
CONTROL AND ADMINISTRATION OF MEDICINES BY NURSING STAFF

1 PURPOSE

The administration of medicines to patients is an area of nursing activity which can involve considerable risk to patients and to nurses themselves. This policy sets out what is expected of practitioners and what action they need to take in order to administer drugs safely.

2 SCOPE

The policy provides a general framework which applies to all qualified nurses working within the Trust. However it is recognised that, because of the diversity of situations and client groups involved, there may need to be special arrangements which reflect local needs. For example for nurses working in the patient's home there may need to be some variations from this policy because of the particular circumstances. An addendum to this document setting out the particular requirements for community nurses is currently being prepared and will shortly be circulated to all Community Nursing Staff. Other requirements for nurses working with particular care groups are set out in the additional policies listed in the Appendix. No deviations from this policy are permissible unless they have been approved by the relevant Contract Lead Group.

3 RESPONSIBILITY

Registered Nurses are accountable for their own practice in the administration of medicines to patients including establishing their competence and are legally responsible for:

- i the correct storage, handling and safe keeping of all medicines and other pharmaceuticals in clinical areas
- ii the maintenance of records and registers

Registered nurses have a professional responsibility to adhere to the Code of Professional Conduct (UKCC June 1992), The Scope of Professional Practice (UKCC June 1992) and to the Standards for the Administration of Medicines (UKCC October 1992). Every nurse should ensure that he/she has a personal copy of these documents for reference purposes. A copy of the Standards for the Administration of Medicines is attached to this policy.

Service Managers are responsible for ensuring that nurses have the necessary resources for carrying out these functions safely and that the necessary guidance, training and updating is available to them particularly after any absence from practice.

4 REQUIREMENTS

The detailed requirements are set out in the UKCC document *Standards for the Administration of Medicines* with which all nurses should be familiar. Attention is drawn to the following points in particular:

- 4:1 The need for the nurse to exercise his/her professional judgement and to apply his/her knowledge and skill when administering a drug.
- 4:2 The importance of checking that the following are correct:
 - the drug*
 - the concentration and the dose*

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the route of administration
the time
the patient's name

All of these should be clearly stated on the drug chart/prescription sheet.

- 4:3 The identity of the patient must be clearly established. This is particularly important where patients are confused or suffering from a mental disorder, or in situations where the nurse is not familiar with the patients. There must be a reliable system for identifying patients in all hospital settings.
- 4:4 Registered nurses, in line with UKCC guidance, may administer medications without involving a second person. In the case of Controlled drugs, two people must be involved in the administration of the drug and in recording it in the Controlled Drug Register. One must be a registered nurse; the other is preferably another registered nurse, but may be a doctor or competent health care support worker.
- 4:5 Student nurses may administer drugs, except those given intravenously, under the direct supervision of a registered nurse.
- 4:6 Health care support workers may only check Controlled drugs if they have been assessed as competent. There is a recommended Trust package for teaching and assessing competence in checking Controlled drugs.
- 4:7 Medicines should not be administered without a written prescription which conforms to the Trust's requirements (Prescription Writing Policy CLN P2) The only exceptions are:
- Medicines which can be administered without prescription by a registered nurse. These are on Approved Lists agreed with the Lead Consultant for the speciality and must be recorded on the prescription sheet and signed by the administering nurse.
 - Verbal order by the doctor which is recorded on the prescription sheet and signed by the nurse taking the message. The prescription must be written by the doctor within 24 hours.
- 4:8 If a prescribed drug cannot be given as ordered the doctor should be informed. If the situation appears urgent, this should be done immediately. (There is a place on the prescription sheet for recording drugs not given as ordered).
- 4:9 The nurse should take all reasonable steps to ensure that the patient has taken the drugs administered to him/her. Medicines should never be left on lockers or elsewhere but given directly to the patient.
- 4:10 Where as part of a rehabilitation programme in a health care setting a patient is administering his or her own drugs there must be a written protocol setting out the detailed arrangements for administration and storage of medicines. The nurse retains responsibility for supervision to ensure that the drugs are being taken as prescribed.
- 4:11 Drug errors must be reported:-

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- i) immediately to the doctor in charge of the patient
 - ii) to the clinical manager or service manager.
 - iii) to the patient (and/or his or her relatives where appropriate).

Risk Event form must be completed if a medication error recurs. The Trust's aim is to support the nurse and to ensure that the necessary action is taken to prevent a recurrence. Medication errors are very distressing for everyone involved but it is important that they are openly acknowledged.

- 4:12 There should be local arrangements, incorporated in care group policies and procedures, regarding supply and storage of drugs and how they can be obtained in an emergency.
- 4:13 A Register of Signatures should be kept in each clinical area where medicines are given to ensure that the identity of any person administering a medicine can be checked. Prescription sheets must be retained in the patient's records.
- 4:14 Patients who require medicines on discharge from hospital should be given seven day's supply, (or a complete course if this is shorter) in accordance with local Quality standards
- 4:15 Patient's own medicines are the property of the patient and should not be taken from him/her without permission. If their use is likely to be continued after discharge, a friend or relative may be asked to take them home. If medicines have to be returned to the dispensing pharmacist or destroyed because they are no longer prescribed for the patient and are not considered safe for use, the patient's permission must be obtained. In the hospital setting medicines are normally sent to the pharmacy for destruction. Nurses should be familiar with the local arrangements.
- 4:16 Any nurse in charge of a ward, administering medicines from a trolley or carrying medicines in the course of domiciliary visits is responsible for the security of those drugs at all times.
- 4:17 Nurses should not write out lists of patients' medicines for the patient, carer or GP. This should only be done by a pharmacist or doctor.

5 AUDIT STANDARDS AND REQUIREMENTS

The UKCC standards will be used as the basis for an audit tool to check practice.

6 REVIEW DATE

The policy will be reviewed in January 1998

CIRCULATION

Operational Management Group
Policy Holders

POLICY PRODUCED BY: Pam Grosvenor, Quality Director

POLICY PRODUCED ON: January 1997

APPROVED BY TRUST BOARD/OMG: January 1997