

## NHS Professionals

### CG3 Guidelines for Medicines Management

#### Introduction

##### Medicines Management

The standards for the administration of medicines have been withdrawn from the NMC from January 2019 and the NMC have worked collaboratively with the Royal Pharmaceutical Society (RPS) and the Royal College of Nursing (RCN) to produce guidance for all healthcare professionals covering areas such as the storage, transportation and disposal of medicines (Royal Pharmaceutical Society (2018).

Nursing associates are new to the NMC register (2019) and guidance is also available to include principles for Nursing Associates too (Health Education England 2017).

In addition to corporate and clinical governance responsibilities, registered healthcare professionals are personally responsible for putting patients first and for a commitment to ethics, values, principles and improvement. They are also responsible for practicing within their own scope and competence, using their acquired knowledge, skills and judgement.

##### Scope of Guidance

This guidance applies to all staff involved in the administration of medicines to patients while carrying out assignments for NHS Professionals in any healthcare setting including Acute, Primary Care and Community NHS Trusts. It does not include the prescribing or dispensing of medicines.

This policy is not a replacement for local NHS Trusts' policies and guidelines, which all bank members should familiarise themselves with and adhere to.

##### Responsibilities of all NHS Professionals Bank Members

All bank members are responsible for following the principles outlined in this guideline. All bank members must also ensure they are familiar with the policies and guidelines of the organisation(s) where they undertake assignments and must always adhere to these. Bank members must confirm which parts of the medicines administration process they may participate in according to the local policy. Even when permitted to do so, bank members must only undertake those aspects of care in which they have been trained, are competent and, if required, have been assessed.

##### Responsibilities of Registered Practitioners

All professionally registered bank members must follow their professional regulations and code of conduct as well as the local policy in the organisation(s) where they undertake assignments. This is particularly important when additional assessment is required such as in the administration of PGDs (Patient Group Directions) and chemotherapy.

##### Responsibilities of Non-registered Carer and Healthcare Workers

In general, non-registered bank members should not check or administer medications. The only exception is when the non-registered bank member has received training, been assessed as competent and has written authority from the organisation(s) where they undertake assignments that confirms they are permitted to check or administer medications.

**As a Registrant, in exercising your professional accountability in the best interests of your patients you must follow the principles below along with local Trust guidance:**

- Check the identity of the patient
- Consider allergies or previous adverse drug reactions
- Check that the prescription or other direction to administer meets legal requirements, is

unambiguous and includes where appropriate the name, form (or route of administration), strength, and dose of the medicine to be administered and be aware of the patient's plan of care (care plan or pathway)

- Check that issues around consent have been considered
- Ensure any ambiguities or concerns regarding the direction for administration of the medicine are raised with the prescriber or a pharmacy professional without delay
- Check the identity of the medicine (or medical gas) and its expiry date (where available)
- Administer or withhold medication in the context of the patient's condition (for example, digoxin not usually to be given if pulse below 60) and co-existing therapies, for example, physiotherapy
- Ensure that any specific storage requirements have been maintained.
- Make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible. It is also your responsibility to ensure that a record is made when delegating the task of administering medicine.
- Check that the dose has not already been administered by someone else (including patient or carer)
- Where medication is not given, document the reason for not doing so.
- Be aware that you may administer with a single signature any prescription only medicine, general sales list or pharmacy medication.

#### **In respect of controlled drugs:**

- These should be administered in line with relevant legislation and local standard operating procedures.
- It is recommended that for the administration of controlled drugs a secondary signatory is required within secondary care and similar healthcare settings.
- In a patient's home, where a Registrant is administering a controlled drug that has already been prescribed and dispensed to that patient, obtaining a secondary signatory should be based on local risk assessment.
- Although normally the second signatory should be another registered health care professional (for example doctor, pharmacist, dentist) or student nurse or midwife, in the interest of patient care, where this is not possible, a second suitable person who has been assessed as competent may sign. It is good practice that the second signatory witnesses the whole administration process.
- In cases of direct patient administration of oral medication from stock in a substance misuse clinic, it must be a Registered Nurse who administers the medication, signed by a second signatory (assessed as competent), and the patient is then supervised by the registrant as they receive and consume the medication.
- You must clearly countersign the signature of the student when supervising a student in the administration of medicines.

#### **Covert Administration**

- Medicines are administered covertly only to people who actively refuse their medication and who are considered to lack mental capacity, 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.
- There are organisational policies and procedures in place covering covert administration.

#### **Specific Guidance for Professionally Registered Bank Members**

- You must confirm with the Nurse in Charge of the ward or area that the organisation where you

are undertaking assignments allows you to administer or check controlled drugs

- You must only administer IV medication if you have been assessed as competent in the organisation where you are undertaking assignments

## Glossary of Terms

### Covert Administration

The defined process whereby a formal decision has been made between healthcare professionals and carers, for medicines to be administered in a disguised format without the knowledge or consent of the patient who lacks mental capacity.

### 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.

### 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.

## References

- Royal Pharmaceutical Society (2018). Professional Guidance on the safe and secure handling of medicines  
<https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines> Accessed 03/06/2019

- Health Education England (2017). Advisory Guidance: Administration of medicines by nursing associates  
<https://www.hee.nhs.uk/sites/default/files/documents/FAQs%20-%20administration%20of%20medicines%20by%20nursing%20associates.pdf> Accessed 03/06/2019

## Bibliography and Useful Websites

Care Quality Commission (NHS England): <https://cqc.org.uk/> Accessed 03/06/2019

DH (2008) Updated guidance on the safe administration of intrathecal chemotherapy, Department of Health, London.  
[https://webarchive.nationalarchives.gov.uk/+http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH\\_086870](https://webarchive.nationalarchives.gov.uk/+http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthservicecirculars/DH_086870) Accessed 03/06/2019

DH (2000) An Organisation with a Memory. Reviewed 2013 Department of Health, London  
[https://webarchive.nationalarchives.gov.uk/20130105144251/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4065086.pdf](https://webarchive.nationalarchives.gov.uk/20130105144251/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4065086.pdf) Accessed 03/06/2019

Healthcare improvement (NHS Scotland): <http://www.healthcareimprovementscotland.org/> Accessed 03/06/2019

Medicines and Healthcare products Regulatory Agency Patient safety alert to improve reporting and learning of medication and medical devices incidents March 2014:  
<https://www.england.nhs.uk/2014/03/med-devices/> Accessed 03/06/2019

Medicines and Healthcare products Regulatory Agency (2018). Drug Safety Update. Drug-name confusion: reminder to be vigilant for potential errors <https://www.gov.uk/drug-safety-update/drug-name-confusion-reminder-to-be-vigilant-for-potential-errors> Accessed 03/06/2019

National Institute for Health and Care Excellence (2016). Guideline NG46: Controlled Drugs: Safe Use and Management <https://www.nice.org.uk/guidance/ng46> Accessed 03/06/2019

The Controlled Drugs (Supervision of Management and Use) Regulations 2013 S.I. 2013/373:  
<https://www.legislation.gov.uk/ukSI/2013/373/contents/made> Accessed 03/06/2019

## CG3 VERSION HISTORY

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1	March 2006	Approved by NHSP CG Committee	Cathy Winn, Head of Clinical Governance
2	May 2008	Reviewed and updated	Karen Barraclough, Clinical Governance and Risk Manager
3	Mar 2010	Reviewed and updated	Karen Barraclough, Senior Nurse
4	Mar 2013	Reviewed and updated	Sue Chapman, Nurse Consultant, Chapman Medical Services Karen Barraclough, Senior Nurse/ Head of Governance
5	Mar 2016	Reviewed and updated	Kathryn Oddy, Nurse Lead Karen Barraclough, Senior Nurse/ Head of Governance
6	April 2019	Changed to reflect the Royal Pharmaceutical Society guidelines 2019	Denise Stevens Clinical Governance Nurse Manager Karen Barraclough, Chief Nurse/ Head of Governance