


HOLY CROSS HOSPITAL

Policy Title	Medicines management
Policy Group	Clinical
Policy Owner	Director of Nursing Services
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Cross References:	<ul style="list-style-type: none">• Infection prevention and control manual• Consent policy• The NEWT Guidelines for administration of medicines to patients with enteral feeding tubes or swallowing difficulties. (Third edition 2015 – Jen Smyth)• Medicines management manual• Standard operating procedure for Controlled Drugs• Non-medical prescribing
References:	<ul style="list-style-type: none">• NMC Code of Professional Conduct (2015)• NMC Standards for medicine management (2010)• Royal Marsden Clinical Nursing Procedures (Ninth edition 2015)• National Patient Safety Agency• British National Formulary 75 (2018)• CQC medication management – policies, procedures and toolkits• NICE – medicines management
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Sign off by CEO	

1. INTRODUCTION

The safe and secure handling of medicines is the responsibility of registered nurses who are accountable for their actions and must within their professional guidelines. The aim of the guidance is to ensure:

- Medicines are correctly prescribed
- Medicines are accurately administered
- Medicines are correctly controlled and recorded

2. POLICY STATEMENT

Holy Cross Hospital will endeavor to ensure the safe and secure handling of medicines to protect patients, staff and the public in accordance with current legislative requirements and best practice. This policy does not apply to Controlled Drugs for which there is a separate Standard Operating Procedures.

3. RESPONSIBILITIES

3.1. Doctors

Doctors are responsible for prescribing and giving advice on medicines. Doctors may act as a witness to the preparation, administration and disposal of Controlled Drugs (CDs).

3.2. Ward Sisters/Charge Nurses

Ward sisters/change nurses are responsible for ensuring:

- All relevant reference books, policies, protocols and guidelines are available to staff
- New RNs staff receive a full induction into medicines management
- Assessment of new RNs in medicines administration (may be delegated to SSNs)
- Action is taken on findings from audits
- An up to date list of authorised signatures is maintained
- All medicines are kept in a safe and secure manner
- Appropriate checking procedures are in place
- Appropriate levels and range of stock are maintained and reviewed periodically

3.3. Registered nurses (RNs)

RNs are responsible for:

- Storing, handling, ordering, checking, administration and disposal of medicines
- Daily CD checking
- Highlighting training needs both their own and colleagues and reporting to line manager or DNS
- Witnessing preparation, administration and disposal of CDs signing relevant documentation

3.4. Director of Nursing Services (DNS)

The DNS has overall responsibility to ensure safe systems and practices are implemented, maintained and monitored. This includes investigating suspected medicine errors and ensuring remedial action is taken to prevent a recurrence.

The DNS is also qualified as a Non-Medical Prescriber, whose roles, responsibilities and limitations are listed in a separate policy - Non-Medical Prescribing.

3.5. Chief Executive Officer (CEO)

The CEO acts as a Controlled Drugs Accountable Officer (CDAO) and submits the quarterly occurrence report.

3.6. Ashtons Hospital Pharmacist

Ashtons Pharmacy provides a consultancy service and ensures processes are in place to minimise risk.

4. SUPPLY

Medicines and other pharmaceutical products for use in the hospital are supplied by Ashtons Hospital Pharmacy, 4 Dyke Road Mews, 74–76 Dyke Road, Brighton BN1 3JD. Telephone: 0345 222 3550 Clinical enquiries: medinfo@ahps.co.uk

4.1. Stock medicines

Medicines held as stock items are agreed by clinical staff and Ashtons Pharmacy. Quantities and type of medicines are specified and reviewed regularly.

Stock medications are issued by the senior nurse on duty. The nurse requesting the medication must produce the patient's medicine chart and both nurses check the correct medication is issued and document it appropriately. Stock medicines are replaced as used.

4.2 Ordering

Monthly orders are made for patients using reorder sheets. Additional medicines prescribed during the month are ordered using pre– printed order forms.

Stock medicines or other pharmaceutical products are ordered online via the Ashtons pharmacy website.

4.3. Medicines brought into the hospital by patients

On admission all medications brought into the hospital by a patient must be handed to the nurse in charge for correct storage or disposal. Patient's own medicines remain their property until permission is given to destroy them.

The medication will be returned to the patient on discharge by the nurse in charge provided it continues to be prescribed by the doctor. If the medication is no longer prescribed it will be destroyed after gaining consent from the patient.

During the patient's stay in the hospital all medicines will be supplied by Ashtons Hospital Pharmacy.

Under certain circumstances patients will be permitted to use their own medicines provided the following criteria are met:

- The medicine is prescribed by a Holy Cross doctor using medicine prescription and administration record system chart indicating the patient's own medicines are to be used
- The medicines are stored securely in patient's own individual medicine cupboard
- The medicines are positively identifiable
- Ashtons Hospital Pharmacy are agreeable



4.4. Acquiring medicines out of hours

Where a non-stock medicine is prescribed out of hours and is required urgently it can be acquired via the Ashtons Pharmacist on call.

Alternatively a private prescription written by the duty doctor can be dispensed at a local community pharmacy.

5. RECEIPTS AND RECORDS

5.1. Receipt of medicines

-  All medicines are delivered to a designated area within the ward area. A registered nurse accepts responsibility and signs for the delivery
-  The RN receiving the medicines is responsible for ensuring correct storage as soon as reasonably practicable and checking the medication is correct including:
 - Name of patient
 - Dosage
 - Double check Ashton's label, with manufacturer's ANY DISCREPANCIES REPORT TO SENIOR NURSE IMMEDIATELY
 - Senior nurse will contact Ashtons Hospital Pharmacy

5.2. Documentation

Pharmacy order forms must be checked by the Registered Nurse signed and dated.

6. SECURITY

Senior nurses are responsible to ensure effective systems are in place to securely manage access to medicine cupboard keys. Medicine cupboard keys must never be unattended and should be carried on the person of the key holder. The key holder is responsible for controlling access to medicine storage facilities. The stock medicine cupboard key is carried by the senior nurse in charge of the hospital.

Spare keys for each ward are kept in a secure area and are available via the senior nurse in charge of the hospital.

Missing keys must be investigated and reported to nurse in charge immediately. Contact should be made with the last known holder. An incident form must be completed and sent to DNS. A police should be called if necessary.

Any suspected errors, loss or misuse of medicines must be reported to the nurse in charge immediately who will investigate and complete a medicine error form. The form will be reviewed by the DNS who will decide on further action to be taken and by whom.

7. STORAGE

Each patient's medicines are stored in the lockable cupboard within their nurse server. The cupboard must not be used to for any other purpose.

Medicines requiring refrigeration are stored in the medicine fridge in the ward clean holding. The temperature must be maintained at 2-8°C, checked and recorded daily.

Each ward holds a stock of pharmaceutical products in a locked cupboard in ward lounge; dates and stock levels are checked weekly by senior nurses.

Stock medicines are stored in a locked cupboard in the Conference Room. Access is limited to senior nurses. Dates and stock levels of medicines are checked weekly by the Medicines Management Special Interest Group.

8. EMERGENCY MEDICINES

8.1. First line medicines and Anaphylaxis packs

Anaphylaxis and emergency medicines packs are stored in the bottom drawer of each emergency trolley located at the entrance of St Anthony's Ward and hydrotherapy resuscitation bay.

Both packs are checked weekly by a designated nurse to ensure they are sealed and in date. Once the seal has been broken the nurse in charge must organise a replacement. Ashtons pharmacist is responsible for checking and replacing the expired medicines in both packs.

8.2 Administration of Midazolam/Buccolam

Midazolam/Buccolam pre-filled oral syringes are stored in the secured drug cupboard. They can be administered without prescriptions that was approved by the Medical Advisory Committee. The hospital seizure management protocols must be followed.

9. PRESCRIBING

Medicines must be prescribed by a doctor or non-medical prescriber attached to the hospital. The medicine prescription and administration record sheet supplied by Ashtons Hospital Pharmacy must be used. The hospital documentation standards apply.

Doctors and non-medical prescriber are responsible for signing named patient pharmacy orders. Prescriptions are cancelled by the doctor or non-medical prescriber who must sign the relevant box on the chart. Prescriptions must be re-written and the original cancelled if any changes are made.

Doctors and nurses are responsible for reporting any adverse reactions to relevant authorities via yellow card system.

9.1 Remote prescription

In exceptional circumstances, a registered prescriber may need to prescribe remotely for a previously un-prescribed medicine, the use of information technology (such as: text message or email) must confirm the prescription before it is administered.

A verbal order is not acceptable on its own. The fax or email prescription or direction to administer must be stapled to the patient's existing medication chart. Two registered nurses should sign the chart to confirm the documentation agrees with the text message before it is administered. This should be followed up by a new prescription signed by the registered prescriber confirming the changes within normally a maximum of 24 hours (72 hours maximum – bank holidays and weekends).

Registered nurses are accountable for ensuring all relevant information has been communicated to the prescriber and they may refuse to accept a remote prescription if it compromises care to the patient. In this instance they should document accurately the communication that has taken place. Registrants should note that remote prescribing cannot be undertaken.

9.2 Text messaging

Registered nurses must follow the hospital protocols to ensure patient confidentiality and documentation of any text received include: complete text message, telephone number/prescriber's name (it was sent from), the time sent, any response given, and the signature and date when received by the registered nurses.

A second signature from another registered nurse is required to confirm the documentation agrees with the text message before it is administered. This should be followed up by a new prescription signed by the prescriber confirming the changes within normally a maximum of 24 hours (72 hours maximum – bank holidays and weekends).

All received messages should be deleted from the receiving handset after documentation is signed by a registered prescriber.

9.3 Transcribing

Registered nurses may transcribe medication from one 'direction to supply or administer' to another form of 'direction to supply or administer'.

This should only be undertaken in exceptional circumstances and should not be routine practice. However, in doing so registered nurses are accountable for their actions and omissions.

Any medication that registered nurses have transcribed must be checked by another registered nurse, and signed off by a registered prescriber.

Any transcription must include the patient's full name, date of birth, drug, dosage, strength, timing, frequency and route of administration.

10. DISCHARGE OR DEATH OF A PATIENT

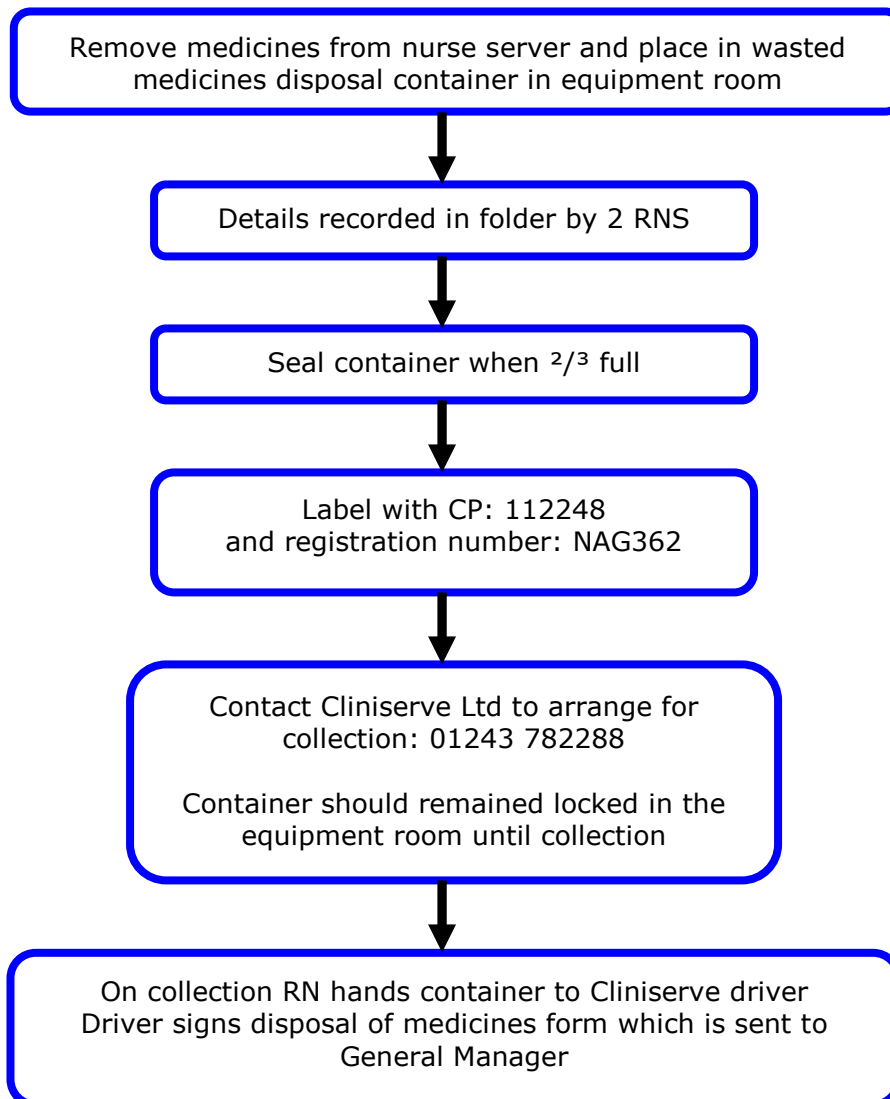
Where a discharge is planned one week supply of medicines to take home is ordered from Ashtons at least 48 hours prior to discharge using the pre-printed order form.

Where a patient is leaving the hospital on an unplanned temporary basis two RNs check medicines with chart and decant into a clean sealable container clearly labeled with the patient's name, name of medication, dose, amount and when it should be taken. A copy of the patient's medicine chart should be provided if the patient is away from the hospital longer than 6 hours.

On the death of a patient, prescribed medicines are retained in a locked cupboard for one week then disposed of.

11. DISPOSAL OF MEDICINES

All out of date or discontinue medicines are disposed of using the procedure below:



12. AUDIT

The Ashton's Pharmacist conducts an audit on all prescription charts every 2 weeks and a hospital wide medicines management audit quarterly. A secure electronic report can be accessed on the Ashtons website. Senior nurses are responsible for responding and implementing recommendations. DNS to be informed of action taken.

13. MEDICAL ALERT/RECALL

Where an alert or recall notice is issued from Medicines & Healthcare products Regulatory Agency (MHRA) senior nurses will receive an email (also saved in O drive). Where relevant immediate action is taken, a hard copy of the alert will be kept in the MHRA folder currently located in the conference room.

14. MEDICINES MANAGEMENT MANUAL

Holy Cross Hospital medicines management manual provides guidelines on

- general medicines management
- standards operation procedures for controlled drugs
- competency assessment
- NMC standards for medicines management
- DoH controlled drugs regulations

15. REVIEW

This policy has been reviewed for adverse impact on people with protected characteristics within the meaning of the Equality Act 2010 and no such impact was found. The policy will be reviewed bi-annually to ensure that the system described continues to provide an effective framework for planning and delivering learning and development.