Transcription of Medicines at New Beginnings

Standard Operating Procedure
1. **Aim**

   This Standard Operating Procedure (SOP’s) represents the practice for safe transcription of PRN medication at New Beginnings.

2. **Scope**

   The contents of this procedure are applicable to ALL staff working in RDaSH New Beginnings involved in the transcription or checking of transcription of medication.

3. **Link to overarching policy and/or procedure**

   This SOP links to:

   - Safe and Secure Handling of Medicines Policy v10.0 2016

4. **Procedure**

4.1 **General**

   Additional documents may be produced as services develop, regulations change or to reflect changes in the Safe and Secure Handling of Medicines Policy.

   - Each document consists of guidance and a sign off form.
     
     o The guidance section is drawn up into three columns
       
       - The left hand column identifies various tasks within the relevant medicines management domain
       - The middle column details the minimum expected steps to be taken when carrying out that aspect. It is this column which has been approved through the Medicines Management and Clinical Quality and Standards Committees. This column is not available for teams to amend.
       - The right hand column allows teams to make amendments so that the resultant document bespokely describes the processes in place in their team. Staff identified to be able to carry out particular tasks may be named individually or by role or staff group (ie qualified nursing staff etc)
       - Where a service’s processes cannot conform to the Trust level guidance advice must be sought from the Trust pharmacy department.
     
     o The sign off form
       
       - is for individual staff members to indicate that they have read and understood the document and indicates their intention to
comply with the Trust and team processes as they apply to managing medicines

- All staff working in the team who handle medicines must sign off against those documents relevant to their role.

- This SOP should
  
  o Form part of the new staff member’s induction into the service
  o Form part of a competency assessment following a medicines error

4.2 Modern Matron

It is the Modern Matrons responsibility to

- review and ensure that the “At a Glance” documents forming this SOP have been amended as described above to detail the services processes around medicines
- ensure all staff members who are handle medicines within their service have signed “At a Glance” documents which are relevant to their role
- maintain the SOP to be accurate for the processes in place in the service. Where a process may have changed within the service
  
  o the existing “At a Glance” document(s) should be archived (with signatures)
  o a new “At a Glance” document amended to detail the revised process and circulated to staff for information and signoff

- ensure adequate stocks drug cards, and other relevant paperwork are available to support continuous adherence to these SOPs
- ensure staff have received and are up to date with medicines training as mandated by the Trust
- identify where services do not comply with the Trust standards and either rectify the process or contact the Trust pharmacy department for support

4.3 Clinical Staff Members

It is the responsibility of Trust Clinical staff to

- Read and sign-off against all “At a Glance” documents, as part of this SOP, which are relevant to their role
- Comply with the guidance as detailed within this SOP
- Exhibit professional judgement to identify those exceptional instances where a departure from this guidance is required to ensure a patient’s safety. Where such an action has been taken, staff must annotate in the patient record the rationale for the departure and the action taken. It must be reported to the service/team manager.

5.0 Review and Version Control

The At a Glance documents that form the basis of this SOP will be formally
reviewed every two years. Interim updates will be produced to reflect changes to the Safe and Secure Handling of Medicines Policy and will be evident through version numbers.

The pharmacy department have responsibility for

- the formal reviews and generation of new versions resulting from changes to the content of the At a Glance documents (with the exception of the right hand column, which will remain the responsibility of the service/team manager).
- Dissemination to teams and intranet availability of the most current version of the SOP.
<table>
<thead>
<tr>
<th>ROLE</th>
<th>NEW BEGINNINGS</th>
<th>TEAM SPECIFIC</th>
</tr>
</thead>
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| TRANSCRIPTION      | • Medicines can be transcribed from one ‘direction to supply or administer’ to another form of ‘direction to supply or administer’.  
• This should only be undertaken in exceptional circumstances and should not be routine practice.  
• Nursing staff who transcribe are accountable for their actions and omissions. | • Staff authorised to transcribe are qualified nursing staff.                  |
| SCENARIOS WHERE TRANSCRIPTION CAN BE USED | • Any act by which medicinal products are written from one form of direction to administer to another is transcribing.  
• The transcribed medication information will be obtained from an original written direction to administer which is signed by a prescriber, for example, the patient drug card.  
• In New Beginnings transcription may be done from one line of medication to another on the drug card where the number of intended prescribed doses is clear.  
• In New Beginnings transcribing will only be used for ‘when required’ (PRN) medications. This will be to allow for clear recording of administered doses only.  
• Transcribing is only done in exceptional circumstances and should not be routine practice. | • Transcribing is not to be used at patient admission or for rewriting whole drug cards.  
• The prescriber to be made aware that transcribing has been required so that the patient’s treatment can be reviewed. |
| PROCESS OF TRANSCRIPTION | • Before transcription takes place the registered nurse must check the patient’s full name, date of birth, drug, indication, dosage (including maximum dose in 24 hours), strength, timing, frequency and route of | • The transcribed details are NOT a prescription and so cannot be used to order medicines against or for discharge unless countersigned by an appropriate |
The registered nurse must also be clear of the prescriber’s intended treatment stop date and/or intended number of doses.

One registered nurse to write up the medication on the prescription chart(s) and sign their name indicating that this medication line has been transcribed.

The transcription is then second checked and countersigned by another qualified nurse or a suitably trained and competent other.

Make an entry into the patient’s clinical notes that the medicine (named) has been transcribed including the reason why transcription has been required and document when a prescriber will next review the medication.

Any errors or omissions that occur due to transcription require reporting via IR1.

A ‘suitably trained and competent’ other would be a support worker who has completed the Trust medicines management training delivered by the pharmacy department.

The purpose of the second check would be to confirm the accuracy of the transcription from the original prescription line only.

**ROLE** | **NEW BEGINNINGS** | **TEAM SPECIFIC**
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**LINKS TO RELEVANT DOCUMENTS** & NMC Standards for Medicines Management 2007 & RDaSH Policy ‘The Safe and Secure Handling of Medicines’
Staff members should sign below to indicate that they have read and understand the process required to order medications for this team.

<table>
<thead>
<tr>
<th>STAFF MEMBER'S NAME</th>
<th>STAFF MEMBER'S SIGNATURE</th>
<th>DATE</th>
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