BELMATT
HEALTHCARE TRAINING

# Safe Handling and Administration of Medication

# Aims and Learning Outcomes

This course aims to update your knowledge around the administration of medication.

By the end of the session you should have an understanding of:

Current legislature around administration of medication

Patients rights and consent

Importance considerations before administering medication

How to minimise the risk of errors with the prescription, administration and supply of medicines.

Consider management of adverse reactions, missed doses, delayed administration and covert administration.

Different forms of medication administration and patient safety.

# Session Aims and Objectives

- Understand the legislation involved with medication administration.
- Ability to follow procedures set for safe administration of medication.
- Be able to describe some of the most common routes of administration.
- Correctly use a Medication Administration Record (Mar) Sheet.
- Understand the importance of confidentiality and security in all procedures of drug administering.
- Have an awareness of the Supply, Storage and disposal of medication.

# What is a Medicine?

- Any substance or combination of substances presented as having properties of preventing or treating disease in human beings
- ·Any substance or combination of substances that may be used by or administered to human beings with a view to restoring, correcting or modifying a physiological function by exerting a pharmacological, immunological or metabolic action, or making a medical diagnosis

- Legislation that governs medicines are as follows:
- Medicines Act (1968). This regulates medicines and medicinal preparations including medicines used in clinical trials, unlicensed medicines, dressings and medical gasses
- Misuse of Drugs Act (1971). This regulates controlled drugs

# Medicine Act 1968

**The Medicines Act 1968**

- Act of Parliament of the United Kingdom.
- It governs the control of medicines for human use and for veterinary use, which includes the manufacture and supply of medicines.

**The Act defines three categories of medicine:**

- Prescription only medicines (POM), which are available only from a pharmacist if prescribed by an appropriate practitioner; pharmacy medicines (P), available only from a pharmacist but without a prescription; and general sales list (GSL) medicines which may be bought from any shop without a prescription.

# Legislation

**The Misuse of Drugs Act 1971**

- The Act controls the availability of drugs considered to be dangerous or otherwise harmful, and which have the potential for diversion and misuse.
- These drugs are listed in the Act and termed ‘controlled drugs. ’ Controlled drugs are further classified according to their perceived harmfulness into Class A, B or C drugs, with Class A drugs

being the most harmful.

- The Act introduced the concept of irresponsible prescribing and the terms ‘controlled
- drugs’ to replace the previously used expression ‘dangerous drugs.’

**The Misuse of Drugs Regulations 2001**

- The Regulations authorise and govern certain activities, which would otherwise be illegal under the Misuse of Drugs Act. The Regulations identify those health care professionals who may legitimately possess and supply controlled drugs.
- They also establish a regime of control around prescribing, administrating, safe custody of,

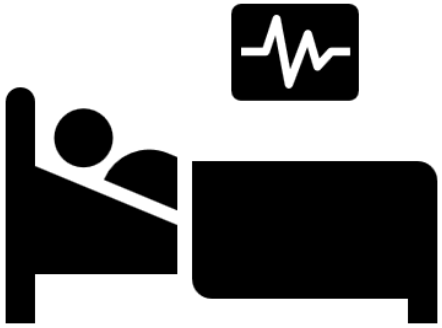
dispensing, record keeping and destruction or disposal of controlled drugs.

## HEALTHCARE SETTINGS

- ambulance services, community health services, dental practices, dispensing doctor practices, GP practices, hospitals (NHS and private), mental health community services, pharmacies, private clinics (including physiotherapy and aesthetic), and secure environments.

## PATIENT

- The term ‘patient’ includes adults, children and young adults, service users, clients and in the in the case of maternity services, women.
- In some cases, it may also apply to parents and or guardians.



# Knowledge needed to prescribe

- The reason the medicine is prescribed (therapeutic use)
- Usual dose
- Side-effects
- Precautions and contraindications
- Route of administration

# Who can administer medication?

The following staff are authorised to administer medicines providing they have undertaken the necessary training and have been deemed competent:

- Registered Nurse
- Registered Medical Practitioner
- Registered Pharmacist
- Registered Pharmacy Technician
- Registered Nursing Associate

# Who can administer medication? Cont...

- Physiotherapists under the direction of an authorised prescriber and where it is has direct relevance to a specific therapy
- Qualified health professional stipulated in a current Patient Group Direction
- Appropriately qualified and registered bank and agency nurses after having successfully completed the Trust's/training on Medicines Management and a Competency Assessment.

# Who can administer medication? Cont...

**Healthcare Support Workers who have attained;**

- NVQ Level 3 or higher.
- Deemed competent following appropriate training, assessment regular supervision, may assist in the administration of medicines.

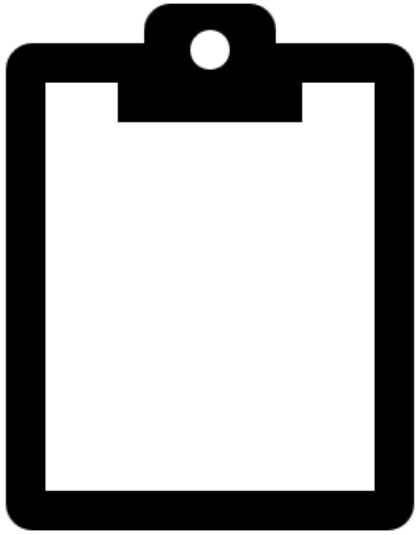
**Listed of administration of medicine below at the discretion of the ward/departmental manager:**

- Application of topical medicines.
- Installation of ear/eye/nasal drops.
- Inhalers/aerosol devices.
- Oral medicines excluding controlled drugs.
- Epileptic fit rescue medicine (Children's Division only).
- Oxygen (Children's Division only).

- Healthcare Support Workers must adhere to NMC guidance for the administration of medicines in the best interests of their patients.
- In all cases however, a named registered nurse will remain responsible and accountable for the delegation of such duties and any actions taken by a healthcare support worker acting under their authority.
- Nurses in training including return to practice students and overseas registered nurses during their adaptation period are subject to the supervision and accountability of another registered nurse.
- The supervising registered nurse is responsible for ensuring that the medicine is correctly administered
- Nurses in training must NOT administer medicines using the intravenous route (other than replacing infusion bags without additives) or administration by pump.

# Key Principles for Administration

Every authorised person involved in administering a medicine to a patient must have knowledge of the patient's assessment and be satisfied that the medication and dose are appropriate for the patient.



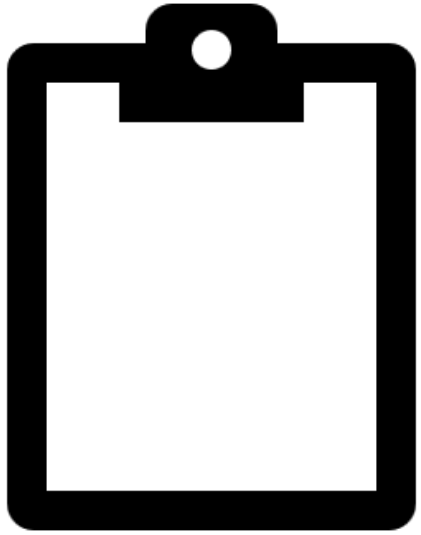
**They must also know the therapeutic uses of the medicine:**

- Its normal dosage,
- Side effects,
- Precautions
- Contra-indications.

# Key Principles for Administration

**This is important for ALL medicines but is particularly important for:**

- Anticoagulants where dose is dependent on INR - check INR before administration
- Opioids, where usual starting doses vary depending on the patient and in palliative care, where doses are higher than normally required.
- Medicines requiring regular blood level monitoring e.g., Lithium
- Medicines requiring regular blood counts e.g., Methotrexate and Clozapine
- Insulin - check BM



# Consent

- Generally, there is no legal requirement to obtain written consent, but it may be advisable in some circumstances.
- Every effort should be made to obtain consent from the patient to accept the prescribed medication, but consent must be given voluntarily and not under any form of duress or undue influence from health professionals, family or friends.

# Consent

| | |
|---|---|
| **Valid consent:** | **Must be obtained before starting any treatment including the administration of medicines.** |
| **Informed consent:** | **Applies when a person can be said to have given consent based on a clear appreciation and understanding of the facts, and the implications and consequences of an action.** |
| **Consent** | **Can be either explicit (specific consent to carry out a specific action) or implied (not expressly given by a patient, but inferred from their actions, the facts and circumstances of a particular situation, and sometimes a patient's silence or inaction).** |

# Capacity and Consent

- **Consent** is a continuing process rather than a one-off decision.
- It is important that a patient be given continuing opportunities to ask further questions and to review the decision.
- All people aged 16 and over are presumed, in law, to have the capacity to consent to treatment unless there is evidence to the contrary.
- A patient who is suffering from a mental disorder or impairment does not necessarily lack the competence to consent to treatment.

# Capacity and Consent

**To demonstrate capacity individuals should be able to:**

- Understand what the medical treatment is, its purpose and nature and why it is being proposed.
- Know the benefits, risks and alternatives.
- Be aware of the consequences of not receiving the proposed treatment.
- Retain the information and be able to weigh up the pros and cons in order to arrive at a decision.
- Communicate the decision.
- Decisions subsequently made on behalf of patients without capacity always need to be in the patient's best interest and need to be the least restrictive on their basic rights and freedoms.

# The Six Rights:

- The Right Medication
- The Right Dose
- The Right Patient
- The Right Route
- The Right Time
- The Right Documentation

# Preparing to Administer Medication

# Administration of Medication: Procedure

- Review the patient's notes and prescription.
- Check that the details on the prescription are complete, including the patient's name, hospital number, date of birth and allergy status Check that the prescription is unambiguous/legible and includes the medicine name, form (and/or route of administration), strength and dose of the medicine to be administered Check the date and time when it should be administered, that the prescription is signed and includes a start and finish date, if appropriate
- A medicine should not be administered if there are any concerns about the prescription; any such concerns should be discussed immediately with the prescriber.

# Administration of Medication: Procedure

- Ensure you know why the medicine is being administered and are aware of potential complications associated with administration (Box 1).
- If necessary, ask for advice from the prescriber or a pharmacist (RPS and RCN, 2019).
- Check the medicine has not been given to the patient and signed for by another member of staff.
- Decontaminate your hands in line with local policy.

# Administration of Medication

- Discuss with the patient the medicine you are going to give to them and gain their verbal consent to administer it.
- This is an ideal opportunity to answer any questions the patient has about their treatment and check their understanding of the medicine regimen.
- Position the patient comfortably so they can swallow the medicine.
- Decontaminate your hands.
- Select the medicine and check the expiry date.

# Administration of Medication

- If calculations are required and you are concerned about accuracy, these should be double-checked by a second person and any concerns raised with the prescriber or a pharmacist
- Decant the required dose into a medicine pot, avoiding touching the medicine.
- Take the medicine and prescription to the patient and check the identity of the patient against the prescription using their name, hospital number and date of birth.
- Check their wristband according to local policy
- It is important to ask the patient to state, rather than confirm, their name and date of birth.

# Administration of Medication

- Administer the medicine.
- Offer a drink of water to help the patient swallow the medicine if this is allowed and ensure they have swallowed it.
- Dispose of the medicine pot according to local policy.
- Decontaminate your hands.
- Immediately record that the medicine has been administered
- If the patient refuses or is unable to take their medicine, this should be documented along with the reason for omission; the prescriber should also be informed

# Medicines must not be prepared in advance of administration except :

- for antibiotic syrups requiring reconstitution
- compliance aids (e.g. Dosette Boxes, Nomad Trays, Compliance Pre-packs)
- individual doses prepared by a Registered Nurse for an Outreach Worker to take to a Client's home. The tablet bag must be labelled with details of the medicine(s),name, strength and dose, date and the name of the patient.
- when undertaken by pharmacy staff
- when authorised by the Trust Chief Pharmacist or his deputy
- The filling of compliance aids e.g. Dosette Boxes, Nomad Trays, Compliance Pre-packs
- must only be undertaken by an external pharmacy contractor, a community pharmacy
- or the patient or carer themselves.

# Adverse reactions

**All medicines are evaluated to assess their safety, but no medicine is entirely risk free. Nurses should be aware of:**

- Any potential problems patients may experience when taking a medication;
- How and when to report suspected reactions.
- In the UK, the Yellow Card Scheme collects and monitors information on suspected safety concerns or incidents involving medicines and medical devices.
- The scheme is run by the Medicines and Healthcare products Regulatory Authority and relies on voluntary reporting of suspected adverse drug reactions by health professionals and patients.
- It aims to provide an early warning that the safety of a product may require further investigation.
- Nurses should also be aware of local reporting systems.

# When to administer medication Medication

Administer as near as possible to the prescribed time

Normally within an hour either side of the prescribed administration time.

If this is not possible and there is any doubt about the implications of administering a medicine outside the prescribed time, medical advice should be sought, and a once-only prescription written

# Administration of medication

- Medicines must never be left unattended between removal from the storage area and administration to the patient.
- Medicines must be transported in a suitable container.
- Doses must never be left unattended on patient's bedside lockers or tables.
- The practitioner responsible for the administration of the medicine must supervise the patient until administration is complete.
- An oral (purple) syringe must be used to measure doses to be given via enteral feeding tube or for doses that cannot be measured by any other means.
- This is to prevent inadvertent injection.
- Liquid controlled drugs must always be measured using an oral syringe to ensure accuracy.
- In cases where a witness is required; the whole administration period must be witnessed except for slow administration, for example infusions, for which the set up and start of the administration must be witnessed.

- In cases where a patient requests a dose that is different from the one prescribed then the request must be reviewed by the patient's doctor and a new dose prescribed where appropriate.
- If the medicine is refused by the patient this must be recorded, similarly if the medication is not available this should be recorded, and steps taken to obtain the medicine at the earliest possible opportunity.
- Consider escalation to medical colleague, please consider the impact of these omitted medicines and act accordingly to reduce harm.
- Medicine administration must be recorded by signing the appropriate entry on the prescription record (electronic or paper).

# When should medication be checked by a second person?

- Administration involving one or more of the following elements must be checked by a second person who is authorised to administer the medicine in the hospital setting. In the community it is not always practical or possible to have a second person witness or check a medicine and local arrangements are in place in these situations:
- Intravenous therapy, including the rate of an infusion, the only exception is in maternity services
- Intrathecal infusions
- Patients under the age of twelve (including neonates)
- Systemic anti cancer therapy given by any route
- Medicines administered by medical devices, for example, infusion pumps and syringe drivers
- Doses requiring complex calculation

# Prescribing in the community

Where a community nurse is alone when attending a patient's home to administer medication, a second check is not required for most medications, due to the nature of the role and the safeguards in place.

**The exceptions are listed below:**

- Where a patient's condition makes it necessary.
- Where a dose calculation is required e.g., volume of liquid, fraction of reconstituted vial or part of an ampoule or a weight-related dose to be administered.
- Administration to a child under 12 years of age.
- Any drug administered by pump.
- Administration of cytotoxic medicines by any route.

***Specially trained and authorised Outreach Workers may take individual doses to a client's home and witness the administration. The **Registered Nurse** remains responsible for ensuring that administration is complete

# The following practitioners are authorised to undertake single practitioner drug administration:

**Student nurses (across all fields:**

- Adult, children, learning disability and mental health) and midwives can participate in the preparation and administration of medicines following the completion of the appropriate theoretical modules and the associated simulated practice under direct supervision of a registered healthcare practitioner.
- Students should undertake calculations independently from the registered healthcare practitioner.

However prior to administration the registered healthcare practitioner must check that it is correct, and both the student and registered healthcare practitioner should sign the prescription record (electronic or paper)

# The following practitioners are authorised to undertake single practitioner drug administration:

**Registered Nurse or Midwife who have completed induction and been assessed as competent and who are working within the Future nurse:**

- Standards of proficiency for registered nurses (2018) and Standards of proficiency for midwives (2019)
- Registered Doctors including Foundation Year Doctors, if assessed as competent.

# Administering as required/PRN medication

- Check the medicines administration chart for the last record of administration including any supplemental treatment charts, for example, theatre records
- Examine for patient specific guideline for administration of the medicine
- Measure that the maximum dose or frequency with 24 hours is not exceeded.
- Monitor regular administration of the same medication or medication including the same active ingredients.
- Ensure that when any as required medicine is no longer required or becomes a regular that the relevant entry is discontinued in the "as required" section of the administration chart.

# Tablet crushing

**Tablet crushing or opening of capsules should be avoided, if possible, by:**

- Checking in the patient's notes as to whether any previous dose of the medicine for this patient has been administered in this way.
- If so, was the procedure approved by a pharmacist? Has the patient's condition improved or deteriorated since then?
- Checking in the BNF for a suitable oral liquid/or dispersible preparation of the same drug(s) and, if available, ordering this from pharmacy.
- In some cases, a dosage adjustment may need to be made when the oral liquid is substituted- check with a pharmacist or prescriber.
- Checking with the prescriber or, if unavailable, another prescriber as to whether another chemically different but clinically similar drug in the desired form could be prescribed.
- Checking with the prescriber or, if unavailable, another prescriber as to whether administration by injection would be more appropriate. Any change to the route of administration of a medicine MUST be prescribed.
- Checking with pharmacy whether the tablets can be dispersed/ crushed/ dissolved/ sprinkled on food etc.
- Checking whether pharmacy can obtain the product from a specials manufacturer.

# Tablet crushing

- Any such product will be unlicensed and expensive and there may be a delay in obtaining this medicine, which may delay timely administration to the patient.
- Record details of the action taken in the patient's nursing notes to help to guide the administration of the next dose.
- Under some limited circumstances, it may be deemed necessary to crush a tablet or open a capsule. This can be potentially hazardous and puts the medicine outside the product licence.
- Under no circumstances does tablet crushing or opening capsules mean that the medicine can be given by another route without another prescription.
- Medicines must be given by the route prescribed and a new prescription is needed for a change in route.
- Because of the potential product toxicity to staff, before crushing a tablet or opening a capsule a COSHH risk assessment should be completed for that product on the ward concerned.
- Appropriate personal protective equipment, (e.g., a specially designed crushing syringe) and/or clothing might also be required in some cases.
- Never use a hypodermic syringe for either crushing or administration. Always contact the Pharmacy department for more detailed guidance or advice.

# Oral Medication

Oral Medicines

Orally administered medicines must be offered to the patient accompanied by a drink (excluding sub-lingual administration), as appropriate.

The patient should be observed until the medication has been taken. Medication is not to be left in a ‘tot’ on a table or on a patient’s bedside etc.

# Oral Liquids

- A 5ml medicine spoon should be the first choice for liquid oral medicines that are to be given in 5ml doses.
- This is the most cost-effective option and should be used if suitable for the patient.
- A purple oral syringe should be used for doses that are less than 5ml or do not fall into 5ml graduations or if deemed more suitable for the patient.
- They are available as 1ml, 3ml, 5ml, 10ml, 20ml and 50ml syringes and can be administered directly into the patient's mouth.
- Graduated medicine tots can be used for larger volume liquids such as Peptic and Lactulose, but they should not be used where an accurate dose is vital.
- Paper tots should not be used for measuring/administering liquid medicines.
- Medicines have been known to soak into the paper tots, even if left for a short amount of time.
- Do not measure a liquid with a spoon/syringe, and then transfer it into a plastic tot for administration.
- A small amount of the dose will be lost in the process, leading to suboptimal dosing.
- Never use an IV syringe to measure an oral liquid medicine.

# One use only

- Medicine spoons, oral syringes and medicines tots are single dose only and should NEVER be washed for re-use.
- In the rare circumstance that a patient is receiving both oral liquids via a syringe and IV injections via a cannula, extreme care must be taken to ensure the correct syringe is used for each type of administration.
- This avoids the possibility of giving medicines intended for oral use intravenously.

# Ophthalmic Preparations

- A dropper bottle or ointment tube must be used only for a particular named patient to minimise the risk of contamination.
- On hospital wards, where infected eyes are being treated, those patients must have separately labelled bottles for each eye, if both eyes require treatment.
- Where the indication for ophthalmic preparations is not infection related, a single bottle may be issued for both eyes.
- Use of any one container will be limited to fourteen days on wards, and four weeks for out-patients.
- A new supply must be obtained every two weeks and for issue to the patient on discharge home

# Immunisations

- The ***key principles*** relating to administration of medicines should be followed when administering immunisation.
- It is essential that all staff administering immunisations are competent, with up-to-date knowledge of contra-indications and the recognition and treatment of anaphylaxis.
- Always ensure Resuscitation facilities or an anaphylaxis emergency box is available when administering immunisations and that there is access to the current edition of the Green Book – 'Immunisation against Infections and Disease' (HMSO)
- A record must be kept of the vaccine batch number and the site of the injection if more than one injection is administered.
- In hospitals, this should be recorded in the patients' notes.
- In primary care, childhood vaccines will be recorded on the 'patient held record,' child health computer and GP record.
- Other community-administered vaccines will be documented in the GP record.
- Patient Group Directions are in place so that immunisations may be administered by appropriately trained registered nurses without an individual, patient specific prescription.

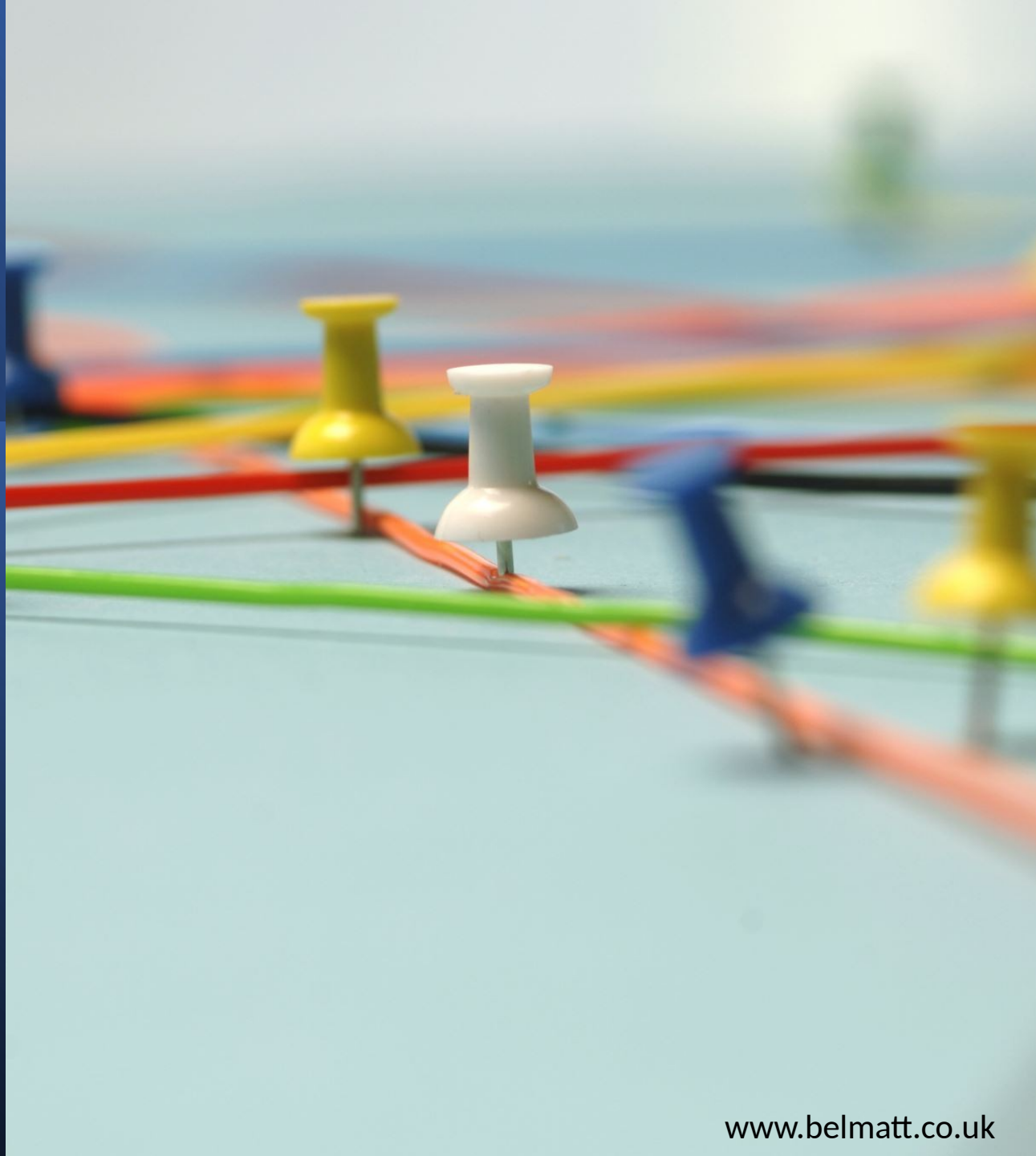
# Covert Administration of Medication

- Medicines are administered covertly only to people who actively refuse their medication and who are considered to lack mental capacity 23 in accordance with an agreed management plan.
- Where deemed necessary, covert administration of medicines takes place within the context of existing legal and best practice frameworks (see below).
- There are organisational policies and procedures in place covering covert administration.

# Infection control

Non-sterile gloves are not required routinely for this oral administration procedure.

# Routes of administration



# PGD vs PSD

- **PATIENT GROUP DIRECTION**

A written direction that allows the supply and/or administration of a specified medicine or medicines, by named authorised health professionals, to a well-defined group of patients requiring treatment of a specific condition.

- **PATIENT SPECIFIC DIRECTION**

An instruction from a doctor, dentist or other independent prescriber for a medicine to be supplied or administered to a named patient after the prescriber has assessed that patient on an individual basis. e.g., written direction in patient's notes or inpatient chart.

# Patient Group Direction

These are **written instructions** for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

They should be reserved for those limited situations where they offer an advantage for patient care (without compromising patient safety) and where they are consistent with appropriate professional relationships and accountability.

The patient group direction must be signed by a senior doctor and a senior pharmacist, both of whom should have been involved in developing the direction.

In addition, the patient group direction must be authorised by the Trust's Medicines Management Committee.

# Patient Group Directions

Qualified health care professionals who may legally supply or administer medicines under a patient group direction include nurses, health visitors, pharmacists, physiotherapists but may only do so as named individuals.

**Copies of approved Patient Group Directions will be held:**

- In the clinical area where it is to be used
- By the Pharmacy Department
- Where necessary for each approved practitioner (in the event of a specialist or supply direction)
- All copies of approved PGDs are stored on the Trust Intranet.

# Change or addition to administration details

A delay in administering a medicine (other than a Schedule 2 CD) would compromise patient care, verbal orders are used.

*The process is underpinned by risk assessments and organisational policy and/or procedures.

Where appropriate, the prescriber requesting the changes provides a prescription or amends the drug chart or medication administration record containing the new administration details as soon as possible (ideally within 24 hours).

If the prescriber is unable to issue a new prescription or amend the drug chart or medication administration record, the changes are communicated by an appropriately secure electronic method.

The patient's records are updated

# Delayed or omitted medicines

- Omission of a dose must always be recorded on the prescription chart with the reason for omission.
- All missed doses must be recorded with a red pen.
- It is your responsibility to ensure that no patients miss doses of critical medicines by sourcing the medication as soon as possible.
- If a dose of a critical medicine is omitted or delayed by greater than 24hours, a DATIX report must be completed and medical advice sought.
- Ensure you hand over to colleagues if a dose missed.

# Medication Error

A medication error is a preventable incident, associated with the use of medicines, which may put a patient at risk. Although this list is not exhaustive, some examples of administrative errors could be:-

- - Wrong dosage
- - Wrong patient
- - Wrong medicine
- -Administration of an expired medication
- Administration of a medication not covered by consent
- Extra dose given - any dose given in excess of the total number of times ordered by the prescriber
- Unauthorised medicine given - the administration to a patient of any medicine not authorised for that patient e.g. against an expired, unsigned or incomplete prescription
- Wrong dosage interval - any medicine given at a time that reduces or extends the dosage interval before the next dose of the same medicine by more than 25% "As required" orders are not included.
- -Wrong administration - administration of a medicine by a different route or in a different form from that specified by the prescriber
- - Failure to sign the medicine chart to confirm administration or intentional omission of a medicine
- - Signing for a drug that has not been given nor accepted/swallowed

- *** DATIX and report to nurse in charge, consultant and medical team immediately.

# Medication Refusal

- Such records are completed at the time of the administration/refusal or as soon as possible thereafter and are clear, legible and auditable.
- Where a medicine is not administered or refused, details of the reason why (if known) are included in the record and, where appropriate, the prescriber multidisciplinary team is notified
- Appropriate action is taken, as necessary.

# Concordance

Concordance describes a shared process leading to an agreement between the patient and prescriber about the aims of their treatment and how these can be achieved (Aronson, 2007).

An important part of this process is the quality of the information patients are given to inform their decisions.

Patient information leaflets (PILs) must be given with every medicine supplied to patients – however, research that examined the content of 100 PILs suggests that many of these leaflets do not communicate information about the rationale and benefits of treatment (Dickenson et al, 2017).

As such, it is essential that when patients are given information, they have an opportunity to discuss it with a knowledgeable health professional.

# Adherence

The National Institute for Health and Care Excellence (2009) suggests that adherence relates to an agreement about prescribed medicines between prescriber and patient and “defines the extent to which the patient’s action matches the agreed recommendations”.

Adherence is difficult to measure; however, it has been estimated that between a third and a half of all medicines for long-term conditions are not taken as intended (NICE, 2009).

**Non-adherence can be:**

**Unintentional** – the patient forgets to take a prescribed medicine;

**Intentional** – the patient consciously decides not to

# Non-Adherence

**The causes of non-adherence are complex and include:**

- Polypharmacy;
- Complicated dose regimens;
- Unpleasant side-effects;
- Cognitive problems or physical disability preventing the patient from taking the medicines

**If a patient is non-adherent, the medicine should be reviewed to assess its:**

- Appropriateness – is it still required?
- Safety – is it likely to interact with any other medicines?
- Effectiveness – is the patient taking it?
- Acceptability – does the patient understand and agree with the need for the medicine?
- Regimen clarity – does the patient understand the regimen?
- Side-effects – is the patient experiencing unpleasant side-effects?

# Patients detained under The Mental Health Act

The *Mental Health Act 1983* provides the prescriber with a 3-month period to develop a treatment programme to meet the patient's needs.

*The 3-month period starts on the occasion when medicines for the mental health illness were first prescribed.

**The 3-month rule**

- The Mental Health Act Administrator for each site will remind the approved clinician at least 4 weeks before the expiry of the 3-month period.

# Patients detained under The Mental Health Act

***The approved clinician should:***

- Seek the patient's consent to continuing medication.
- Record the discussion in the medical notes including an assessment of the service user's ability to consent.
- If the patient refuses consent or is deemed unable to provide a reliable consent the approved clinician must request a second opinion appointed doctor (SOAD) visit from the Mental Health Act Commission.

# Self Administration of Medication

**Self-Administration Scheme**

- A clear process is required to ensure that patients can administer their own medication safely and independently by the time they are ready for discharge.
- The process will cover several stages of self-administration, allowing the patient to gradually progress within a safe and supported environment.
- This should be developed in conjunction with the pharmacist and be approved by the Medicines Management Committee.

**An initial assessment will cover:-**

- Current medication – is it appropriate or does it need changing/rationalising?
- Patient's attitude towards the medication.
- History of non-compliance with medication.
- History of risk relating to medication.
- Any disabilities that might impact on the patient's ability to self-administer, e.g., vision; dexterity; swallowing difficulties; confusion.

# Disposal of Individual Doses of Unused or Discarded Medicines

- No medicinal product may be removed from its container/packaging except for immediate administration or for counting purposes, (when only one container may be checked at a time).
- Individual doses which are unused or discarded must not be returned to the container but disposed of into the appropriate pharmaceutical waste bins.

# Hazards

- Some medicines are hazardous on contact to staff and patients e.g., Cytotoxics.
- Handling of these substances, plus caustic or toxic materials should be in accordance with COSHH Regulations and extra care always taken.
- Medicines labelled as flammable must not be used near a naked flame or any equipment which may emit sparks; do not store in a refrigerator.
- Paraffin impregnated dressings and ointments are a potential fire hazard.

# Disposal of controlled drugs

Where an ampoule or tablet is partly used, the excess must be discarded and recorded as “wasted” in the Controlled Drug’s Register.

Similar entries should be made for used topical Controlled Drugs patches, which should be rendered unusable by removing the backing and folding the patch over upon itself before disposal in a pharmaceutical waste bin.

Controlled drugs provided in ready-prepared syringes such as patient controlled analgesic devices may be disposed of by injecting the contents of the syringe into a

1. clinical waste bin, which contains absorbent material from which the controlled drug cannot be recovered.
2. This should be carried out in the presence of a witness, registered nurse, doctor or pharmacist and an entry made in the Controlled Drug Register stating the volume and strength of drug destroyed.
3. The entry should be countersigned by the witness

# Raising Concerns, Reporting and Datix

- Where contra-indications to the prescribed medicine are discovered, where the patient develops a reaction to it
- assessment of the patient indicates that the medicine is no longer suitable
- Any suspicion that a medicine may be defective, counterfeit or that a dispensing error
- If there is suspicion that the product is defective the product must be quarantined immediately, and not used
- Report side effects immediately.
- Use Yellow card scheme

# Documentation

- A record must be made, immediately after each administration, by initialling the
- prescription sheet. Where a check of the administration is required by a second person
- their initials must also be recorded and for Controlled Drugs they both must sign the
- register entry.
- The record should include drug administered, dose, route, site if applicable, date of
- administration, time and signature. Batch number and expiry date of injection (if applicable, patient consent according to local  policy) batch numbers are required for all vaccines given.

# References


- Adults with Incapacity (Scotland) Act 2000. (accessed online 31/01/18)
- Department of Health and Social Care.
  Mental capacity act 2005: deprivation of liberty safeguards.
  (Accessed online 17/10/18)
- Department of Health and Social Care. Mental Health Act 1983: Code of Practice. (Accessed online 29/08/18)
- Mental Welfare Commission for Scotland. (2017). Covert medication.
- National Institute for Health and Care Excellence. (2017). Guideline NG67:
  Managing medicines for adults receiving
  social care in the community.
- National Institute for Health and Care Excellence. (2015). Quality Standard QS85:
  Quality Statement 6: Covert medicines administration.
- National Institute for Health and Care Excellence. (2014). Social care guideline SC1:
  Managing medicines in care homes.
- PrescQIPP. (2015).
  Best practice guidance in covert administration of medicines.
- Royal Pharmaceutical Society. (2011). Pharmaceutical issues when crushing, opening or splitting oral dosage forms.
- UKMi. (2017).
  What legal and pharmaceutical issues should be considered when administering medicines covertly?

# Further reading


- All Wales Medicines Strategy Group. (2015).
  All Wales policy for medicines administration, recording, review, storage and disposal.
- Betsi Cadwaladr University Health Board. (2015). The NEWT Guidelines for administration
  of medication to patients with enteral feeding tubes or swallowing difficulties.
- Health Education England. (2017).
  Advisory Guidance: Administration of medicines by nursing associates.
- Medicines and Healthcare products Regulatory Agency. (2018).
  Drug Safety Update.
  Drug-name confusion: reminder to be vigilant for potential errors.
- National Institute for Health and Care Excellence. (2017). Guideline NG67: Managing medicines for adults receiving social care in the community.
- National Institute for Health and Care Excellence. (2014). Guideline SC1: Managing medicines in care homes.
- National Institute for Health and Care Excellence. (2015). Guideline NG5. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes.
- Nursing and Midwifery Council. (2018). Practising as a midwife in the UK.
- Royal Pharmaceutical Society. (2018). Professional Standards for hospital pharmacy.
- Royal Pharmaceutical Society. (2017). Professional Standards for optimising medicines for people in secure environments.
- Royal Pharmaceutical Society. (2018). Professional Guidance on the safe and secure handling of medicines.
- Royal College of Radiologists. (2015).
  Standards for intravascular contrast administration to adult patients.