CLINICAL GUIDELINE

Medicines Administration

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

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Important Note:

The Intranet version of this document is the only version that is maintained.
Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

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1. INTRODUCTION

This guideline aims to outline the principles of safe, effective and person centred medicines administration in the hospital environment and is a key supporting guidance document to the NHS Greater Glasgow and Clyde (NHSGGC) Safe and Secure Handling of Medicines policy.

The administration of medicines is a **safety critical process** which must be considered in the context of a complex clinical environment. The impact of human factors cannot be ignored, and therefore a series of strategies to mitigate risk must be considered. **This guideline pulls these strategies together to facilitate a single point of reference and access.**

2. SCOPE

This guideline is for all registered practitioners and healthcare students working in NHSGGC hospitals involved in administering medicines.

There is recognition that most medicines administration is undertaken by nurses and midwives however each practitioner, irrespective of profession, will practice according to their professional regulatory body and follow the Royal Pharmaceutical Society's Professional Guidance on the Administration of Medicines in Healthcare Settings (RPS, 2019).

Healthcare students may be involved in the calculations, preparation, administration and monitoring process however always under the **direct supervision** of a registered healthcare practitioner, at all times and steps of the process.

The legislative requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003 as they relate to the administration of medicines must be followed where applicable.

3. ROLES/RESPONSIBILITIES

For the purposes of this guideline, all registered practitioners and healthcare students are accountable for maintaining competence in accordance with the relevant code of conduct and guidance of their professional body, to ensure they have the knowledge and skills to deliver safe and effective practice (Nursing and Midwifery Council (NMC, 2018), Health and Care Professions Council (HCPC, 2016), General Medical Council (GMC, 2013)).

Registered Nurses, Midwives and Operating Department Practitioners (ODP) new to NHSGGC Acute Services must complete the role specific induction processes before independently administering medicines, or participating in a two person independent check in paediatrics. In Mental Health Services, there is a requirement for all registrants to complete the Mental Health Medicines Safety Resource Pack (NHSGGC, 2017).

In preparation and administration of intravenous (IV) medicines, at least one of the two registered practitioners involved in the two person independent check in Acute Services should have completed the IV Medicines Competency Programme before administering IV route medications (NHSGGC Administration of Intravenous Medicines and Flush Policy, 2021).

4. FUNDAMENTAL PRINCIPLES

The principles of safe, effective and person centred medicines administration throughout this guideline must be maintained irrespective of which electronic or paper system is in use. All patients receiving medications must be correctly identified.

4.1 Medicines can only be administered in accordance with one or more of the following processes:

- Against an entry made in an approved electronic prescribing system, e.g. the NHSGGC Hospital Electronic Prescribing and Medicines Administration (HEPMA) system, by a UK registered doctor, dentist, or non-medical prescriber
- Against an entry made in an approved NHSGGC paper Medicine Prescription and Administration Form by a UK registered doctor, dentist, or non-medical prescriber
- Patient Group Direction (PGD)
- Patient Specific Direction (PSD)
- Medicines Act exemption, for example:
  - » Midwifery exemptions
  - » IR(ME)R framework (non registered staff, if appropriately trained and assessed as competent, and in line with appropriate risk assessment and approved protocols, can administer medicines within nuclear medicine)
- An NHSGGC approved Symptomatic Relief Policy (e.g. the Adult and Older Adult Symptomatic Relief Policy (2021))

4.2 Medicines for one patient only should be prepared at a time, and administered before preparing any medicines for another patient.

4.3 In emergency circumstances, a medicine may be administered on the verbal instruction of a registered prescriber (See section 6.3).

4.4 Patient's Own Drug (POD) lockers or medicines trollies, or a hybrid system, are used to administer medicines. Medicines in any location, including bedside POD lockers must be stored safely and securely.

4.5 If infusion devices are necessary for the administration of the medicine, all staff involved in operating the device must be competent in using the equipment and have a record of device training documenting this.

4.6 All medication errors or 'near misses' should be reported via Datix and documented in nursing and medical notes (see Section 7).

4.7 Two practitioners are required, one to administer the medicine and one to independently check and witness for the following circumstances:

- Controlled Drugs (CDs)
- IV route medicines

- Insulin
- Systemic Anti-Cancer Therapy
- Continuous subcutaneous infusions
- Medicines administered to children (under 16 years of age)

Controlled Drugs: Additional Requirements

4.8 In hospitals, two designated members of staff must always participate in the administration of CDs, one to administer the medicine and one to independently check and witness. Responsibility rests with the person administering the CD, unless this is a student nurse / midwife, where responsibility lies with the registered nurse / midwife witnessing the administration. The practitioner(s) undertaking the administration and witness roles should remain the same throughout the process, and should not interchange.

4.9 A record of all CDs administered to patients must be made in the appropriate Ward Controlled Drugs Register. If using patient's own CDs, then the patients' own CD medication register should be completed. See Appendix 1 for CD requirements.

4.10 In the hospital setting patients may self-administer Patient Controlled Analgesia (PCA) CDs only if they consent and are able to do so when formally assessed by the prescriber. Assessment and consent must be documented in the patient's medical record/nursing notes.

5. HUMAN FACTORS and RISK REDUCTION STRATEGIES

A hospital ward or department is often busy, rapidly changing in terms of admissions and discharges, increased patient acuity, and clinical activity such as investigations, treatments, and operations. Staff are likely to be in high demand by patients, visitors, telephone calls, ward entrance intercoms and will often be juggling multiple tasks and competing priorities.

Because of such a complex environment, the importance of human factors must be acknowledged, and strategies made available to support individuals during medicines administration. Through analysis of the processes, there are four recognised and robust safety critical strategies that can impact hugely on reducing risks of error and adverse events occurring:

- Minimise interruptions and distractions
- Chance to Check
- Reduce omitted medicines
- Two-person independent check

5.1. Minimise Interruptions and Distractions

Errors during the medicines administration process continue to be a considerable patient safety concern, and the literature demonstrates that interruptions and distractions can impact on concentration and therefore increase the risk of error.

It is therefore essential to mitigate these risks by embedding two fundamental principles into clinical environments:

- Medicines administration is a **safety critical process** dependent on focus and concentration
- No non-urgent interruptions during medicines administration

To apply both of these safety critical principles in practice requires re-examining the whole system and local processes, as well as engaging the commitment of the whole multidisciplinary team. Clinical environments are complex and unpredictable. No two environments are identical therefore the following practical strategies aim to reduce unnecessary interruptions and require consideration at ward or department, individual and organisational level.

Building a safety culture includes:

- Medicines safety is "the way we do things around here"
- A multidisciplinary team approach to recognising medicine administration as a **safety critical process**, and to avoid interrupting when a colleague is engaged in medicines administration unless in an emergency or urgent situation; avoid the custom and practice of "I can see you're doing the medicines but ……"
- Consider competing ward processes/schedules; for example, ward rounds or mealtimes
- Stagger timings of medicines administration where possible so that not all practitioners are engaged in medicines administration at the same time
- Hospital huddles – frequent reminders to all service and clinical leaders to remind their teams that staff in purple aprons should not be disturbed or interrupted
- Ward safety briefs and pre-administration ward huddles – similar to a pre-flight check, ensuring all multidisciplinary team colleagues are aware; with identified people to field interruptions such as telephone calls

Purple Aprons

- When we see someone in a purple apron, we immediately recognise the importance of not interrupting a **safety critical process** to avoid increasing the risk of error and harm
- Visual prompts (as an example, see Appendix 2) in strategic places such as room entrances, on Patient's Own Drugs (POD) lockers
- Whole system communication strategy so that staff and the public awareness is raised and reminded of what the purple apron represents; when they see staff member in a purple apron, they should not be interrupted as they are engaged in a **safety critical process**
    - » When patients are admitted, they and their relatives should be informed that when they see staff in a purple apron, they should not be interrupted as they are involved in a **safety critical process**
- When entering a patient room, inform patients and visitors that you are about to

administer medicines which is a **safety critical process** and that you should not be interrupted, however you will be available afterwards

- Practitioners administering medicines encouraged and empowered to respond to interruptions from staff or visitors with, for example; "I'm afraid I'm involved in a **safety critical process** which can't be interrupted, however you can speak to (whoever they should take their enquiry to)"

When preparing to administer medicines, avoid carrying or reallocate the cordless phone if possible

5.2. Chance to Check

All health care professionals, especially nurses and midwives, should be aware of the fundamental "five rights" of medicine administration (Appendix 3), all of which are regarded as a minimum standard for understanding prescriptions and safe medication practices.

Chance to Check is a **safety pause** for a conscious checklist immediately prior to medicines administration; Chance to Check improves medicines safety and reduces the risk of errors by introducing a pause at the point of care, the last opportunity when an error might be identified.

The Chance to Check safety pause involves the following five key statements:

I know what this medicine is, and what it's for

Medicines should not be dispensed or administered without knowledge of that medicine (actions and indications). It is therefore critical that access to medicines information (e.g., BNF, HEPMA Clinical Drug Information Tile, IV monograph) is available.

This medicine and dose are suitable for this patient

It makes sense this **patient** has been prescribed this **medicine**, via this **route** and at this **dose** and **time**. Expiry dates should also be checked.

Is the patient allergic to this medicine?

Ensure that the allergy status on HEPMA is checked. HEPMA includes an option of "allergy status undetermined" - ask if the patient has any allergies and ensure HEPMA is updated.

The patient verbally confirms their name and consent (if possible)

On approaching the patient, ask for confirmation of their name: "Hi Mr. Brown; I have your medicines; if you're happy to take them, can you tell me your full name please?"

The patient's name band matches the patient details on the prescription

At the bedside, check the patient's name band: the name and CHI number must exactly match the name and CHI number on the prescription.

To increase the impact of Chance to Check, a pre-round brief, or pre-administration ward huddle described in 5.1, helps to focus the minds of all staff on the **safety critical process**, ensuring all colleagues are aware; identified people to field interruptions such as telephone calls.

Chance to Check should take place at EVERY administration. It does not require additional documentation however visual prompts (Appendix 4) are a useful reminder.

If any concerns are identified when administering medicines (e.g. potential allergy, duplicate medicine prescribed, dose query), contact an appropriate prescriber immediately and resolve the concern before the medicine is given.

Expiry dates of medication should be checked prior to administration. Pay particular attention to medicines intended to be administered over long periods of time (e.g. medicine given via intrathecal pumps). Ensure the medicine has an expiry date that exceeds the intended duration of the infusion.

Additionally, following the medicines round, or even after each patient room, a post-round sweep involves a check that all medicines have been taken, all medicine cups cleared away, POD lockers, medicines trolley and cupboards are locked and secured, and all doses signed for. Any omitted medicines (e.g. medicine not in stock) also need to be addressed (see section 5.3).

5.3. Reduce Omitted Medicines

The NHSGGC Area Drug and Therapeutics Committee identifies omitted medicines (also referred to as 'missed doses') as a significant clinical risk. Analyses of medicines administration errors have shown that omitted medicines is the most common sub-category of 'administration' incidents. There are legitimate reasons for withholding a medicine during medicines administration (see Appendix 5 for Non-Administration Codes), however one of the most frequent concerns is "Drug unavailable" at the time required.

Many of these incidences have the potential to cause harm, and therefore as many mitigating actions as possible should be put in place to reduce the occurrence.

The following improvement actions can be considered and implemented at local level:

- Use of medicines omissions data (e.g. from the HEPMA dashboard) to identify opportunities for improvement generation of change ideas.
- Embed the Medicines Omissions Tool (Appendix 6) at every medicine round to ensure that all medicines not administered, for whatever reason, are followed up after the round. For example, the prescription can be clarified with medical staff or a medicine not in stock can be sourced from the quickest available source.
- Use of the 'Missed Dose' algorithm and 'Missed Meds' poster (Appendix 5) to raise awareness of actions required when a medicine is not administered. These are particularly effective in determining actions when a critical medicine is not administered.
- Ensure all staff have access to the medicines stock locator (Staffnet link) which can be searched for availability of any medicine on our hospital sites.

5.4. Independent Two Person Check

Despite a two-person check being well established, medication incidents and errors continue to happen. Investigation into these incidents frequently uncover some aspect of the two-person check process being ineffective, and therefore the effectiveness of two person checks used as a risk-reduction strategy has been disputed.

However, when the second check is conducted independently by a second practitioner, following a structured and consistent process (see Appendix 7) intended to help detect potentially harmful errors before they reach patients, error detection is most effective.

The two-person check involves each person carrying out each individual step of the process independently (see Appendix 7), and rather than regarding it as a repetitive, routine task, critically thinking of reducing potential error and harm. The processis enhanced by both practitioners applying Chance to Check and maintaining the principle of removing non-urgent interruptions during the independent two-person administration process.

There may be clinical situations where it is not possible to adhere rigidly to an independent second check as outlined above. In these situations, such as clinical emergencies and perioperative care, a paused single check by a registered healthcare professional may be necessary. That individual is accountable to ensure patient safety is not compromised. Refer to local standard operating procedures.

6. ADDITIONAL CONSIDERATIONS

6.1. Patients' Own Medicines

Patients" own medicines may be used during the inpatient period for administration if they are assessed as suitable. Local procedures should be followed: this should include confirmation that the name and strength of the medicine must be identifiable, assessment of the expiry date and visible suitability of the product for use (e.g. packaging intact). Any specific storage requirements must be considered (e.g. insulin in fridge).

Patients' own medicines must only be used for the patient identified on the label and not for any other patient.

Medication compliance devices (dosette boxes) should not be routinely used. In cases where medicines are urgently required and are unavailable in the ward area, medicine may be used from the compliance device but only after full identification has taken place. This may involve contacting pharmacy.

6.2. Symptomatic Relief Policy

Through strict application of a NHSGGC approved Symptomatic Relief Policy, nurses and midwives are permitted to administer medicines from an agreed list to patients. All practitioners using the Symptomatic Relief Policy should be assessed (by Senior Charge Nurse/Midwife) as competent to use it and they should sign to confirm, acknowledging they will be accountable for their actions. It is the responsibility of local areas to retain an accurate list of named nurses and midwives on the form provided within the Symptomatic Relief Policy as Appendix 1.

The practitioner will have access to Symptomatic Relief Policy on HEPMA. Practitioners should carefully check the medication that the patient is not already prescribed before using the Symptomatic Relief Policy. HEPMA will provide "heed warnings" and any such conflicts must not be by-passed by non-prescribing practitioners. It is the practitioner's responsibility to ensure anything prescribed within the Symptomatic Relief Policy is appropriate, and should check current, discontinued and 'as required' prescriptions.

The agreed list of medicines comprises general sales list or pharmacy medicines that are intended to relieve minor and common complaints (e.g., constipation or headache).

Staff using a Symptomatic Relief Policy must ensure they are applying the relevant approved policy for the clinical area in which they are working (e.g. Adult and Older Adult (Acute) or Mental Health). NB: the Mental Health Symptomatic Relief Policy requires a prescriber to prescribe 'MH Symptomatic Relief Policy' on HEPMA before non-prescribing practitioners can apply the policy with any specific patient.

6.3. Administration of medicines without a written prescription

Medicines must only be administered without a formal prescription in exceptional circumstances, for example, an emergency arrest situation.

Where a verbal prescription is given by a doctor or non-medical prescriber (NMP) present at an emergency, or in theatre, the doctor or NMP must state the name, dose, and route of administration of the medicine to be administered.

The individual who prepares the medicine must ensure the information is correct by repeating the name, dose and route of administration of the medicine to the doctor or NMP who ordered it.

The medicine must be administered either by the prescribing doctor/NMP or by the registered practitioner who prepared it, except in theatre, where it must be administered by the prescribing doctor/NMP. Both must be present at the time of administration.

An accurate record of all medicines administered in this situation must be kept and all medicine containers must be kept until a formal record is completed and agreed by those who were present.

Medication given in an emergency should be retrospectively prescribed on HEPMA following the emergency, following the corresponding SOP 11.

An instruction to administer medicines via telephone should not be necessary given the ability to prescribe remotely on HEPMA for authorised users.

6.4. Patients with enteral feeding tubes or swallowing difficulties

Administration of medicines to patients with swallowing difficulties or enteral feeding tubes requires additional caution both in terms of the risk of aspiration or blocking the feeding device. All safety checks should be carried out as per protocols prior to administration of medicines.

Most medications are not licensed for administration via a feeding tube, and therefore a clinical pharmacist should be consulted with, prior to administration of medications via the enteral route, to ensure the correct formulation is being prescribed for the method and route of delivery. See section 5.7 of the NHSGGC Nutrition Resource Manual (NHSGGC, 2017 rev).

It may be necessary to review the formulation of a medicine, for example, opening a capsule or crushing a tablet, for patients with swallowing difficulties or who require medicines via enteral tubes. The prescriber must be contacted to review this and specialist advice may also be sought from pharmacy colleagues.

Prior to administering medications, the practitioner should aspirate and once deemed safe for administration via an enteral feeding tube, and prescribed accordingly, each medication should be administered separately with a sterile water flush of 10mls between each medication using the correct ENFit compliant syringe (smaller volumes of flush may be considered in infants, children and young people, and local procedures should be followed). A final sterile water flush should also be administered after final medication. This will minimise interactions between medicines and/or feed and prevent the tube blocking. Any concerns about the volume of flush (e.g. in patients with a restricted fluid intake) should be raised with the patient's medical team immediately.

For patients who require liquid formulation of medicines, a medicine measurement cup or **CareTip** oral syringe and oral bottle adaptor should always be used to accurately measure doses.

CareTip syringes (for oral use) and **ENFit** syringes (for enteral connections) are separate items for different circumstances and are not interchangeable.

6.5. Covert Medicines Administration

The covert administration of medicines is defined as the administration of medicines in disguised form, usually by means of food or drink, to patients who have previously refused to take the medicines. If a patient has capacity to decide about medical treatment, covert medication must not be considered.

When covert medicines administration is being considered, all practitioners involved in the prescription and administration should refer to the additional safe and secure handling of medicines guidance section on covert medication and where appropriate consult with a clinical pharmacist.

7. MEDICINES, ERRORS AND THE LEARNING ORGANISATION

Medicine errors, incidents and 'near misses' are unintended or unexpected events which could have, or did, lead to patient harm. They are mostly preventable and therefore every opportunity must be taken to learn from them, and share that learning, so to reduce or prevent them from recurring.

The person who discovers a medication error, incident or 'near miss' must ensure the immediate remedial action to maintain patient safety is carried out, ensure the incident is

reported, and inform the appropriate senior member(s) of staff in charge of the patient's care (see Appendix 8).

The reporting system in NHSGGC is Datix, intended to identify learning and improvement and not to apportion blame. Any member of staff can report an error, incident or 'near miss' by recording a 'New Incident' and completing the relevant fields. As much information as possible should be completed and consideration given to the most appropriate category and sub-category options.

The local manager will then investigate the incident for any potential learning and consider a learning summary for discussion at ward level and, after discussion with the wider team, the local Safer Use of Medicines group. The combined learning, while considering the clinical environment as a system in conjunction with a shared vision and culture of medicines safety, can then be focused on the whole team.

8. REFERENCES

NHSGGC Safe and Secure Handling of Medicines Policy (TBC)

Professional Guidance on the Administration of Medicines in Healthcare Settings (2019)

The Nursing and Midwifery Council Code (2018)

NHSGGC Administration of Intravenous Medicines and Flush Policy (2021)

NHSGGC Adult and Older Adult Symptomatic Relief Policy (2021)

NHSGGC Mental Health Service Covert Medication Policy (2018)

NHSGGC Nutrition Resource Manual (NHSGGC, 2017 rev)

9. APPENDICES

9.1. Appendix 1: Administration of Controlled Drugs

9.2. Appendix 2: Minimising Interruptions (Purple Aprons)

9.3. Appendix 3: 'Five Rights' of Medicines Administration

9.4. Appendix 4: Chance to Check

9.5. Appendix 5: Reducing Omitted Medicines

9.6. Appendix 6: Medicines Omissions Tool

9.7. Appendix 7: Independent Two Person Check

9.8. Appendix 8: Medicines Safety and Learning

Appendix 1: Administration of Controlled Drugs

- In hospital, all stages of the preparation and administration of CDs must be performed by two practitioners, i.e. registered nurse/midwife, student nurse/midwife and/or doctors or dentists. At least one of these practitioners must be a registered permanent member of staff in the ward/department. One will be the administrator and the other the witness. Those roles must be performed by the same named members of staff throughout the procedure, i.e. roles cannot be swapped mid-way. In theatre environments, the witness may be a suitably competent registered ODP.
- The whole administration period for CDs must be witnessed by the two practitioners involved in the procedure, except for slow administration that takes more than a few minutes, e.g. infusions, for which the set up and start of the administration must be witnessed.
- An entry must be made in the Ward Controlled Drugs Register or the Controlled Drug Register for Patients Own Drugs and Discharge Prescriptions as appropriate. The person administering the CD should sign in the "Administered by box" and the person witnessing the administration should sign in the "Witnessed by" box. A record must also be made in the patient's Medicine Prescription Chart (e.g. HEPMA or anaesthetic chart) as appropriate. The ultimate responsibility remains with the administering practitioner unless this is a student nurse/midwife, where responsibility lies with the registered nurse/midwife witnessing the administration.
- If a prepared CD is not administered or is only partly administered, two registered nurses/midwives, or one registered nurse/midwife and a registered medical practitioner or suitably competent student nurse, must check the amount discarded and record it in the register. In theatre environments, one member of staff may be a suitably competent ODP. Destruction of any part of the controlled drug must be witnessed and documented in the appropriate CD register.
- Under no circumstances are CD register entries to be obliterated by pen or correction fluid. If changes to the CD register are required these should be annotated and initialled.
- Two registered nurses/midwives, or one registered nurse/midwife and a registered medical practitioner or suitably competent student nurse/midwife must reconcile the stock balance at each transaction by counting or measuring the physical stock when checking it against the register. In theatre environments, one member of staff may be a suitably competent ODP.
- If a patient refuses to take CDs from the healthcare practitioner, a parent/carer may administer oral medication to the patient but only in the presence of the practitioners involved in the preparation, who will witness the administration and sign the appropriate CD Register and Medicine Prescription Chart.

Appendix 2: Minimising Interruptions - Purple Aprons

NHS Greater Glasgow and Clyde

Please DO NOT DISTURB staff wearing PURPLE aprons

They are engaged in the safety critical process of administering medicines

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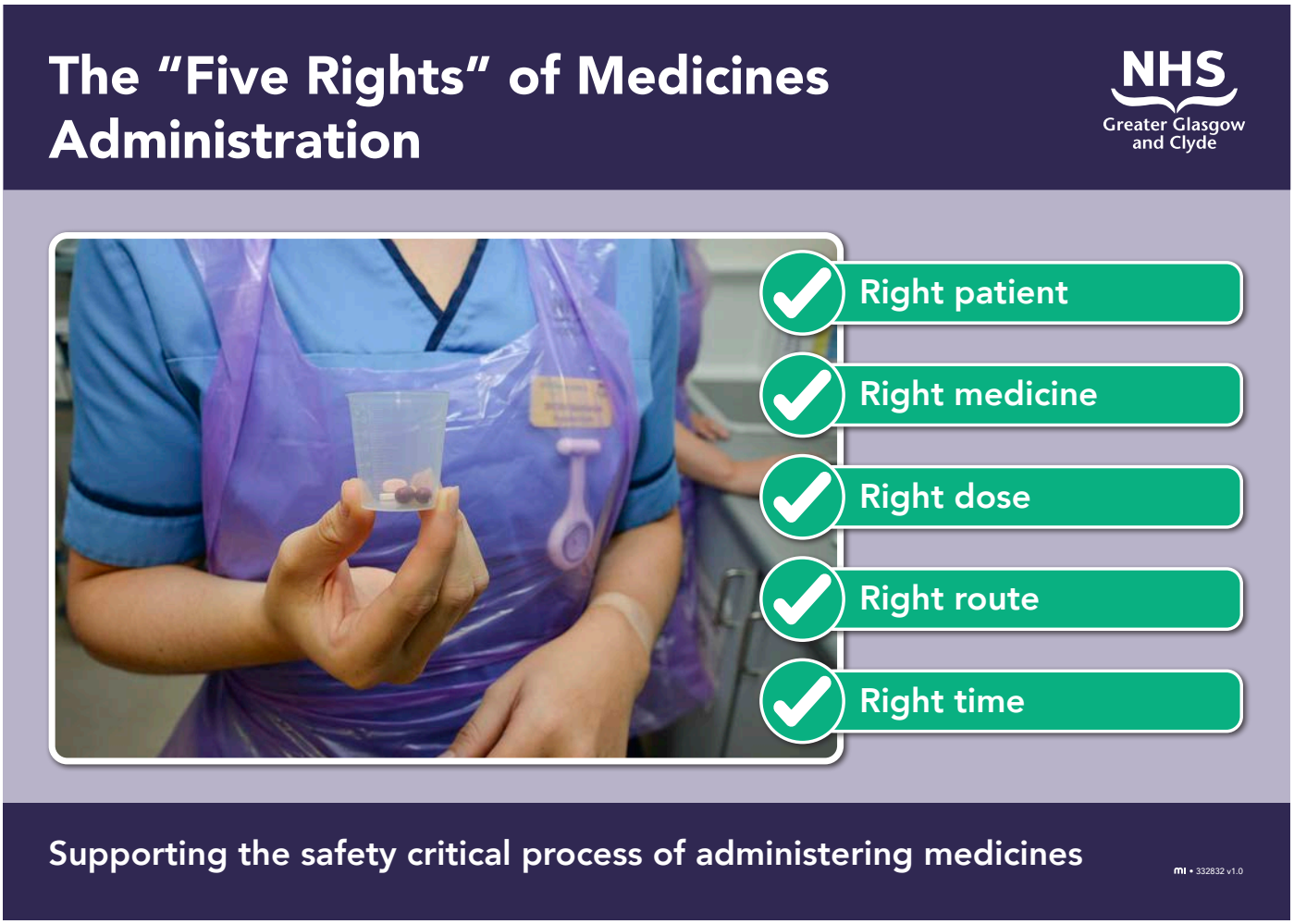
Appendix 3: 'Five Rights' of Medicines Administration



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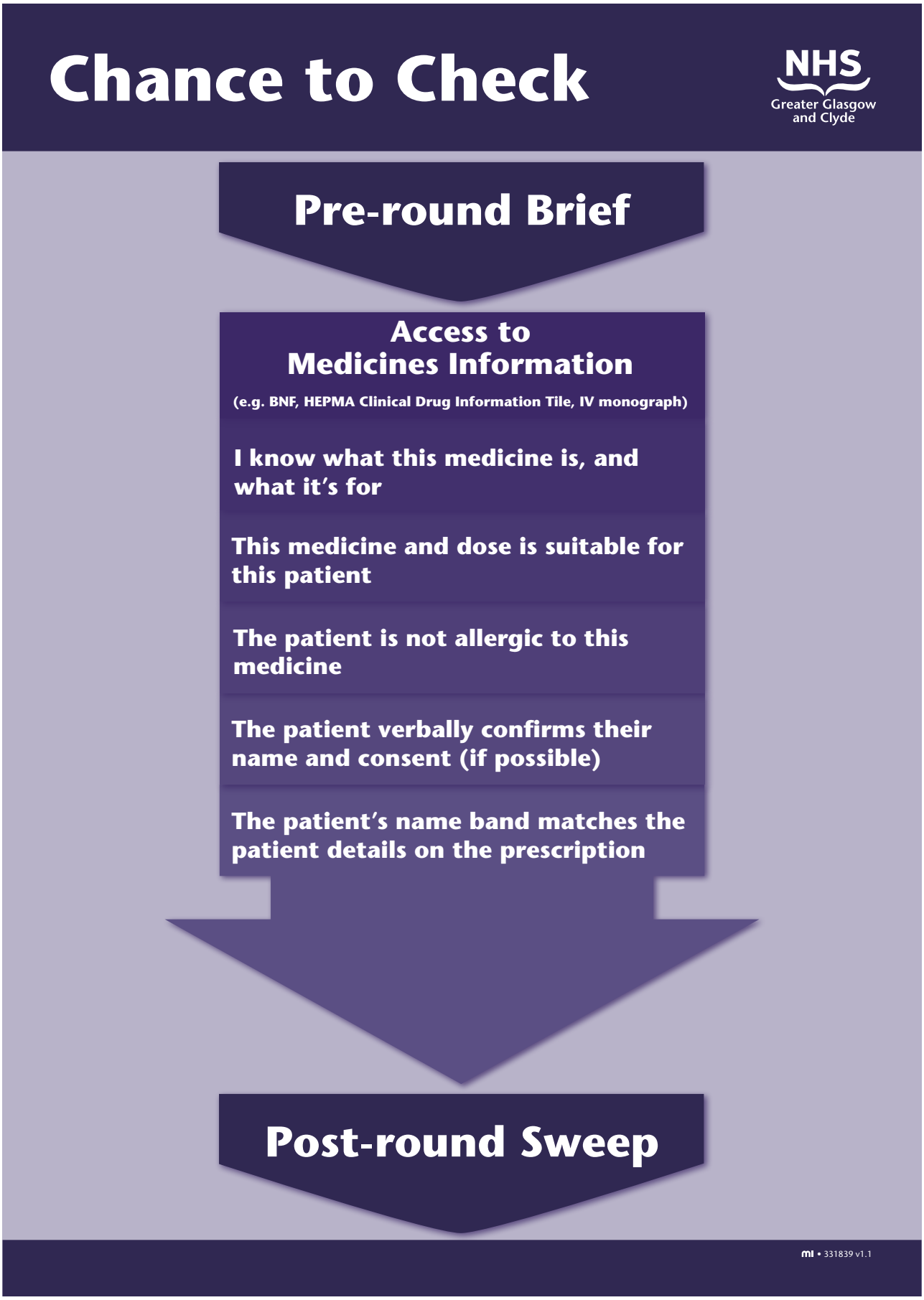
Appendix 4: Chance to Check



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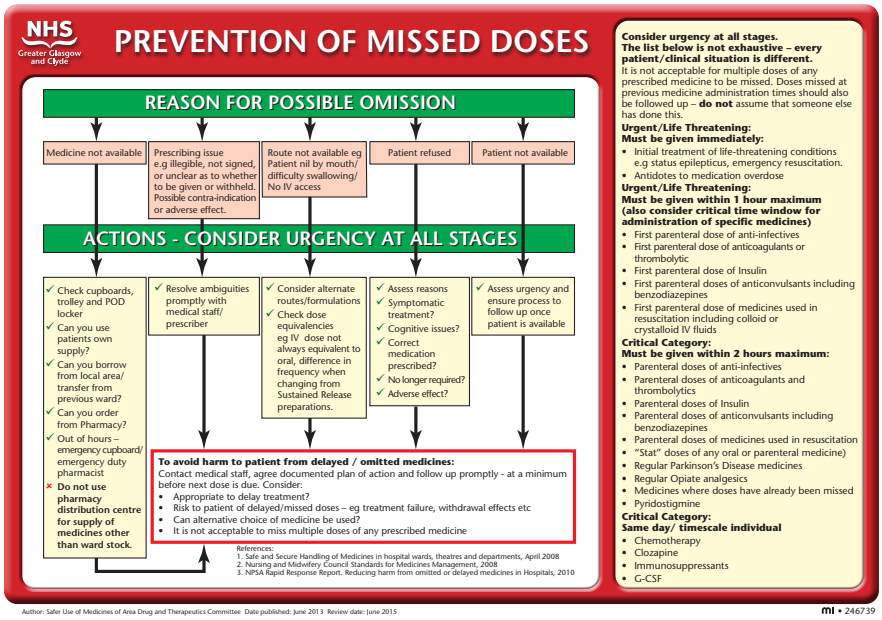
Appendix 5: Reducing Omitted Medicines

Codes for Non-Administration of Medicines

Drug unavailable	In Theatre	Nil by mouth / Fasting
No IV access	Other – see patient nursing notes	Patient Asleep
Patient on Room Air	Post dialysis only	Prescription Clarification Required
Refused by Patient	Self Administers	
Unable to give as on oxygen	Vomiting	

Missed Dose Algorithm



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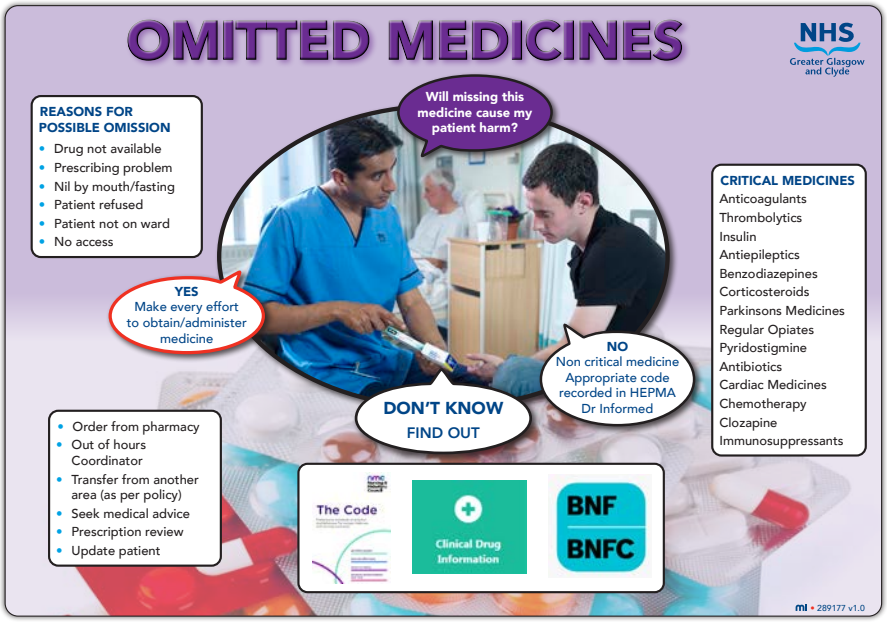
Missed Meds Poster/Visual Prompt



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Appendix 6: Medicines Omissions Tool

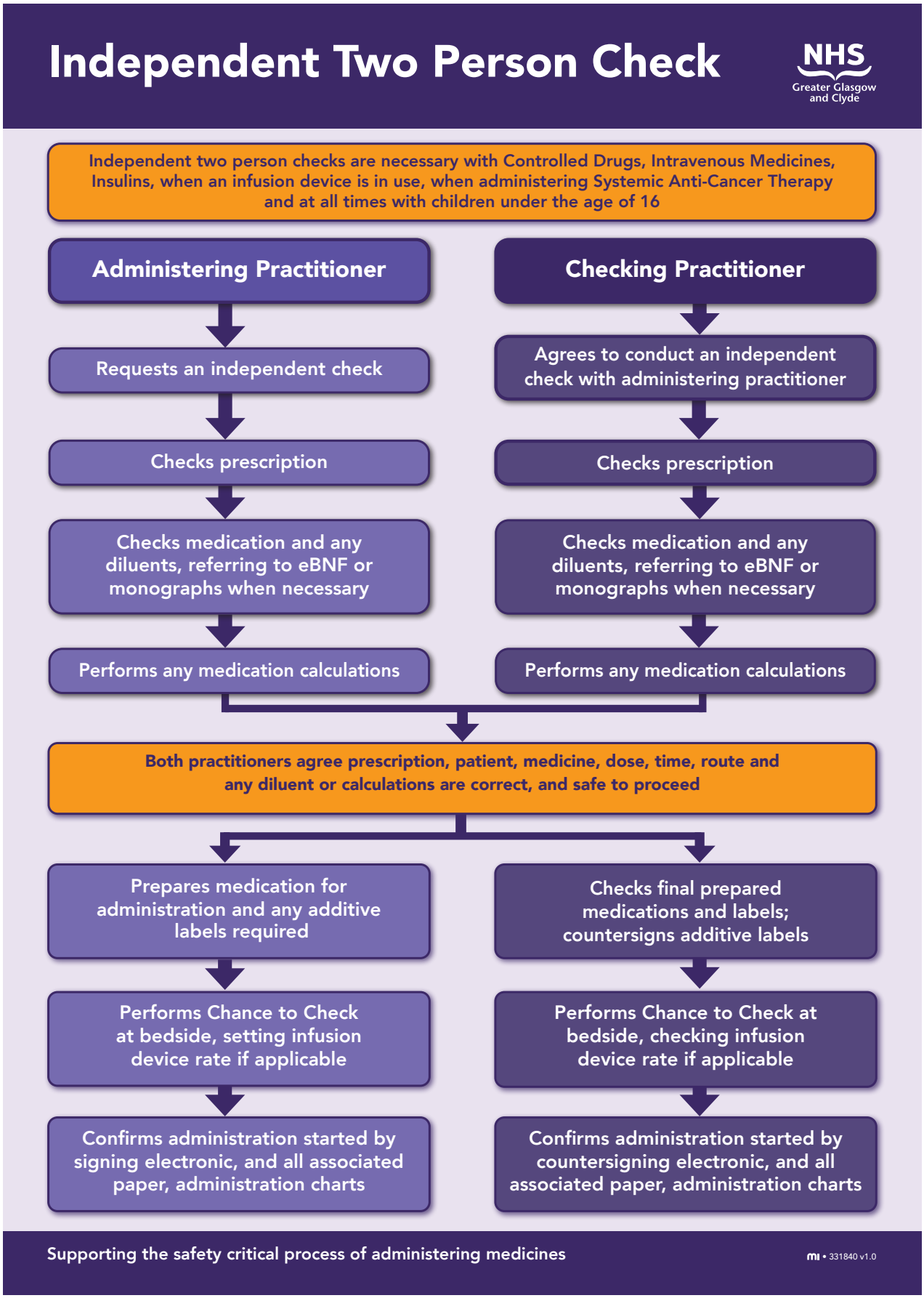
Medicines Omission Tool **Ward:** **Date:**

Please complete during medicines administration rounds and reconcile any medicines omitted at the end of the round by discussing with medical staff/appropriate prescriber and agreeing appropriate actions.

To be completed by nursing staff administering medications					To be completed by prescriber	
Date/Time	**Patient's Name**	**CHI**	**Medicine Omitted**	**Reason for Omission**	**Outcome* (i.e. withhold/continue/stop)**	**Prescriber Signature**

*The outcome and plan should be clearly communicated to nursing staff and documented on the drug administration chart.

Appendix 7: Independent Two Person Check



Print copies can be ordered from Medical Illustration quoting: **MI 331840**

Appendix 8: Medicines Safety and Learning

Print copies can be ordered from Medical Illustration quoting: **MI 331841**