AT A GLANCE - 5. Medicines Administration

ROLE	TRUST WIDE		WARD SPECIFIC
	LAST REVIEW: April 2021	**NEXT REVIEW:** April 2024	

PRINCIPLES OF ADMINISTRATION	**Before administering any medication**
	• Medicines should only be administered by staff authorised by the Ward Manager.
	• The person administering medication MUST:
	  ○ Have ready access to the EPMA record at the point of administration, **and.**
	  ○ Be accessing the record using their own credentials.
	• Limit the opportunity for distraction during the drug round.
	• The "Due Medication" screen on the EPMA displays a summary of the medications that have been administered and still require administration on the ward.
	  ○ Teams MUST use the 'Due Medication' screen when doing medication rounds or reviewing the need for other regular medication.
	• Ensure the electronic drug chart can be viewed, prescriptions for the anticipated doses are still current and valid, and doses not previously administered.
	• Confirm the identification of the patient against the electronic drug chart and patient record and there is relevant **consent** for the dose.
	• Check for allergies.
	• Ensure RIGHT drug, RIGHT dose, RIGHT formulation, RIGHT time.
	• Ensure medication is within expiry date.
	• Administer dose in accordance with Trust guidance (see Medicines with Respect documents).
	• ALL doses and omitted doses MUST be annotated on the electronic drug chart (this is to include patients on leave or otherwise off the ward).
	• Where a scheduled dose has been missed or omitted staff MUST refer to Specialist Pharmacy Service (SPS) guidance "Reducing harm from omitted and delayed medicines in hospital" (see Medicines Launchpad on SystmOne) to determine whether a prescriber needs to be alerted.
	• Administering staff can use their judgement to maintain treatment by making up to the prescribed dose using appropriate alternative dose formats.
	  ○ Permissible examples:
		• Administrations should be marked on the electronic drug chart at the point of administration by an authorised person
		• Staff authorised to administer medication on the ward
		  ○ INSERT STAFF GROUP
		• Electronic drug charts are checked for MHA restrictions and omitted/unsigned doses INSERT FREQUENCY by INSERT STAFF GROUP

	▪ 2x5mg tablets in place of 1x10mg tablet. ▪ solid oral dose to an equivalent oral liquid dose. ○ Non-permissible examples: ▪ A change of administration route i.e., oral to injectable or rectal. ▪ A change from modified release tablet to non-modified release tablet. • Where a prescription has been transcribed, administering staff MUST NOT administer if a transcription check has not taken place and been documented as such on the medication chart. **Appearance on drug chart** • Medicines are arranged by prescription type (e.g., regular, PRN, once only etc.), with each type having its own tab on the medication chart. Please refer to section 14 of the SystmOne EPMA Prescribing Guide for information. • Medicines are prescribed onto the electronic drug chart as a PRODUCT (i.e., Paracetamol 500mg tablets). • Doses will relate to that product i.e., 2 tablets, 10ml. 24 units etc. • Times of administration will appear in hours i.e., 08:00, 12:00. **A patient's record MUST be saved following the administration of their medication.** • Clinicians MUST check they have marked everything correctly before leaving the patient's record. • Where an incorrect administration has been marked, administering staff MUST ensure they right-click on the relevant administration and select 'Mark in Error'. ○ A record will automatically be made on SystmOne whenever an entry of any kind is marked in error. Once drug administration is complete and all records have been saved, the administering nurse MUST ensure they have closed SystmOne, as failure to do this will result in other members of staff being unable to administer medication.	
REGULAR MEDICATIONS	A patient's drug chart on SystmOne can be accessed once a patient's record has been retrieved and is found using the 'Medication Chart' node on the left-hand side of the patient record display. All medications requiring regular administration will be displayed on this tab. This includes: • Regular dosing: daily dosing, alternate day dosing, weekly dosing • Intermittent regular dosing (e.g., every Tuesday and Thursday). • Prescriptions with variable doses but regular	Drug round times for administration on [WARD] are [TIMES]

	timing e.g., warfarin, clozapine titrations etc.
	
	"Currently prescribed" medicines will display by default. To see recently stopped medications, the 'Show' drop-down box can be changed to view 'Current and ended'. Custom date ranges can also be specified.
	
	Interpreting the record
	
	Due doses can be seen on the medication chart. The current date is displayed with a thick black line to the left of any doses prescribed for that day (see section 14 of the SystmOne EPMA Prescribing Guide).
	
	• The drug, dose, route, and administration time, as well as any warnings are displayed on the left of the administration record.
	  ○ Clinicians MUST ensure they have checked the correct amount of product to be administered before proceeding.
	• Specific information about previously administered doses can be seen by hovering the cursor over the dose – an information box will then appear.
	• Prescribed doses yet to be administered appear in white.
	• Late or unmarked doses appear in red.
	  ○ Clinicians MUST ensure ALL doses are accounted for with a corresponding entry on the administration record.
	  ○ A red exclamation mark indicates a dose may have been given but the record was not saved.
	• Administered doses appear in green on the drug chart.
	• Doses marked as partially or not administered have a yellow background with a corresponding icon.
	• Doses marked in grey are not prescribed for administration at that particular time.
	• Doses to be reviewed are marked in purple, with the first of those doses marked with 'RVW' on the administration chart:
	  ○ These doses can still be administered, but a review should take place initially to determine whether they are still required.
	  ○ When these are approached, they should be escalated to the relevant prescriber for review.
	
	Marking an administered dose
	
	A dose is marked as administered by right clicking the specific dose and select "administer regular dose". This will bring up a window in which the outcome of the administration can be recorded. Please refer to section 18 of the SystmOne EPMA Prescribing Guide for details.
	
	• From this screen, the dose can be marked as:
	  ○ Fully administered.
	  ○ Partially administered – when this is used clinicians MUST specify how much of the dose	

	the patient has received, e.g., 0.5 if half a tablet was received. ○ Not administered. • Where a dose is not administered, clinicians MUST specify the reason for the dose not being given. • A full history of previous administrations can be seen by clicking on the blue 'i' icon. • Additional notes regarding the administration or outcome can be specified in the admin notes box. This can be used to record pertinent information, such as, for example 2 x 5mg tablets being given where a 10mg tablet was originally prescribed but was not available for administration. • Where appropriate expiry dates and batch numbers of drugs must be recorded in this dialog, for example after administration of depot antipsychotics. In the event of a patient initially accepting an oral dose of medication but subsequently spitting it out, administering staff MUST use their judgement in determining whether the dose can be marked as partially administered (and how much), or if it should be classed as a refusal. • Administering staff can record the amount of dose received by choosing to mark the dose as partially administered and specifying how much of the dose was given. • This should be accompanied with a note detailing the outcome of the dose. When a dose of a long-acting or depot injection is overdue, the reason for the variance in administration timing MUST be specified. • The prescriber MUST be informed of this – a replacement for the original prescription may need to be written up. **Withholding doses** Where it is known in advance that doses shall not be given, date ranges can be marked as 'Not to Be Administered'. This can be used, for example, when withholding a number of doses pending test results etc. Please refer to section 23 of the SystmOne EPMA Prescribing Guide for details. • These can be marked either by prescribers or administering staff. • Right click the first dose to be withheld and select "Mark as not to be administered": ○ Complete the dialogue box for either single dose or dose range. ○ A reason for withholding the doses MUST be specified. • These doses appear in grey on the drug chart with a large 'X' icon. • Clinicians MUST NOT use the dose withholding functionality to mark doses not administered at the	

	time of administration, e.g., if the patient refuses a dose, or if supply of a product is unavailable. **Leave medicines** • Administering staff can mark medicines as 'Not to be administered' for the duration of the leave to prevent these doses requiring administration while the patient is absent. ○ Staff MUST ensure that the date range is also marked as 'To be Self-Administered'. • If a patient returns from leave earlier than originally intended, any future doses can be re-opened by right clicking the first dose to be administered, selecting 'Mark as to be administered', and choosing the required range of dates.	

AS REQUIRED (PRN) MEDICATIONS	• These appear on a separate tab on the electronic medication chart.
	• Sequential doses are displayed vertically rather than horizontally.
	• Where a dose range has been prescribed the patient should be assessed for the dose within that range which is suitable for their presentation.
	• Staff administering PRN medication MUST be aware:
	  ○ Of previous doses administered and the appropriate time gaps and maximum daily doses.
	  ○ A 24-hour period is a "rolling 24 hours" and is not simply midnight to midnight.
	  ○ Of medications prescribed as PRN, regular or once only to ensure the overall day's drug dose has been considered.
	  ○ Different dosing routes will appear as different entries on the medication chart – look to ensure that products are suitably linked (see section 15 of the SystmOne EPMA prescribing guide).
	
	Interpreting the record
	
	Previous administered doses will be displayed with time and date, the dose and whether it is full/partial dosing and the person administering it.
	
	Marking an administered dose
	
	A dose is marked as administered by right clicking either a previously administered dose, or the blank box under the 'Administered' tab if no previous administrations have been recorded and select "administer As Required drugs". This will bring up a dialog box where the outcome of the administration can be recorded.
	
	Medication administered under PGD is displayed under the "As Required tab".
	
	Where "as required" medications are given for rapid tranquilisation, the administering staff MUST ensure that a note is entered against the administration specifying that the dose was given for rapid tranquilisation.
	
	• An incident report (IR1) MUST be completed every	

	time a dose is administered for rapid tranquilisation. **Documenting outcome and rationale** The rationale for, and outcome of, administering any dose of PRN medication MUST be documented in the patient's record: • The reason for administering the dose, as well as the outcome of the administration can be recorded as a note against the specific administration. • These notes can be added to retroactively by right-clicking the specific administration and selecting 'Amend Administration Notes'. The record must be saved after updating this note. Additional narrative, such as documenting an incident that required PRN medication to be given, should be documented in the ward notes.	
CONSENT TO TREAT (CtT) PAPERWORK - T2, T3, SECTION 62	• Current SystmOne functionality **DOES NOT** provide a check of prescribing or administration against a patient's CtT paperwork. • Medication charts are scrutinised against CtT paperwork: ○ At each pharmacist ward visit. ○ Regularly as part of a scheduled ward process. • Where a patient is detained, medicines administration MUST be in line with T2/T3/Section 62 limits. Where prescribing or administration is outside of the stated limits: ○ This MUST be brought to the attention of senior ward staff. ○ An incident report (IR1) MUST be completed and ○ Unless essential the dose should be withheld. • All types of prescribing (regular, PRN or once only) should be viewed so that where there is a combined prescribing for a single drug, the combination does not breach the overall stated maximum on the CtT paperwork. • Current CtT paperwork MUST be filed in the treatment room in a manner easily accessible to relevant staff (medical, nursing and pharmacy). • A placeholder may be visible at the top of the 'Regular' tab of the drug chart detailing whether CtT paperwork is in place and which form is present: ○ This can be recorded by either prescribers or administering clinicians. ○ This is achieved by right clicking the 'Medication Chart' node and selecting 'Record Placeholder'.	• Ward CtT scrutiny conducted ○ By whom ○ When
CONTROLLED DRUGS	• CDs are indicated on the 'Due Medication' screen • Administration of a schedule 2 & 3 controlled drug is a TWO-person administration process. See the Controlled Drugs (with the exception of St John's Hospice and RDaSH Care Groups Community	• Staff authorised to act as witness for the CD register are: ○ Qualified Nurse, ○ Trust Pharmacist,

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<td>Services (Physical Health)) SOP for details.
• Electronic recording of CD administration:
○ The primary administering clinician will select a second signatory (picked from a list of staff) to countersign the administration (see section 21 of the SystmOne EPMA Prescribing Guide)
○ The countersigning staff member will then enter their unique 4-digit PIN to successfully countersign the administration (see section 22 of the SystmOne EPMA Prescribing Guide)
○ Where more than one controlled drug requires administration, this process will need to be repeated. This also applies if multiple strengths of the same drug are required
• A corresponding entry in the CD register MUST be completed at the time of administration
○ Countersigning staff will still need to ensure they countersign the relevant entry in the CD register to act as a witness for the administrations</td>
<td>○ Trust Pharmacy Technician,
○ Suitably trained Nursing Associate
The ward CD register is kept [insert place]</td>
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<tr>
<td>EXCEPTIONS TO STANDARD ADMINISTRATION GUIDANCE</td>
<td>Warfarin (EXCEPTION TO NORMAL PRESCRIBING)
Warfarin is prescribed as a 1mg tablet formulation with doses specified in milligrams (mg).
Administering staff MUST use their judgement in choosing the appropriate tablet strengths to make up the correct dose (e.g., making up a 4mg dose using 1mg and 3mg tablets).
Dosing must be updated in line with current anticoagulant direction and may be prescribed or transcribed by appropriately trained and authorised staff on the ward ONLY.
Example presentation:
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<tr><td rowspan="3">Warfarin 1mg tablets Variable dose mg (Oral)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>18:00</td><td>✓</td><td>2</td><td>3</td><td>3</td><td>2</td><td>4</td><td>2</td><td>3</td></tr>
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Administration by Syringe Driver
Currently administration by syringe driver is overseen by Palliative care staff:
• Conducted against a specific Syringe Driver Administration form.
• ONLY by staff signed off as competent in the procedure.
• Recorded on the same administration form.
• An entry must be made in the EPMA system recorded as a “placeholder” so that adequate interaction/allergy checks are conducted.
Drugs requiring routine pre-dose monitoring
Certain drugs can be prescribed with additional pre-dose monitoring requirements built into the prescription. Upon administering, the clinician will be asked to input the</td>
<td>People authorised on the ward to amend the warfarin dosing schedule are [INSERT STAFF HERE]
• Ward to put in details of how to access competent staff for syringe drive administration if necessary
• Process for setting up a syringe drive on this ward is INSERT PROCESS</td>
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</table>

	monitoring parameter, and the dose required for administration will then be stipulated. A history of the monitoring parameter results can be viewed by clicking the small chart icon on the prescription displayed on the drug chart.
	• Insulin – a blood glucose reading must be taken prior to administering insulin and must be recorded on the electronic drug chart along with the units of insulin administered. Staff administering insulin should have completed Trust approved training.
	  ○ For patients requiring variable amounts of insulin based on their food intake:
	  ▪ The dose MUST be confirmed with the patient before administration.
	  ▪ The amount given MUST be stipulated.
	  ▪ Administering staff MUST declare that the dose has been confirmed with the patient by documenting this in the notes box.
	• Digoxin – a pulse reading will be required before administration, and an instruction to withhold will be given should the reading be outside of the specified range.
	Oxygen
	Continuous oxygen prescriptions appear on the Regular tab of the drug chart. Details of both administration and regular checks will appear.
	• Administering staff can record administration of oxygen by right clicking one of the scheduled checking boxes and choosing 'Administer Rate Controlled Drugs'.
	• To record the starting point of oxygen administration, click the 'Start' button:
	  ○ A record of the administration will appear below the boxes for scheduled checks.
	  ○ This will outline whether the administration is in progress, or if it has been stopped.
	• Checks MUST be recorded by right-clicking on the appropriate box when a check is due and selecting 'Mark as Checked':
	  ○ Checks will not appear in red when missed – it is the clinician's duty to ensure the checking process is followed according to requirements.
	• The administration MUST be finished by right-clicking a checking box and selecting 'Administer Rate Controlled Drugs'
	  ○ The resulting box will have a button marked 'Record Finish'
	  ○ Administering staff will select whether the oxygen was fully, partially, or not administered
	  ○ The finish time of the administration can then be specified in the appropriate section
	As required oxygen prescriptions appear on the As
		• Staff administering insulin should have completed Trust approved training. http://www.nhsiq.nhs.uk/improvement-programmes/patient-safety/diabetes-elearning-modules.aspx

	Required tab of the drug chart. Details of the administration and instructions to record start and end times will appear. • Administering staff can record administration by right clicking either the empty box on the administration record or a previous administration and select 'Administer as Required Drugs'. • The starting and ending times of administration MUST be specified in the administration notes. The ending time can be added retroactively by right-clicking the administration and selecting 'Amend Administration Notes'.	
SELF ADMINISTRATION	• Where a patient has been assessed as able to self-administer their medication, qualified staff should supervise the administration in line with the patient's level of capability. • Patients are assessed for their ability to self-administer using the assessment form found on the Medicines Launchpad. • Completed forms are scanned and form part of the patient record. • A record of the supervised or patient reported dosing must be made on their electronic drug chart. This can be done by right clicking on the dose and selecting 'Mark Date Range as To Be Self-Administered' (see section 21 of the SystmOne EPMA Prescribing Guide). • Patients MUST be periodically re-assessed as their ability to self -administer may change.	Signed self-administer form should be [LOCATION]
MAKING ERRORS ON THE ADMINISTRATION RECORD	If a member of administering staff makes an error on the drug chart: • The administering staff can right-click the administration and select 'Mark in Error'. • They will be required to specify a reason for the administration being marked in error. Where an administration has been marked as 'Not to be administered', administering staff will need to right-click on the administration and select 'Mark as To Be Administered'. The staff member will be required to specify the reason for this, as they would if the administration was marked in error.	
VERBAL ORDERS	• Verbal orders MUST only be used in exceptional circumstances, for example when a prescriber is unable to access SystmOne remotely and the patient's management is reliant on imminent action: ○ Remote access to SystmOne by a prescriber is the preferred option. • Verbal orders should not be for CDs or medicines previously unused by the patient. • They must be followed up by email confirmation	

	before administration. • Any variation from this MUST be supported by justification in the patient's notes.	
ADMINISTRATION USING THE MINOR AILMENTS GUIDELINES	At present, SystmOne will not permit nursing staff to administer any medication without a prescription being present on the medication chart. As a result, clinicians will need to ensure a prescriber has entered a prescription for the requisite item(s) before use. The medicines covered by the minor ailments guidelines will appear under the 'As Required' tab of the medication chart and will functionally behave in the same way as other as required prescriptions. • Staff recording medication administrations from the minor ailments guidelines are indicating: ○ They have been signed off as competent to use the guidelines on the ward. They have assessed the patient and determined the dose is appropriate to give in this circumstance.	Medications available for administration using the guidelines are Paracetamol, Senna, Simple Linctus, Maalox Suspension, E45 Cream, Peptac, Bonjela, Drapolene, Uvistat Sun Cream Staff authorised to administer PRN NRT are • Qualified nursing staff, including nursing associates, signed off against the guidance
COVERT ADMINISTRATION	• Medication may ONLY be given covertly if it has been confirmed in the patient's notes of their eligibility for this. • Forms MCA1 and MCA2 MUST be completed before covert administration can be considered. • Details of alternative methods of administering will be documented using the electronic Covert Medication template. ○ This can be accessed via a link on the Medicines Launchpad. • Instructions on how to administer will appear here and MUST be annotated against each prescription on the electronic drug chart. These instructions will be specified by a pharmacist. Administration MUST be in line with these agreed alternative methods.	
CYTOTOXIC MEDICATION	• Cytotoxic or cytostatic drugs should be administered using gloves or other non-touch technique and where possible by non-pregnant staff. Refer to attached list of drugs. • Cytotoxic or cytostatic medicines in the formulary will specify in the prescription notes that they are cytotoxic or cytostatic. Products picked from the Drug and Appliance Browser will NOT have this information, and prescribers MUST ensure it is present. • https://intranet.rdash.nhs.uk/clinical-information/prescribing-medicines-management/	
PRINTING COPIES OF MEDICATION CHARTS (PLANNED)	Staff can choose to print out copies of the drug chart for the purposes of providing information to healthcare providers, such as: • When a patient is admitted to an acute hospital, or.	

If the system is down then this process is not available to you and you will need to follow the directions in the SOP 07 Network Unavailable (refer to the sections on Prescribing, Medicines Administration and Return to Service)	• When a patient is transferred within the Trust to an inpatient area not currently using SystmOne electronic prescribing, or. • To support an agency staff member without access to SystmOne but needing to record administration of medicines. This is achieved by: • Clicking the 'Print empty medication charts' button to print the list of prescribed medicines.  • This produces a drug card with both regular and PRN sections along with those doses already administered on the day it is printed. • This card has "Do not administer against this chart" written across it as it is intended to stop **long-term** use of the charts, as they may well become out of sync with the clinical systems. Consequently, their use should be for the shortest possible time required to allow safe administration for the patient. • If administration against this is required: ○ Any administration on these charts MUST be transcribed onto the electronic system by nursing staff at the earliest availability (with an administration note of the transcription and identifying the original administrating nurse) providing a continuance electronic record. ○ The paper copy should be scanned onto the system as proof of the original administration.	

AT A GLANCE - 5. Medicines Administration

Staff members should sign below to indicate that they have read and understand the process required to order medications for this team.

STAFF MEMBER'S NAME	STAFF MEMBER'S SIGNATURE	DATE