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Protecting the public through professional standards

Guidelines for the administration of medicines

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for Nursing, Midwifery and Health Visiting

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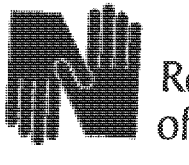

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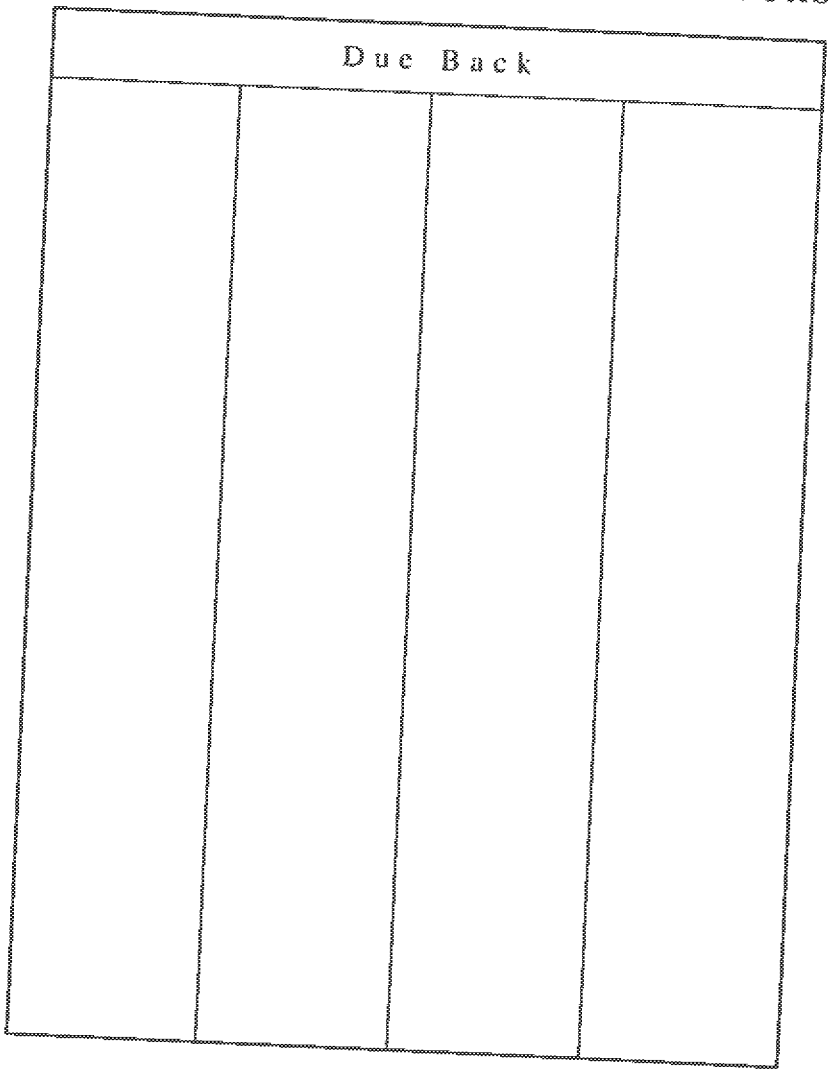
MAXIMUM OF THREE RENEWALS
FINES ARE CHARGED ON OVERDUE BOOKS



Guidelines for the administration of medicines

As the regulatory body for nursing, midwifery and health visiting, the primary function of the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) is public protection through professional standards. One of the most important ways of serving the public interest is through providing advice and guidance to registrants on professional issues. The purpose of this booklet is to establish principles for safe practice in the management and administration of medicines by registered nurses, midwives and health visitors.

As many changes have taken place in relation to medicines management and the way health care is developed in the United Kingdom, it has been necessary to review the advice previously given by the UKCC on the administration of medicines. This booklet therefore replaces the 1992 document *Standards for the administration of medicines*. However, many of the principles contained in that guidance are of equal relevance today. For example:

> "The administration of medicines is an important aspect of the professional practice of persons whose names are on the Council's register. It is not solely a mechanistic task to be performed in strict compliance with the written prescription of a medical practitioner. It requires thought and the exercise of professional judgement ...".

Many government and other agencies are involved in medicines management, from manufacture, licensing, prescribing and dispensing, to administration. An extensive range of guidance on these issues is provided by the relevant bodies. Sources of information are listed on pages 13-14. One of the best sources of advice locally is usually your pharmacist.

As with all UKCC publications, this booklet is not intended to be a rule book or a manual. Nor is it intended to cover every single situation which a registered practitioner may encounter during a career. Instead, it sets out a series of guidelines or principles which we hope will enable practitioners to think through the issues and to apply their professional expertise and judgement in the best interests of

their patients. It will also be necessary to develop and refer to additional local policies or protocols to suit local needs. Within the document, the word 'patient' is used for convenience to refer to a person receiving medication, irrespective of the environment in which they are residing.

Principles in relation to the prescription

As a registered nurse, midwife or health visitor, you are accountable for your actions and omissions. In administering any medication, or assisting or overseeing any self-administration of medication, you must exercise your professional judgement and apply your knowledge and skill in the given situation.

When administering a medication against a prescription written manually or electronically by a registered medical practitioner or another authorised prescriber, the prescription should:

- be based, whenever possible, on the patient's informed consent and awareness of the purpose of the treatment
- be clearly written, typed or computer-generated and be indelible (please refer to the UKCC's *Guidelines for records and record keeping*)
- clearly identify the patient for whom the medication is intended
- record the weight of the patient on the prescription sheet where the dosage of medication is related to weight
- clearly specify the substance to be administered, using its generic or brand name where appropriate and its stated form, together with the strength, dosage, timing, frequency of administration, start and finish dates and route of administration
- be signed and dated by the authorised prescriber
- not be for a substance to which the patient is known to be allergic or otherwise unable to tolerate
- in the case of controlled drugs, specify the dosage and the number of dosage units or total course; if in an out-patient or community setting, the prescription should be in the prescriber's own handwriting; some prescribers are subject to handwriting exemption but the prescription must still be signed and dated by the prescriber.

Instruction by telephone to a practitioner to administer a previously unprescribed substance is not acceptable. In exceptional circumstances, where the medication has been previously prescribed and the prescriber is unable to issue a new prescription, but where changes to the dose are considered necessary, the use of information technology (such as fax or e-mail) is the preferred method. This should be followed up by a new prescription confirming the changes within a given time period. The UKCC suggests a maximum of 24 hours. In any event, the changes must have been authorised before the new dosage is administered.

Prescribing

Detailed guidance on prescribing is contained in the *British National Formulary* (BNF) and in *Medicines, Ethics and Practice: A Guide for Pharmacists* (see page 15). Until 1992, prescribing was essentially restricted to doctors and dentists.

Prescribing by nurses and health visitors

The *Medicinal Products: Prescription by Nurses Act 1992* and subsequent amendments to the Pharmaceutical Services regulations allow registered health visitors and district nurses, who have recorded their qualification on the UKCC register, to become nurse prescribers. The preparation for this new area of practice is also included in the appropriate programmes to enable newly-qualified district nurses and health visitors to prescribe.

Practitioners whose prescribing status is denoted on the register, and who are approved within their employment setting, may prescribe from the *Nurse Prescribers' Formulary*. Nurse prescribers must comply with the current legislation for prescribing and be accountable for that practice.

Patient group directions (group protocols)

Changes to medicines legislation, which came into effect in August 2000, clarify the law in relation to the supply or administration of medicines under patient group directions, previously described as group protocols. You must follow the guidance supplied by your government health department regarding implementation.

A patient group direction is a specific written instruction for the supply and administration of a named medicine or vaccine in an identified clinical situation. It applies to groups of patients who may not be individually identified before presenting for treatment. Patient group directions are drawn up locally by senior doctors, or if appropriate dentists, pharmacists and other health professionals. They must be signed by a doctor or dentist and a senior pharmacist, both of whom

should have been involved in developing the direction, and approved by the appropriate health care body.

Dispensing

If, under exceptional circumstances, you are required to dispense, there is no legal barrier to this practice. However, this must be in the course of the business of a hospital and in accordance with a doctor's written instructions.

In a dispensing doctor's practice, nurses may supply to patients under a particular doctor's care, when acting under the directions of a doctor from that practice.

Dispensing includes such activities as checking the validity of the prescription, the appropriateness of the medicine for an individual patient, assembly of the product, labelling in accordance with legal requirements and providing information leaflets for the patient.

If you, as a registered nurse, midwife or health visitor, are engaged in dispensing, this represents an extension to your professional practice and you must adhere to the principles set out in the UKCC's *The scope of professional practice*. The patient has the legal right to expect that the dispensing will be carried out with the same reasonable skill and care which would be expected from a pharmacist.

Principles for the administration of medicines

In exercising your professional accountability in the best interests of your patients, you must:

- know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- be certain of the identity of the patient to whom the medicine is to be administered
- be aware of the patient's care plan
- check that the prescription, or the label on a medicine dispensed by a pharmacist, is clearly written and unambiguous
- have considered the dosage, method of administration, route and timing of the administration in the context of the condition of the patient and co-existing therapies
- check the expiry date of the medication to be administered

- check that the patient is not allergic to the medication before administering it
- contact the prescriber or another authorised prescriber without delay where contra-indications to the prescribed medication are discovered, where the patient develops a reaction to the medication, or where assessment of the patient indicates that the medication is no longer suitable
- make a clear, accurate and immediate record of all medication administered, intentionally withheld or refused by the patient, ensuring that any written entries and the signature are clear and legible; it is also your responsibility to ensure that a record is made when delegating the task of administering medication
- where supervising a student nurse or midwife in the administration of medicines, clearly countersign the signature of the student.

Some drug administrations can require complex calculations to ensure that the correct volume or quantity of medication is administered. In these situations, it may be necessary for a second practitioner to check the calculation in order to minimise the risk of error. The use of calculators to determine the volume or quantity of medication should not act as a substitute for arithmetical knowledge and skill.

It is unacceptable to prepare substances for injection in advance of their immediate use or to administer medication drawn into a syringe or container by another practitioner when not in their presence. An exception to this is an already established infusion which has been instigated by another practitioner following the principles set out above, or medication prepared under the direction of a pharmacist from a central intravenous additive service and clearly labelled for that patient.

In an emergency, where you may be required to prepare substances for injection by a doctor, you should ensure that the person administering the drug has undertaken the appropriate checks as indicated above.

Midwives should refer to the UKCC's *Midwives rules and code of practice* for specific additional information.

Aids to support concordance (compliance aids)

Self-administration from dispensed containers may not always be possible for some patients. If an aid to concordance is considered necessary, careful attention should

be given to the assessment of the patient's suitability and understanding of how to use an appropriate aid safely. However, all patients will need to be regularly assessed for continued appropriateness of the aid. Ideally, any concordance aid, such as a monitored dose container or a daily/weekly dosing aid, should be dispensed, labelled and sealed by a pharmacist.

Where it is not possible to get a concordance aid filled by a pharmacist, you should ensure that you are able to account for its use. The patient has a right to expect that the same standard of skill and care will be applied by you in dispensing into a concordance aid as would be applied if the patient was receiving the medication from a pharmacist. This includes the same standard of labelling and record keeping. Compliance aids, which are able to be purchased by patients for their own use, are aids which are filled from containers of dispensed medicines. If you choose to repackage dispensed medicines into compliance aids, you should be aware that their use carries a risk of error.

Self-administration of medicines

The UKCC welcomes and supports the self-administration of medicines and the administration of medication by carers wherever it is appropriate. However, the necessary safety, security and storage arrangements must be available and, where necessary, agreed procedures must be in place.

For the hospital patient approaching discharge, but who will continue on a prescribed medicines regime on the return home, there are obvious benefits in adjusting to the responsibility of self-administration while still having access to professional support. It is essential, however, that where self-administration is introduced, arrangements are in place for the safe and secure storage of the medication, access to which is limited to the specific patient.

Where self-administration is taking place, you should ensure that records are maintained appropriate to the environment in which the patient is being cared for.

It is also important that, if you are delegating this responsibility, you ensure that the patient or carer/care assistant is competent to carry out the task (please refer to the UKCC's *Guidelines for professional practice*). This will require education, training and assessment of the patient or carer/care assistant and further support if necessary. The competence of the person to whom the task has been delegated should be reviewed periodically.

Complementary and alternative therapies

Complementary and alternative therapies are increasingly used in the treatment of patients. Registered nurses, midwives and health visitors who practise the use of such therapies must have successfully undertaken training and be competent in this area (please refer to *The scope of professional practice*). You must have considered the appropriateness of the therapy to both the condition of the patient and any co-existing treatments. It is essential that the patient is aware of the therapy and gives informed consent.

Management of errors or incidents in the administration of medicines

It is important that an open culture exists in order to encourage the immediate reporting of errors or incidents in the administration of medicines. If you make an error, you must report it immediately to your line manager or employer.

Registered nurses, midwives and health visitors who have made an error, and who have been honest and open about it to their senior staff, appear sometimes to have been made the subject of local disciplinary action in a way which might discourage the reporting of incidents and, therefore, be potentially detrimental to patients and the maintenance of standards.

The UKCC believes that all errors and incidents require a thorough and careful investigation at a local level, taking full account of the context and circumstances and the position of the practitioner involved. Such incidents require sensitive management and a comprehensive assessment of all the circumstances before a professional and managerial decision is reached on the appropriate way to proceed. If a practising midwife makes or identifies a drug error or incident, she should also inform her supervisor of midwives as soon as possible after the event.

The UKCC supports the use of local multi-disciplinary critical incident panels, where improvements to local practice in the administration of medicines can be discussed, identified and disseminated.

When considering allegations of misconduct arising from errors in the administration of medicines, the UKCC's Professional Conduct Committee takes great care to distinguish between those cases where the error was the result of reckless or incompetent practice or was concealed, and those which resulted from other causes, such as serious pressure of work, and where there was immediate, honest disclosure in the patient's interest. The UKCC recognises the prerogative of

managers to take local disciplinary action where it is considered to be necessary but urges that they also consider each incident in its particular context and similarly discriminate between the two categories described above.

Legislation

There are a number of pieces of legislation which relate to the prescribing, supply, storage and administration of medicines. It is essential that you comply with them. The following is a summary of those which are of particular relevance.

Medicines Act 1968

This was the first comprehensive legislation on medicines in the United Kingdom. The combination of this primary legislation and the various statutory instruments (secondary legislation) on medicines produced since 1968 provides the legal framework for the manufacture, licensing, prescription, supply and administration of medicines.

Among recent statutory instruments of particular relevance to registered nurses, midwives and health visitors is *The Prescription Only Medicines (Human Use) Order 1997, SI No 1830*. This consolidates all previous secondary legislation on prescription-only medicines and lists all of the medicines in this category. It also sets out who may prescribe them. The sections on exemptions are of particular relevance to midwives, including those in independent practice, and to nurses working in occupational health settings.

The *Medicines Act 1968* classifies medicines into the following categories:

- **Prescription-only medicines (POMs)**
  These are medicines which may only be supplied or administered to a patient on the instruction of an appropriate practitioner (a doctor or dentist) and from an approved list for a nurse prescriber. The pharmacist is the expert on all aspects of medicines legislation and should be consulted.
- **Pharmacy-only medicines**
  These can be purchased from a registered primary care pharmacy, provided that the sale is supervised by the pharmacist.
- **General sale list medicines (GSLs)**
  These need neither a prescription nor the supervision of a pharmacist and can be obtained from retail outlets. Generally, no medication should be administered without a prescription. However, local policies or patient group directions should be developed to allow the limited administration of medicines in this group to meet the needs of patients.

Misuse of Drugs Act 1971

This prohibits the possession, supply and manufacture of medicinal and other products except where such possession, supply and manufacture has been made legal by the *Misuse of Drugs Regulations 1985*. The legislation is concerned with controlled drugs and categorises these into five separate schedules. As a registered nurse, midwife or health visitor, you should be particularly familiar with the regulations concerning schedule 2 medicines such as morphine, diamorphine and pethidine, and schedule 3 drugs such as barbiturates.

If you are responsible for the storage or administration of controlled drugs, you should be aware of the content of the *Misuse of Drugs Regulations 1985* and the *Misuse of Drugs (Safe Custody) Regulations 1973*. Queries are often raised in relation to prescriptions for schedule 2 medicines (controlled drugs). The legislation states that the prescription should:

- be in ink or such as to be indelible, and be signed and dated by the prescriber, issuing it in their usual handwriting with their signature
- specify the dose to be taken and, in the case of a prescription containing a controlled drug which is a preparation, the form and, where appropriate, the strength of the preparation, and either the total quantity (in both words and figures) of the preparation or the number (in both words and figures) of dosage units, as appropriate, to be supplied; in any other case, the total quantity (in both words and figures) of the controlled drug to be supplied.

If you have any queries in relation to the misuse of drugs, or if you are aware of illicit substances being in the possession of a patient, you must refer to and act on local policy and/or appropriate government health department guidance.

Unlicensed medicines

An unlicensed medicine is the term used to refer to a medicine which has no product licence. If an unlicensed medicine is administered to a patient, the manufacturer has no liability for any harm which ensues. The person who prescribes the medicine carries the liability. This may have implications for you in obtaining informed consent.

If a medicine is unlicensed, it should only be administered to a patient against a patient-specific prescription and not against a patient group direction. However, medication which is licensed but used outside its licensed indications may be administered under a patient group direction if such use is exceptional, justified by best practice and the status of the product is clearly described. In addition, you should be satisfied that you have sufficient information to administer the drug safely and, wherever possible, that there is acceptable evidence for the use of that product for the intended indication.

October 2000

Sources of information and advice

This is not intended to be a definitive list but simply a guide to some of the organisations which can provide you with additional information and advice in relation to the administration of medicines.

Royal Pharmaceutical Society of Great Britain
1 Lambeth High Street
London SE1 7JN

Telephone 020 7735 9141

The Pharmaceutical Society of Northern Ireland
73 University Street
Belfast BT7 1HL

Telephone 028 90 326 927

Scottish Pharmaceutical General Council
42 Queen Street
Edinburgh EH2 3NH

Telephone 0131 467 7766

Office of the Chief Pharmacist
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

Telephone 020 7210 5761

Home Office
50 Queen Anne's Gate
London SW1H 9AP

Telephone 020 7273 3474

Medicines Control Agency
Market Towers
1 Nine Elms Lane
London SW8 5NQ

Telephone 020 7273 0000

Medical Devices Agency
Hannibal House
Elephant and Castle
London SE1 6TQ

Telephone 020 7972 8124

UKCC Professional Advice Service
23 Portland Place
London W1N 4JT

Telephone 020 7333 6541/6550/6553 fax 020 7333 6538
e-mail advice@ukcc.org.uk

Useful publications

The *British National Formulary* and the *Nurse Prescribers' Formulary* are published jointly by the British Medical Association and the Royal Pharmaceutical Society of Great Britain. Copies are available from the Pharmaceutical Press, PO Box 151, Wallingford, Oxfordshire OX10 8QU. The *Monthly Index of Medical Specialities* (MIMS) is available from MIMS Subscriptions, PO Box 43, Ruislip, Middlesex HA4 0YT, telephone 020 8845 8545 or fax 020 8845 7696.

The *Review of Prescribing, Supply and Administration of Medicines: A Report on the Supply and Administration of Medicines under Group Protocols*, (Crown I) (Department of Health, London, April 1998) was published under cover of Health Service Circular (HSC) 1998/051 in England; Management Executive letter (MEL) (98)29 in Scotland; Welsh Health Circular (WHC) (98)27 in Wales, and by each Chief Professional Officer to their respective professional groups in Northern Ireland. Copies are available from the NHS response line on 0541 555 455. The *Review of Prescribing, Supply and Administration of Medicines: Final Report* (Crown II) (Department of Health, London 1999) is available from the same source. *Medicines, Ethics and Practice: A Guide for Pharmacists* is published annually and is available from the Royal Pharmaceutical Society of Great Britain (see page 13 for contact details). Copies of all legislation cited in this publication are available from local branches of The Stationery Office (formerly HMSO). The drugs manufacturer's data sheet is also an essential source of information.