N.B. this does not apply to covert administration – see section 5.6

5.2 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 DP 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 DP. NAs can only administer to those titrated/established on depot medication.

5.3 Health Care Assistant (HCA) Administration of general sales list medicines

The DP 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 DP must add the relevant code (9) to the prescription and administration record.

5.4 Controlled Drugs

See Controlled drugs standard operating procedures

5.5 Self-administration of medicines by patients

Whenever possible patients should be assessed and given the opportunity to self-administer medication. The Multi-disciplinary team (MDT) 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.

5.6 Covert Administration of Medicines (disguising medicines in food or drink)

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

5.7 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 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.

Symptomatic Relief Prescriptions

Please check the list below and clearly cross out any medicines you do not wish to be administered
Delete paracetamol if any paracetamol-containing medicines prescribed regularly or as required

N.B. patients under the age of 16, or weight for height <85% - this section is invalid

	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

Prescriber signature:		**Name:**		**Date:**		**Pharmacy:**	

Administration:	*(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: Medicines and Smoking Guidance

5.8 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 a prescription or the need for a doctor to review.

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

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

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

5.10 Supply / Administration by crisis resolution teams

Designated Practitioners in the Crisis Resolution Team may access and supply/administer oral Zopiclone (PGD 10) and diazepam (PGD 31) under a Patient Group Direction 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.

5.11 Antipsychotic Depots and Long Acting Injections (LAI's)

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.

5.12 Patients Own Drugs (PODs) and Over the Counter Products (OTC)

On all admissions a check should take place to establish if PODs have been brought in with the patient. This can be a verbal check or on some areas property check and in some cases may include a search of the person. If confirmed Patients Own Drugs Procedure should be followed.

All these checks and discussions should be backed up with a corresponding entry in the patient electronic record.

Each time a patient goes on leave and returns, the same check should take place with the addition of asking if any over-the-counter medications have been purchased and brought to the ward by 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 and again should be backed up with an entry in the patient electronic record.

6 Definitions

Term	Definition
PGD	• Patient Group Direction
PRN	• Pro Re Nata (As Required)
NA	• Nursing Associate
DP	• Designated Practitioner
GP	• General Practitioner
MAR	• Medicines Administration Records
LAI	• Long-Acting Injections
POD	• Patients Own Drugs
OTC	• Over The Counter products
TNA	• Training Nurse Associate

7 How this procedure will be implemented

• This procedure will be published on the Trust's intranet and external website.
• Line managers will disseminate this procedure to all Trust employees through a line management briefing.
• Publication of the procedure will be highlighted in the Pharmacy Newsletter

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Registered Nurses	Face to face eLearning	Minimum 2 hours every 2 years	Within preceptorship training or as required Aspects within annual medicines optimisation training Aspects within 2 yearly face to face meds assessment
Nursing associates	Face to face eLearning	Minimum 2 hours every 2 years	Within preceptorship training or as required Aspects within annual medicines optimisation training Aspects within 2 yearly face to face meds assessment
Trainee Nursing Associates	Face to face	Basis of 2 days training	Within TNA medicines management sessions at commencement of training

8 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	DATIX reports	Weekly Pharmacy patient safety team meetings	Medicines Locality meetings Matron/Ward Manger forum Speciality Governance Groups

9 References

Underpinning legislation, information and guidance:

Relevant evidence-based guidance and alerts about medicines management and good practice published by appropriate expert and professional bodies, including:

National Institute for Health and Care Excellence

Medicines and Healthcare products Regulatory Agency

Department of Health and Social Care

NHS Improvement & NHS England

NMC code of conduct

Royal Pharmaceutical Society (RPS)

• The safe and secure handling of medicines: a team approach (RPSGB, 2005)

• Medicines, Ethics and Practice (RPS)

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	27th January 2022	
Next review date:	1st February 2025	
This document replaces:	PHARM-0002-007-v3.3	
This document was approved by:	Name of committee/group	Date
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	Drug & Therapeutics Committee	27th January 2022
An equality analysis was completed on this document on:	Generic Pharmacy Equality analysis applies	
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Change record

Version	Date	Amendment details	Status
1	16/02/2015	Amendment to P9 re: decision to disguise medication	Superseded
3	28/07/2016	Amended section on administration of depots and LAIs	Superseded
3.1	24/05/2018	Reviewed and amended to reflect current policy and procedure	Superseded
3.2	28/03/2019	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	Superseded
3.3	28/01/2021	Missing signature and omissions flowcharts added, duplication removed and links updated	Superseded

4	27/01/2022	Full review. Statement on patient requests for partial dose added. Links updated.	Approved

Appendix 1: Position Statement on Student Nurses' & Trainee Nursing Associates Involvement in Medicines Administration

During the clinical placement element of the pre-registration training programmes for student nurses and Trainee Nursing Associates (TNA) 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/TNAs have unsupervised access to the medication storage cupboards/trolley or individual patient medication boxes. Student nurses and TNA must **NEVER** be given the medication keys.

The role of the student nurse/TNAs is to learn about the medication, doses and side effects, observe administration and recording and practice administration under the **direct** supervision of a Designated Practitioner. Students/TNAs 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.

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

In addition:

Rapid tranquillisation

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

Depots

In regard to depot/long-acting injections both the Student Nurse and TNA can prepare and administer though only to those patients established/stabilised on such medication.

Controlled drugs

The student nurse and TNAs 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.

Rescue medication procedure in Learning Disability Services

Where the TNA has a base placement in Learning disability services and has received training in the use of rescue medications, they can continue to do this independently as part of their substantive role – provided there is a clear and up to date protocol for the service user. Any TNAs on a practice placement are **not** permitted to do this even if they have received the training in another service.

Administration of feeds

Where the TNA has a base placement in a service that HCAs are trained in the administration of feeds again, they can continue to do this independently as part of their substantive role – provided there is a clear and up to date protocol for the service user. Any TNAs on a practice placement are not permitted to do this even if they have received the training in another service

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 TNA can make entries about medication into patient records, including the patient electronic record, prescription and administration record, or controlled drug registers. Every recording entry however needs to be supervised and countersigned by a registered nurse.

During any medicine's 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 TNA 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

Designated Practitioners 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 Designated Practitioner 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 without a prescription and without the need for a doctor to review.

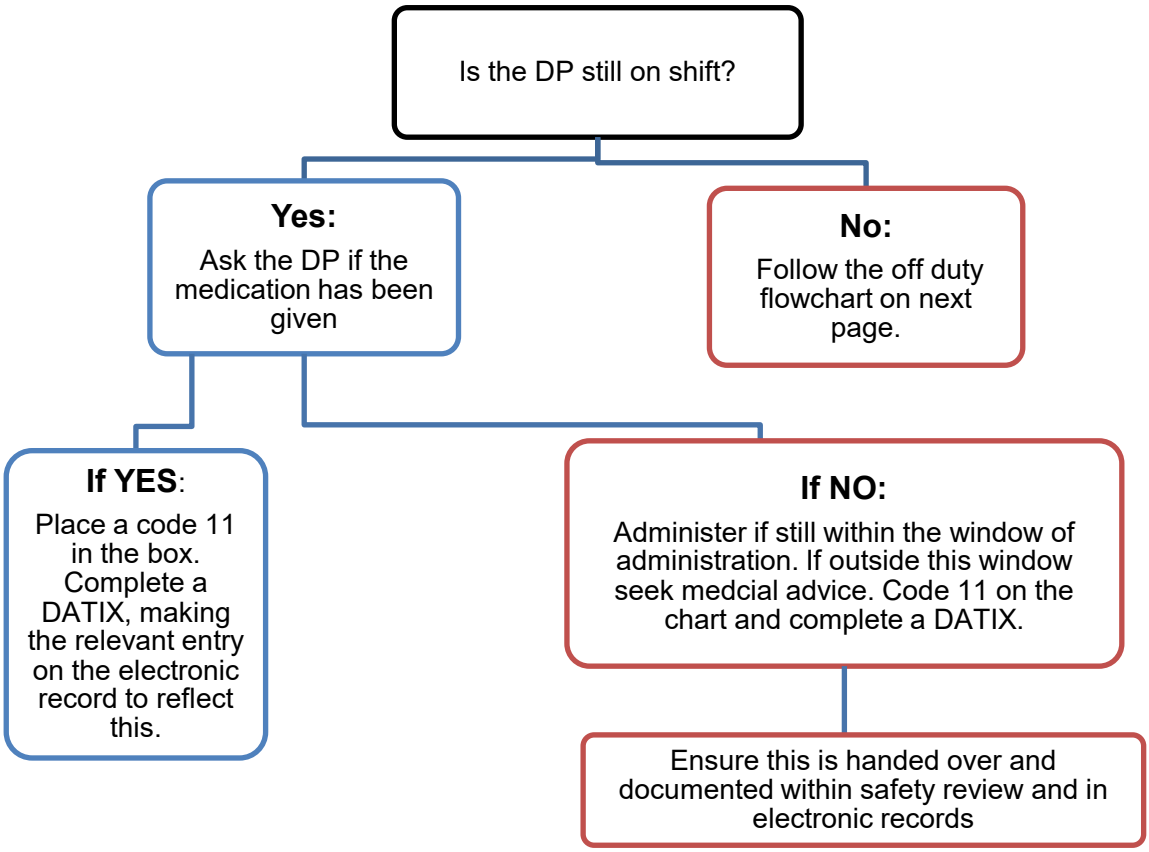
Topical/toiletry Items not supplied on prescription- Items brought in on admission that are used as toiletries at home such as creams, ointments, bathing products can continue to be used as a toiletry whilst in hospital but should be noted within the medicine's reconciliation process. An appropriate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

Appendix 3: Omissions and Missing Signatures Flowchart

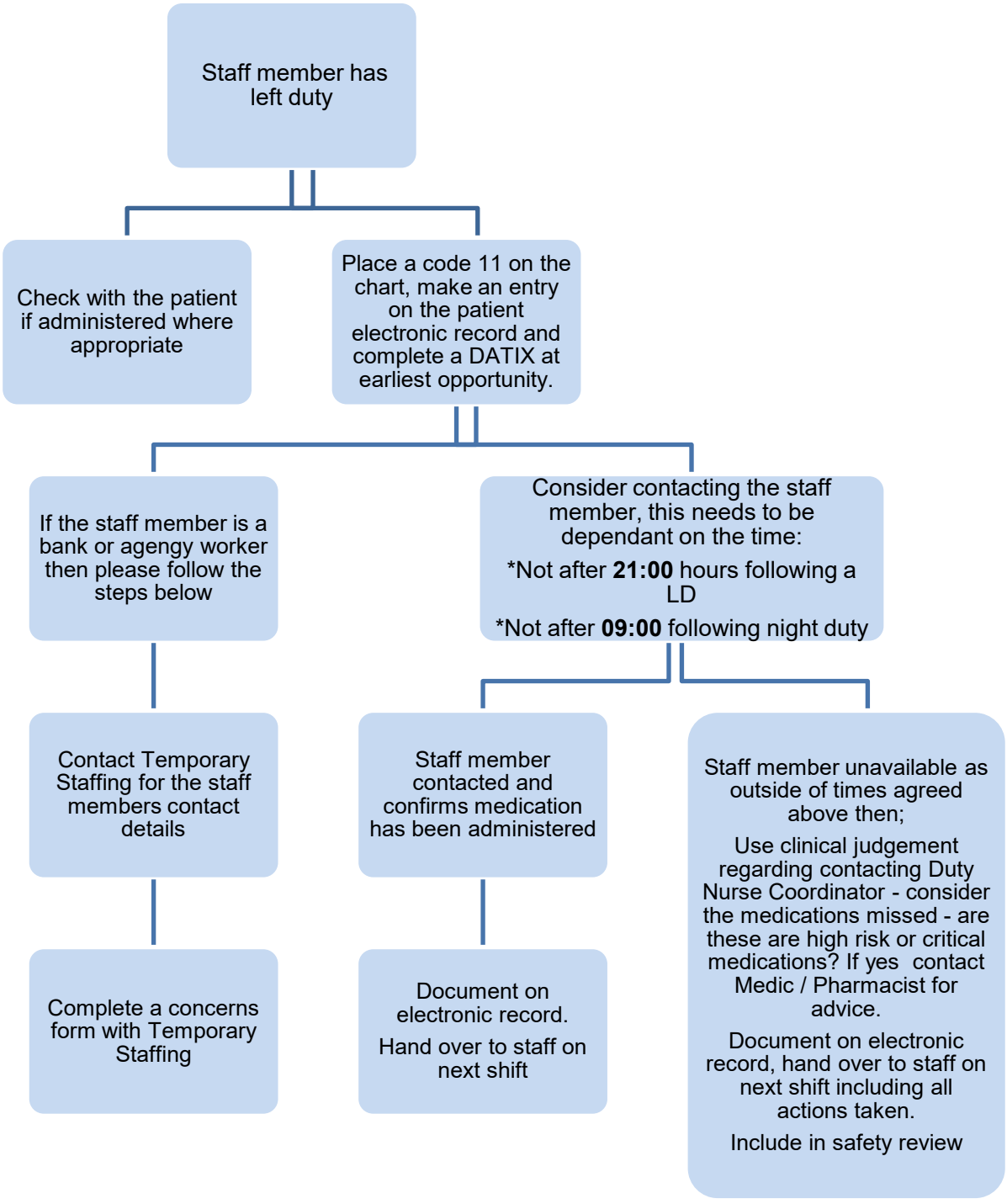
Omissions / missing signatures / blank box flowchart

Within the Organisation we still have occasions when there are omissions and missing signatures on the prescription charts. There are a number of tools available to support with this including the self and second checker forms as well as the prescription chat handover log. However, despite these safeguards and due to the nature of the wards we sometimes still find blank boxes on charts. In the event of a blank box being discovered the following process should be followed:

List of high risk and critical medication			
• Clozapine	• Lithium	• Antibiotics	• Anti-coagulants
• Anti-epileptic drugs	• Parkinson's disease drugs	• HDAT	• Insulin



If you observe an omitted signature on the drug chart and the staff member is not on shift. Please follow the flow chart below to ensure we are ensuring we understand if a patient has been administered their medication or not


Staff member has left duty
Check with the patient if administered where appropriate
Place a code 11 on the chart, make an entry on the patient electronic record and complete a DATIX at earliest opportunity.
If the staff member is a bank or agengy worker then please follow the steps below
Consider contacting the staff member, this needs to be dependant on the time:
*Not after 21:00 hours following a LD
*Not after 09:00 following night duty
Contact Temporary Staffing for the staff members contact details
Complete a concerns form with Temporary Staffing
Staff member contacted and confirms medication has been administered
Document on electronic record.
Hand over to staff on next shift
Staff member unavailable as outside of times agreed above then;
Use clinical judgement regarding contacting Duty Nurse Coordinator - consider the medications missed - are these are high risk or critical medications? If yes contact Medic / Pharmacist for advice.
Document on electronic record, hand over to staff on next shift including all actions taken.
Include in safety review

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Appendix 4 : Approval checklist

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Training**		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	**Implementation and monitoring**		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Generic Pharmacy Equality Analysis applies	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the document been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	No	Not applicable