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| **Page:** 1/11 | **Department:**  General Nursing | **Compiled by:** GroupQuality Assurance  Manager and Unit Managers  **Reviewed by:** Training Department |
| **Effective date:** 23 Nov 2023  **Review date:** 23 Nov 2028 | **Version:** 5 | **Approved by:** Group Nursing Manager -  M. Sparkes  **Signed:** |
| **Doc No:** MPH-NUR-WP-002 | | |
| **Title:** Medication administration management | | |

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| **Version Tracking** | | | |
| **Version** | **Type of Change** | **Date** | **Description of Changes** |
| 5 | Review | 23 November 2023 | **Additions:**  *1. Abbreviations*  *2. Moved Medication principles to below Definitions*  *3. High-Risk Medication “Exception for theatre included”*  *4. Calculation of medication included at the end of*  *Medication administration section*  *5. Heading changed to Post Procedure Recordkeeping*  *requirements and Section moved to follow Medication*  *Administration*  *6. Points added to Standing Orders* |

**1.** **Purpose**

**1.1.** To ensure safe practices during the administration of all medication.

**1.2.** To ensure the correct handling of patient own chronic medication.

**2. Scope**

All SANC registered personnel.

**3. Abbreviations**

**ASPPC** Antibiotic Stewardship Programme Prescription Chart

**EN** Enrolled Nurse

**HPCSA** The Health Professions Council of South Africa

**ICU** Intensive Care Unit

**ID** Identification

**NSM**  Nursing Services Manager

**OHSC**  Office of Health Standards and Compliance

**RN** Registered Nurse (Registered Professional Nurse and Registered General Nurse)

**SANC** South African Nursing Council

**TTO** To Take Out (Medication)

**4. Definitions**

**4.1. High risk medication**

Those medication that has a high risk of causing significant patient harm or death when used in error.

**NB!!** Although error may or may not be more common with other medicines the consequences of error

with these medicines can be more devastating.

**4.2. Nephrotoxicity**

Occurs when kidney-specific detoxification and excretion do not work properly due to the damage or

destruction of kidney function by exogenous or endogenous toxicants.

**4.3. Prophylaxis**

Is a measure taken to maintain health and prevent the spread of disease.

**4.4. Antibiotic prophylaxis**

Refers to the use of [**antibiotics**](https://medical-dictionary.thefreedictionary.com/antibiotics) to prevent infections. Treatment given without knowledge of the cause

or nature of the disorder and based on experience rather than logic. Sometimes urgency dictates

empirical treatment when a dangerous infection, by an unknown organism, is treated with a broad-

spectrum antibiotic while awaiting the results of bacterial culture and other tests.

**5. Medication Safety Principles**

**5.1.** The patient must be identified correctly against the prescription chart**.**

**5.2.** In the event that the prescription chart is full a registered nurse may transcribe the medication onto

a new prescription chart.

**5.3.** The entry must be clearly marked with word *“****TRANSCRIBED”.***

**5.4.** The transcribed entry must be checked by two (2) nurses of which one (1) must be a RN and the

other an EN.

**5.5.** Apply the ***“DOCTOR TO SIGN****”* sticker.

**5.6.** All transcribed medication must be signed by the treating doctor within twenty four (24) hours.

**5.7.** All Allergies must be clearly noted on the prescription chart.

**5.8.** Patient’s allergy must be verbally verified against the ID band and the prescription chart.

**5.9.** Contaminated used equipment and sharps should be discarded as per the ***Healthcare Waste***

***Management policy (MPH-IPC-WP-001).***

**5.10.** Ensure that a neutral zone (receiver) is present, when administering intravenous /

intramuscular medication.

**5.11.** The Nurse must have the knowledge of the treatment and medicine to identify the reactions to the

medication as well as the correct dosage and consistency with which the medicine must be

administered.

**6. Preparation for Medication Administration**

**6.1. Prescription chart**

**6.1.1.** ***All medicine must ONLY be prescribed by a medical practitioner.***

***6.1.2. All prescription charts must comply with the following legal requirements***

* Correct patient identification.
* Date on which the medication was prescribed.
* The name, signature and qualifications (HPCA number or stamp) of the medical

Practitioner.

* The name, dose, strength, route , duration and frequency of the medication prescribed.
* The prescription must be legible and uncertainties must be verified with only the

prescribing doctor.

**6.1.3.** All patient’s risks and allergies must be identified and documented by using ***“Allergy Alert Sticker”***

on the prescription chart.

**6.1.4.** Ensure that all relevant information is completed, such as, the medical and surgical history, weight

and medication (chronic) brought into the hospital.

**6.1.5.** The patient must be informed and thereafter signs consent or refusal for generic medication.

**6.1.6.** Sample signatures, print names, signature, and designation of administrating nurse, must be

documented on the ***‘’Ward Medication Administration Record’’*** on the prescription chart.

**6.1.6.** Prior to administration of medication, the RN/EN must ensure, by signing the ward check

column, that:

* The correct medicine has been dispensed according to what was prescribed.
* If there are any deviations or uncertainties, the pharmacist must be notified and a

statement must be completed, thereafter the pharmacy must investigate and complete

the incident report.

* All RN’s/EN’s must double check the medication prior to administration.
* In ICU’s all medication including intravenous and oral medication is checked by one (1) RN and another trained nurses and both need to sign the prescription chart.
* Both the RN and EN must verify the intravenous therapy prescribed, and utilise the

intravenous yellow label to confirm, complete and signed by both.

**6.1.7. *The RN / EN must observe and be aware of the following associated legal and quality risks:***

* Illegal prescriptions.
* Incomplete prescriptions.
* Not dated.
* Medical practitioner’s signature not present.
* Invalid telephonic orders.
* Incorrect generic substitution.
* Incorrect dilution and duration of treatment.
* All Nurses administering medication should be aware of the generic medication.
* If the patient has multiple scripts, number the scripts and ensure that it is stapled

together so that previous prescribed medications may also be reviewed.

* Completed prescription charts must be filed in the patients records.

**7. Policy and Procedure**

**7.1. High-Risk Medication**

***All high-risk medication to be checked by two (2) nurses of which one (1) must be a Registered Nurse.***

The various High-Risk medications includes, but is not limited to, the one’s listed in the table below:

***Table 1: List of High-Risk Medications***

|  |  |  |
| --- | --- | --- |
| **A** | **Anti-infective’s** | Amphotericin, Vancomycin and Aminoglycosides,  but may also include others. |
| **P** | **Potassium and concentrated electrolytes** | Injectable electrolyte preparations, e.g., Potassium Chloride and Magnesium Sulphate, but may also include other medication. |
| **I** | **Insulin** | All types of Insulin. |
| **N** | **Narcotics & Sedatives** | All Opioid’s, sedatives may include Benzodiazepines and other sedating agents. |
| **C** | **Chemotherapy agents** | Cytotoxic chemotherapy. |
| **H** | **Heparin and other anticoagulants** | Heparins and all anticoagulants, including the new  Oral Anticoagulants. |

**7.1.1. List of high-risk medication**

* Cytotec
* Potassium Chloride ampoules
* Potassium Phosphate ampoules
* Magnesium Phosphate ampoules (Exception is made for theatre. The Magnesium Sulphate forms part of the Anaesthetic drugs used and must be available on the anaesthetic trolley for use by the Anaesthetist)
* 200ml Sodium Chloride 5 %

**7.1.2. Management of High-Risk medication**

**7.1.2.1.** Ordering of these high-risk medications must be done in the schedule 5 ordering book.

**7.1.2.2.** Storage of high-risk medication must be secured and controlled in a separate lockable

cupboard at the nursing duty station.

**7.1.2.3.** Follow the same process as managing schedule 5 & 6 drugs.

**7.1.2.4.** Obtain a schedule drug register and clearly mark as ***“High-Risk medication”.***

**7.1.2.5.** Establish an index for high-risk medication with allocated page numbers.

**7.1.2.6.** Ensure an updated list of sample staff signatures is available.

**7.1.2.7.** Complete the heading as for schedule drugs e.g. Injection / tablet.

**7.1.2.8.** Complete the opening total balance received from pharmacy.

**7.1.2.9.** Manage the administration as per scheduled drugs.

**7.1.2.10.** Ensure carried over and brought forward entries are done as per scheduled drugs.

**7.1.2.11.** The prescribed medication must be checked and administered by two (2) SANC registered

staff of which one (1) must be a RN.

**7.1.2.12.** The high-risk medication must be administered under the ***DIRECT*** supervision of the RN.

**7.1.2.13.** Exception is made for theatre when drugs are administered by the Anaesthetist.

**7.1.2.14.** All intravenous high-risk medication must be administered via a volume-controlled pump.

**7.1.2.15.** Ensure clear marking of the pump and the intravenous line using the ***“high-risk”*** red label.

**7.1.2.16.** Record administration of high-risk medication in ***RED*** in the nursing notes.

**7.1.2.17.** Ensure two (2) signatures in the nursing notes after administration.

**7.1.2.18.** All administered high-risk medication must form part of the handover process.

**7.1.2.19.** Ensure accurate billing at time of administration.

**7.1.2.20.** Include the high-risk medication in the shift to shift handover process as for scheduled drugs

**7.1.2.21.** High-risk medication must be included in the weekly audit process by the Unit Manager to

ensure compliance.

**7.1.3. Storage of High-Risk medication**

**7.1.3.1.** Store all high-risk medication in a wall mounted lockable cupboard.

**7.1.3.2.** The control of the key must be managed as per the ***Administration of schedule 5 & 6 drug policy***

***(MPH-NUR-WP-004).***

**7.1.3.3.** Include the key onto the schedule drug cupboard keys.

**7.1.3.4.** Ensure a duplicate key is clearly marked and kept in the NSM’s office.

**7.1.3.5.** No other medication or valuables may be stored in this cupboard.

**7.2. Administration of Medication**

**7.2.1.** Nursing staff are responsible for the correct administration of prescribed medication to patients

according to the medical practitioner’s prescription. Only medication prescribed in writing and

signed for by the medical practitioner, on the individual patient’s prescription chart, may be

administered.

**7.2.2.** Telephonic prescriptions must be witnessed by two (2) nurses of which one (1) must be a RN and

signed by the relevant medical practitioner within twenty (24) hours.

**7.2.3. *A Stat Order*** refers to any medication that is required immediately. The Nurse is responsible to

administer the medication immediately within 15 minutes. If the medication is not on ward stock

the medication must be obtained from the pharmacy or, if after hours, from the emergency

cupboard.

**7.2.4.** Medication dosages must never be estimated. The following formula must always be used in

calculation of all dosages.

***Example: Calculation of Medication Dosage***

Medicine dose Prescribed X Volume

Medicine dose in stock 1

**7.3. Post Procedure Recordkeeping requirements**

**7.3.1.** After administration, the following information must be recorded on the prescription chart:

* Date
* Time
* Dose given
* Administering Nurse’s signature and rank.
* If an Intravenous medication is administered, two (2) nurses signature, of which one (1) is

an RN.

**7.3.2.** All medicine must be recorded and signed for on the prescription chart ***IMMEDIATELY*** after

administration.

***An omission will be a medication administration incident***.

***All medication transgressions will be sanctioned.***

**7.4. Antibiotic Stewardship Programme Prescription Chart (ASPPC)**

**7.4.1.** The blue antibiotic stewardship prescription chart must ***ONLY*** be used for the prescription of all

types of antibiotic agents.

**7.4.2.** ***NB!!*** Ensure that an appropriate culture has been sent off to the laboratory prior to the

commencement of antibiotic as far as possible.

**7.4.3.** In cases where the initial dose is administered before specimen collection, add the drug, dose,

route and frequency of the administered antibiotic onto the laboratory request form.

**7.4.4.** The antibiotic indication for the prescription must be marked by the doctor.

**7.4.5.** The relevant block must be ticked indicating one (1) of the following:

* P = Prophylaxis
* E = Empiric
* D = Definitive

**7.4.6.** The prescription must comply with legal requirement as per section 6.1.

**7.4.7.** It is mandatory that the time of the prescription is completed.

**7.4.8.** The initial dose of the antibiotic medication must be administered within ***AN HOUR*** of the

receipt of the prescription and is regarded as a ***STAT*** dose.

**7.4.9.** This will allow for hanging time to be monitored in the units.

**7.4.10.** The next dose must fall into the regular frequency of the medication prescribed times. If

uncertain check with the treating doctor and document in the clinical notes.

**7.4.11.** Late administration, due to external non-nursing constraints (e.g., The patient is admitted directly

from the doctor’s rooms), must be written as an alert message in the ***“Antibiotic Stewardship***

***Team Alert block”.***

**7.4.12.** Nephrotoxic drugs must be managed as per doctor prescriptions.

**8. Standing orders of a Medical Practitioner**

A standing order is a written instruction issued by a medical practitioner. It authorizes a specified person

or class of people (e.g., RN’s) who do not have prescribing rights to administer and / or supply specified

medications and some controlled drugs. The intention is for standing orders to be used to improve

patients’ timely access to medications; for example, by authorizing a RN in a healthcare setting.

**8.1.** Standard prescription must be done on a personal letterhead of the relevant doctor and include

medical credentials & signature.

**8.2.** The name of the organization or units where the protocol applies to, must be on the script.

**8.3.** The date of the standard prescription comes into effect and must be reviewed within six (6) months.

**8.4.** Clearly indicate to which circumstances the prescription applies ( e.g., abdominal pain).

**8.5.** Description of circumstances and referral arrangements when further advice is required.

**8.6.** The Standing order must have a patient sticker attached to it and the date it was active.

**8.7.** The Standing order must be signed by the doctor within twenty four (24) hours.

**8.8.** The Standing order forms part of the prescription and must be kept in the patient’s file with the

Prescription chart.

**8.9.** The standing order is authorized for that specific doctor and may not be used for another

doctor’s patient.

**8.10**. The medication must be administered as prescribed.

**8.11**. The medication ***MUST NOT*** be left in a glass or container.

**8.12.** The nurse must witness the swallowing of the drugs and then document that it’s been

administered.

**8.13.** The Medication trolley should never be left unattended and if it is left unattended, it must be

locked.

**8.14.** All medication cupboards in the patient area must be locked at all times.

**9. Storage of Medicine**

**9.1.** It must be kept in the original packaging supplied by pharmacy, which must clearly display the name,

dosage, quantity issued, expiry date, batch number and where applicable, warning signs.

**9.2.** All high-risk medication, must be identified, stored and locked in a designated area.

**9.3.** The principles of cold chain medication management must be maintained and pharmacy should also

adhere to the cold chain principles whilst medication is in transit.

**9.4.** The fridge temperature should be monitored and documented twice daily (once per shift).

**9.5.** Unused insulin pens must be labeled and stored in the medication fridge and returned on discharge.

**9.6.** Insulin in use must be stored with patient’s other medication.

**10. Management of Expired Medication**

**10.1.** The write-off and discarding of expired medicines can have a major cost implication.

**10.2.** Proper control should therefore be exercised, through continuous checking, to ensure that

medications are used before their expiry date.

**10.3.** All medications should be checked as routine duties to avoid unnecessary stock write-offs and

subsequent financial losses.

**10.4.** Regular systems and processes of checking, according to company procedures, must be

implemented to identify expiry dates within three (3) months at which point the pharmacy must

be alerted.

**10.5.** Unused expired medication / stock must be returned to the pharmacy for safe disposal.

**10.6.** Expired scheduled drugs must be entered in the relevant register, in the presence of the

pharmacist, and returned to pharmacy for safe disposal.

**11. Management of patients own medication**

**11.1.** All medication brought in from home must be reviewed by the admitting nurse.

**11.2.** Identify chronic medication only and record on the medication prescription chart.

**11.3.** In the event of no chronic medication, the nurse must ensure that the section on the prescription

chart is cancelled by ***“ruled line”*** and signed.

**11.4**. Medication must be in an original container.

**11.5.** All loose and non-chronic medication must be sent home.

**11.6.** Make an entry in the nursing notes and obtain a signature from a family member receiving the

medication.

**11.7.** Explain the rationale to the patient and document.

**11.8.** All the patient’s chronic Schedule 5 & 6 medication must be sent home.

**11.9.** Ensure the patient understanding that the treating doctor will prescribe the necessary schedule

5 & 6 medication and it will be administered from hospital ward stock as per the ***Administration of***

***the schedule 5 & 6 drug Policy (MPH-NUR-WP-004).***

**11.10.** Patients schedule 5 & 6 drugs ***MUST NOT*** be kept on the medication trolley or at the patient

bedside.

**11.11.** Where it is not possible to send home the chronic schedule 5 & 6 medication, it must be locked

into the scheduled drug cupboard.

**11.12.** Ensure accurate entry on the Prescription chart under the chronic medication section.

**11.13.** Do not make an entry in the Scheduled drug book.

**11.14.** Ensure the doctor is informed of the patient’s chronic medication regime.

**12. Adverse drug reactions**

**12.1.** Stop administration of medication immediately and implement appropriate emergency

procedures.

**12.2.** Inform the patient’s medical practitioner and document in the scientific nursing records.

**12.3.** Commence observations – blood pressure, pulse, respiration and saturation, as determined by the

RN.

**12.4**. ***SEVERE REACTIONS*** - Initiate resuscitation and activate Code Blue. Complete the resuscitation

summary.

**12.5.** Complete an Incident Report statement and report according to the ***Incident Management Policy***

***(MPH-QAD-RM-WP-001).***

**12.6.** Complete an Adverse reaction to drug form and notify the Pharmacy Manager.

**13. Crediting of Medicine**

**13.1.** Only medicine dispensed by the hospital pharmacy can be credited.

**13.2.** Medicine must be credited, according the company’s credit process, by the nurse as soon as the

treatment has been stopped, discontinued or on discharge by the treating practitioner.

**13.3*.******Note: Only medication that has been prescribed as TTO, or own stock brought into the healthcare***

***institution must be handed to the patient.***

**13.4.** Loose tablets, capsules, mixtures, solutions, opened gels/creams, used inhalers; opened syrups or

suspensions and multi vials cannot be credited against the patient and must be sent to pharmacy

for safe disposal.

**13.5.** All chronic medication indications must be explained and given to the patient on discharge.

**13.6.** Fridge items that need to be credited must be placed in a cooler box / polystyrene on an ice pack,

ensuring that the cold chain is maintained, and returned to pharmacy.

**14. Addendums**

Nil.

**15. References**

**15.1.** Nursing Act No. 33 of 2005.

**15.2.** SANC Regulation: No. R.387/767 of 15 February 1985. Acts or omissions in respect of which the

Council may take disciplinary steps.

**15.3.** Medicines and Related Substances Control Act, 1965 (Act 101 of 1965).

**15.4.** World Health Organisation (WHO), 2012. Patient Safety.

**15.5.** Berman A. Snyder S. Frandsen F. 2022. Kozier & Erb’s Fundamentals of Nursing. Concepts, Process

and Practice. 11th Edition. UK; Pearson. Chapter 35.

**15.6.** Occupational Health and Safety Act N. 85 of 1993.

**15.7.** Healthcare Quality Management Regulatory Private Acute Hospital Inspection Tool

**15.8.** [HealthmedicationSafety@sa.gov.za](mailto:HealthmedicationSafety@sa.gov.za)

**16.** **Records and Referred Documents**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Record and documentation** | **Doc Title** | **File number/Name** | **Location** | **Retention / Revision period** |
| **MPH-NUR-WP-002** | **Medication administration management** | **General Nursing Work procedure file No.1** | **Nursing departments** | **5 yearly** |
| **MPH-NUR-WP-004** | **Administration**  **And Control of Scheduled 5 & 6**  **Medications.** | **General Nursing Work procedure** | **Master copy – QA Department (HO) & control copies to clinical departments** | **5 yearly** |
| **MPH-NUR-WP-004.2** | **Addendum to the Administration and Control of Scheduled 5, & 6 Drugs in the Operating Room** | **Nursing Theatre Unit Specific** | **Theatre Unit Manager** | **5 yearly** |