Medicines Management Policy and Procedure

Approved by: Candy Cooley, Chairman **Originator: Libby Mytton, Director of Care** **Date of approval: July 2016**	**Signature** **…….**

Introduction

The management and secure handling of medicines is underpinned by principles of safe practice for staff involved in the storage, dispensing and administration of medicines. The accountability of staff is explicit in the policy and procedures.

Purpose of Policy

The aim of this policy is to provide instructions on how to handle all relevant aspects of the management of medicines in a secure and safe manner for both patients and staff.

The policy and procedures cover:

- Accountability and responsibilities of staff
- Storage of stock medicines (Paracetamol)
- Storage of patients' own drugs (PODs), including Controlled Drugs (CDs)
- Self administration of medicines
- Administration of simple medications
- Administration of PODs where a patient is not competent to self-administer
- Monitoring and Assessment
- Covert administration of medicines
- Administration of interactive wound dressings
- Renewing a syringe driver
- Action to be taken in the case of medical emergencies
- Reporting of drug errors
- Document Archiving
- Review
- Policy Area
- Staff training requirements

Roles and Responsibilities

Management Responsibilities

Chief Executive

The Chief Executive is responsible for determining the governance arrangements of the Hospice including effective risk management processes. They are responsible for ensuring that the necessary clinical policies, procedures and guidelines are in place to safeguard patients and reduce risk. In addition they will require assurance that clinical policies, procedures and guidelines are being implemented and monitored for effectiveness and compliance.

Director of Care

The Director of Care has overall responsibility for patient safety and ensuring that there are effective risk management processes within the Hospice that meet all statutory requirements and adhere to guidance issued by the Department of Health. The Director of Care is responsible for maintaining safe medicines systems.

Controlled Drugs Accountable Officer (CDAO)

The Accountable Officer is responsible for investigating concerns and incidents related to controlled drugs, and for collaborating with the Local Intelligence Network (LIN) to share information.

Day Hospice Team Leader

The Day Hospice Team Leader is responsible for ensuring that the qualified nursing team in the Day Hospice are competent in medicines management and that the team develops and maintains a sound knowledge of medicines used in palliative care.

As line manager, the Day Hospice Team Leader is also responsible for ensuring that:

- This policy is made available to all relevant staff
- The staff they are responsible for implement and comply with the policy
- That staff are updated with regards to any change in the policy

All trained nursing staff

All trained nursing staff are responsible for the storage and management of simple medications and drugs used for the treatment of anaphylaxis, and management of PODs, including CDs.

All trained nursing staff are aware of their responsibilities regarding the safe and secure handling and administration of medicines and are able to maintain high standards of practice.

All trained nursing staff are aware of the security of drugs, the possibility of misuse and recognise their responsibilities in relation to the NMC Code of Professional Conduct and Standards for Medicine Management.

All trained nursing staff are aware of the role of the CDAO with regard to the reporting of incidents involving CDs.

Any incident of misuse of drugs is reported to the CDAO, if necessary according to the Hospice's 'Whistleblowing' Policy

The Controlled Drug Accountable Officer (CDAO)

The role of the CDAO at Primrose Hospice is limited as the Hospice does not stock controlled drugs.

However, the following still applies:

- A named senior manager is appointed as CDAO, and that person takes responsibility for the monitoring and audit of the management and use of controlled drugs at Primrose Hospice
- The Care Quality Commission (CQC) have been notified in writing of the name of the CDAO
- Should there be any changes to the CDAO the CQC must be notified
- There must be a CDAO in place at all times, and if the current CDAO should leave or be otherwise absent from the Hospice a replacement must be appointed
- The CDAO must be a senior manager or answerable to a senior manager
- The CDAO must be an employee of the Hospice
- The CDAO should not regularly prescribe, supply, administer or dispose of controlled drugs as part of their role
- The CDAO must have links with the Lead CDAO for the Local Intelligence Network (LIN) and provide quarterly occurrence reports to the LIN

Storage of Stock Medicines

- Primrose Hospice does not hold a stock of medicines other than Paracetamol (see appendix 1)
- The Day Hospice Nursing Team are responsible for ensuring that the stock of Paracetamol is stored appropriately and within date at all times

Storage of Patients' Own Drugs (PODs) including CDs

- The CD cupboard is used only for secure storage of a patient's own drugs during their time at the Day Hospice and will be taken home again at the end of the day
    - A patient's own CD which is being stored in the CD cupboard at Primrose Hospice is first checked following the procedure for checking all PODs (see below)
    - If the medicine is not safe and/or appropriate for use, the patient or their agent should be advised and they should be encouraged to send them to the pharmacy for safe destruction

- If the medicine is fit for purpose, two trained nurses must sign the CD into the CD register, in the presence of and countersigned by the patient or their representative:
  - Tablets to be counted
  - Liquids to be estimated and a red line marking the upper level of liquid in the bottle
- At the end of the day two trained nurses must again check and count, or estimate the volume of liquid, checking against the red line (allowing for any doses that have been taken during the day), return the drug to the patient and sign the CD register to show a nil balance
- Wherever possible, drugs are to be taken home with the patient at the end of the day and not left in the CD cupboard or routinely stored at Primrose Day Hospice
- If a CD has been left in the cupboard after the end of a Day Hospice session the following action(s) should be taken:
  - The patient, or their agent/representative should be asked to come and take the drug away as soon as is practicable
  - If this is not possible, because the patient is too unwell, or has died, and there is no appropriate agent/representative, the drug is to be taken to the local pharmacy for destruction and the pharmacist is to be asked to sign the CD register to the effect that they are taking responsibility for the destruction of the drug
  - A clear and auditable trail must be in place to demonstrate the safe care and custody of the drug at all times

Self Administration

- It is desirable and appropriate in a Day Hospice setting for patient to retain custody and control of their medicines in order to preserve and maintain their independence
- A patient's competence to self-administer should be assessed on initial admission to the Day Hospice and on a regular basis thereafter
- Safety of medicines therefore remains the responsibility of the individual patient and this is made explicit to all patients, particularly where opioids are in use
- All patients are supplied with a Patient Guide on their first visit to the Day Hospice, which includes a leaflet describing the Hospice's approach to medicines and medicines management
- Where a patient lacks the ability to self medicate the key worker will arrange, in liaison with the patient's representative for PODs* to be available for qualified staff at Primrose Day Hospice to administer

*see 'Administration of PODs where a patient is not competent to self-administer' (page 5)

Administration of Simple Remedies (Paracetamol)

- It is sensible to be able to treat minor aches and pains in the Day Hospice without necessarily consulting a doctor
- A locally agreed list of simple, over the counter remedies has been compiled in line with the Worcestershire Health and Care Trust Simple Medications Policy, and currently only Paracetamol is in use (see appendix 1)
- Up to two doses of Paracetamol may be given by a Registered Nurse to a patient in Day Hospice on any one day, as per guidance (see appendix 2)
- The Registered Nurse is responsible for checking that the patient is suitable to receive the medication, meets the clinical indication for use and does not meet any of the exclusions from treatment. They are also expected to ensure that the patient does not have any known relevant sensitivities or allergies and that the medicine will not adversely react to any other drug being taken by the patient
- If any doubt exists as to the safety of giving a simple medication the Nurse will seek appropriate advice before proceeding. This may be from the Director of Care or other Independent Prescriber within the Hospice, or a doctor

Administration of PODs where a patient is not competent to self-administer

Assessing PODs

Only a registered nurse is able to assess PODs, using the guidance below:

1. **Expiry Date**
   - 1.1. If the expiry date is not indicated, a product cannot be used
   - 1.2. Liquid preparations may have a shorter expiry date once reconstituted or opened. If the expiry date is not clear do not use
   - 1.3. Opthalmic preparations have reduced expiry dates when in use. For infected eye preparations the expiry date is 7 days. For all other ophthalmic preparations the expiry date is 28 days, Eye preparations that are already open cannot be used
2. **Physical Condition** must be satisfactory
   - 2.1. Tablets/capsules must not be broken, discoloured or mixed with other tablets/capsules
3. **Label and container**
   - 3.1. The container must be labeled with a typewritten dispensing label. The dispensing label must not have been altered in any way. Confirmation of the prescription must be obtained from the GP and the directions on the container must match the GP record
   - 3.2. Only items in their original dispensing container must be used
   - 3.3. The label must contain the following, clearly visible information:

3.3.1.The address of the Pharmacy that dispensed the medication

3.3.2.The date the medication was dispensed

4. **Drug name**
   4.1. Unfamiliar medicines MUST be checked in the British National Formulary (BNF). If in doubt the registered nurse must always check further with a pharmacist or the GP
5. **Strength**
   5.1. Must correspond with the prescribed strength in the GP record
6. **Patient's name**
   6.1. PODs may only be used for the patient for whom they were originally prescribed – they must NOT be used for any other patient
7. **Dosage instructions**
   7.1. The dose on the label must match the dose documented on the GP record
   7.2. Atypical doses, at variance with the BNF, must be checked with the GP before approval
8. **Contents**
   8.1. The identity of the medication can be clearly confirmed with 100% certainty i.e. the medication is contained in a blister pack or are clearly marked individual tablets or capsules
   8.2. Plain or coloured unmarked tablets CANNOT be positively identified
9. **Liquid preparations**
   9.1. Must only be used if contained in the original manufacturer's bottle

Administration of PODs

- Providing the PODs have been checked in line with the instructions set out above, a registered nurse may administer the POD as prescribed
- The dose and time of administration of any medicine during a Day Hospice session will be documented in the patient's records and on any care plan supplied by the carer (e.g. district nursing notes)

Monitoring and Assessment

- The main role of the nursing staff in the Day Hospice in relation to medicines is to assess, monitor, record and continuously evaluate the effectiveness of medicines being taken
- This assessment must include a careful history of which drugs a patient is taking, how and when they are taking them, the effect those drugs are having and an assessment of the patient's understanding of their medication
- All trained nurses in the Day Hospice must develop and maintain a sound knowledge of medicines used in palliative care to include drug interactions, special precautions, side effects and contraindications
- If in doubt a nurse must refer to a Clinical Nurse Specialist, or the Consultant in Palliative Medicine for advice

Arrangements for giving medicines covertly

- Covert administration of medicines is not usually undertaken at Primrose Day Hospice
- Covert administration may be considered acceptable where:
    - A patient has refused to take a prescribed medication but is deemed to lack the capacity to understand the consequences of their refusal
    - A written assessment of the patient's mental capacity has been documented
    - A decision has been made and agreed by the multidisciplinary team that covert administration is appropriate in this specific circumstance
    - If necessary, appropriate pharmacy advise has been sought as to any change or reduction in the therapeutic value of the medicine if it were to be given covertly (e.g. crushing a tablet or giving it in a drink)
- Full documentation must be made of the decision to administer covertly and the actual administration of the medicine

Administration of active or interactive wound dressings

Definitions

- A passive dressing merely covers, or protects a wound
- An active wound dressing is one that promotes healing through the creation of a moist wound environment
- An interactive wound dressing not only creates a moist wound environment but also interacts with wound bed components to further enhance wound healing

Administration of wound dressings

- An active or interactive wound dressing that has been prescribed by a GP or District Nurse may be changed at the Day Hospice providing the district nurse has sent a care plan with the patient clearly setting out the instructions for renewing the dressing
- All necessary equipment must also be sent with the patient (dressing packs etc)
- The district nurse's records will be completed by the registered nurse who has renewed the dressing *(but please note that this may be subject to change as the community services are moving to hand held devices and paper-free records)*

Renewing a Syringe Driver

- A syringe driver may be renewed at the Day Hospice providing a clear prescription for the syringe driver is sent with the patient
- All drugs and equipment required to renew the syringe and change the giving set if necessary must also be sent with the patient

- All drugs will be checked and signed in as per 'Storage of PODs, including CDs,' above
- Drugs will be drawn up and checked by two trained nurses prior to administering the syringe
- A label will be applied to the syringe, clearly stating the name, dose, and time of setting up the syringe driver and signed by both nurses
- The district nursing record *(see note above)* and syringe driver prescription chart will be completed by the registered nurse responsible for renewing the syringe

Action to be taken in the case of medical emergencies

If a medical emergency arises, the following action should be taken:

- Immediate assessment of the patient's condition:
  - Airway
  - Breathing
  - Circulation
- If indicated and appropriate, basic life support to be initiated and paramedics called
- Otherwise place in recovery position or recliner chair (as appropriate)
- Observe blood pressure, pulse, respirations, oxygen saturations, temperature and skin colour (or for rash)
- Decision to be made by nursing team as to the need for an emergency ambulance, or urgent discussion with the GP
- Equipment to be on hand at all times:
  - BP machine
  - Pulse oximeter
  - Thermometer
- Drugs to be available at all times:
  - Oxygen
  - Anaphylaxis pack
- All observations and actions to be recorded within the patient's medical record

Action to be taken in the event of adverse drug reaction

Standard 25 of the Nursing and Midwifery Standards for Medicines Management states:

'as a registrant, if a patient experiences an adverse drug reaction to a medication, you must take any action to remedy harm caused by the reaction [see above]. *You must record this in the patient's notes, notify the prescriber (if you did not prescribe the drug) and notify via the Yellow Card Scheme immediately.'*

Reporting of Drug Errors

- An open culture of reporting drug errors is promoted within the Hospice.
- Drug errors include:
    - An incorrect dispensation of the drug prescribed
    - A medication given to the wrong patient
    - The incorrect medication given to the patient
    - The incorrect dose given to the patient
    - The incorrect route of administration used in the administration of the medicine
    - The omission of a prescribed dose of medication, **where nursing staff at Primrose Day Hospice had taken responsibility for the administration of the drug**
- If an error is made it is reported immediately to the most senior nurse in charge of the Hospice at the time of the error
- The patient, and/or their representative is to be informed of the error (see Duty of Candour Policy)
- The patient's GP is informed of the error, and will advice whether any action needs to be taken
- A clinical incident form is completed and the person(s) involved make a full written statement
- A record of the error is made in the patient's clinical notes
- The error is fully investigated, taking account of the context, circumstances and position of the practitioner
- Once the investigation has been completed a professional and managerial decision will be made on how to proceed
- Full feedback from the investigation will be provided to the patient and/or their representative, dependant on the level of harm, if any, that resulted from the error and in line with the Duty of Candour Policy
- Details of the incident will be anonymised and presented to the Clinical Governance Committee

Document Archiving

1. Primrose Hospice has paper-free clinical records as the team uses a clinical healthcare record called SystmOne. All SystmOne data is held in a secure data centre accredited by the Health and Social Care Information Centre (HSCIC). It has both a primary data centre and a disaster recovery centre. As SystmOne is centrally hosted with records held on a central server patient data is always kept safe and accessible.
2. A record of PODs or simple remedies given in Day Hospice is maintained in the SystmOne notes

3. Where a syringe driver has been renewed, the staff involved will sign the Syringe Driver chart, which is returned home with the patient, and archiving this chart is the responsibility of the district nurses

Review

This policy will be reviewed as a minimum every 3 years, unless legislation, local or national guidance requires an earlier review.

Policy Area

Patient Treatment and Care. See also Primrose at Home Medicines Administration Policy and Procedure (Primrose at Home).

Staff Training Requirements

Primrose Hospice will ensure that trained staff will maintain an up to date knowledge of medicines used in palliative care through a variety of means including:

- Monitored regular attendance at the weekly multidisciplinary team meetings
- Regular appraisal, identification of training needs and the provision of a personal development plan
- Where identified as necessary, specific medicines and symptom control training

Appendix 1

Approved simple medicines for use at Primrose Day Hospice

Drug (approved name)	Dose	Route	Frequency	Maximum administration in Day Hospice
Paracetamol	500mg, 1-2 tablets	oral	4-6 hourly	2 doses*

Guidance for the use of simple medication

Paracetamol

*maximum daily dose 8 tablets

A non-opioid drug, paracetamol is a suitable first choice for analgesia for most patients with mild to moderate pain.

Clinical condition/indication(s) for use

- Generalised pain
- Symptomatic pyrexia

Patients eligible for inclusion in the policy

Any patient requesting relief from mild to moderate pain or pyrexia.

Patients excluded from the treatment under the policy

- Hepatic and renal impairment
- Alcohol dependence
- Self-poisoning of the liver
- Concurrently taking any other drugs containing paracetamol i.e. codydramol, coproxamol, **MAGNESIUM TRISILICATE MIXTURE BP**, co-codamol (including Kapake, Solpadol, Remedeine). Also check prior intake of over-the-counter paracetamol and paracetamol-containing products, especially cold and flu remedies
- Known hypersensitivity reactions to any of the constituents of the product
- Children under 6 years of age

Action for patients excluded from the treatment under the policy

Any patient excluded should be reviewed by medical staff and alternative medication prescribed.

Side Effects

Rarely rash.

Note

Soluble tablets have a high sodium content which may not be suitable for people with high blood pressure.