

Drugs.F1 prescribing	Site Interview-Friday.AnneHasteClinical manager	medication-relatives are sometimes reluctant to have syringe drivers and deal they will die quickly. E.g. lady came in for pain control, initially drowsy but now drinking and eating.
Drugs.F1 prescribing	Site Interview-Friday.AnneHasteClinical manager	where multiple courses for distress. Pain chart given to patient. Anxiety level -judging the patient and family feelings. Discussed with GP or Palliative care team
Drugs.F1 prescribing	Site Interview-Friday.AnneHasteClinical manager	Looking at patient as a whole, by treating, drugs can be reduced if reviewed. Unusual to use syringe drivers. Hyosine and sedation usually use for chests.
Drugs.F1 prescribing	Site Interview-Friday.IanPiper/FionaCameron	Clinical Effectives work. Pain assessment. How managers delivered.
Drugs.F1 prescribing	Site Interview-Friday.IanPiper/FionaCameron	Assessment is a concern - look at training nurses - guidelines - implementation - talk to people - feed back from medical colleague Medicines Management Group identified as part of ??.
Drugs.F1 prescribing	Site Interview-Friday.IanPiper/FionaCameron	1998 - Ian took at low at other Trusts to establish if prescribing parameters OK. Made way to other community hospitals. Althea
Drugs.F1 prescribing	Site Interview-Friday.Jeff WattlingChiefPharmic	can only provide what was issued to wards

Drugs.F1 prescribing	Site Interview-Friday.Jeff WattlingChiefPharmic	Policy Discharge(Pharmacy Input) In respect of prescribing-people driving it at ward level-divisional level (Paula) or trust wide(Kevin).These people drive at appropriate level.
Drugs.F1 prescribing	Site Interview-Friday.Jeff WattlingChiefPharmic	No Pharmacist expressed concern during Police Interviews that prescribing may be taking place outside of palliative care guidances.
Drugs.F1 prescribing	Site Interview-Friday.Jeff WattlingChiefPharmic	BNF guidelines allow for large range of dosage of morphine
Drugs.F1 prescribing	Site Interview-Friday.Jeff WattlingChiefPharmic	Palliative care handbook 'Wessex' group, widely in use and widely developed. Version 4 currently in use. Trust has always used two the booklet which is updated periodically. Gives large range of dosages and explaining how they should be raised.
Drugs.F1 prescribing	Site Interview-Friday.Jeff WattlingChiefPharmic	Pharmacists do tackle Doctors over prescribing problems e.g lack of signature on dosages. Are rarities. Mostly no problem with Doctors usually elderly doctors are not in ? group.
Drugs.F1 prescribing	Site Interview-Friday.Jeff WattlingChiefPharmic	pharmacists do review scripts but have infrequent (meetings)? With sole dotors e.g GPs notes are left, but pharmacist do record on interventions.
Drugs.F1 prescribing	Site Interview-Friday.Jeff WattlingChiefPharmic	there are national conventions/guidelines-try to work within them. Wesswx pharmacists wok within them (they give guidance on recording pharmacy intervention) pharmacists therefore will record what they have inferred prescribing re mistakes. Issue is around how you audit pharmacist interventions.

Drugs.F1 prescribing	Site Interview-Friday.Jeff WattlingChiefPharmic	Would like IT system to captivate data e.g hand held help analysis Its presented BCs for improving pharmacy IT.
Drugs.F1 prescribing	Site Interview-Friday.Text Jerry Clasby-SenNursColW	Rapid tranquillisation-part of team Gone to Clinical Governance group to develop draft copy which involve Lorazapan, acuphase.
Drugs.F1 prescribing	Site Interview-Friday.Text Jerry Clasby-SenNursColW	Pain management not a problem
Drugs.F1 prescribing	Site Interview-Friday.Text Jerry Clasby-SenNursColW	Use syringe drivers Diamorphine -diazapan have brought them off and got better
Drugs.F1 prescribing	Site Interview-Friday.ToniScammell-SenNursCoord	New pain management policy - view when arrived? Good, staff concerned, middle of analgesia ladder often forgotten. Nurses now more likely to suggest middle pre- opiate.
Drugs.F1 prescribing	Site Interview-Friday. <b>Code A</b> Pharma	VL checks charts.
Drugs.F1 prescribing	Site Interview-Friday. <b>Code A</b> Pharma	Stocks maintained.

Drugs.F1 prescribing	Site Interview- Friday <b>Code A</b> Pharma	PRN diamorphine - not used much - if it is used not syringe driver.
Drugs.F1 prescribing	Site Interview- Friday <b>Code A</b> Pharma	PRN On D&H and MD "I can't remember".
Drugs.F1 prescribing	Site Interview- Friday <b>Code A</b> Pharma	Nurses ask for advice not doctors.
Drugs.F1 prescribing	Site Interviews- Tuesday.AngelaWilson- SenStafNursDaed	Drugs - delivery - night - sleep medication, analgesia, have not given PRN for quite a few months. 1 nurse does drug round, 3 nurses do patient care.
Drugs.F1 prescribing	Site Interviews- Tuesday.AngelaWilson- SenStafNursDaed	Band of range of Drugs - reg drugs, right side. PRN drugs, left side. Both reviewed.
Drugs.F1 prescribing	Site Interviews- Tuesday.AngelaWilson- SenStafNursDaed	Pain management policy? Hear patient, wont necessarily ask if need. Body language, use analgesia ladder - very reluctant to jump from one level to a higher band. Drugs dosages increasing more gradually, it is now taking longer for the patient to become pain free.
Drugs.F1 prescribing	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	Big dose ranges - sliding scale - to avoid patients waiting. Even from her DN days. Deputising service took time to report - Dr Knapman's practice. Really to avoid delay - that was the emphasis.
Drugs.F1 prescribing	Site Interviews- Tuesday.DavidJarrett- LdConslt	Whether people actually received the too high dose - I would say no & in Mr Wilson's case - independent Ombudsman found not??.

Drugs.F1 prescribing	Site Interviews- Tuesday.JanPeach-ServMgr	Drugs skills - nurses felt competent, reviewed annually, no progress generally. Diamorphine - prescription?, develop management of pain policy, develop prescribing chart. In practice - trailed last few months - results - chart was not large enough to record sig & time, nurses are a lot happier, still being fine toned.
Drugs.F1 prescribing	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Drug assessment Manual? - updated annually. The Shipman Inquiry Care has put back Palliative care. Afraid to use diamorphine now.
Drugs.F1 prescribing	Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed	Doses? Large leeway? Now specific dose, plus additional dose if needed and / ??.
Drugs.F1 prescribing	Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed	Why such large ranges? (Assistant and gaps in medical cover) Exposed still at night/weekends.
Drugs.F1 prescribing	Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed	No one received dosage more than required for their pain.
Drugs.F1 prescribing	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	1998 SD's - Range?? - written up to cover docs absence. Not misused. Not a problem. SD's not started at night. Shown how to use SD's.
Drugs.F1 prescribing	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	New policy, not a problem if step up available. New policy - dose and increase. Who developed: didn't know
Drugs.F1 prescribing	Site Interviews-	

	Tuesday.VickyBanks-LdClf	Developed new prescribing charts to improve prescribing.
Drugs.F1 prescribing	Site Interviews-Monday.DrAltheaLord	Have learned from complaints to be more frank about drugs.
Drugs.F1 prescribing	Site Interviews-Monday.DrAltheaLord	"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.
Drugs.F1 prescribing	Site Interviews-Monday.DrAltheaLord	Drugs: "must judge each individual patient as you find them
Drugs.F1 prescribing	Site Interviews-Monday.IanReid-Med Dir	In his time of working here - cannot remember any time when opiates prescribed inappropriately at that time.
Drugs.F1 prescribing	Site Interviews-Monday.IanReid-Med Dir	Review of case notes - how comfortable did you feel about dosage ranges? When d/w Jane she said prescribed to cover nursing staff when she was off as her patients could be difficult about coming out at night/weekends - seemed reasonable enough but obviously with hindsight can see not acceptable.
Drugs.F1 prescribing	Site Interviews-Monday.JeffWatling-ChiefPharmacist	Service to Trust is managed by a Grade E Pharmacist (Paula Diaper) and 2 pharmacists elderly and mental health + community. She also has staff at QA.
Drugs.F1 prescribing	Site Interviews-Monday.JeffWatling-ChiefPharmacist	Inappropriate use of medicines - unless serious it is taken up by the pharmacists; only involve chief if they do not make progress with clinical staff.

Drugs.F1 prescribing	Site Interviews- Monday.JeffWatling- ChiefPharmacist	Guidelines. Formulary in medicine, approved by Committees. If involved with 1° care goes to a 1° care committee. Use external Guidelines if appropriate.
Drugs.F1 prescribing	Site Interviews- Monday.JeffWatling- ChiefPharmacist	Anybody can prescribe diamorphine/haloperidol/Midazolam. They do challenge large doses written by Junior Doctors.
Drugs.F1 prescribing	Site Interviews- Monday.JeffWatling- ChiefPharmacist	In process of putting guidelines on Intranet - but not generally available "Compendium of Drug Therapy Guidelines". Would not be aware if prescribing had changed since 1998.
Drugs.F1 prescribing	Site Interviews- Monday.JeffWatling- ChiefPharmacist	He does business orientated committees.
Drugs.F1 prescribing	Site Interviews- Monday. <b>Code A</b> Coporate Risk Advt	Drug errors out of 1500, wrong dose, medication or time.
Drugs.F1 prescribing	Site Interview- Thursday. <b>Code A</b> Sp- LangThera	Drugs – document what drugs patients are on.
Drugs.F1 prescribing	Site Interview- Thursday.DrBeasleyGP	Medication very little stock on wards - eg. came in Sunday pm wanted to prescribe Cepaclor no suspension, had to give tablet not ideal (antibiotic) could not get next day.
Drugs.F1 prescribing	Site Interview- Thursday.DrBeasleyGP	Is an Antibiotic Policy available? I haven't got a clue. Have to work with what you feel comfortable with.

Drugs.F1 prescribing	Site Interview-Thursday.DrBeasleyGP	Hospital familiarity
Drugs.F1 prescribing	Site Interview-Thursday.DrBeasleyGP	Assessment of pain. What assessment tools in use on ward? Pain Control - Doctor B wanted examples of what this meant. Relies on judgement eg. of patient not able to communicate. Not aware of guidelines.
Drugs.F1 prescribing	Site Interview-Thursday.FionaWalker-SenStafNursSultNt	Syringe drivers - patients that need symptom control – terminal pain, morphine if having previous opiates.
Drugs.F1 prescribing	Site Interview-Thursday.FionaWalker-SenStafNursSultNt	Patient agitated – medazaline instead.
Drugs.F1 prescribing	Site Interview-Thursday.FionaWalker-SenStafNursSultNt	No conflict between dosages that were being given by nurses.
Drugs.F1 prescribing	Site Interview-Thursday.JoanLockExSisterSultan	Pain assessment 'pyramid-start at paracetamol and work your way up don't you'
Drugs.F1 prescribing	Site Interview-Thursday.JoanLockExSisterSultan	Pyramid-how actually used? Depend on response she says Says all were individual Took time for patients to get used to work GP would choose drug



Drugs.F1 prescribing	Site Interview-Thursday.Joan LockExSisterSultan	pharmacist always involved, staff would phone pharmacist. Visited twice weekly-she would suggest changes to treatment
Drugs.F1 prescribing	Site Interview-Thursday.JoDunleavystaffnurs SultanNt	Pain Management - pain assessment chart - analgesic ladder
Drugs.F1 prescribing	Site Interview-Thursday.JoDunleavystaffnurs SultanNt	Assessment - work out time of pain, begin with mild analgesic, then after 30 minutes if pain has risen ring GP. For moderate analgesic pain if it goes up ring GP for diamorphine/morphine or subcutaneous administration. For paracetamol leave 11/2 to assess if its working, then 11/2 before diamorphine/morphine. If Boney pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.
Drugs.F1 prescribing	Site Interview-Thursday.JoDunleavystaffnurs SultanNt	Tool of assessment - - Are you in pain? - What drugs are you taking at the moment? - How was the effect? - Position in bed? - Movement? - Pain experiencing? Various pain assessment charts. Pain management policy - pain management tool.
Drugs.F1 prescribing	Site Interview-Thursday.JoDunleavystaffnurs SultanNt	Awareness of policy changes - team meeting - policy folder - verbal - try to get to ward meetings @ 7pm to accommodate

		<ul style="list-style-type: none"> <li>- last meeting was a couple of months ago due to staff sickness</li> <li>- minutes taken - night duty box</li> </ul>
Drugs.F1 prescribing	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	<ul style="list-style-type: none"> <li>Analgesia ladder + GP</li> <li>- nights no GP - Healthcall</li> <li>- response time - 10-15 mins - 30mins</li> <li>- requisite problems a visit - 1hr - 4hr wait.</li> <li>- Patient will expect verbal order but not controlled drugs.</li> <li>- No other way of contacting GP.</li> <li>- Telephone order - 1 dosage call. Someone should witness, doctor on prescription chart, GP will sign in, not signed by Healthcall.</li> </ul>
Drugs.F1 prescribing	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	<ul style="list-style-type: none"> <li>Medicine update knowledge</li> <li>- 2 yearly assessment by clinical manager</li> <li>- if not sure of drug look up in BNF</li> <li>- literature</li> <li>- pharmacist input - not aware of input.</li> </ul>
Drugs.F1 prescribing	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	<ul style="list-style-type: none"> <li>Pharmacist facility</li> <li>- comes in daily</li> <li>- restock medicine</li> <li>- incompatible drugs - pharmacist will advise about admitee</li> <li>- Q&amp;A services</li> <li>- No weekend cover</li> <li>- GP will write script and porter will get it</li> </ul>
Drugs.F1 prescribing	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	<ul style="list-style-type: none"> <li>Patients may be kept in pain</li> </ul>

Drugs.F1 prescribing	Site Interview- Thursday <b>Code A</b> HCSW	Not seen any pain assessment tools.
Drugs.F1 prescribing	Site Interview- Thursday.PhilipBeedclinicMgr  Daed	Combination of drugs (DDs) commonly used. Hyocine, diamorphine, madazaline.
Drugs.F1 prescribing	Site Interview- Thursday.PhilipBeedclinicMgr  Daed	Syringe Drivers Who decides on the use of Syringe driver - medical and nursing always involved patient / family member
Drugs.F1 prescribing	Site Interview- Thursday.PhilipBeedclinicMgr  Daed	If family say no - what happens - would pass to a consultant and arrange for a meeting
Drugs.F1 prescribing	Site Interview- Thursday.PhilipBeedclinicMgr  Daed	Would drug in syringe driver. Diamorphine for pain control. Medazalin for anxiety. Hyocione for. Anti hematic sickness.
Drugs.F1 prescribing	Site Interview- Thursday.PhilipBeedclinicMgr  Daed	Instances when patients in pain
Drugs.F1 prescribing	Site Interview- Thursday. <b>Code A</b> WardClerk	TTOs – fax medicine orders to Q&A, discharge delayed by TTOs not coming back.
Drugs.F1 prescribing	Site Interview- Thursday <b>Code A</b> WardClerk	Aware of pharmacist visiting the ward.
Drugs.F1 prescribing	Site INterview- Wednesday.ACShirleyHallma	Pain Control. If patients came in on inadequate medications, Dr Barton informed, to

	nNurseDryad	increase medication. Nurses would use judgements concerning patients pain status and this was conveyed to Dr B on her arrival at ward.
Drugs.F1 prescribing	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	There were several occasions when nurses on wards felt patients were given too much medications ie. prescribed too much. This was voiced to Sister Gill Hamblin who said nurses did not understand pain control and specialist advice was sought from Countess Mountbatten.
Drugs.F1 prescribing	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Shirley raised concerns on several occasions about amount of morphine given to patients via syringe driver. Her concerns were dismissed by ward sister. On one occasion sister said that Shirley had upset Dr Barton. Shirley asked Dr Barton if this was so and Dr Barton said she was not upset but thought that Shirley didn't appreciate what was being done on the ward.
Drugs.F1 prescribing	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Shirley highlighted differences between practice then on Dryad ward and what was happening on Jubilee ward. On Jubilee ward syringe-drivers were in use, but in much more "controlled" way. Also mix of drugs not the same. Feels mix was an issue - thinks diamorphine appropriate often.
Drugs.F1 prescribing	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Things changed with arrival of new consultant. Example of patient on morphine and rehab doctor wanted her up and walking so morphine was discontinued and patient was rehabilitated and went home.
Drugs.F1 prescribing	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Nurses concern re. wide parameters of drug dosage, mix of drugs and need for syringe drivers in first place.

Drugs.F1 prescribing	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Sometimes Shirley would go off at night and patient was comfortable - next day patient on syringe driver and when challenged was told patients condition had changed.
Drugs.F1 prescribing	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Things improved with new rehab. Consultant who has far more optimistic view of patient's potential for rehab. Use of morphine diminished.
Drugs.F1 prescribing	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	Syringe Drivers <ul style="list-style-type: none"> <li>- none at the moment</li> <li>- 2/3 time at moment</li> <li>- 1998 syringe drivers were in use more difference to now</li> <li>- post acute patients</li> <li>- sub acute patients</li> <li>- orthopaedic patients</li> <li>- mix of terminal patients</li> </ul>
Drugs.F1 prescribing	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	1998 dosage range was larger <ul style="list-style-type: none"> <li>- As a nurse felt dosage range was worrying and expressed concerned to Dr Barton, Clinical Manager</li> <li>- Positive clarification</li> <li>- Ranges were Dr Barton cover, RE Medical cover,</li> </ul>
Drugs.F1 prescribing	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	Out of hours, GP did not want to interfere with Est. pain management care <ul style="list-style-type: none"> <li>- PNR – used nurse discretion a couple of times</li> </ul>
Drugs.F1 prescribing	Site INterview-	

	Wednesday.AnitaTubrittSenStafNursDryad	Last 5 years syringe drivers – witnessed no debates about syringe drivers.
Drugs.F1 prescribing	Site INterview-Wednesday.DebbieBarker-StafNurseDryad	Monthly ward meetings for information. New Drug Policy: Draft for 1st produced. Being trialled.
Drugs.F1 prescribing	Site INterview-Wednesday.DrJosephYikona-StafGradePhysi	Unique aspect of Drugs Admin at GWMH was prior prescription of palliating opiates. Feels that it should be done only exceptionally (it's against standard practice).
Drugs.F1 prescribing	Site INterview-Wednesday.DrJosephYikona-StafGradePhysi	The practice has now stopped. He does not allow anticipatory prescriptions.
Drugs.F1 prescribing	Site INterview-Wednesday.DrJosephYikona-StafGradePhysi	There has been pressure from nursing staff on both wards to prescribe in advance. His change in policy resisted by nurses - "but I made it clear I was uncomfortable with the practice" I have got them to agree.
Drugs.F1 prescribing	Site INterview-Wednesday.DrJosephYikona-StafGradePhysi	Dr Yikona raised his concerns with Dr Lord about anticipatory prescribing and she agreed with him that it should stop. He was encouraged to change the policy. Old drug prescribing practice came as 'no surprise' to Dr Lord.
Drugs.F1 prescribing	Site INterview-Wednesday.DrJosephYikona-StafGradePhysi	Psychiatry Department has produced guidelines about management of agitated patients.
Drugs.F1 prescribing	Site INterview-Wednesday.DrQureshi-Cltdryad	Drug policies - any worries? Not really, the policies are quite clear.

Drugs.F1 prescribing	Site INterview- Wednesday.DrQureshi- CltDryad	Admin of opiates via syringe drivers? If need for palliation need to use, guidelines in BNF - so clear and concise and shouldn't go wrong.
Drugs.F1 prescribing	Site INterview- Wednesday.LynBarrat- StafNursDryad	Trust policies followed closely.
Drugs.F1 prescribing	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	Some patients decline/refuse pain killers because of the 98/99 events and suffer accordingly.
Drugs.F1 prescribing	Site INterview- Wednesday.MM HCSWDryad	<b>Code A</b> Doctors now holding back on pain - patients wanting pain relief and it affects her.
Drugs.F1 prescribing	Site INterview- Wednesday.TinaDouglas- StafNursSultan	What doesn't work well? GP dosages. Room is ?? about dosages. Some 10mg, some 10 - 40mg.
Drugs.F1 prescribing	Site INterview- Wednesday.TinaDouglas- StafNursSultan	Pharmacists involved sometimes.
Drugs.F1 prescribing	Site INterview- Wednesday.TLDrRavindraneC onsult	No escalation of drug prescriptions now, eg. sedating drugs. No anticipatory prescribing is now done, including out of hours.
Drugs.F1 prescribing	Site INterview- Wednesday.YongPease- StafNursSultan	New treatment chart - for syringe driver recently. Chart in two halves, 1 24 hrs 2 PCN top up.

Drugs.F1 prescribing	Site INterview- Wednesday.YongPease- StafNursSultan	How new policy reviewed. Do not like it - piece of paper lost. How get it changed - had a word with pharmacist.
Drugs.F1 prescribing	Site INterview- Wednesday.YongPease- StafNursSultan	New syringe driver chart document - could miss more.
Drugs.F1 prescribing	Site INterview- Wednesday.YongPease- StafNursSultan	Palliative care - how access additional advice - need to establish if pain exists and where - is medication the answer? Will let GP know.
Drugs.F2 Administration	Site Interview- Friday.AnneHasteClinical manager	where multiple courses for distress. Pain chart given to patient. Anxiety level -judging the patient and family feelings. Discussed with GP or Palliative care team
Drugs.F2 Administration	Site Interview- Friday.AnneHasteClinical manager	drugs used by patients through self-medication are taken care of by the patient themselves.
Drugs.F2 Administration	Site Interview- Friday.EileenThomas- NursingDir	Processes of system in clinical practice since 98: have been major changes in 3 areas: (3) Management of pain training related to it triggered by incidents, primarily for nurses. (4) Very broad variation in clinical practice in trust so clinical practice development programme appointed f?????????? to ensure s???? of good practice and circulation of evidence-based practice. We would have commissioned an investigation without question if it hadn't been for police investigation starting.
Drugs.F2 Administration	Site Interview- Friday.EileenThomas-	Cases of poor performance identified earlier. Getting evidence on poor attendance



	NursingDir	and behaviour is very hard – does depend on people telling us.
Drugs.F2 Administration	Site Interview-Friday.EileenThomas-NursingDir	Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.
Drugs.F2 Administration	Site Interview-Friday.Jeff WattlingChiefPharmic	Policy Discharge(Pharmacy Input) In respect of prescribing-people driving it at ward level-divisional level (Paula) or trust wide(Kevin).These people drive at appropriate level.
Drugs.F2 Administration	Site Interview-Friday.JoTaylorSenNursDayWard	Medication guidelines - regional guidelines - policy - always willing to ask - consultants very helpful
Drugs.F2 Administration	Site Interview-Friday.ToniScammell-SenNursCoord	What other priorities? Now looking at (1) drug administration with audit team (2) documentation Had away day in June 01 and others flagged up.
Drugs.F2 Administration	Site Interview-Friday.ToniScammell-SenNursCoord	benchmark tool for essence of care.
Drugs.F2 Administration	Site Interview-Friday <b>Code A</b> Pharma	PRN diamorphine - not used much - if it is used not syringe driver.

Drugs.F2 Administration	Site Interview- Friday <b>Code A</b> Pharma	PRN On D&H and MD "I can't remember".
Drugs.F2 Administration	Site Interview- Friday <b>Code A</b> Pharma	One now (driver) can't remember previous one. She checks the dose.
Drugs.F2 Administration	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	Training - Drugs/syringe drivers. Within the Trust and staff from Countess Mountbatten Hospital - ended up only using one type of syringe drivers. Also attend courses at The Rowan Hospital at Portsmouth.
Drugs.F2 Administration	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	Big dose ranges - sliding scale - to avoid patients waiting. Even from her DN days. Deputising service took time to report - Dr Knapman's practice. Really to avoid delay - that was the emphasis.
Drugs.F2 Administration	Site Interviews- Tuesday.BarbaraRobinson- DepGenMgr	In any event staff were reluctant to escalate doses and stayed at lower levels.
Drugs.F2 Administration	Site Interviews- Tuesday.DavidJarrett- LdConslt	Now we're developed more robust guidelines.
Drugs.F2 Administration	Site Interviews- Tuesday.JaneNeville-Ex- StaffNursDaed	Has attended syringe driver course whilst at Gosport Health Centre. Other sessions were held at The Rowans, Countess Mountbatten - training covered medication.
Drugs.F2 Administration	Site Interviews- Tuesday.JaneNeville-Ex- StaffNursDaed	Did set them up - would assess/pts/rels. If there was a range - she chose lower end. Would adjust dose and she would talk to doctor and rels. Would ring Dr B who would ring back. Found her approachable. Would come meet relatives.

Drugs.F2 Administration	Site Interviews- Tuesday.JanPeach-ServMgr	Drugs skills - nurses felt competent, reviewed annually, no progress generally. Diamorphine - prescription?, develop management of pain policy, develop prescribing chart. In practice - trailed last few months - results - chart was not large enough to record sig & time, nurses are a lot happier, still being fine toned.
Drugs.F2 Administration	Site Interviews- Tuesday.JanPeach-ServMgr	Indicators that policy is being implemented? Talking to staff ie. Fine tuning. Monitoring complaints about discomfort. Tony roles on ward. People who put prescribing chart cam to action meeting and meet clinicians. Policy will be audited but not sure what date. Setting up a medical audit.
Drugs.F2 Administration	Site Interviews- Tuesday: <b>Code A</b> HC SWDaed	Been in hosp for 12 years. Now much more involved - Philip Beed was involved NA's ?? ??. Can check DD's (controlled drugs) with staff nurse. Philip is excellent manager.
Drugs.F2 Administration	Site Interviews- Tuesday.PhillipBeed- ClinMgrDaed	Daily review, hourly SD review with pt.
Drugs.F2 Administration	Site Interviews- Tuesday.PhillipBeed- ClinMgrDaed	No one received dosage more than required for their pain.
Drugs.F2 Administration	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	1998 SD's - Range?? - written up to cover docs absence. Not misused. Not a problem. SD's not started at night. Shown how to use SD's.
Drugs.F2 Administration	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	Have you ever increased the dosage on nights? NO Do you feel syringe ?? have ever been used inappropriately? NO

Drugs.F2 Administration	Site Interviews- Monday.DrAltheaLord	"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.
Drugs.F2 Administration	Site Interviews- Monday. <b>Code A</b> Coporate Risk Adv1	Drug errors out of 1500, wrong dose, medication or time.
Drugs.F2 Administration	Site Interviews- Monday.PeterKing-PersDir	Competency in drug administration, try to take supportive role to nursing staff involved.
Drugs.F2 Administration	Site Interviews- Monday.PeterKing-PersDir	Worked closely with nurse director in ensuring drug administration & comms.
Drugs.F2 Administration	Site Interview- Thursday.FionaWalker- SenStafNursSultNt	Staff are trained to deal with dosages for suffering patients.
Drugs.F2 Administration	Site Interview-Thursday.Joan LockExSisterSultan	did use syringe drivers-patients with ? facial cancer. Some patients preferred injection e.g patients with facial cancer
Drugs.F2 Administration	Site Interview-Thursday.Joan LockExSisterSultan	Old patients with stroke-paracetamol would not use injections-would expect recovery. How to asses potential fro recovery or rehabilitation- geriatricians would visit.
Drugs.F2 Administration	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Assessment - work out time of pain, begin with mild analgesic, then after 30 minutes if pain has risen ring GP. For moderate analgesic pain if it goes up ring GP for

		diamorphine/morphine or subcutaneous administration. For paracetamol leave 11/2 to assess if its working, then 11/2 before diamorphine/morphine. If Boney pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.
Drugs.F2 Administration	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Pharmacist facility - comes in daily - restock medicine - incompatible drugs - pharmacist will advise about admitee - Q&A services - No weekend cover - GP will write script and porter will get it
Drugs.F2 Administration	Site Interview- Thursday <b>Code A</b> HCSW	Oral medicine or syringe driver, not injections. She can check medicines - never asked to do it alone. PRN injections not given - it is either tablets or syringe driver she says - pressed on this point twice.
Drugs.F2 Administration	Site Interview- Thursday.PhilipBeedclinicMgr  Daed	All clinical managers were involved in designing new pr-related documentation and are reviewing new notes and procedures currently to make change/adjustments as necessary.
Drugs.F2 Administration	Site Interview- Thursday.PhilipBeedclinicMgr  Daed	Combination of drugs (DDs) commonly used. Hyocine, diamorphine, madazaline.
Drugs.F2 Administration	Site Interview- Thursday.PhilipBeedclinicMgr  Daed	System for using syringe drugs explained by Philip only used when anal route unsatisfactory.
Drugs.F2 Administration	Site Interview- Thursday.PhilipBeedclinicMgr	Admin, usually 2 nurses, any 2 nurses for setting up. Would be 2 nurses Daedalus policy

	Daed	for administration.
Drugs.F2 Administration	Site Interview- Thursday.PhilipBeedclinicMgr  Daed	How knew checking staffing and feedback from nurses. Wide range - did get them - n to now
Drugs.F2 Administration	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Pain Control. If patients came in on inadequate medications, Dr Barton informed, to increase medication. Nurses would use judgements concerning patients pain status and this was conveyed to Dr B on her arrival at ward.
Drugs.F2 Administration	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Shirley raised concerns on several occasions about amount of morphine given to patients via syringe driver. Her concerns were dismissed by ward sister. On one occasion sister said that Shirley had upset Dr Barton. Shirley asked Dr Barton if this was so and Dr Barton said she was not upset but thought that Shirley didn't appreciate what was being done on the ward.
Drugs.F2 Administration	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Shirley highlighted differences between practice then on Dryad ward and what was happening on Jubilee ward. On Jubilee ward syringe-drivers were in use, but in much more "controlled" way. Also mix of drugs not the same. Feels mix was an issue - thinks diamorphine appropriate often.
Drugs.F2 Administration	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Pain control for patients was increased according to nurses assessment of adequate pain control - usually doubled - Dr Barton would be informed.
Drugs.F2 Administration	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Nurses concern re. wide parameters of drug dosage, mix of drugs and need for syringe drivers in first place.

Drugs.F2 Administration	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Sometimes Shirley would go off at night and patient was comfortable - next day patient on syringe driver and when challenged was told patients condition had changed.
Drugs.F2 Administration	Site INterview- Wednesday.ACShirleyHallma nNurseDryad	Things improved with new rehab. Consultant who has far more optimistic view of patient's potential for rehab. Use of morphine diminished.
Drugs.F2 Administration	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	1998 dosage range was larger - As a nurse felt dosage range was worrying and expressed concerned to Dr Barton, Clinical Manager - Positive clarification
Drugs.F2 Administration	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	Out of hours, GP did not want to interfere with Est. pain management care - PNR – used nurse discretion a couple of times
Drugs.F2 Administration	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	2001 pain control - no pain management tool - no different to 1998 - observation to assess pain
Drugs.F2 Administration	Site INterview- Wednesday.DebbieBarker- StafNurseDryad	Monthly ward meetings for information. New Drug Policy: Draft for 1st produced. Being trialled.

Drugs.F2 Administration	Site INterview- Wednesday.DebbieBarker- StafNurseDryad	Syringe Driver. Training available. More available recently. Check usage with another trained member of staff. Question used. New admission forms. Trained nurses assess care plan produced. No feeling of previous patient - pc.
Drugs.F2 Administration	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	The practice has now stopped. He does not allow anticipatory prescriptions.
Drugs.F2 Administration	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	There has been pressure from nursing staff on both wards to prescribe in advance. His change in policy resisted by nurses - "but I made it clear I was uncomfortable with the practice" I have got them to agree.
Drugs.F2 Administration	Site INterview- Wednesday.DrJosephYikona- StafGradePhysi	Current standard practice is to administer miazulan to agitated patients.
Drugs.F2 Administration	Site INterview- Wednesday.DrQureshi- CltDryad	Drug policies - any worries? Not really, the policies are quite clear.
Drugs.F2 Administration	Site INterview- Wednesday.DrQureshi- CltDryad	What about pre-emptive or anticipatory, what is the current policy? We go step by step, need to control systems if needed - would supervise. Have not used here year.
Drugs.F2 Administration	Site INterview- Wednesday.KatieMann- SenStafNursSultan	Syringe drivers used fairly regularly.
Drugs.F2 Administration	Site INterview- Wednesday.MargaretWigfall- ENNursDryadNt	She disperses medicines to patients if E absent. Needs another RGN for controlled drugs.



Drugs.F2 Administration	Site Interview- Wednesday.MargaretWigfall- ENNursDryadNt	Night drugs - usually sedation/analgesia.
Drugs.F2 Administration	Site Interview- Wednesday.MargaretWigfall- ENNursDryadNt	Medication. Syringe drivers have a place, used less often nowadays.
Drugs.F2 Administration	Site Interview- Wednesday.MM HCSWDryad <b>Code A</b>	Doctors now holding back on pain - patients wanting pain relief and it affects her.
Drugs.F2 Administration	Site Interview- Wednesday.MM HCSWDryad <b>Code A</b>	Specialist staff called in. Dr Bewee(?) wonderful talk on Palliative care. oliners - mentioned/discussed.
Drugs.F2 Administration	Site Interview- Wednesday.MM HCSWDryad <b>Code A</b>	Nothing wrong in practice on syringe olines. Very angry - good ward - defensive. Not an easy job.
Drugs.F2 Administration	Site Interview- Wednesday.MM HCSWDryad <b>Code A</b>	Better before in pain management - slipping back.
Drugs.F2 Administration	Site Interview- Wednesday.YongPease- StafNursSultan	Not happy to increase beyond prescribed dose.
Drugs.F2 Administration	Site Interview- Wednesday.YongPease- StafNursSultan	Syringe drivers - can't remember.
Drugs.F3 Review	Site Interview- Friday.AnneHasteClinical manager	Looking at patient as a whole, by treating, drugs can be reduced if reviewed. Unusual to use syringe drivers. Hyosine and sedation usually use for chests.

Drugs.F3 Review	Site Interview-Friday.Jeff WattlingChiefPharmic	Controlled Drugs always issued to stock:- normal practice in NHS Total monthly issues:-Produced sheets See attached papers Summary of medicine use 1999-2001 Spreadsheet and computer sheets offered, showing reduction in stock provided to wards of drugs in question.
Drugs.F3 Review	Site Interview-Friday.Jeff WattlingChiefPharmic	there are national conventions/guidelines-try to work within them. Wesswx pharmacists wok within them (they give guidance on recording pharmacy intervention) pharmacists therefore will record what they have inferred prescribing re mistakes. Issue is around how you audit pharmacist interventions
Drugs.F3 Review	Site Interview-Friday.Jeff WattlingChiefPharmic	recording systems- plain to understand incidents and can remind pharmacists to be alert and report. Problem of pulling right data would need a good IT system to provide comparative data.
Drugs.F3 Review	Site Interview-Friday.Text Jerry Clasby-SenNursColW	use syringe drivers diamorphine -diazepam have brought them off and got better
Drugs.F3 Review	Site Interview-Friday <b>Code A</b> Pharma	Stock lists extended as case mix altered. Orders faxed for non-stock.
Drugs.F3 Review	Site Interview-Friday <b>Code A</b> Pharma	Nurses ask for advice not doctors.

Drugs.F3 Review	Site Interviews- Tuesday.AngelaWilson- SenStaffNursDaed	If drugs requested is regular, if need is greater - prompt a review.
Drugs.F3 Review	Site Interviews- Tuesday: <b>Code A</b> HCSW Suif Ngt	Have been involved in checking dosage of controlled drugs, but has never been involved in administration - would only do checking in emergency & only in the absence of trained nurses.
Drugs.F3 Review	Site Interviews- Tuesday: <b>Code A</b> HC SWDaed	To record practice, has book which needs updating every 2 years. With regards to checking drugs - needs updating & Philip will do this.
Drugs.F3 Review	Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed	Pain control reviewed "at any time".
Drugs.F3 Review	Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt	New policy, not a problem if step up available. New policy - dose and increase. Who developed: didn't know
Drugs.F3 Review	Site Interviews- Monday.DrAltheaLord	Prescribing x admin of drugs reviewed by ward nurses -> "we have more consultant input now".
Drugs.F3 Review	Site Interviews- Monday: <b>Code A</b> Clin Risk Adivsor	Division request detail of drug management errors. Can search by name / number/ Dob etc.
Drugs.F3 Review	Site Interviews- Monday: <b>Code A</b> Clin Risk	No indication that D/H/M infusion problems featured particularly. Feels that in fact that

	Adivsor	Trust over-reported. Feels Trust would report, admit to it and deal with problem.
Drugs.F3 Review	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Assessment - work out time of pain, begin with mild analgesic, then after 30 minutes if pain has risen ring GP. For moderate analgesic pain if it goes up ring GP for diamorphine/morphine or subcutaneous administration. For paracetamol leave 11/2 to assess if its working, then 11/2 before diamorphine/morphine. If Boney pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.
Drugs.F3 Review	Site INterview- Wednesday.YongPease- StafNursSultan	GP comes in every day to review patient - Monday - Friday
Drugs.F3 Review	Site INterview- Wednesday.YongPease- StafNursSultan	Dosage - out of hours - call health call.
Drugs.F3 Review	Site INterview- Wednesday.YongPease- StafNursSultan	Not on controlled drugs not take increased dose over the phone.
Drugs.F4 Recording	Site Interview- Friday.AnneHasteClinical manager	If doctor makes a prescription error, prescription may be taken to doctor by porter.
Drugs.F4 Recording	Site Interviews- Tuesday.AngelaWilson- SenStafNursDaed	Personal - notes placed in diary, document care plan, yellow sticker - id review. Feedback - not necessarily resolved by the next day, may need another review.
Drugs.F4 Recording	Site Interviews- Tuesday.JanPeach-ServMgr	Drugs skills - nurses felt competent, reviewed annually, no progress generally. Diamorphine - prescription?, develop management of pain policy, develop prescribing chart. In practice - trailed last few months - results - chart was not large enough to record sig & time, nurses are a lot happier, still being fine toned.

Drugs.F4 Recording	Site Interviews- Tuesday.LindaBaldacchinoHC SWDaed	Been in hosp for 12 years. Now much more involved - Philip Beed was involved NA's ?? ??. Can check DD's (controlled drugs) with staff nurse. Philip is excellent manager.
Drugs.F4 Recording	Site Interviews- Monday.DrAltheaLord	Documentation of required dose ranges, 'wasn't particularly good'.
Drugs.F4 Recording	Site Interviews- Monday.DrAltheaLord	Currently reviewers drug charts to make them clearer with Staff Grade Doctor and Dr Dowd and QA elderly team
Drugs.F4 Recording	Site Interviews- Monday.DrAltheaLord	"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.
Drugs.F4 Recording	Site Interview- Thursday.FionaWalker- SenStafNursSultNt	Documentation changed with syringe driver.
Drugs.F4 Recording	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Assessment - work out time of pain, begin with mild analgesic, then after 30 minutes if pain has risen ring GP. For moderate analgesic pain if it goes up ring GP for diamorphine/morphine or subcutaneous administration. For paracetamol leave 11/2 to assess if its working, then 11/2 before diamorphine/morphine. If Boney pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.
Drugs.F4 Recording	Site Interview- Thursday.JoDunleavystaffnurs SultanNt	Analgesia ladder + GP - nights no GP - Healthcall - response time - 10-15 mins - 30mins

		<ul style="list-style-type: none"> <li>- requisite problems a visit - 1hr - 4hr wait.</li> <li>- Patient will expect verbal order but not controlled drugs.</li> <li>- No other way of contacting GP.</li> <li>- Telephone order - 1 dosage call. Someone should witness, doctor on prescription chart, GP will sign in, not signed by Healthcall.</li> </ul>
Drugs.F4 Recording	Site Interview- Thursday.PhilipBeedclinicMgr  Daed	All clinical managers were involved in designing new pr-related documentation and are reviewing new notes and procedures currently to make change/adjustments as necessary.
Drugs.F4 Recording	Site Interview- Thursday.PhilipBeedclinicMgr  Daed	System for checking practice of nurses - Philip will oversee these and will look at documentation.
Drugs.F4 Recording	Site INterview- Wednesday.AnitaTubrittSenSt afNursDryad	<p>Prescription recording</p> <ul style="list-style-type: none"> <li>- written now by hospital based doctor</li> <li>- written then by Clinical Assistant Dr Barton</li> </ul> <p>Documentation trialling in 2002</p> <ul style="list-style-type: none"> <li>- prescription charts</li> <li>- pain charts</li> </ul>
Drugs.F4 Recording	Site INterview- Wednesday.LynBarrat- StafNursDryad	Things have changed in policy on Dryad on paperwork used on pain management recently.
Drugs.F4 Recording	Site INterview- Wednesday.LynBarrat- StafNursDryad	Chart progress of sedating effects. Note syringe driver census.
Drugs.F4 Recording	Site INterview- Wednesday.TinaDouglas- StafNursSultan	Not involved in developing, new chart could be improved - no space for nurse.

Drugs.F4 Recording	Site INterview- Wednesday.TinaDouglas- StafNursSultan	Documented, record in care plan with cardex.
Drugs.F4 Recording	Site INterview- Wednesday.YongPease- StafNursSultan	New treatment chart - for syringe driver recently. Chart in two halves, 1 24 hrs 2 PCN top up.
Drugs.F4 Recording	Site INterview- Wednesday.YongPease- StafNursSultan	Treatment chart is the legal document.