

TEXT: Site Interview-Friday.AnneHasteClinical manager (58/61)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Friday.AnneHasteClinical manager (66/69)

CODE: F Drugs.F1 prescribing (G:100)

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

TEXT: Site Interview-Friday.AnneHasteClinical manager (81/83)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (113/114)

CODE: F Drugs.F1 prescribing (G:100)

Clinical Effectives work.

Pain assessment. How managers delivered.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (115/120)

CODE: F Drugs.F1 prescribing (G:100)

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 ??.

TEXT: Site Interview-Friday.IanPiper/FionaCameron (121/123)

CODE: F Drugs.F1 prescribing (G:100)

1998 - Ian took at low at other Trusts to establish if prescribing parameters OK. Made way to other community hospitals. Althea

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (2/2)

CODE: F Drugs.F1 prescribing (G:100)

can only provide what was issued to wards

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (11/15)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (45/47)

CODE: F Drugs.F1 prescribing (G:100)

No Pharmacist expressed concern during Police Interviews that prescribing may be taking place outside of palliative care guidances.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (48/49)

CODE: F Drugs.F1 prescribing (G:100)

BNF guidelines allow for large range of dosage of morphine

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (50/54)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (62/65)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (73/75)

CODE: F Drugs.F1 prescribing (G:100)

pharmacists do review scripts but have infrequent (meetings)? With sole dotors e.g GPs notes are left, but pharmacist do record on interventions.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (79/84)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (116/118)

CODE: F Drugs.F1 prescribing (G:100)

Would like IT system to captivate data e.g hand held help anaylsis
Its presented BCs for improving pharmacy IT.

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (21/23)

CODE: F Drugs.F1 prescribing (G:100)

Rapid tranquillisation-part of team

Gone to Clinical Governance group to develop draft copy which involve Lorazapan, acuphase.

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (24/24)

CODE: F Drugs.F1 prescribing (G:100)

Pain management not a problem

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (53/55)

CODE: F Drugs.F1 prescribing (G:100)

Use syringe drivers

Diamorphine -diazapan

have brought them off and got better

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (94/98)

CODE: F Drugs.F1 prescribing (G:100)

New pain management policy - view when arrived? Good, staff concerned, middle of anaelgesia ladder often forgotten. Nurses now more likely to suggest middle pre-opiate.

TEXT: Site Interview-Friday. **Code A** Pharma (86/86)

CODE: F Drugs.F1 prescribing (G:100)

VL checks charts.

TEXT: Site Interview-Friday **Code A** Pharma (87/87)
 CODE: F Drugs.F1 prescribing (G:100)
 Stocks maintained.

TEXT: Site Interview-Friday **Code A** Pharma (90/91)
 CODE: F Drugs.F1 prescribing (G:100)
 PRN diamorphine - not used much - if it is used not syringe driver.

TEXT: Site Interview-Friday **Code A** Pharma (94/94)
 CODE: F Drugs.F1 prescribing (G:100)
 PRN On D&H and MD "I can't remember".

TEXT: Site Interview-Friday **Code A** Pharma (101/101)
 CODE: F Drugs.F1 prescribing (G:100)
 Nurses ask for advice not doctors.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (18/20)
 CODE: F Drugs.F1 prescribing (G:100)
 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.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (27/28)
 CODE: F Drugs.F1 prescribing (G:100)
 Band of range of Drugs - reg drugs, right side. PRN drugs, left side. Both reviewed.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (29/33)
 CODE: F Drugs.F1 prescribing (G:100)
 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.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (134/137)
 CODE: F Drugs.F1 prescribing (G:100)
 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.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (92/94)
 CODE: F Drugs.F1 prescribing (G:100)
 Whether people actually received the too high dose - I would say no & in Mr Wilson's case - independent Ombudsman found not??.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (35/41)
 CODE: F Drugs.F1 prescribing (G:100)
 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.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (41/43)
 CODE: F Drugs.F1 prescribing (G:100)

Drug assessment Manual? - updated annually. The Shipman Inquiry Care has put back Palliative care. Afraid to use diamorphine now.

TEXT: Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed (35/36)

CODE: F Drugs.F1 prescribing (G:100)

Doses? Large leeway? Now specific dose, plus additional dose if needed and / ??.

TEXT: Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed (38/39)

CODE: F Drugs.F1 prescribing (G:100)

Why such large ranges? (In 98/99) (Assistant and gaps in medical cover) Exposed still at night/weekends.

TEXT: Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed (40/41)

CODE: F Drugs.F1 prescribing (G:100)

No one received dosage more than required for their pain.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (27/29)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (37/38)

CODE: F Drugs.F1 prescribing (G:100)

New policy, not a problem if step up available. New policy - dose and increase. Who developed: didn't know

TEXT: Site Interviews- Tuesday.VickyBanks-LdClt (61/62)

CODE: F Drugs.F1 prescribing (G:100)

Developed new prescribing charts to improve prescribing.

TEXT: Site Interviews-Monday.DrAltheaLord (79/80)

CODE: F Drugs.F1 prescribing (G:100)

Have learned from complaints to be more frank about drugs.

TEXT: Site Interviews-Monday.DrAltheaLord (137/139)

CODE: F Drugs.F1 prescribing (G:100)

"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.

TEXT: Site Interviews-Monday.DrAltheaLord (152/153)

CODE: F Drugs.F1 prescribing (G:100)

Drugs: "must judge each individual patient as you find them

TEXT: Site Interviews-Monday.IanReid-Med Dir (165/166)

CODE: F Drugs.F1 prescribing (G:100)

In his time of working here - cannot remember any time when opiates prescribed inappropriately at that time.

TEXT: Site Interviews-Monday.IanReid-Med Dir (198/203)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (12/14)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (29/31)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (39/41)

CODE: F Drugs.F1 prescribing (G:100)

Guidelines. Formulary in medicine, approved by Committees. If involved with 1° care goes to a 1° care committee. Use external Guidelines if appropriate.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (45/47)

CODE: F Drugs.F1 prescribing (G:100)

Anybody can prescribe diamorphine/haloperidol/Midazolam. They do challenge large doses written by Junior Doctors.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (67/70)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interviews-Monday.JeffWatling-ChiefPharmacist (71/71)

CODE: F Drugs.F1 prescribing (G:100)

He does business orientated committees.

TEXT: Site Interviews-Monday. **Code A** Coporate Risk Advi (87/88)

CODE: F Drugs.F1 prescribing (G:100)

Drug errors out of 1500, wrong dose, medication or time.

TEXT: Site Interview-Thursday. **Code A** Sp-LangThera (122/122)

CODE: F Drugs.F1 prescribing (G:100)

Drugs – document what drugs patients are on.

TEXT: Site Interview-Thursday.DrBeasleyGP (164/167)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Thursday.DrBeasleyGP (168/170)

CODE: F Drugs.F1 prescribing (G:100)

Is an Antibiotic Policy available? I haven't got a clue. Have to work with what you feel comfortable with.

TEXT: Site Interview-Thursday.DrBeasleyGP (171/171)

CODE: F Drugs.F1 prescribing (G:100)

Hospital familiarity

TEXT: Site Interview-Thursday.DrBeasleyGP (176/179)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (83/85)

CODE: F Drugs.F1 prescribing (G:100)

Syringe drivers - patients that need symptom control – terminal pain, morphine if having previous opiates.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (88/88)

CODE: F Drugs.F1 prescribing (G:100)

Patient agitated – medazaline instead.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (95/96)

CODE: F Drugs.F1 prescribing (G:100)

No conflict between dosages that were being given by nurses.

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (46/48)

CODE: F Drugs.F1 prescribing (G:100)

Pain assessment

'pyramid-start at paracetamol and work your way up don't you'

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (68/72)

CODE: F Drugs.F1 prescribing (G:100)

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

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (83/85)

CODE: F Drugs.F1 prescribing (G:100)

pharmacist always involved, staff would phone pharmacist. Visited twice weekly-she would suggest changes to treatment

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (21/23)

CODE: F Drugs.F1 prescribing (G:100)

Pain Management

- pain assessment chart

- analgesic ladder

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (24/31)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (56/64)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (65/72)

CODE: F Drugs.F1 prescribing (G:100)

Awareness of policy changes

- team meeting
- policy folder
- verbal
- try to get to ward meetings @ 7pm to accommodate
- last meeting was a couple of months ago due to staff sickness
- minutes taken - night duty box

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (83/92)

CODE: F Drugs.F1 prescribing (G:100)

Analgesia ladder + GP

- nights no GP - Healthcall
- response time - 10-15 mins - 30mins
- requisite problems a visit - 1hr - 4hr wait.
- Patient will expect verbal order but not controlled drugs.
- No other way of contacting GP.
- Telephone order - 1 dosage call. Someone should witness, doctor on prescription chart, GP will sign in, not signed by Healthcall.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (108/112)

CODE: F Drugs.F1 prescribing (G:100)

Medicine update knowledge

- 2 yearly assessment by clinical manager
- if not sure of drug look up in BNF
- literature
- pharmacist input - not aware of input.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (113/120)

CODE: F Drugs.F1 prescribing (G:100)

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

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (193/193)

CODE: F Drugs.F1 prescribing (G:100)

Patients may be kept in pain

TEXT: Site Interview-Thursday: **Code A** HCSW (107/107)
 CODE: F Drugs.F1 prescribing (G:100)
 Not seen any pain assessment tools.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (30/31)
 CODE: F Drugs.F1 prescribing (G:100)
 Combination of drugs (DDs) commonly used. Hyocine, diamorphine, madazaline.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (76/78)
 CODE: F Drugs.F1 prescribing (G:100)
 Syringe Drivers
 Who decides on the use of Syringe driver - medical and nursing always involved patient / family member

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (82/83)
 CODE: F Drugs.F1 prescribing (G:100)
 If family say no - what happens - would pass to a consultant and arrange for a meeting

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (86/88)
 CODE: F Drugs.F1 prescribing (G:100)
 Would drug in syringe driver. Diamorphine for pain control. Medazalin for anxiety.
 Hyocione for. Anti hematic sickness.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (93/93)
 CODE: F Drugs.F1 prescribing (G:100)
 Instances when patients in pain

TEXT: Site Interview-Thursday: **Code A** WardClerk (99/100)
 CODE: F Drugs.F1 prescribing (G:100)
 TTOs – fax medicine orders to Q&A, discharge delayed by TTOs not coming back.

TEXT: Site Interview-Thursday: **Code A** WardClerk (101/101)
 CODE: F Drugs.F1 prescribing (G:100)
 Aware of pharmacist visiting the ward.

TEXT: Site INterview-Wednesday.ACShirleyHallmanNurseDryad (88/92)
 CODE: F Drugs.F1 prescribing (G:100)
 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.

TEXT: Site INterview-Wednesday.ACShirleyHallmanNurseDryad (98/102)
 CODE: F Drugs.F1 prescribing (G:100)
 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.

TEXT: Site INterview-Wednesday.ACShirleyHallmanNurseDryad (110/116)
 CODE: F Drugs.F1 prescribing (G:100)
 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.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (124/129)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (143/146)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (147/148)

CODE: F Drugs.F1 prescribing (G:100)

Nurses concern re. wide parameters of drug dosage, mix of drugs and need for syringe drivers in first place.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (151/154)

CODE: F Drugs.F1 prescribing (G:100)

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.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (177/179)

CODE: F Drugs.F1 prescribing (G:100)

Things improved with new rehab. Consultant who has far more optimistic view of patient's potential for rehab. Use of morphine diminished.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (109/117)

CODE: F Drugs.F1 prescribing (G:100)

Syringe Drivers

- none at the moment
- 2/3 time at moment
- 1998 syringe drivers were in use more difference to now
- post acute patients
- sub acute patients
- orthopaedic patients
- mix of terminal patients

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (126/131)

CODE: F Drugs.F1 prescribing (G:100)

1998 dosage range was larger

- As a nurse felt dosage range was worrying and expressed concerned to Dr Barton, Clinical Manager
- Positive clarification
- Ranges were Dr Barton cover, RE Medical cover,

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (132/134)

CODE: F Drugs.F1 prescribing (G:100)

Out of hours, GP did not want to interfere with Est. pain management care
- PNR – used nurse discretion a couple of times

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (143/144)
CODE: F Drugs.F1 prescribing (G:100)
Last 5 years syringe drivers – witnessed no debates about syringe drivers.

TEXT: Site Interview-Wednesday.DebbieBarker-StafNurseDryad (24/25)
CODE: F Drugs.F1 prescribing (G:100)
Monthly ward meetings for information. New Drug Policy: Draft for 1st produced. Being trialled.

TEXT: Site Interview-Wednesday.DrJosephYikona-StafGradePhysi (59/62)
CODE: F Drugs.F1 prescribing (G:100)
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).

TEXT: Site Interview-Wednesday.DrJosephYikona-StafGradePhysi (63/64)
CODE: F Drugs.F1 prescribing (G:100)
The practice has now stopped. He does not allow anticipatory prescriptions.

TEXT: Site Interview-Wednesday.DrJosephYikona-StafGradePhysi (67/71)
CODE: F Drugs.F1 prescribing (G:100)
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.

TEXT: Site Interview-Wednesday.DrJosephYikona-StafGradePhysi (85/89)
CODE: F Drugs.F1 prescribing (G:100)
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.

TEXT: Site Interview-Wednesday.DrJosephYikona-StafGradePhysi (108/109)
CODE: F Drugs.F1 prescribing (G:100)
Psychiatry Department has produced guidelines about management of agitated patients.

TEXT: Site Interview-Wednesday.DrQureshi-CltDryad (104/105)
CODE: F Drugs.F1 prescribing (G:100)
Drug policies - any worries? Not really, the policies are quite clear.

TEXT: Site Interview-Wednesday.DrQureshi-CltDryad (112/114)
CODE: F Drugs.F1 prescribing (G:100)
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.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (74/74)
CODE: F Drugs.F1 prescribing (G:100)
Trust policies followed closely.

TEXT: Site Interview-Wednesday.MargaretWigfall-ENNursDryadNt (32/33)
CODE: F Drugs.F1 prescribing (G:100)

Some patients decline/refuse pain killers because of the 98/99 events and suffer accordingly.

TEXT: Site Interview-Wednesday.MM [Code A] HCSWDryad (66/67)

CODE: F Drugs.F1 prescribing (G:100)

Doctors now holding back on pain - patients wanting pain relief and it affects her.

TEXT: Site Interview-Wednesday.TinaDouglas-StafNursSultan (68/69)

CODE: F Drugs.F1 prescribing (G:100)

What doesn't work well? GP dosages. Room is ?? about dosages. Some 10mg, some 10 - 40mg.

TEXT: Site Interview-Wednesday.TinaDouglas-StafNursSultan (71/71)

CODE: F Drugs.F1 prescribing (G:100)

Pharmacists involved sometimes.

TEXT: Site Interview-Wednesday.TLDrRavindraneConsult (58/60)

CODE: F Drugs.F1 prescribing (G:100)

No escalation of drug prescriptions now, eg. sedating drugs. No anticipatory prescribing is now done, including out of hours.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (31/32)

CODE: F Drugs.F1 prescribing (G:100)

New treatment chart - for syringe driver recently. Chart in two halves, 1 24 hrs 2 PCN top up.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (37/39)

CODE: F Drugs.F1 prescribing (G:100)

How new policy reviewed. Do not like it - piece of paper lost. How get it changed - had a word with pharmacist.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (42/42)

CODE: F Drugs.F1 prescribing (G:100)

New syringe driver chart document - could miss more.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (43/45)

CODE: F Drugs.F1 prescribing (G:100)

Palliative care - how access additional advice - need to establish if pain exists and where - is medication the answer? Will let GP know.

TEXT: Site Interview-Friday.AnneHasteClinical manager (74/77)

CODE: F Drugs.F2 Administration (G:100)

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

TEXT: Site Interview-Friday.AnneHasteClinical manager (95/96)

CODE: F Drugs.F2 Administration (G:100)

drugs used by patients through self-medication are taken care of by the patient themselves.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (37/51)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (220/223)

CODE: F Drugs.F2 Administration (G:100)

Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.

TEXT: Site Interview-Friday.EileenThomas-NursingDir (232/235)

CODE: F Drugs.F2 Administration (G:100)

Cases of poor performance identified earlier. Getting evidence on poor attendance and behaviour is very hard – does depend on people telling us.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (16/20)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site Interview-Friday.JoTaylorSenNursDayWard (91/95)

CODE: F Drugs.F2 Administration (G:100)

Medication guidelines

- regional guidelines
- policy
- always willing to ask
- consultants very helpful

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (80/83)

CODE: F Drugs.F2 Administration (G:100)

What other priorities? Now looking at

- (1) drug administration with audit team
- (2) documentation

Had away day in June 01 and others flagged up.

TEXT: Site Interview-Friday.ToniScammell- SenNursCoord (99/99)

CODE: F Drugs.F2 Administration (G:100)

benchmark tool for essence of care.

TEXT: Site Interview-Friday **Code A** Pharma (92/93)

CODE: F Drugs.F2 Administration (G:100)

PRN diamorphine - not used much - if it is used not syringe driver.

TEXT: Site Interview-Friday **Code A** Pharma (95/95)

CODE: F Drugs.F2 Administration (G:100)

PRN On D&H and MD "I can't remember".

TEXT: Site Interview-Friday **Code A** Pharma (96/97)

CODE: F Drugs.F2 Administration (G:100)

One now (driver) can't remember previous one. She checks the dose.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (79/83)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (138/141)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site Interviews- Tuesday.BarbaraRobinson-DepGenMgr (142/143)

CODE: F Drugs.F2 Administration (G:100)

In any event staff were reluctant to escalate doses and stayed at lower levels.

TEXT: Site Interviews- Tuesday.DavidJarrett-LdConslt (91/91)

CODE: F Drugs.F2 Administration (G:100)

Now we're developed more robust guidelines.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (96/98)

CODE: F Drugs.F2 Administration (G:100)

Has attended syringe driver course whilst at Gosport Health Centre. Other sessions were held at The Rowans, Countess Mountbatten - training covered medication.

TEXT: Site Interviews- Tuesday.JaneNeville-Ex-StaffNursDaed (109/113)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (42/48)

CODE: F Drugs.F2 Administration (G:100)

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 tuned.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (56/61)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site Interviews- Tuesday Code A HCSWDaed (21/24)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed (37/37)
 CODE: F Drugs.F2 Administration (G:100)
 Daily review, hourly SD review with pt.

TEXT: Site Interviews- Tuesday.PhillipBeed-ClinMgrDaed (42/43)
 CODE: F Drugs.F2 Administration (G:100)
 No one received dosage more than required for their pain.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (30/32)
 CODE: F Drugs.F2 Administration (G:100)
 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.

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (63/65)
 CODE: F Drugs.F2 Administration (G:100)
 Have you ever increased the dosage on nights? NO
 Do you feel syringe ?? have ever been used inappropriately? NO

TEXT: Site Interviews-Monday.DrAltheaLord (140/142)
 CODE: F Drugs.F2 Administration (G:100)
 "I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.

TEXT: Site Interviews-Monday **Code A** Coporate Risk Advi (89/90)
 CODE: F Drugs.F2 Administration (G:100)
 Drug errors out of 1500, wrong dose, medication or time.

TEXT: Site Interviews-Monday.PeterKing-PersDir (60/61)
 CODE: F Drugs.F2 Administration (G:100)
 Competency in drug administration, try to take supportive role to nursing staff involved.

TEXT: Site Interviews-Monday.PeterKing-PersDir (82/83)
 CODE: F Drugs.F2 Administration (G:100)
 Worked closely with nurse director in ensuring drug administration & comms.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (91/92)
 CODE: F Drugs.F2 Administration (G:100)
 Staff are trained to deal with dosages for suffering patients.

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (86/88)
 CODE: F Drugs.F2 Administration (G:100)
 did use syringe drivers-patients with ? facial cancer.
 Some patients preferred injection e.g patients with facial cancer

TEXT: Site Interview-Thursday.Joan LockExSisterSultan (89/93)
 CODE: F Drugs.F2 Administration (G:100)
 Old patients with stroke-paracetamol would not use injections-would expect recovery.
 How to asses potential fro recovery or rehabilitation- geriatricians would visit.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (32/39)
 CODE: F Drugs.F2 Administration (G:100)
 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.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (121/128)

CODE: F Drugs.F2 Administration (G:100)

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

TEXT: Site Interview-Thursday: **Code A** HCSW (67/70)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (19/22)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (32/33)

CODE: F Drugs.F2 Administration (G:100)

Combination of drugs (DDs) commonly used. Hyocine, diamorphine, madazaline.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (36/37)

CODE: F Drugs.F2 Administration (G:100)

System for using syringe drugs explained by Philip only used when anal route unsatisfactory.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (89/90)

CODE: F Drugs.F2 Administration (G:100)

Admin, usually 2 nurses, any 2 nurses for setting up. Would be 2 nurses Daedalus policy for administration.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (91/92)

CODE: F Drugs.F2 Administration (G:100)

How knew checking staffing and feedback from nurses. Wide range - did get them - n to now

TEXT: Site INterview-Wednesday.ACShirleyHallmanNurseDryad (93/97)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site INterview-Wednesday.ACShirleyHallmanNurseDryad (117/123)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (130/135)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (140/142)

CODE: F Drugs.F2 Administration (G:100)

Pain control for patients was increased according to nurses assessment of adequate pain control - usually doubled - Dr Barton would be informed.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (149/150)

CODE: F Drugs.F2 Administration (G:100)

Nurses concern re. wide parameters of drug dosage, mix of drugs and need for syringe drivers in first place.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (155/158)

CODE: F Drugs.F2 Administration (G:100)

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.

TEXT: Site Interview-Wednesday.ACShirleyHallmanNurseDryad (180/182)

CODE: F Drugs.F2 Administration (G:100)

Things improved with new rehab. Consultant who has far more optimistic view of patient's potential for rehab. Use of morphine diminished.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (126/130)

CODE: F Drugs.F2 Administration (G:100)

1998 dosage range was larger

- As a nurse felt dosage range was worrying and expressed concerned to Dr Barton, Clinical Manager
- Positive clarification

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (132/134)

CODE: F Drugs.F2 Administration (G:100)

Out of hours, GP did not want to interfere with Est. pain management care

- PNR – used nurse discretion a couple of times

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (137/140)

CODE: F Drugs.F2 Administration (G:100)

2001 pain control

- no pain management tool
- no different to 1998
- observation to assess pain

TEXT: Site INterview-Wednesday.DebbieBarker-StafNurseDryad (26/27)
 CODE: F Drugs.F2 Administration (G:100)
 Monthly ward meetings for information. New Drug Policy: Draft for 1st produced. Being trialled.

TEXT: Site INterview-Wednesday.DebbieBarker-StafNurseDryad (31/35)
 CODE: F Drugs.F2 Administration (G:100)
 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.

TEXT: Site INterview-Wednesday.DrJosephYikona-StafGradePhysi (65/66)
 CODE: F Drugs.F2 Administration (G:100)
 The practice has now stopped. He does not allow anticipatory prescriptions.

TEXT: Site INterview-Wednesday.DrJosephYikona-StafGradePhysi (77/81)
 CODE: F Drugs.F2 Administration (G:100)
 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.

TEXT: Site INterview-Wednesday.DrJosephYikona-StafGradePhysi (106/107)
 CODE: F Drugs.F2 Administration (G:100)
 Current standard practice is to administer miazulan to agitated patients.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (106/107)
 CODE: F Drugs.F2 Administration (G:100)
 Drug policies - any worries? Not really, the policies are quite clear.

TEXT: Site INterview-Wednesday.DrQureshi-CltDryad (118/121)
 CODE: F Drugs.F2 Administration (G:100)
 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.

TEXT: Site INterview-Wednesday.KatieMann-SenStafNursSultan (15/15)
 CODE: F Drugs.F2 Administration (G:100)
 Syringe drivers used fairly regularly.

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (8/9)
 CODE: F Drugs.F2 Administration (G:100)
 She disperses medicines to patients if E absent. Needs another RGN for controlled drugs.

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (12/12)
 CODE: F Drugs.F2 Administration (G:100)
 Night drugs - usually sedation/analgesia.

TEXT: Site INterview-Wednesday.MargaretWigfall-ENNursDryadNt (30/31)
 CODE: F Drugs.F2 Administration (G:100)
 Medication. Syringe drivers have a place, used less often nowadays.

TEXT: Site INterview-Wednesday.MM **Code A** HCSWDryad (68/69)
 CODE: F Drugs.F2 Administration (G:100)
 Doctors now holding back on pain - patients wanting pain relief and it affects her.

TEXT: Site Interview-Wednesday.MM: **Code A** HCSWDryad (70/71)

CODE: F Drugs.F2 Administration (G:100)

Specialist staff called in. Dr Bewee(?) wonderful talk on Palliative care. oliners - mentioned/discussed.

TEXT: Site Interview-Wednesday.MM: **Code A** HCSWDryad (72/73)

CODE: F Drugs.F2 Administration (G:100)

Nothing wrong in practice on syringe olines. Very angry - good ward - defensive. Not an easy job.

TEXT: Site Interview-Wednesday.MM: **Code A** HCSWDryad (76/76)

CODE: F Drugs.F2 Administration (G:100)

Better before in pain management - slipping back.

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (41/41)

CODE: F Drugs.F2 Administration (G:100)

Not happy to increase beyond prescribed dose.

TEXT: Site Interview-Wednesday.YongPease-StaffNursSultan (58/58)

CODE: F Drugs.F2 Administration (G:100)

Syringe drivers - can't remember.

TEXT: Site Interview-Friday.AnneHasteClinical manager (78/80)

CODE: F Drugs.F3 Review (G:100)

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.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (3/10)

CODE: F Drugs.F3 Review (G:100)

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.

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (85/90)

CODE: F Drugs.F3 Review (G:100)

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

TEXT: Site Interview-Friday.Jeff WattlingChiefPharmic (109/112)

CODE: F Drugs.F3 Review (G:100)

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.

TEXT: Site Interview-Friday.Text Jerry Clasby-SenNursColW (56/58)

CODE: F Drugs.F3 Review (G:100)

use syringe drivers

diamorphine -diazepam
have brought them off and got better

TEXT: Site Interview-Friday **Code A** Pharma (88/89)
CODE: F Drugs.F3 Review (G:100)
Stock lists extended as case mix altered. Orders faxed for non-stock.

TEXT: Site Interview-Friday **Code A** Pharma (102/102)
CODE: F Drugs.F3 Review (G:100)
Nurses ask for advice not doctors.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (21/22)
CODE: F Drugs.F3 Review (G:100)
If drugs requested is regular, if need is greater - prompt a review.

TEXT: Site Interviews- Tuesday **Code A** HCSW Sult Ngt (18/21)
CODE: F Drugs.F3 Review (G:100)
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.

TEXT: Site Interviews- Tuesday **Code A** HCSW Daed (52/54)
CODE: F Drugs.F3 Review (G:100)
To record practice, has book which needs updating every 2 years. With regards to checking drugs - needs updating & Philip will do this.

TEXT: Site Interviews- Tuesday.Pat Wilkin-SenStaffNursDaed (67/67)
CODE: F Drugs.F3 Review (G:100)
Pain control reviewed "at any time".

TEXT: Site Interviews- Tuesday.Sue Nelson-StaffNursDeadNgt (39/40)
CODE: F Drugs.F3 Review (G:100)
New policy, not a problem if step up available. New policy - dose and increase. Who developed: didn't know

TEXT: Site Interviews-Monday.DrAltheaLord (160/161)
CODE: F Drugs.F3 Review (G:100)
Prescribing x admin of drugs reviewed by ward nurses -> "we have more consultant input now".

TEXT: Site Interviews-Monday.SteveKing-Clin Risk Adivsor (27/28)
CODE: F Drugs.F3 Review (G:100)
Division request detail of drug management errors. Can search by name / number/ Dob etc.

TEXT: Site Interviews-Monday **Code A** Clin Risk Adivsor (35/38)
CODE: F Drugs.F3 Review (G:100)
No indication that D/H/M infusion problems featured particularly. Feels that in fact that Trust over-reported. Feels Trust would report, admit to it and deal with problem.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (40/47)
CODE: F Drugs.F3 Review (G:100)
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.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (35/36)
CODE: F Drugs.F3 Review (G:100)
GP comes in every day to review patient - Monday - Friday

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (75/75)
CODE: F Drugs.F3 Review (G:100)
Dosage - out of hours - call health call.

TEXT: Site Interview-Wednesday.YongPease-StafNursSultan (76/77)
CODE: F Drugs.F3 Review (G:100)
Not on controlled drugs not take increased dose over the phone.

TEXT: Site Interview-Friday.AnneHasteClinical manager (86/87)
CODE: F Drugs.F4 Recording (G:100)
If doctor makes a prescription error, prescription may be taken to doctor by porter.

TEXT: Site Interviews- Tuesday.AngelaWilson-SenStafNursDaed (23/26)
CODE: F Drugs.F4 Recording (G:100)
Personal - notes placed in diary, document care plan, yellow sticker - id review.
Feedback - not necessarily resolved by the next day, may need another review.

TEXT: Site Interviews- Tuesday.JanPeach-ServMgr (49/55)
CODE: F Drugs.F4 Recording (G:100)
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 tuned.

TEXT: Site Interviews- Tuesday. **Code A** HCSWDaed (25/28)
CODE: F Drugs.F4 Recording (G:100)
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.

TEXT: Site Interviews-Monday.DrAltheaLord (70/71)
CODE: F Drugs.F4 Recording (G:100)
Documentation of required dose ranges, 'wasn't particularly good'.

TEXT: Site Interviews-Monday.DrAltheaLord (74/75)
CODE: F Drugs.F4 Recording (G:100)
Currently reviewers drug charts to make them clearer with Staff Grade Doctor and Dr Dowd and QA elderly team

TEXT: Site Interviews-Monday.DrAltheaLord (146/148)
CODE: F Drugs.F4 Recording (G:100)
"I think we've raised awareness with nursing staff re downside of pain control, better documentation and improved communication with relatives.

TEXT: Site Interview-Thursday.FionaWalker-SenStafNursSultNt (106/106)

CODE: F Drugs.F4 Recording (G:100)
Documentation changed with syringe driver.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (48/55)
CODE: F Drugs.F4 Recording (G:100)
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 1 1/2 to assess if its working, then 1 1/2 before diamorphine/morphine. If Boney pain - morphine nct gel or NSAID. For nerve pain - Anal freptablen.

TEXT: Site Interview-Thursday.JoDunleavystaffnursSultanNt (93/102)
CODE: F Drugs.F4 Recording (G:100)
Analgesia ladder + GP
- nights no GP - Healthcall
- response time - 10-15 mins - 30mins
- requisite problems a visit - 1hr - 4hr wait.
- Patient will expect verbal order but not controlled drugs.
- No other way of contacting GP.
- Telephone order - 1 dosage call. Someone should witness, doctor on prescription chart, GP will sign in, not signed by Healthcall.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (23/26)
CODE: F Drugs.F4 Recording (G:100)
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.

TEXT: Site Interview-Thursday.PhilipBeedclinicMgr|Daed (34/35)
CODE: F Drugs.F4 Recording (G:100)
System for checking practice of nurses - Philip will oversee these and will look at documentation.

TEXT: Site Interview-Wednesday.AnitaTubrittSenStafNursDryad (120/125)
CODE: F Drugs.F4 Recording (G:100)
Prescription recording
- written now by hospital based doctor
- written then by Clinical Assistant Dr Barton
Documentation trialling in 2002
- prescription charts
- pain charts

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (76/77)
CODE: F Drugs.F4 Recording (G:100)
Things have changed in policy on Dryad on paperwork used on pain management recently.

TEXT: Site Interview-Wednesday.LynBarrat-StafNursDryad (78/79)
CODE: F Drugs.F4 Recording (G:100)
Chart progress of sedating effects. Note syringe driver census.

TEXT: Site Interview-Wednesday.TinaDouglas-StafNursSultan (39/40)
CODE: F Drugs.F4 Recording (G:100)
Not involved in developing, new chart could be improved - no space for nurse.

TEXT: Site INterview-Wednesday.TinaDouglas-StafNursSultan (70/70)
CODE: F Drugs.F4 Recording (G:100)
Documented, record in care plan with cardex.

TEXT: Site INterview-Wednesday.YongPease-StafNursSultan (33/34)
CODE: F Drugs.F4 Recording (G:100)
New treatment chart - for syringe driver recently. Chart in two halves, 1 24 hrs 2 PCN top up.

TEXT: Site INterview-Wednesday.YongPease-StafNursSultan (40/40)
CODE: F Drugs.F4 Recording (G:100)
Treatment chart is the legal document.