journey to change

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Public – To be published on the Trust external website

Medicines - Preparation and Administration

Ref: PHARM-0002-007-v5

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.

This procedure supports our Journey to Change as set out in the Medicines Overarching Framework.

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.

4 Related documents

This procedure describes what you need to do to implement the Medicines - preparation and administration section of the Medicines Overarching Framework & interactive guide to access all medicines optimisation documents.

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:-

- ✓ Electronic Prescribing and Medicines Administration (EPMA) Overarching Procedure
- ✓ MAR Records Procedure
- ✓ Self-Medication Procedure
- ✓ Controlled Drugs Standard Operating Procedures
- ✓ Patients Own Drugs Procedure
- ✓ Rapid Tranquilisation Policy

- ✓ Prescribing and Administration of Medication in Section 136 suites
- ✓ 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
- ✓ Long-Acting Injectable (LAIs) Antipsychotics: Guidance for prescribing, administration, and medicines management
- ✓ MSS 17 Critical Medicines
- ✓ MSS 12 Liquid Oral Medicines

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 most 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:

You must always check:

- The individual patient prescription prior to any medication being prepared.
- That you have both the correct formulation, dose and have identified the correct route for administration.
- **If the DP is unclear as to the correct medicine, diluent, or precise method for medicine preparation, they must contact the Prescriber and/or 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 DP in accordance with directions on the individual’s prescription record.
- By a DP in accordance with a MAR chart completed by a community pharmacist or a DP and witnessed by another DP in units where medication is prescribed and supplied via the GP (see MAR Charts Procedure)
- By a DP independently within Trust approved written guidelines e.g., under a Patient Group Direction (PGD) or protocol.

- By a registered doctor or dentist
- Self-administration by a patient under a Trust authorised self-administration scheme (Self-medication Procedure)
- By a DP in an emergency without a prescription e.g., Adrenaline – ensuring this is within their scope of practice.
- By a practitioner in training under the supervision of a DP (see Appendix 1 Position Statement on Student Nurses' Involvement in Medicines Administration)

5.1 Administration of medicines

5.1.1 General Principles

Single DP 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 Procedure (tewv.nhs.uk))
- 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 DP during the early stages of their preceptorship.
- The DP is supervising a student nurse or trainee Nursing Associate

It is essential that during the medication round the DP is not interrupted. Where there is a runner identified their role is to bring patients to the clinic for their medication **NOT** to take any medications to patients the role is also to prevent any interruptions to the DP.

5.1.2 Timing of administration

The DP(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 mealtimes 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.

Administration times: For regular medicines where the interval between doses is critical, e.g., minimum of 4 hours for paracetamol-containing medicines, the DP must ensure the prescription is checked carefully and medication is administered as prescribed. Both the regular and PRN medications must be checked, and the DP **MUST** ensure accurate time intervals are adhered too. Soft locks/ alerts appear on EPMA for some medications but not all, the system should never supersede clinical checks and decision making. Time intervals between medications must be

checked manually by the DP looking at both PRN and regular sections within EPMA to ensure that the medication is able to be administered. An entry must be recorded in the patient electronic record and handed over to other DPs on shift and DPs at handover coming on shift to ensure that the next dose is given after a safe interval. The DP must always consider possible additional PRN doses and the rolling 24-hour period.

There are several time critical medications that all DP's must be aware of. They need to be given within the specified time, The Medication Safety Series below details this:

MSS 17 Critical Medicines

5.1.3 Use of Administration equipment

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 must 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. Once administered, sign the prescription 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.

5.1.4 Recording administration

The DP who has administered or supervised the administration of the medicine must: sign with initials/ electronic signature on EPMA or enter the relevant code. This must be done immediately after administration. In cases where a student nurse/trainee nursing associate have been involved in the process and have completed their EPMA training then both initials should be present on the record. The DP **must** observe all stages of this process.

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 EPMA by inputting the "withheld" code and input the reason on the system.

If a medicine is omitted, the "withheld" code is to be entered onto the EPMA system. If using a depot record the appropriate code, must be entered on the administration record. The DP 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 later providing a doctor has confirmed and has made the relevant changes to EPMA to enable the dose to be administered.

Failure to record the administration of a medicine or an omission code constitutes a medication incident and must be reported via an incident form. This will be the subject of regular audit. See appendix 3 omissions/missing signatures flowchart.

At the end of each medication round the DP MUST check that every medication has been signed for or coded by looking at the ward list on the front screen of EPMA.

5.1.5 Accountability

When exercising accountability for the administration of medicines the DP MUST:

- Under the NMC code of conduct 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: Professional standards of practice and behaviour for nurses, midwives, and nursing associates (NMC October 2018)
- Refer to the current BNF or BNF-C) to confirm appropriateness of treatment prior to administering a medicine that is unfamiliar. If further advice is needed contact the prescriber and/or the trust pharmacy team
- Be certain of the identity of the patient to whom the medicine is to be administered.
- The care plan and safety summary must always be checked.
- Always check that you have selected the correct medicine and it can be clearly identified.
- Check the expiry date or any reduced expiries once opened of the medication to be administered.

5.1.6 Allergy status

DPs MUST always check and expand the allergy box for all patients. Medicine should not be administered if this box is incomplete. This is the prescriber's responsibility.

5.1.7 Checking the prescription

The prescription record is the primary source for all preparation and administration, medication should NEVER be prepared or administered without FULLY checking the patient's prescription record(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.
- 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, CDs and fridge items.
- Additional administration advice – e.g., before food

Ensure that the dose has not already been administered – If two DPs are completing the medication round they must both have a laptop and there must be a system/clear communication around which patients each are administering too. Each DP must only prepare and administer to individual patients at a time and no part of the process should be handled by the other DP.

5.1.8 Handover

At the point that any medicine keys are transferred between DPs 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.

5.1.9 Selecting and preparing the medication

Select and confirm that the required medication matches the prescription.

- Medicine's name
- Strength
- Form/Preparation
- Expiry date

Prepare the medicine and check with the prescription that:

- The correct medicine has been prepared – always check the strips to ensure you have the correct medication. and ensure they are returned to the correct box/packaging.
- Any calculations are correct.
- The measured dose is correct.
- The correct route is clearly identified.

5.1.10 Checking patient identity

Before proceeding to administer the medication, the DP must positively identity the patient by one of the following means: through visual recognition and verbal open questioning – asking for the patient demographics (full name, DOB) - if available on EPMA a photograph of the patient will be visible on the front patient screen. Other means of positive identification can be used e.g., 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.

If the DP is taking the medication to the patient away from the clinic setting it is imperative they identify the correct patient.

5.1.11 Checking adherence

For oral medicines, always check that the dose has been swallowed. The RP should always be aware of patient specific safety summary or care plans regarding diversion or secretion of medications and act accordingly in trying to ensure that medication is taken in line with these.

5.1.12 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 DP must fully check:

- If there is a PRN protocol,
- The prescription and administration record to establish which medication can be administered, **ALWAYS** check the last dose given – considering the previous 24-hour period, (ensuring the prescribed intervals have not been exceeded) and then all other preparation requirements.

Every administration of PRN should be recorded within the PRN section in EPMA. and the patient's electronic record including:

- The assessment of need
- Details of administration
- The medication administered
- The route
- The dose
- Efficacy and any side effects.

5.1.13 Adverse Drug Reactions (ADR)

All DP's 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

5.1.14 Partial dosing

Practice point

The expectation of the prescriber is that the prescribed dose is always given. The full 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, select "other" in EPMA, and document the reason. This should include the date & dose taken in the comments section of the record next to the drug(s) in question, and in the electronic record (case note and safety summary). If the patient refuses the whole dose, select "patient refused" in EPMA and enter a reason for refusal. 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

5.1.15 Final Checks

At the end of each medication round the DP should do a full sweep of the clinic and EPMA and check:

- For omitted signatures
- No medications have been dropped/left unsecured.
- The clinic is tidy.
- All medication cupboard doors/cupboards/fridge are locked and secure.

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.

5.2.1 NAs can administer the following:

In addition, within TEWV our NAs can administer the following:

- Depots - only to those patients who have been titrated/established on depot medication.
- As required medication: NAs can prepare and administer all oral "As Required" medications from the prescription, including mental health medications.
- Insulin as part of their role on completion of relevant training.
- Vaccines: NAs can administer pre-filled syringes of individual vaccines to patients against a valid prescription.
- Emergency medicines for seizures: NAs can administer emergency medications for seizures in line with a clear rescue medication plan for the individual and relevant training as required.

5.2.2 NAs cannot be involved in the following:

- They will not be involved in the preparation of Rapid Tranquilisation - this will remain the clinical judgement of the first level RN.
- Any administration of PGDs, which currently NAs cannot legally work under.

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 note on EPMA or code (9) to the MAR chart.

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.

Every DP involved in the administration of covert medication must familiarise themselves with -The trust guidance for covert administration which 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 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.

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

5.8.1 Services from external providers

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.

5.8.2 MAR chart

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

5.9 Supply / Administration by crisis resolution teams

Patient Group Directions (PGDs) are available within some Crisis Resolution Teams. These are usually utilised outside of normal working hours to patients referred to the team to prevent the need for a medic and to prevent unnecessary admissions to hospital. These can only be issued by RNs who have completed the training.

RNs in the Adult Crisis Resolution Team may access and supply/administer oral Zopiclone, Diazepam and Promethazine.

RNs in the CAMHS Crisis Resolution team may access and supply administer Lorazepam and Promethazine.

RNs 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.

5.9.1 Section 135/136 suites

The Prescribing and administration of medications in section 135/136 suites procedure enables staff to reconcile and provide medication to patients whilst held on a 135/136, in particular critical medicines, as lack of access to such medication could have significant impact on their physical health.

In these situations, Nursing staff are responsible for:

- Supporting patients to self-administer their prescribed medication when they have it in their possession and doses are due.
- Ensuring that the information regarding current medication and allergies has been requested from the GP or obtained via the HIE viewer function in Cito
- Obtaining information regarding major physical health issues that may require treatment
- Assessing the suitability for use of any patient's own medication as per the Trust Patients Own Drugs procedure.
- Where the patient does not have a supply of their own medicines, or these are not suitable for use, obtaining them from the most appropriate source, e.g. Trust dispensary (in working hours), nearby ward stock, emergency drug cupboard or FP10 prescription presented to a community pharmacy. Family/carers may be contacted to ascertain whether a suitable supply can be brought to the place of safety
- Assessing the need for nicotine replacement therapy as per Trust Nicotine Management Policy (which enables the use of e-cigarettes, held as stock, in the suites)

5.10 Antipsychotic Depots and Long-Acting Injections (LAI's)

For administration of antipsychotic depots and long-acting injections refer to Long-Acting Injectable (LAIs) Antipsychotics: Guidance for prescribing, administration, and medicines management

Visual controls/systems must be in place to identify each patient on a depot/LAI - this must include notifications of due dates. All DPs 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.

5.11 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 area's 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.

Any visitors bringing medications to the inpatient areas should hand these into nursing staff and not to the patient.

6 Definitions

Term	Definition
EPMA	• Electronic prescribing and medicines administration
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

See MOF Medicines Overarching Framework

8 How the implementation of this procedure will be monitored

Number	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	Reported incidents will be reviewed and monitored for themes and trends.	Weekly Medication Safety meetings	Medicines Care Group meetings Speciality Governance Groups Nursing Council

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

Professional guidance on the safe and secure handling of medicines (rpharms.com)

10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	28 March 2024
Next review date	28 March 2027
This document replaces	PHARM-0002-007-v4
This document was approved by	Drug & Therapeutics Committee
This document was approved	28 March 2024
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	Generic Pharmacy Equality analysis applies
Document type	Public
FOI Clause (Private documents only)	n/a

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	Superseded
5	February 2024	Full review. EPMA information added. Additions for extending Nursing associate Role.	Approved

		New guidance on student nurse involvement in administration of Rapid Tranquilisation (appendix 1)	

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

During 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, with every stage of the process being supervised from an appropriately trained DP. 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 unsupervised access or use of 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 DP. Students/TNAs must always adhere to the Trust Medicine Overarching Framework parameters throughout their placement and must never administer medicines to a patient out of sight of the DP.

DPs 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 DP.

In addition:

Rapid tranquillisation

Student nurses can be involved in the preparation and administration of Rapid Tranquilisation (RT) medications in situations assessed as appropriate under the direct supervision detailed above - if this is permitted within their Learning Institutes curriculum. They cannot be involved in the restraint of patients. TNAs cannot be involved in any part of this process. However, the TNA can be involved in restraint within their primary employment role/home ward.

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 RN but there needs to be a second DP, 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 DP.
- 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 TNAs can make entries about medications into patient electronic records, this includes the prescription and administration record and controlled drug registers. Every entry needs to be countersigned by the DP.

During any medication administration carried out by a student nurse or TNA, the DP remains accountable for the process. At no time should any part of this process take place unsupervised.

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

DPs 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 DP 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.

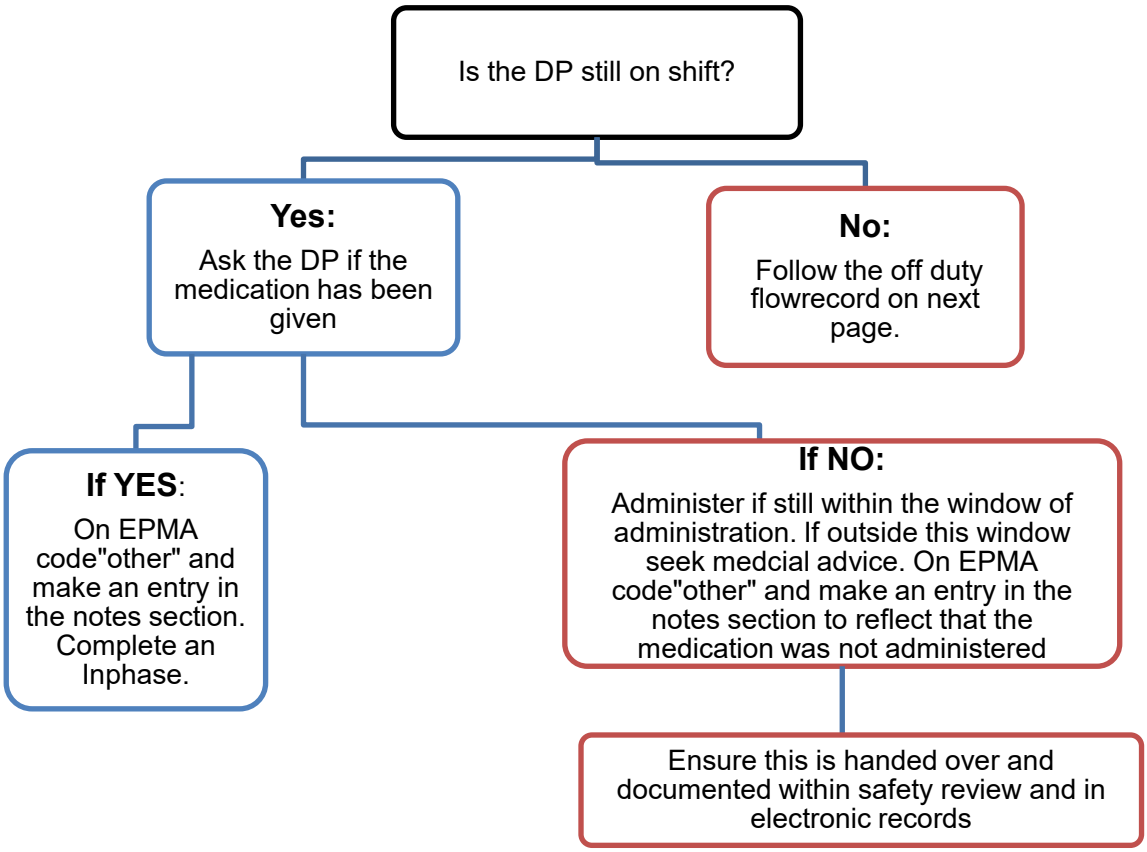
Topical/toiletry Items not supplied on prescription- Items brought in on admission that are used as toiletries at home such as creams, ointments, bathing products can continue to be used as a toiletry whilst in hospital but should be noted within the medicine's reconciliation process. An appropriate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

Appendix 3: Omissions and Missing Signatures Flowchart

Omissions / missing signatures / blank box flowchart

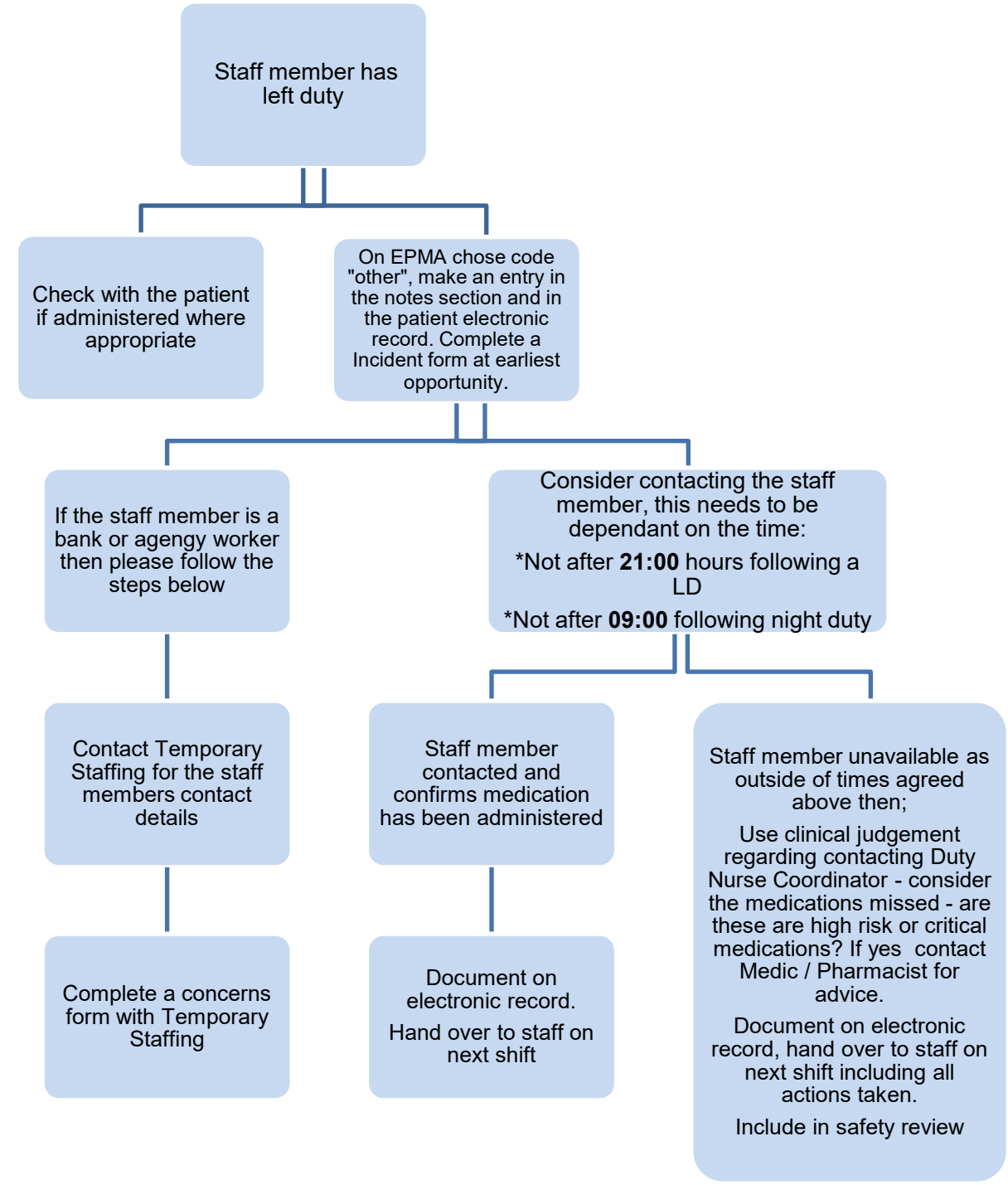
Within the Organisation we still have occasions when there are omissions and missing signatures on the prescription charts. There are a number of tools available to support with this including the self and second checker forms as well as the prescription chat handover log. However, despite these safeguards and due to the nature of the wards we sometimes still find incomplete records on both EPMA and prescription administration records. 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



(note a more accessible version of the above chart is available on request)

If you observe an omitted signature on the drug administration record and the staff member is not on shift. Please follow the flowchart 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
On EPMA chose code "other", make an entry in the notes section and in the patient electronic record. Complete a Incident form 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
Staff member contacted and confirms medication has been administered
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
Complete a concerns form with Temporary Staffing
Document on electronic record.
Hand over to staff on next shift

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Appendix 4: Uploading a photograph/ alternative image on EPMA

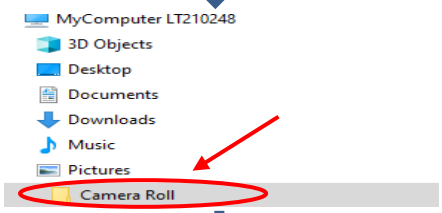
Due to the number of medication administrations to the wrong patient, photographs on the electronic prescription records are mandatory

On admission: explain to the patient that a photo is required for prescription records to ensure the right patient identification.

Patient Agrees

Take photo using the camera installed on the designated EPMA laptop

The patient photograph will be saved to the camera roll in the hard drive of the laptop. The camera roll belongs to the registered practitioner who has logged onto the system with their credentials



Upload the patient photograph on to the electronic prescription record

Click HERE for guide

Once the photograph is successfully uploaded to the electronic prescription record it must be deleted **immediately** from camera roll

Patient Declines

Document in patient record, consider capacity and if this needs to be revisited

If No

Upload alternative image to electronic prescription record Click HERE for guide.

If Yes

Ensure follow up actions and document including time frames appropriate to each patient. Consider the best person to engage with patient to take the photo

Photographs should only be updated and replaced on EPMA when any changes to physical appearance – Hairstyle, Facial Hair etc. are noted. If a patient has a period of stay that exceeds 6 months, the EPMA system will automatically delete the photograph from the prescription record and an updated photo will be required.
Upon discharge it is the responsibility of the nurse in charge to delete the photograph from the electronic prescription record prior to the patient being discharged from the EPMA system.

Appendix 5: 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?		
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?		
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?		
6.	**Training**		
	Have training needs been considered?	yes	
	Are training needs included in the document?	n/a	See MOF
7.	**Implementation and monitoring**		
	Does the document identify how it will be implemented and monitored?	Yes	

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	n/a	
	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