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Control and Administration of Medicines

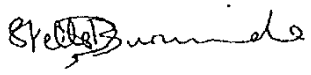
Foreword

This is the fourth edition of the Altnagelvin Hospitals Health and Social Services Trust Policy for the control and administration of medicines.

The Trust is committed to the principle of quality care and in pursuing that commitment commissioned a working group to produce a protocol of good practice for all Trust staff involved in prescribing, administration, procuring and storing medicinal substances in the Trust. The aim of the policy is to ensure safe, effective and economical use of medicines and the elimination of medication errors.

All staff who are involved with medication should implement the procedures contained in the policy in their everyday practice. Success in implementing the policy and in achieving its aims will contribute to Altnagelvin's mission to provide high quality health care to our patients.

Stella Burnside
Chief Executive.



4th Edition
March 2000

INTRODUCTION

In January 1995 the Chief Executive Mrs Stella Burnside convened a working party to prepare policies for prescribing, ordering, storing and administering medicinal substances in Altnagelvin Health and Social Services Trust.

"The Policy" defines the policies and procedures which must be followed within Altnagelvin Hospitals Health and Social Services Trust, for prescribing, ordering, storing and administering medicinal substances. These activities require constant care and vigilance by doctors, nurses and pharmacists.

Continuing education is essential to good and safe practice. All doctors, nurses and pharmacists working in Altnagelvin Group of Hospitals Trust must familiarise themselves with the correct procedures. Those in charge of wards and departments are responsible for ensuring that their staff carry out the procedures described in this document.

The Policy implements the recommendations of the 1988 DHSS Duthie report entitled "Guidelines for the Safe and Secure Handling of Medicines" and the 1989 DHSS NI guidelines entitled "Use and Control of Medicines". These reports and subsequent guidelines require Trusts to establish, document and maintain an effective system to ensure that medicines are handled in a safe and secure manner.

The Policy has been designed to ensure the effective introduction and standardisation of the necessary procedures.

Copies of the Policy will be available in all wards and departments with further copies available in the Pharmacy.

Contents

1 Definitions

Ward Sister / Charge Nurse

The senior nurse / midwife in charge of the ward or department.

Nurse in Charge

The senior nurse / midwife on duty for the ward or department who is the Nurse in Charge for that shift.

Registered Nurse / Midwife

Any registered nurse / midwife who satisfies the criteria to enable them to administer medicines without supervision.

Practitioner

A qualified medical practitioner, nurse, midwife, pharmacist, or other AUTHORISED health care professional, who may perform certain roles involving pharmaceutical products.

Clinical Director

The accountable manager of a Directorate

Clinical Services Manager

The practitioner responsible for day to day management of a Directorate.

Clinical Services Manager on Call

The Clinical Services Manager who is on call for that shift.

Night Services Manager

Hospital Services Manager on night duty.

2 General Principles

The procedures listed in this document apply to all **medicinal substances used in Altnagelvin Hospitals Health and Social Services Trust.**

2.1. Drugs whether for internal or external use will be regarded as comprising the following categories;-

2.1.1. Controlled Drugs; Drugs controlled under the Misuse of Drugs Act 1971, with particular requirements with regard to supply, storage and administration.

2.1.2. All other medicinal substances intended for administration to patients and which are controlled by the Medicines Act.

2.1.3. All alternative medicinal products e.g. homeopathic remedies aromatherapy and herbal remedies used for therapeutic purposes.

2.1.4. Other pharmaceutical preparations.
These include disinfectants, reagents and other preparations not used directly to treat patients.

2.2. Medical staff are responsible for prescribing medicinal products. They should comply with medicines legislation and this code of practice when performing these duties.

2.3. A record of appointment and signature of all medical staff with prescribing responsibilities must be notified to the Director of Pharmacy services. All changes should likewise be notified.

2.4. The Ward Sister/ Charge nurse is accountable for the stock of all medicinal products held in the ward or department and is responsible for ensuring that security of medicines is maintained and drug procedures are followed correctly.

The Director of Pharmacy should be notified by the appropriate Clinical Services Manager of appointment of Ward Sisters / Charge Nurses and updated upon any change.

2.5. Pharmacists are responsible for the stock of drugs held in the pharmacy and their supply to wards and departments. They are responsible for advising on the safe, effective and economic use of drug therapy. Pharmacy

staff will inspect ward and department stocks to ensure that drugs are in date and correctly stored, at least every three months.

2.6. The administration of drugs is the responsibility of the Ward Sister/Charge Nurse who may delegate these duties to a Registered Nurse. The ward / department manager should ensure that a nurse has relevant training and experience before being allowed to accept responsibility for drug procedures.

2.7. The prescription sheet must be an accurate, unambiguous and comprehensive picture of drug treatment. It should provide clear instructions in respect of drugs to be administered.

If a prescription is ILLEGIBLE, AMBIGUOUS OR UNCLEAR the medication should be withheld and the prescriber contacted or advice sought from a pharmacist.

2.8. The label on the drug container must be clear and distinct. Labels must not be altered. If a label becomes illegible the container should be returned to pharmacy for replacement.

2.9. Labels of drug containers should always be carefully read and checked against the prescription prior to administration. DRUGS SHOULD NEVER BE IDENTIFIED OR ADMINISTERED ON THE BASIS OF APPEARANCE ONLY.

2.10. Pharmacy containers should not be refilled or used for any other purpose at ward level.

3 Prescribing of Drugs

3.1. Initiation of treatment.

Only medical staff have the authority to prescribe drugs. **Nursing staff must not administer drugs or medicinal products to patients, which have not been authorised by a doctor.** This authority must be in the form of a written prescription. The exception to this are;-

3.1.1. Standing orders. Certain drugs may be administered at the nurse's discretion against a standing order. See section 6.

3.1.2. Nursing procedures involving the use of pharmaceutical products such as the routine use of certain topically administered products for the treatment of minor wounds and burns, products used in dressings procedures, pre and post-operative procedures and the treatment of pressure sores. In these circumstances, the signature of a doctor is unnecessary providing that;

(i) Prescription only medicines are not used.

(ii) The procedure is an authorised ward or hospital policy.

(iii) The medicinal products are specified.

(iv) The treatment is recorded in the patient's nursing record.

3.2. Use of Prescription Sheet

3.2.1. Not more than one current main prescription sheet should be in use at any one time for any patient. However, in the event of a prescription sheet being lost, it will be necessary to create a substitute prescription sheet. If the original prescription sheet is then found, the substitute prescription sheet should be stapled to the main prescription sheet immediately, ensuring that any current medication is added to the main prescription sheet. All drugs on the substitute prescription sheet should be signed off as cancelled. In addition to the main prescription sheet, supplementary sheets may be used for prescribing;-

- Intravenous Fluids
- Insulin

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- Anticoagulants
- Anaesthetic agents
- Cytotoxic drugs for parenteral administration

Prescription sheets other than the above should not be used.

The main prescription sheet should have a reference to any therapy indicated on separate special sheets.

When completing prescription sheets the following details should be provided:

(i) Patient's Name.

(ii) Date of birth or age.

(iii) Ward name, number or department.

(iv) Patient's hospital number.

(v) Known drug sensitivities (preferably written in red).

(vi) Date. Indicates start date for treatment. **This start date should be carried forward to any rewritten prescription sheets.** When a new prescription sheet is started **all prescriptions on the old prescription sheet should be cancelled.**

(vii) Name of drug. The **approved name of the drug must be clearly written in CAPITAL LETTERS .** Where applicable the proprietary name should also be used e.g. for theophylline preparations where different brands have varying bioavailability.

(viii) Dose and dosage form must be clearly stated. The dose must be expressed in metric units, avoiding decimal points where possible by using whole units i.e. 125 micrograms rather than 0.125mg. The word microgram should be written in full and not abbreviated to mcg to avoid confusion with milligrams (mg).

(ix) Patient's height and weight when dose is dependant on surface area.

(x) Times and route of administration be specified and where appropriate the specific site of application e.g. "left ear", "right ear"

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The times of administration should be specified by the doctor in the appropriate column on the prescription sheet. The frequency of administration of "as required" medicines must be indicated by **clear and definitely stated minimal intervals.**

(xi) Only approved abbreviations may be used as specified in Appendix 8.

(xii) Signature of prescriber. Signatures should be legible and written in ink. **Initials or abbreviated signatures are not an adequate means of authorisation.**

(xiii) Cancellation of treatment. Drugs which are to be discontinued should be cancelled with a straight line, preferably in a different colour, drawn through the complete entry. The cancellation should be dated and initialled in the cancelled box.

(xiv) Where two patients with the same name are in a ward an alert sticker should be applied to the prescription sheet.

3.3. Emergency Prescriptions

Only in an emergency may a medicine be administered without a written prescription. Where a drug is prescribed by telephone the following procedure will apply.

3.3.1. The registered nurse who receives the telephone message should write the message directly onto the ONCE ONLY drugs section of the prescription sheet indicating " Verbal order from Dr....." The nurse should sign the sheet in the special instruction section leaving the signature box empty for the doctor to sign.

3.3.2. The nurse or preferably a second nurse where available should read the prescription back to the doctor checking the patient's name, the medicine, dose, the route and time of administration.

3.3.3. The prescription must be signed by the prescribing doctor or deputy within 12 hours.

3.3.4. Normal procedures for administration and recording of the drug should then be followed.

3.3.5 In an emergency situation where a verbal order for administration

of a medicine is given by a doctor who is present the nurse must check the medicine and measured dose with the doctor before administration. The medicine should be entered on the prescription sheet as soon as the emergency is resolved.

3.3.6. Verbal orders for Controlled Drugs are not acceptable.

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The Registered Nurse administering medicines is responsible for ensuring that prescribed drugs are administered within 30 mins of the prescribed time. On no account should drugs be administered at another time without the prescription being amended by the prescriber.

4.1. Only drugs which have been supplied by Altnagelvin Hospital pharmacy or in some cases patient's own, should be administered to patients. This also applies to alternative medicinal substances e.g. herbal remedies.

4.2. Drugs should only be prepared, checked and administered to a patient by the following categories of health care workers;

A Registered Nurse,

A Registered Midwife,

A Medical Practitioner,

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4.3.1. Read the prescription carefully. Check the name, dose, diluent, route for administration and expiry date

4.3.2. Read the label on the medicine container carefully. If a calculation is required the practitioner should record the calculation in full in the patients medical and /or nursing record and sign/date the entry. A second practitioner should check the calculation, preparation and sign and date the entry.

4.3.3. If a practitioner is unclear as to the correct drug diluent or method of drug preparation they should obtain this information from the pharmacy department before commencing.

4.3.4. If drugs are added to Intravenous Fluids, the practitioner should attach a label to the infusion bag, stating 'drug (X) added' and sign and date the label. A second practitioner should check the drug added, the label and sign and date the label.

4.4. Before administration of a drug, a practitioner must:

4.4.1. Read the prescription carefully.

4.4.2. Check the name of the patient on the prescription and check the drug sensitivity column.

4.4.3. Ascertain from the record of drug administration that the dose has not already been given and that the total dose (where stated) will not be exceeded.

4.4.4. Select the drug required and check its strength and check that the medicine name on the container matches that on the prescription sheet.

4.4.5. Check the identity of the patient, by checking verbally his name, and the name and registration number on his wrist band. Where there are two patients of the same name in the ward the date of birth should also be checked.

4.5. Drugs dispensed for an individual patient must be administered only to that patient.

4.6. All medicine should be kept in containers supplied by pharmacy until the

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point of administration. Medicines should in no circumstances be decanted from one container to another.

4.7. The practitioner who has administered or supervised the administration of the drug must, at the time of administration, sign the record of administration.

4.8. If a drug is refused its reference number / letter should be entered and circled e.g. Ⓒ. If a patient is absent enter reference number/ letter and draw a diagonal line through it e.g. Ø. If a drug is not given for any other reason enter the reference number / letter and draw a cross through it e.g. X. In all cases of non-administration the reason for non-administration should be entered in the "Exceptions to Prescribed Orders "column of the drug administration record.

4.9. Medicines prepared for administration and not given should be disposed of in accordance with section 10.

4.10. Checking of administration.

Where possible drugs should be prepared and administered in the presence of another practitioner.

Except in emergency the following must be checked by two practitioners.

4.10.1. All drugs given by continuous administration i.e. IV infusions and syringe drivers. A record should be maintained of the individual setting up and replenishing each intravenous infusion.

4.10.2. All bolus injections, IV additives and Injections via drip tubing.

4.10.3. All injections taken from multidose vials.

4.10.4. **All drugs administered to children under 12 years of age.**

4.10.5. All drugs requiring dosage calculations.

4.10.6. All drugs where dose is varied according to weight.

4.11. Practitioners should observe and note any adverse side effects of medicine and inform the responsible medical staff.

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4.12. Drug preparation and administration by pharmacists and paramedical staff.

4.12.1. Pharmacists may carry out drug administration only with the full approval of a medical team and only in accordance with a written procedure approved by the Clinical Director and the Drug and Therapeutic Committee.

4.12.2. Paramedical staff may carry out drug preparation and administration only with the full approval of a medical team and only in accordance with a written procedure approved by the Clinical Director and the Drug and Therapeutic Committee.

4.13. Self Administration

Self administration for in-patients shall be in accordance with agreed procedures. Where patients are self administering drugs a lockable non-portable receptacle should be available for each patient.

4.14. Drug preparation and administration to paediatric patients

Children are particularly vulnerable to medication errors and the following additional measures should be employed.

4.14.1. All drug preparation and administration must be checked by two practitioners.

4.14.2. Oral syringes must be used for all oral doses of less than 5ml.

4.14.3. When administering injections of less than 1ml, a 1ml syringe graduated to 0.05ml must be used.

4.14.4. Extreme care should be exercised when calculating and preparing paediatric doses. The calculations and dose should be checked by a second practitioner. A pharmacist should be contacted if there is any uncertainty regarding the dose or calculation.

4.15 Controlled Drugs

4.15.1. The above procedures must be carried out in full for all controlled drugs.

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4.15.2. The **administration** of all Controlled Drugs must be witnessed by a second practitioner.

4.15.3. An entry must also be made in the ward or department Controlled Drugs register, including:

(i) Date and time of administration.

(ii) Name of patient.

(iii) Dose administered.

(iv) Full signature of both practitioners.

(v) Remaining stock balance should be checked.

4.15.4. Any drug prepared and not used, or only partly used, must be destroyed in the presence of a second practitioner. An entry should be made in the Controlled Drug register and signed by both parties. Any discrepancies must be brought to the notice of the Nurse Manager and the pharmacy.

5 Ordering and Receipt of Drugs by Wards and Departments

5.1. Controlled Drugs

The responsibility for ordering, receipt and storage of Controlled Drugs is that of the Nurse in Charge.

5.1.1 Ordering of Controlled drugs.

Controlled drugs can only be ordered from the pharmacy department by submitting a requisition from the official Controlled Drugs order book Ordering of Controlled Drugs is restricted to a Registered Nurse. The requisition must indicate the date, ward or department and the name, quantity, strength and form required. The Controlled Drug order book must be reserved solely for ordering Controlled Drugs.

5.1.2. Specimen Signature.

All nurses who may order Controlled Drugs must provide the Pharmacy Department with specimen signatures.

5.1.3. Delivery of Controlled Drugs.

All Controlled Drugs should be delivered to wards/departments in a secure container.

The pharmacy porter or messenger must sign the "yellow" copy of the requisition book in the appropriate place. On arrival at the ward or department, the **Controlled Drugs must be handed to the Nurse in Charge who will check the Controlled Drugs received against the requisition and sign for their receipt in the appropriate place on the "blue" copy of the requisition.**

5.1.4 Storage of Controlled Drugs.

When Controlled Drugs have been received into a ward/department the amount received must immediately be entered in the appropriate page of the Controlled Drugs register and the drugs locked away. The receipt and storage of Controlled Drugs must be witnessed by a second nurse. Controlled Drugs must be stored in

designated Controlled Drug cupboards or Controlled Drugs refrigerator.

5.1.5. Registers and Requisition Books for Controlled Drugs.

Orders for Controlled Drugs must be in a permanent record and both register and requisition books locked away. These books shall be controlled stationery and obtainable only from the pharmacy. **Only one book shall be held on each ward at any one time.** Pages should not be removed from these books (with the exception of the first two copies of the requisition books) and entries should not be erased. Where errors occur correction must be made by dated marginal note or footnote.

5.2 All other Drugs

5.2.1. Ordering.

A registered nurse or a member of the pharmacy staff shall be responsible for ordering medicines from the pharmacy for the ward stock and for individual patient use.

All other drugs can be ordered by:

5.2.2. Supplying a written requisition from the appropriate order book, signed by an Authorised Nurse, or authorised member of the paramedical staff.

5.2.3. Supplying a discharge prescription. See section 12.

5.2.4. Supplying a written prescription.

5.2.5. Supplying a patient prescription sheet.

5.2.6. Telephone orders will only be accepted from wards and departments not on the Altnagelvin site, when the top-up order file or additional stock requisition book is already in the pharmacy. Confirmation of telephone orders must be faxed, correctly authorised, to the pharmacy.

Requested stock will not be issued until the faxed order has been received in pharmacy. Confirmation of telephone orders must be

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written into the additional stock requisition book, correctly authorised, signed as received and returned to the pharmacy the next working day.

5.3. Discharge medication and additional requisition books

These books shall be controlled stationery and obtainable only from the pharmacy. Only one of each book shall be held on a ward at any one time. Pages should not be removed from these books (with the exception of copy pages) and entries should not be erased. Where errors occur a line should be drawn through the entry.

5.4. Receipts and Records

Drugs coming onto a ward/department shall be received by the Nurse in Charge who should check against the delivery note, sign and keep the record of receipt for a period of two years. Discrepancies should be reported immediately to the Pharmacy.

5.5. Borrowing of Drugs

5.5.1. Drugs must not be borrowed from a ward or department unless a supply cannot be obtained directly from pharmacy.

5.5.2. Where drugs are borrowed, the complete container should be transferred except in special circumstances. Except as above drugs must not be transferred into another container. Drugs can only be borrowed with the authorisation of the Clinical Services Manager or Night Services Manager.

5.5.3. Controlled Drugs must not be borrowed except in an emergency.

5.5.4. A record of the transfer of drugs must be made on the Drug Transfer Form (Appendix 6) Drug transfer forms are available from the Clinical Services Manager or Night Services Manager. The issuing ward is responsible for completion of the form. Forms must be sent to pharmacy when next open.

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6 Standing Orders

All drugs administered by a nurse must be given on the authority of a doctor. In areas where certain drugs are routinely initiated by nurses in accordance with a written procedure, authorised by a consultant in advance, but in the absence of a prescription, a standing order may be adopted as follows:

There must be an agreed list drawn up and signed by the Consultant, Clinical Services Manager and Director of Pharmacy stating the following:

6.1. The range of drugs, dosage, dose intervals, and indications for use. The proforma in Appendix 2 should be used for this purpose. When drawing up proformas, the unused space should be cancelled ensuring that unauthorised drugs cannot later be added on.

6.2. A record of this type of administration must be made on the ONCE ONLY section of the Kardex and signed by the Registered Nurse. A Registered Nurse can only administer a drug initiated by herself, and not by another Registered Nurse.

6.3. Standing orders must not include Controlled Drugs or medicines for administration by injection.

7 Storage and Custody

The Ward Sister / Charge Nurse is responsible at all times for the safekeeping of all drugs on their ward or department. The design and location of all ward or department drug storage cupboards should be approved by the Director of Pharmacy and regularly monitored. Medicine cupboards with the exception of Clean Conditions Area should be lockable and conform to British Standards and include the following:

7.1. Controlled Drug Cabinet

Reserved solely for the storage of Controlled Drugs. It must comply with the requirements laid down in the Safe Custody Regulations made under the Misuse of Drugs Act 1971.

The cabinet must be rigidly and securely fixed to an appropriate wall or floor, by the use of expanding bolts, which pass through the anchor plate of the cabinet.

The design, siting and fixing of the cabinet shall be approved by the Departments' Misuse of Drugs Inspector.

7.2. Internal Medicine Cupboard

This may take the form of one large or several small cupboards for tablets, liquids injections etc.

7.3. External Medicine Cupboard.

7.4. Refrigerator

This refrigerator which should be lockable must be reserved solely for the storage of medicines. No food or pathological specimens to be stored in this refrigerator. The temperature of the refrigerator should be routinely monitored, using a maximum/minimum thermometer, and the temperatures recorded.

7.5. Reagent Cupboard

Sited in the area where urine testing is carried out.

7.6. Clean Conditions Area

For storage of Intravenous Fluids and Sterile Topical Fluids.

7.7. Medicine Trolley

For storage of drugs in current use on the medicine administration round which when not in use should be locked and secured to the wall. **THE TROLLEY MUST NOT BE LEFT UNATTENDED DURING THE MEDICINE ROUND. IF THE AUTHORISED NURSE LEAVES THE TROLLEY IT SHOULD BE LOCKED IMMEDIATELY.**

7.8. Drugs for Clinical Emergency.

Should be held in an approved Emergency Drug Box and kept in a position to afford supervision and prevent unauthorised access. If box is opened or seal is broken the ward/department should replace the drugs used, from their own stock, and re-seal the box.

7.9. Drugs for Self Administration.

Each patient who is self administering should have a non-portable lockable receptacle.

7.10. Siting of Storage Accommodation

Cupboards and trolleys should be sited where most convenient for nursing staff allowing for surveillance and affording maximum security against unauthorised entry.

7.11. Breach of Security

Any incident of breach of security should be immediately reported and investigated by the Ward Sister / Charge Nurse with the Director of Pharmacy

7.12. Closure of Ward or Department.

If a ward or department is due to close, the Controlled Drugs should be handed over by the Nurse in Charge to a pharmacist. The pharmacist will sign the relevant sections of the Controlled Drug register.

If a ward or department is to close for more than a few days, all other drugs must be returned to Pharmacy.

If a ward is to close for only a few days, drugs may be retained on the ward with the agreement of the pharmacist and Nurse Manager, provided there is adequate security to prevent unauthorised access.

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8 Losses or Discrepancies

8.1. Controlled Drugs.

In the event of a discrepancy the Nurse in Charge should thoroughly investigate. In the event of the discrepancy being unreconciled within 24 hours it should be reported to the Clinical Nurse Manager and Director of Pharmacy who will decide on further action including if necessary notifying the police.

8.2. Other Drugs.

Loss of other drugs should be reported to the Clinical Nurse manager and Director of Pharmacy who will decide on further action.

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9 Checking of Stock Balances

9.1. Controlled drugs

9.1.1. The stock balance of all Controlled Drugs entered in the Register must be checked at least once daily against the actual stock held in the ward/department.

9.1.2. Two Registered Nurses, one of whom must be the Nurse in Charge must perform this check.

9.1.3. A record of this check must be kept in a separate book or in the Controlled Drugs Register confirming the stock is correct. The entry must be dated and signed by both nurses

9.1.4. Stock balances of individual preparations should be checked after each administration.

9.1.5 Discrepancies must be reported to the Nurse in Charge who will take action as outlined in 8.1.

9.1.6. A designated member of pharmacy staff must check Controlled Drugs balances at least once every three months.

9.1.7. Other Drugs

The necessity for checking stock balances should be left to the discretion of individual nurse managers. If drug abuse is suspected this should be reported to the Clinical Services Manager and the Director of Pharmacy.

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10 Disposal of Medicines No Longer required

10.1. All medicines should be disposed of according to Trust Clinical Waste Policy.

10.2. Controlled Drugs.

10.2.1. Controlled Drugs no longer required, must be returned by a Registered nurse to a Pharmacist (in the Pharmacy), who will sign the register and amend the balance..

10.2.2. Controlled Drugs must not be returned from wards in the Pharmacy Box.

10.2.3. Any dose of a Controlled Drug which is prepared but not administered shall be destroyed on the ward in the presence of either a pharmacist or Registered Nurse or a doctor. The appropriate entries should be made in the Controlled Drug Register and must include the signatures of the two persons involved in the destruction.

10.2.4. Controlled Drugs unused in PCA will be collected by a member of pharmacy staff.

11 Patients' Own Medicines

Medicines brought into hospital by patients are the property of the patient for whom they were prescribed and must not be taken from the patient without his/her consent. The procedure to be followed by staff when dealing with patient's medicine is detailed in Appendix 4.

12 Discharge Medicines

Patients on discharge should receive a sufficient quantity of their prescribed medicines to continue therapy. This will normally be for up to 72 hours. Further supplies may be supplied in exceptional circumstances. Orders to the pharmacy for discharge medication should be on the discharge medicine requisition book available from the pharmacy.

All prescriptions for discharge medicines should be sent to pharmacy 24 hours prior to discharge. Where this is not possible, at least 3 hours notice must be given.

The discharge medicine book also includes details on patient counselling services available through pharmacy.

12.1. Non-Controlled Drugs.

Orders should include the following:

(i) Patient's Name, address and date of birth,
(ii) Patient's hospital number,
(iii) Drug name written generically where practicable,
(iv) Dosage Form,
(v) Strength,
(vi) Dose,
(vii) Signature of Doctor.

12.2. Controlled Drugs

Controlled drugs may be ordered for patients on discharge and prescriptions must conform to the requirements of The Misuse of Drugs Act 1985. Orders for controlled drugs to take home must be **written, dated and signed by a doctor.** Orders should include:

(i) Patient's name, address and date of birth,
(ii) Patient's hospital number,
(iii) Drug name,
(iv) Dosage form,
(v) Strength,
(vi) Dose,
(vii) **Total quantity of drug to be dispensed or the number of dose units written in both words and figures.**

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12.3. Issue of Discharge medicine outside pharmacy hours.

Effective discharge planning should ensure all discharge medication is ordered from the pharmacy department. Exceptionally, where a patient is discharged outside pharmacy hours and no provision is made to obtain medication from pharmacy, medication may be provided from ward stock. Suitable containers and labels should be obtained from pharmacy. A record of all medicines supplied by wards must be sent to pharmacy on the next working day using the discharge medicine requisition book.

12.4. Patients on Transfer / Discharge, requiring medical oxygen.

12.4.1. When patients are transferred to other hospitals by ambulance, who may require medical oxygen during the transfer, the ambulance service must be advised of this when booking the ambulance.

12.4.2. When patients are discharged into the community requiring medical oxygen, the supply must be arranged through a community pharmacy, prior to discharge. Hospital medical oxygen cylinders must not, under any circumstances be issued to patients on discharge. A list of community pharmacists contracted to provide medical oxygen is available on all wards and from pharmacy.

13 Custody of Drug Keys

13.1. Controlled Drug Cabinet key.

13.1.1 The Controlled Drug cabinet must be kept locked at all times.

13.1.2. The key should be kept on the person of the Nurse in Charge of the ward or department or Registered Nurse nominated by them. The key should be held separately from other medicine keys.

13.1.3. No person should have access to the Controlled Drug cabinet except in the presence of the nurse officially holding the key. The key must not be handed over to medical staff but may on occasions, for the purpose of stock checking be handed to a designated member of pharmacy staff.

13.2. Keys for Drug Cupboards / Drug Trolleys and refrigerators.

13.2.1. The keys for the internal, external drugs cupboard, drug refrigerator and pharmacy box must be kept on the person of a Registered Nurse. They may be handed to a designated member of pharmacy staff for the purpose of stock checking.

13.3. Loss of Drug Cupboard Key.

13.3.1. Every effort should be made to find the key or retrieve it from off-duty staff.

Where the key is not found the loss should be reported to the Clinical Services Manager.

14 Medicine Samples

14.1. All samples of medicines which are to be used in wards or departments must be handled through the normal pharmacy stock control system.

APPENDIX 1 Drug Defect - Reporting Procedure.

This procedure is to be used when a defect is discovered or suspected in a pharmaceutical product (includes dressings).

1. Complete a defect reporting form.
2. Isolate and keep any remaining product for inspection.
3. If the product has been administered to a patient inform the doctor responsible for the patient.
4. Inform a pharmacist.
5. Inform the Clinical Services Manager or Night Services Manager.

Report of a defect in a Pharmaceutical Product

Date	Time
Hospital	Ward/Dept.
Name of person making report	Designation
Product Name (state form, strength)	Manufacturer
Batch No.	Expiry Date
Associated Products (eg diluents, administration sets etc.	
Product Name	Manufacturer Batch No.

Retain all remaining product and associated products for the Pharmacist

Details of suspected defect:
Has the product been administered to a patient Yes / No
If yes notify the doctor responsible for the patient.

Doctor's Name	Date and time contacted
Name of Pharmacist informed	Date and time contacted
Name of CSM informed	Date and time
Signed	Date

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APPENDIX 2

Standing Order for Administration of Drugs by Nursing Staff

Ward _____ Date _____

The following drugs may be administered by State Registered Nurses to patients without a written prescription. They may be given only for the indications and with the instructions given below.

Drug (Approved name where appropriate)	Indication	Dose	Limitations of Use

Administration of Standing Order medication must be recorded by the person who administers it on the **once only** section of the Drug Kardex.

Consultant / Clinical Director _____
Clinical Nurse Manager / Ward Sister _____
Pharmacist _____

Standing orders should be reviewed at least annually.

When completing this standing order, cancel all unused space after the last entry.

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APPENDIX 3 Clinical Trials and Unlicensed Pharmaceutical Products

Medicines are subject to human testing prior to licensing, and established medicines may be investigated for new indications. Registered medical practitioners may prescribe unlicensed products for individual patients on a "named patient basis".

Products for use in Clinical Trials

1. Local Ethical Committee approval must be obtained before studies commence on patients or human volunteers.

2. The pharmacy department shall hold a copy of all trial protocols, including codes for studies being undertaken in the Unit.

3. The procurement, distribution and storage of clinical trial material should follow that of other pharmaceutical products. Separate stocks of clinical trial material should not be maintained on wards, clinics, or in private offices.

4. Staff directly concerned with the treatment of a patient must be made aware of that patient's involvement in a clinical trial and its nature.

5. The prescription sheet must be annotated to indicate that the patient is involved in a clinical trial.

6. Records shall be kept of dispensing, issue, administration and disposal of clinical trial material.

7. The identity of staff involved in clinical trials must be recorded

Unlicensed Medicines (not associated with a formal clinical trial)

8. When using an unlicensed drug or a drug outside licensed indications it is important that the prescriber does so knowingly and is aware of the responsibilities such prescribing entails.

9. Where pharmacy is requested to supply an unlicensed product or a product for an unlicensed use the pharmacy shall inform the prescriber in writing of the licensed status of the product. The prescriber must sign and return the form acknowledging that he/she has been informed of the licensed status of the product and agreeing to take responsibility for its use.

APPENDIX 4 Medicines brought into Hospital by Patients

1 ON ADMISSION

1.1. On admission patients should be asked if they are taking any prescribed medicines or other medicinal preparations and if they have brought them with them. The patient should be asked to surrender any medicines for examination and identification. Where the patient does not wish to surrender his own medicines, it is possible that he will continue with unapproved self administration. It should be made clear to the patient and relative/representative that the taking of medicines contrary to medical advice may seriously jeopardise current treatment to the extent that it may not be safe to start or continue it.

1.2. Where the patient's own medicine is not contra-indicated in current treatment the medicines should be sent home with a responsible adult.

1.3. Where the patient's own medicine is contra-indicated in current treatment, the patient's consent to the destruction of the medicines should be sought. If the patient does not agree to the destruction of the medicines, they should be sent home with a responsible adult. The patient and or representative should be advised against the use of the medicines without medical advice.

1.4. Where the patient does **not** agree to the destruction or sending home of surrendered medicines the following arrangements should be made

1.4.1. **Controlled Drugs**

(i) Place in the special envelope marked "Medicines brought into hospital by patients".
(ii) Complete relevant details on the front of the envelope.
(iii) Store controlled drugs in a separate envelope.
(iv) Detail the name, strength and quantity of drug on the envelope.
(v) The envelope must be signed by two authorised nurses.
(vi) Store the envelope in the Controlled Drug cabinet until the patient is discharged.

1.4.2. **Other Drugs**

(i) Place all medicines in the specially designed envelope.

(ii) Complete relevant details on the front of the envelope.
(iii) Store the envelope in a locked medicines cupboard.

2 ON DISCHARGE

2.2.1. If the patient now agrees to the destruction of the medicines send to pharmacy for disposal as per section 10.

2.2.2. Where a patient wants his medicines returned even though the taking of them would conflict with his revised treatment, he or his representative should be made aware of this and asked to sign the declaration in Appendix 5.

2.2.3. The signed declaration should be retained in the patient's notes.

2.2.4. The patient should be advised to consult his general practitioner before recommencing treatment with his original medicines.

3 DISPOSAL

As soon as possible after discharge, patient's medicine should be disposed of as per section 10.

4 OVERDOSE

All medicines brought in with a patient suffering from overdose must be sealed, labelled with the patient's full name, reference number and date of admission before being stored in the pharmacy. These medicines must not be returned to the patient or disposed of on discharge or otherwise until it is established whether they may be required as evidence in legal proceedings.

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APPENDIX 5

Declaration for Patient wishing to retain Medication

Even though I have been advised that the medication I brought into hospital on admission, may conflict with my revised treatment, I wish to have my original medication returned to me.

Patient's Name _____

Hospital Number _____

Signed _____

Patient or representative

Date_____

APPENDIX 6 Notification of Medicine Transfer between Wards (When Pharmacy is closed)

This form should be completed whenever an urgently required medicine is transferred between Wards/ Depts, in order to credit the issuing ward and charge the receiving ward. Pharmacy staff must receive the notification no later than the next working day following the transfer.

It is the responsibility of the issuing Ward/Dept to complete the notification.

Details of Transfer

		Pharmacy Use Only (Code)
Ward/Dept from which item was transferred	Date Time	
Ward/Dept to which the item was transferred		
Date/Time of transfer	Date Time	
Reason for Transfer		
Full description of item (form, strength)		
Quantity transferred	Number Units (e.g. Tablets)	
Signatures of nurses	Issuing Ward Receiving Ward	
Approved By	Senior Nurse Manager Pharmacist	

For Pharmacy Use Only

Date/Time notification received	
Entered by (signature)	

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APPENDIX 7 'Patient Control Analgesia - For Disposal' Form

Please complete the following details before returning to Pharmacy:-

NAME OF PATIENT	
HOSPITAL NUMBER	
WARD	
BAXTER / GRASEBY / OTHER (Please Specify)	
DRUG CONCENTRATION	
VOLUME REMAINING IN INFUSOR	
SYRINGE ACCEPTED FOR RETURN TO PHARMACY BY	
SYRINGE RELEASED FROM WARD BY	
DATE	

Remember that these infusions contain morphine and that it is an offence under the Misuse of Drugs Act 1985, not to store them securely and dispose of correctly. It is the responsibility of the nurse in charge of a ward to ensure that Controlled Drugs are stored and disposed of correctly.

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APPENDIX 8 Approved Abbreviations

a.c	before food
b.d.	twice daily
i.m.	intramuscularly
i.v.	intravenously
o.d.	daily
o.m. / mane	in the morning
o.n. / nocte	at night
p.c.	after food
p.o.	orally
p.r.	rectally
p.v.	vaginally
p.r.n.	when required
q.d.s. / q.i.d.	four times daily
q.q.h.	every four hours
s.c.	subcutaneously
s.l.	sublingually
stat	immediately
t.d.s / t.i.d.	three times daily

APPENDIX 9 Members of the Working Party

Mrs Sally O'Kane (Chair)	Director Pharmacy / CSSD
Dr Robert Cuthbert	Consultant haematologist
Mrs Margaret Doherty	Clinical Services Manager, Women's and Children's Directorate

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Appendix 10 Altnagelvin Hospitals Health and Social Services Trust Policy for Control and Administration of Medicines. - Acknowledgement Form

Please complete and return to Pharmacy Department

I have received a copy of the Altnagelvin Hospital Policy on the Control and Administration of Medicines. I understand it is my responsibility to familiarise myself with the procedures and carry them out in my practice.

Please tick appropriate box

Consultant	☐	**Registrar**	☐
Assoc Specialist	☐	**Staff Grade**	☐
S.H.O.	☐	**J.H.O.**	☐
Part Time Medical Pract.	☐	**C.S.M.**	☐
Sister	☐	**Staff Nurse / Midwife**	☐
Clinical Nurse Specialist	☐	**Student Nurse**	☐
S.E.N.	☐		

Name (*Block Capitals*) _____

Signature _____

Staff Number _____

Ward or Department _____

Date ____/____/____

Please return to:

Director of Pharmacy Services
Pharmacy Department
Altnagelvin Area Hospital

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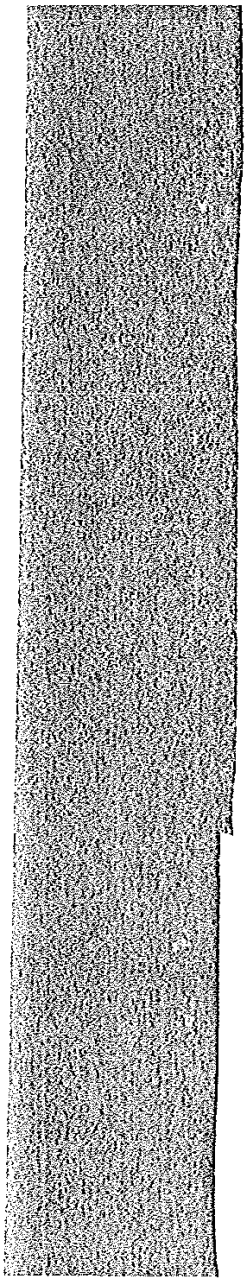

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