

Medication Policy

Introduction

The Synergy Medical Medication Policy sets down minimum acceptable standards and behaviours expected of Temporary Workers placed through Synergy Medical in Client settings, where they are involved with Medicines Management for Patients.

The Policy aims to:

- Safeguard the best interests of clients and patients
- Clarify the scope and limitations of the responsibility of the Temporary worker supporting patients with their medications
- Encourage safe systems for handling, storing, assisting and administering medicines to minimize risk.
- Identify communication structures for concerns, errors and risks.
- Define “assistance with medicines” and “administration of medicines”
- Ensure that recording and control of medicines is correctly performed to prevent loss, inappropriate access to and misuse of medicines by patients, staff or any member of the general public
- Practitioners involved with the delivery of care carry responsibility for their actions.
- Signatures and initials must be capable of identification
- Staff are supported to working to the highest standard when involved in the prescribing and administration of medicines

Medicines management should ensure a patient receives maximum clinical benefit from the prescribed medication in a safe way, which minimises any potential harm.

Suitably qualified temporary workers will provide patients with supervision and support to ensure that patients receive their medications in an appropriate manner:

- as they are prescribed and in accordance with dispensing instructions;
- in a timely manner to ensure an effective clinical outcome.

Suitably qualified Temporary workers may administer prescribed medication, including controlled drugs, provided the patient has consented and this is recorded as part of their care (Signatures and initials must be capable of identification). Any medicines given must be given as directed by the prescriber.

Synergy Recruitment Consultancy Limited

London: 222 Bishopsgate, London EC2M 4QD

T: 0203 815 9020 E: info@synergymedicalrec.co.uk

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Homely medicines (those purchased over the counter) can be administered at the patient's request and if known to be appropriate in the qualified nurse's judgement.

The patient's medication requirements and regimes will be assessed by a Lead Nurse, as part of the care plan and will be documented to guide the Temporary worker who will be required to follow these instructions, unless changes are made to medication by the patient's key clinician.

Definition of a Medicinal Product

Medicinal product is:

“ as defined in section 130 of the Medicines Act 1968:

- a substance administered by mouth, applied to the body or introduced into the body for the purpose of treating or preventing disease;
- diagnosing disease;
- ascertaining the existence, degree or extent of a physiological condition;
- contraception;
- inducing anaesthesia or otherwise preventing or interfering with the normal operation of physiological function.

Procedure

Assistance & Administration of Medicines

The definition of assisting is when a nurse assists someone with their medicine, the client or patient must indicate to the nurse what actions they are to take on each occasion.

If the client or patient is unable to do this or if the nurse gives any medicines without being requested (by the client or patient) to do so, this activity is interpreted as administering medicine.

To administer medicines means “to give a medicine either by the introduction into the body, whether by direct contact e.g. orally or by injection, or by external application e.g. a transdermal patch for analgesia or an impregnated wound dressing”.

Qualified Nurse Temporary worker professional responsibilities

The nurse's role in medicines management is the safe handling and administration of medicines and the provision of support to the patient receiving them. Part of this responsibility is to ensure that the patient understands the reasons for the medication, the likely outcome and any potential side-effect.

Nurses placed in organisations must work with local policies, procedures and directives.

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Nurses are strongly advised to be fully appraised of the Nursing and Midwifery Council (NMC) “Standards for medicines management”, 2008. This framework provides the minimum standards by which their practice should be carried out and it is against these standards that their conduct will be measured. Synergy Medical expects all qualified nurses working as a temporary to follow these standards strictly and to use this to apply their professional expertise and judgement when supporting clients/patients with their medicines.

The nurse must comply with the NMC Standards for Medicine Management 2008.

Key points of these are that the nurse must:

- know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- be certain of the identity of the patient to whom the medicine is to be administered be based, whenever possible, on the patient’s informed consent and awareness of the purpose of the treatment
- be aware of the patient’s care plan
- check that the prescription, or label on medicines dispensed by a pharmacist, is clearly written and unambiguous
- have considered the dosage, method of administration, route and timing of the administration in the context of the condition of the patient and co-existing therapies
- check the expiry date of the medicine to be administered
- check that the patient is not allergic to the medicine before administering it
- contact the prescriber without delay where contra-indications to the prescribed medicine are discovered, where the patient develops a reaction to the medicine, or where assessment of the patient indicates that the medicine is no longer suitable
- make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring that any written entries and the signature are clear and legible
- ensure that a record is made when delegating the task of administering medicine where supervising a student nurse in the administration of medicines, clearly countersign the signature of the student

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When administering medication a Temporary worker may take part or full responsibility for the process defined by any of the following:

- Selects and prepares medication for immediate administration
- Selects medication from a compliance aid/dosset box
- Selects and measures a dose of liquid medication
- Applies medicated cream/ointment;
- inserts ear/eye/nasal preparations
- Administers an inhaler
- Puts medication out for a patient to take at a later stage.
- Takes full responsibility for giving a medicine.

The Temporary worker must not administer medications which are not in their original containers and prescribed and labelled by the Pharmacist or Lead Clinician.

Medicines - Acute & Independent Hospitals and Hospices

All medicines administered in a hospice or hospital must be considered prescription only. In this setting, medicines administration can only occur when a written prescription exists or a Patient Group Direction (PGD) is available.

Temporary Worker nurses must establish when they have responsibility for administering medicines. They can do this as a single-administration or if a second check by another qualified practitioner is required.

Self-administration in Hospitals & Hospices:

In some circumstances, patients retain responsibility for the whole or part of the process for their medicines management. Temporary workers should establish local policies, procedures and means of recording this when they are responsible for these patients.

Self administration of medicines by a patient does not discharge a nurse's responsibility for supervision, assessment and documentation of medicines taken.

Medicines - Advice Giving

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The Temporary worker nurse must not offer advice on specialist treatments e.g. a subcutaneous syringe driver, used for palliative care or a cancer drug, unless they have the specialist knowledge to do so.

Medicines - Assisting Clients with their Medication

To “assist” with administration of medicines means to give support and help to patients with their own medication and the Temporary Worker acts under the direction of the client.

Support will take different forms, always at the request of the client for example:

- Occasional prompting the patient to take his medication
- Manipulation of the medication container
- Popping the tablets out of the blister pack
- Preparing a medication for administration e.g. measuring out liquids.
- Collecting medicines from the pharmacy

Medicines - Consent

A patient's consent for medicines to be administered must be checked, documented and dated in the Care Plan by the Lead Nurse/Assessor. This documented consent should be revised should the patient's physical or cognitive abilities alter.

- Checking a patient's consent should confirm his/her understanding:
- of the intended effect of the medicine
- of potential side-effects
- that he/she has the right to refuse the medicine

Consent is dynamic and therefore must be established at every medication administration event. Temporary worker must obtain patients' consent before administering or assisting with their medicines.

Where the patient is unable to consent to delegating administration of medicines or confirm the medicine regime, Lead Nurse will confirm the medication regime with the prescriber.

Medicines - Refusal of Medication

When a patient refuses to take their medication, or to receive it from the Temporary worker, the refusal and the reason for this must be recorded.

The patient's right to decide whether to receive medications must be respected. Appropriate encouragement to take or receive the medication is acceptable, however forcing a patient to take the medicine through physical or verbal coercion is not acceptable

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and is abusive. Temporary workers must be aware that sometimes, even the act of standing over a patient may be seen as intimidating.

Where a Temporary worker is in doubt about the significance of the omission of medications for the patient, he/she should contact Synergy Medical for advice or contact the patients clinician.

Medicines - Process for Safe Administration

Temporary worker must adhere to the following process, when supporting or assisting patients in taking their medications:

- Obtain the patients consent for assistance and determine that they wish to take their medications
- Check the medications against the medicine administration record (Medication Log) or against a prescription written manually or electronically by an authorised prescriber
- Check the prescription is clearly written and unambiguous
- Identify the patient as the named person for the prescribed medication
- Confirm that the medicine is due and that the drug is being given at the correct time and date
- Check that the dose (weight if appropriate), route, timing and frequency are correct, by checking against the label and the Medication Log.
- Check the medication regime and any special requirements against patients care plan or the Clinician written instructions
- Ensure that the medication has not already been given, particularly when taking over from another Temporary Worker.
- Ensure that the medication has not been damaged, as a result of poor storage.
- Ensure that the medication is from the correct container and do not use medicines from a different source.
- Clarify the allergy status of the client before administering.

You must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications

- Check for any precautions as stated on the label or Medication Log.

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- Check the expiry date of the drug on the container, label/or packet.
- Ensure that the medicine has been dispensed within the last six months.
- Record the administration of the medicine at the time the client takes it.
- Do not leave medicines for patients to take at a later stage, unless the patient specifically requests this.
- Where medicines are left, to be taken later, this must be noted on the medication log.
- Record any adverse effect from the medication and inform the prescriber as soon as possible.
- Safely dispose of any equipment used in administering the medication e.g. Syringes, needles and gloves into designated and appropriate containers.
- Take precautions to minimise infection control e.g. careful hand washing when handling or administering medicines.
- Use gloves when administering medicines, which penetrate the body.
- Make a clear, accurate and immediate record of all medication administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible;
- it is also your responsibility to ensure that a record is made when delegating the task of administering medicine. (Registered Nurses only)

PRN Medications

PRN medicines are normally prescribed for unexpected clinical events e.g. pain, constipation. Instructions for their use are normally written on the container's label.

However, in some situations, they may be advised by a Consultant.

PRN medicines must be checked for and (in the case of 1-3) not exceeded:

1. Maximum 24 hour dose allowed
2. Maximum individual dose range
3. Maximum frequency of administration
4. Route of administration
5. Indications for use

PRN medications taken or administered and the reason for use must be logged separately on the Medication Log sheets.

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Medicines - Verbal Orders and Use of IT

Verbal Order

On taking a verbal order for a medicine change or use, the Temporary Worker (Registered Nurses only) must carefully follow local policy and procedures. Verbal orders should only be considered in exceptional circumstances.

A verbal order is not acceptable on its own. The fax or email prescription or direction to administer must be stapled to the patient's existing medication chart. This should be followed up by a new prescription signed by the prescriber who sent the fax or email confirming the changes within normally a maximum of 24 hours (72 hours maximum – bank holidays and weekends). In any event, the changes must have been authorised (via text, email or fax) by a registered prescriber before the new dosage is administered. The registered nurse should request the prescriber to confirm and sign changes on the patient's individual Medication log.

Careful attention to detail is required to minimize risks of medication errors. When possible a second person should witness the verbal order. The Temporary Worker is advised to repeat the drug name, dose frequency and all other instructions back to the prescriber and confirm their identity. The verbal order must be recorded immediately on the Medication Log including date, time and special instructions. The patient should be advised of the verbal order and the reason for this.

Covert Administration of Medicines

The covert administration of medicines is not good practice. In certain circumstances the temporary worker may consider the need on an individual patient basis. The rationale and decision making process must be fully recorded in the patient's clinical records and be authorised by the prescriber.

A qualified nurse will be accountable for a decision to do this. For further advice and clarification the Temporary Worker should refer to the NMC position statement on Covert administration of medicines (2007).

Chemotherapy and Anti-Cancer Drugs

Increasingly, patients are prescribed oral chemotherapy agents. These drugs must be treated seriously as they are a cytotoxic agent and require careful handling.

Often patients do not recognise the need to comply with the therapy and should be encouraged to follow instructions for their use. The importance of timing and schedule of the medication is crucial and an omission of a dose can seriously affect the therapeutic outcome for the individual.

When handling the drugs, a non-touch technique should be used to avoid damage and contamination of the tablets or capsules. This will also provide protection to the handler from contamination from the agent.

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Should the Temporary Worker require further information about the oral agents, contact can be made with the patients cancer nurse (or search the BACUP website).

Administration of Medicines via Enteral Feeding Tubes

Some patients require an enteral feed tube to maintain their nutritional requirements, when the oral route is compromised through tumour, reduced gag reflex or unconsciousness. The types of tubes are: nasogastric / nasojejunal/nasoduodenal, PEG tubes/ gastrostomy and Jejunostomy.

When a patient requires medication through an Enteral feed tube, the nurse must follow the procedure provided within the hospital policy. Administering drugs directly into the stomach or jejunum can cause problems e.g. gastric irritation, mal-absorption, interactions between medicines or the feed, blocking the tube. Therefore only those medicines prescribed for use via the enteral tube must be given.

On no account should the nurse make a decision to give other drugs via this route or e.g. crush tablets to put them through the tube unless advised by specialists, as this can cause toxicity.

Medicines - Medical Gases

Medical gases are legally classed as medicinal products and must be administered or supervised in line with the medicines management policy.

In an establishment Temporary worker must ensure that they know the local policy and the guidelines for use.

Oxygen is provided direct from the manufacturer and the manufacturer's instructions should be followed carefully. Use of oxygen must be recorded on the Medication Log.

The safe storage of oxygen cylinders is the responsibility of the client, unless the Temporary Worker has been delegated responsibility for the patient's medicines.

Any cylinders, which are difficult to use or faulty, should be reported to the Client as soon as possible. Temporary worker must not force the cylinder open or closed. The valves and regulators should only be fastened to hand tightness.

The Temporary Worker should be aware of the need to renew their oxygen supplies as cylinders need changing frequently, when a patient is using them frequently.

The Temporary Worker should ensure that the nasal cannulae and oxygen mask are kept clean and renewed frequently and must confirm that the mask is the correct one for the purpose for which it is being used.

Medicines Management - Documentation

When a Temporary Worker either assists or supports a patient in taking medications, or administers medication to a patient, this must be recorded, promptly and diligently.

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Any omissions in giving medication must be recorded, including the reason for the omission; omission of medications can have an adverse effect on the patient's health and therefore advice should be sought from the clinician.

Regularly prescribed medication must be recorded on the Medication Log sheet

The Medication Log record must be written clearly, with known allergies identified; it is not acceptable to leave an allergy box blank; where none exist this should be stated as well.

Abbreviations should be carefully used when writing drug doses on the Medication Log and zero's should be used in front of a decimal point where there is no other figure e.g. 0.5ml not .5ml.

Each entry must be clearly written, dated, timed and signed. If an entry is incorrect it should be scored out.

Not recording administration is defined as a medication error and can create a further error e.g. duplication of medicines, causing an adverse event for the client.

Remember that to complete no documentation, places the Temporary Worker in a vulnerable position as well.

Medicines - Review of Medication

Prescription charts carry start and expiry dates and no medications should be administered before the start date or after the expiry date.

Any concerns regarding medications should be referred to the dispensing clinician.

Management of Medication Errors

At any point of the medication process a mistake can occur.

This may arise from an:

- Incorrectly prescribed or inappropriate medication
- Incorrectly supplied medication differing from the original prescription
- Incorrectly administered medication differing from the original prescription.

Examples of a medication error are:

- Inappropriate dose/drug/formulation
- Wrong route/frequency/time of administration
- Out of date medication dispensed/administered
- Wrongly dispensed medicine
- Incorrect diluents or IV fluids.

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- Incorrect administration.
- Omission of a prescribed drug
- Malicious intent.

Reporting an error:

- The patient must be monitored for any adverse reactions and the situation documented clearly and at the time of the event.
- The Temporary Worker must inform the client and follow the local policy and guidelines for reporting and documenting a medication error
- Depending on the situation and its severity, the clinician must be informed immediately
- Temporary worker must report any medicine errors to the Client.
- If the Temporary Worker made the error, he/she must provide all details to the client and Synergy Medical document clearly on an incident report.
- When discovering an error made by another health professional, the Temporary Worker should inform the client immediately.

If the Temporary Worker has been personally involved in a medication error, an investigation will be carried out by the Client and Synergy Medical. The Temporary Worker will be kept informed of the progress of the investigation and support will be given to achieve a satisfactory conclusion for both the patient, client and the Temporary Worker. Depending on the circumstances and severity of the error, further action may be taken. The Temporary Worker is expected to cooperate with any investigation and may request an independent assessment of the investigation if they do not accept the outcome.

Medicines - Transferring to another Setting

When a patient is transferred to another setting, the Temporary Worker must ensure that a record and supply of the patient's medicines accompanies them.

The following information should be provided:

- Name of medicines and the regime
- Quantity of drugs accompanying the client
- Copy of the Medication Log or information on when the next medications are due.
- Name and signature of the Temporary Worker providing the information

Disposal of Medicines

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T: 0203 815 9020 E: info@synergymedicalrec.co.uk

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Temporary worker must follow clients' written policies for the safe disposal of unwanted medicines. Records must be made and kept.

- Best practice is to return unwanted medicines to the dispensing pharmacist.
- Controlled drugs must be treated in this way and returned to the Pharmacist or Clinician. A record and a signed receipt that this has happened are essential to protect the Temporary Worker from any misunderstanding.
- Controlled drugs require "denaturing" by specialist means and therefore should be returned to the Pharmacy.

Medicines - Patient Group Directions (PGD)

- A PGD refers to written instructions for the supply or administration of medicines to a group of patients who may not be individually identified prior to presenting for treatment.
- A PGD is not legal for use in the voluntary or private sector.
- A PGD will cover approved practitioners in supply and administration of medicines under this directive and authorised by the individual hospital Trust.
- The PGD does not allow practitioners to prescribe.
- A Temporary Worker may not be covered to administer medications under a PGD, as each person who administers the medications must be named on the PGD.
- Written evidence of formal assessment of competence in the management of these medications usually accompanies the PGD.
- If a Temporary Worker is required to administer medicines under a PGD, advice and/or consent must be sought from the clinician at the organisation.
- The Temporary Worker must understand the scope or limitation of their responsibility when administering medicines under a PGD.
- The Temporary Worker must use their personal and professional judgement as to whether they will accept the responsibility this extended role will place upon them.
- A Temporary Worker should not accept this role on delegation from a practitioner authorised to use PGDs.

Medicines - Nurse Prescribing

- Nurse prescribing is a recordable qualification following specialist training.

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- If a qualified Temporary Worker is on placement where he/she is required to use this extended role as part of the placement they must contact the Hospital Trust, PCT or organisation's Nurse Prescribing Lead to make necessary arrangements.
- The Temporary Worker is strongly advised to familiarise themselves with the local policy and procedures for nurse prescribers.
- A Temporary Worker must not undertake any "nurse prescribing" activities unless their placement has specifically requested this.

Medicines Management - Trouble Shooting

- Any concerns regarding medication should be referred to the patient's key clinician
- The pharmacist who dispensed the medicine for the patient can be contacted for advice.
- The Temporary Worker should not make decisions on medicine management unless competent to do so.
- Temporary worker should access up-to date information about the use of medicines when they do not know or are unsure of the use and benefit of specific medications. The British National Formulary (BNF) should be available in hospitals, hospices and Nursing homes. If not available access the BNF internet www.bnf.org.
- There is specialist information on different websites e.g. BACUP will provide up to date information on individual chemotherapy treatments.
- Hospital and community pharmacists will also provide advice and information.
- If a qualified Temporary Worker has concerns about their or others' competence in medication administration, it is essential to inform the Client and Synergy Medical.
- Qualified nurses are advised to act promptly if they identify poor practice or errors in medication administration.

Witnessing in Medication Management

It is important to understand that witnessing the administration of a drug carries the same responsibility as doing it and careful checking is required.

Witnessing is not to be treated as a rubber-stamping exercise.

Where two people sign that they have witnessed the administration of a drug, both are equally responsible only if both are registered nurses - unqualified Temporary worker cannot be held responsible for the administration of a drug.

Medicines - Registered Nurse in Sole Charge

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Where a Registered Nurse is in sole charge and is required to administer controlled drugs, he/she should refer to the policy of the Client.

It is best practice that, where this occurs, the controlled drugs and Medication Log are checked at handover so there can be no dispute later as to what has been done.

When the time comes to administer the controlled drug, a second member of staff should be present to act as a witness.