

## PORTSMOUTH HEALTHCARE NHS TRUST

## CLINICAL POLICY

**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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- 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 days' supply, (or a complete course if this is shorter) in accordance with local Quality standards
- 4:15 Patients' 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

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