AT A GLANCE – 6.0 ADMINISTRATION AND TRANSFER OF CDS ON INPATIENTS (EXCEPT ST. JOHN'S HOSPICE) AND COMMUNITY SERVICES (EXCEPT DONCASTER CARE GROUP COMMUNITY SERVICES (PHYSICAL HEALTH) [v2.0]

ROLE	TRUST WIDE		[WARD, TEAM NAME] WARD TEAM SPECIFIC <sup>1,2</sup>
	Last Review:	Next Review:	Last Reviewed:
ADMINISTRATION of CDs – INPATIENTS (non - Hospice)	1. RDaSH REQUISITIONED Schedule 2, 3a and 3b CDs (STOCK CDs) AND POM		Staff authorised to administer CDs are (XXXXXX)
	<ul> <li>Consult the patient's prescription chart, and ascertain the following:</li> <li>a) Name and form of the drug</li> </ul>		
	b) Dose c) Date and time of		
	administration d) Route and method of administration		
	e) Diluents as appropriate		
	f) Validity of prescription g) Signature of prescriber		
	<ul> <li>Select the correct drug (Schedule 2 and 3a) from the CD cupboard.</li> </ul>		
	<ul> <li>Select the correct drug (Schedule 3b) from the drug cupboard.</li> </ul>		
	entry in the C second perso check the sto	n is required to ck level and both staff are required to	
	against the pr When using li	propriate dose rescription chart. quid medications yringe to measure te dose.	
		maining stock to and lock the CD	

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	Last Review:	Next Review:	Last Reviewed:
	<ul> <li>Enter the date, time dose, the patient's name in the CD record book and sign the register along with the counter-signatory.</li> <li>Take the prepared dose to the patient, whose identity is to be checked.</li> <li>Administer the drug after checking the prescription chart again. Once the drug (Schedule 2, 3a and 3b) has been administered, the prescription chart is signed by two people (the nurse responsible for administering the medication and the counter-signatory).</li> <li>If a paper drug card is in use, once the drug has been administered, the paper drug chart is signed by one single person (the nurse responsible for administering the medication).</li> <li>Record the administration on the appropriate charts.</li> </ul>		Last Reviewed:
	correct admir (i.e., right pat right dose, rig form), and that paperwork is • Where the se qualified profe should also re	a check of the histration of the drug ient, right drug, the route, time, and at the appropriate completed.  cond person is a essional, they eview the clinical	
	excludes non as Nurse Ass Pharmacy Te It is the admir responsibility		
SUPPLYING CDs to patients in the	This includes th	e following:	Staff authorise to supply CDs are (xxxxxx)

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	Last Review:	Next Review:	Last Reviewed:
COMMUNITY MENTAL HEALTH SERVICES	<ul> <li>Leave medic</li> <li>Discharge m</li> <li>Outpatient n</li> <li>POM being</li> </ul>	nedication nedication	
	<ul> <li>Staff must only supply medication in their original dispensing containers. It must not be transferred to alternative containers such as compliance aids.</li> <li>The AP in charge of the team remains responsible for ensuring that CDs are given to the correct patient or an appropriate adult representative.</li> <li>The task of supplying the CD may be delegated to an authorised nurse.</li> <li>CDs may be collected by the following:         <ul> <li>Patient</li> </ul> </li> </ul>		
	o Patient's rep		
TRANSFER of CDs between clinical areas	<ul> <li>No medicines are to be transferred from a ward or department within normal pharmacy opening hours, and even outside of these hours' CDs may only be used from another area in an extreme emergency.</li> </ul>		
	In the event that emergency aris process MUST	es the following	
	area must vis with the patie chart.	the patient's clinical it the issuing ward nt's prescription	
	CD register o	t be made in the f the issuing ward eing booked out	

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	Last Review:	Next Review:	Last Reviewed:
	directly to the patient on the receiving ward.		
	<ul> <li>A nurse from the issuing ward will then witness the administration of the drug to the patient.</li> </ul>		

- 1. Ward/team managers should update this column with
  - Ward/team name and last review date
  - complete the suggested specific details of the SOP for the team/ward
  - add any further details of clarification to support a member of staff carrying out this particular aspect of managing medicines.
- 2. Where a task is carried out within the ward/team which is either not covered by the SOP or cannot conform to the guidance within the middle column then the Trust Pharmacy Department should be contacted for guidance

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Staff members should sign below to indicate that they have read and understand the process required to administer and transfer of CDs for this ward/team

STAFF MEMBER'S NAME	STAFF MEMBER'S SIGNATURE	DATE