**3 Medication Administration in Hospitals**

Within the scope of this document it is not possible to cover all aspects of medication administration within all hospitals and hospital departments within which the nurse may work. Local policies must be consulted and adhered to.

**A STORAGE OF MEDICINES**

All wards will have standard operating procedures (SOPs) covering each of the activities concerned with medicines use to ensure the safety and security of medicines stored and used in them.

There will be separate lockable cabinets for controlled drugs, internal medicines, external medicines and refrigerated medicines.

It is every nurses responsibility to ensure that cupboards and trolleys are kept locked when unattended and that no drugs are left on lockers.

Should a person bring their own medicine into hospital then local policy should be consulted for the safe storage of these drugs.

**B AUTHORISATION FOR ADMINISTRATION OF MEDICINES**

The authorisation of a suitably qualified practitioner should be obtained before a nurse administers a drug. This is generally on the written instruction chart or the electronic prescribing system, or in accordance with Patient Group Directives (PGD) for patients recently admitted to a ward but not examined by a doctor since admission.

**C ADMINISTRATION**

Sufficient information about the medicine should be available to the staff / and or patient to enable identification and correct use of the product. Nurses are encouraged to consult the BNF where they are unsure about ta drug or dosage. This is available on line.

Drug administration follows the same principles wherever the person works and no step should be omitted for the safety and security of both patient and nurse.

Medicines administered to patients must be done in the way, and at the time, the prescriber intends.

To avoid errors in administration the following **must** be adhered to:

* **Right Patient:** Check name on prescription, room number and if possible use another identifier as well as having the patient identify themselves
* **Right Medicine**: Check the prescription, check the medication label
* **Right Route**: Check prescription and appropriateness, confirm the patient can take or receive drug by the prescribed route
* **Right Time**: Check the frequency on the prescription, check you are giving at the right time, confirm when the last dose was given. Be mindful of ‘as required medication’ that the frequency of administration is correct.
* **Right Dose**: Check name on prescription, check appropriateness, Calculate dose if necessary. Be mindful of ‘as required medication’ that the daily does is not exceeded. Where a person is taking Anticoagulant Medication, and where regular INR monitoring is taking place, the guidelines for taking verbal orders and amending MAR charts should be followed when changes to the Warfarin dose is made.
* **Right to Refuse**: Check is the patient capable of making this decision, is there an order in place which allows you to covertly administer medication.
* **Documentation**: Complete and sign the necessary documentation to prove that you have witnessed the person has *taking* the medication. Any refusal should be documented in the patients care notes and the appropriate code entered into the medicines recording sheet.
* Do not use another member of staff as a ‘runner’ to administer on your behalf. This is illegal. Nor should drugs be left on bed tables for another person to administer.
* Efficacy of the medication. It is your responsibility to note whether the drug has had the desired effect and record appropriately.

**D CONTROLLED DRUGS**

All medicines should be handled safely, with due care and attention given to the current legal framework and good practice guidelines.

Controlled drugs are ‘dangerous or otherwise harmful drugs’ This category of medicines is subject to additional requirements over and above those that apply to other categories of medicines such as Pharmacy ( P ) medicines or Prescription Only Medicines (POMs)

Controlled drugs are covered by both the Medicines Act (1968) and the Misuse of Drugs Act (1971) with associated regulations. Whenever controlled drugs are handled, careful attention must be paid to the additional requirements.

Nothing should be displayed on the outside on the cabinet, cupboard to indicate that CDs are kept within the area. A designated person within the premises should take overall responsibility for the keys / codes of the cabinet. The keys should never be given to an unauthorised person. The ultimate responsibility for the safe storage rests with the key holder.

Details of controlled drugs should be entered in the ward or department Controlled Drug Register, along with the details of the person receiving them. The stock balance of controlled drugs should be reconciled regularly, however the frequency of the check is decided on the basis of local operational considerations.

When administering a CD the procedure detailed above is followed with the addition of the following:

* Before administering the CD the nurse should measure and check the dose with another appropriate member of staff acting as a witness.
* The CDR should contain a separate page for each drug with name, dose and strength of the drug written clearly at the top of the page. A column for recording running balances should be on each page to maintain effective control and identify any discrepancies relating to the use of CDs
* Both members of staff should witness the patient taking the drug and sign the register to verify this. The patient’s care notes can then be updated appropriately.
* CDs should be returned to pharmacies at the earliest opportunity for appropriate destruction. This includes CDs no longer required or passed their expiry date
* CD patches, when removed from patients, still contain small quantities of the drug and should be folded in half following removal to render the content irretrievable. The hospital should have a policy and arrangement with the pharmacy for safe disposal of these patches.
* If on counting CDs, a discrepancy is found, it should be reported to the department manager immediately. They should investigate the discrepancy promptly.
* If the discrepancy is found to be due to an error in subtraction or addition in the stock control do not change the balance column or use correction fluid. The following details should be entered under that last entry:

: the date

: the error in subtracting/ addition ( indicated with an Asterix)

: the correct balance

: the signature member of staff and the witness

* Where a dose is given, but the nurse fails to complete the CDR at the time of administration, the following details should be recorded under the last entry:

: the current day’s date

: the dose administered but not recorded at the time followed by the patient’s details

: the correct balance

: the signature of the administering nurse and witness

* If the reason for the discrepancy cannot be found, and the CDs appear to have gone missing, then all relevant people, possibly including the police should be notified.

**E COVERT ADMINISTRATION OF MEDICATION**

Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. While this is sometimes necessary and justified, it must never be given to someone who is capable of deciding about medical treatment. Mental Welfare Commission document Covert Administration Legal and Professional Guidance 2013 states that is it generally unlawful to administer medication without consent and that it could be regarded as assault.

Under the law in Scotland ,there are mechanisms forgiving medical treatment to people who lack capacity. The two significant pieces of legislation are: The Adults with Incapacity

(Scotland) Act 2000 The Mental Health (Care and Treatment) (Scotland) Act 2003

Decisions on whether to covertly administer medication to individuals should not be taken lightly and should be discussed with the MDT concerned including the resident’s significant others. The Mental Welfare Commission document above gives suggestions for a proforma which should be filled out and retained on the resident’s record after having satisfactorily answered number of questions. All staff would then be legally allowed to administer the drugs in the most appropriate way in the person’s best interests.

**F CRUSHING TABLETS AND OPENING CAPSULES**

Staff should never assume that this practice is acceptable. It may adversely affect the efficacy and safety of the drug and render the manufacturer’s responsibility for safety null and void.

Many drugs are available in liquid form and the pharmacist should be consulted should a resident be unable to take a tablet or capsule.

If an alternative is not available, the pharmacist may be able to suggest other methods appropriate to the medication.