

Medicines Management Policy

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Printed copies are for reference only. Please refer to the electronic copy for the latest version

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1. Introduction

Effective medicines management is a cornerstone of safe, high-quality healthcare delivery. This policy outlines the framework for the safe, effective, and efficient use of medicines within Holy Cross Hospital, ensuring compliance with relevant legislation, regulatory standards, and best practice guidelines.

The purpose of this policy is to support healthcare professionals in the responsible prescribing, dispensing, administration, and monitoring of medicines, while promoting optimal patient outcomes and minimising the risk of medication-related harm. It applies to all caregivers involved in any aspect of medicines use, including clinical, pharmacy, and support personnel.

By establishing clear roles, responsibilities, and procedures, this policy aims to foster a culture of safety, accountability, and continuous improvement in medicines management.

2. Purpose

The purpose of this Medicines Management Policy is to ensure the safe, effective, and consistent use of medicines across all areas of clinical practice within Holy Cross Hospital. It provides a structured approach to the prescribing, dispensing, administration, storage, and disposal of medicines, in line with legal, ethical, and professional standards.

This policy aims to:

- Promote patient safety by reducing the risk of medication errors and adverse drug events.
- Support healthcare professionals in delivering evidence-based, person-centred care.
- Ensure compliance with national legislation, regulatory requirements, and best practice guidelines.
- Facilitate accountability and clarity in roles and responsibilities related to medicines use.
- Encourage continuous improvement in medicines optimisation and clinical outcomes.

3. Objectives of this Policy or Procedure

The objectives of this Medicines Management Policy are to:

- Ensure Patient Safety:

Minimise the risk of medication errors and adverse drug reactions through robust systems and practices.

- Promote Best Practice:

Support the safe, evidence-based, and cost-effective use of medicines in line with national and local guidelines.

- Clarify Roles and Responsibilities:

Define clear responsibilities for all caregivers involved in the prescribing, dispensing, administration, and monitoring of medicines.

- Support Regulatory Compliance:

Ensure adherence to relevant legislation, professional standards, and regulatory requirements (e.g. CQC, MHRA, NICE).

- Enhance Medicines Optimisation:

Promote the appropriate use of medicines to achieve the best possible outcomes for patients, including deprescribing where appropriate.

- Improve Communication and Documentation:

Standardise processes for recording, sharing, and reviewing medicines-related information across care settings.

- Foster Continuous Improvement:

Encourage regular audit, review, and learning from incidents to improve medicines management practices.

4. Policy Statement

Holy Cross Hospital is committed to ensuring the safe, effective, and appropriate use of medicines as an integral part of delivering high-quality patient care. This Medicines Management Policy sets out the principles and standards that govern all aspects of medicines use, including prescribing, procurement, storage, administration, monitoring, and disposal.

All Caregivers involved in the handling or management of medicines are expected to adhere to this policy and to work within the scope of their professional roles, relevant legislation, and regulatory guidance. The organisation will provide the necessary training, support, and governance structures to enable caregivers to meet these responsibilities and to continuously improve medicines-related practices.

Through this policy, Holy Cross Hospital aims to safeguard patients, support clinical decision-making, and promote a culture of safety, accountability, and excellence in medicines management.

This policy does not apply to Controlled Drugs for which there is a separate Standard Operating Procedures.

5. Scope

This policy applies to all Caregivers involved in any aspect of the use of medicines within Holy Cross Hospital, including but not limited to:

- Prescribing – by medical, non-medical, and supplementary prescribers.

- Ordering and Procurement – including stock control and supply chain management.
- Storage and Security – of medicines and regulated products
- Administration – by registered caregivers, including self-administration by patients where appropriate.
- Monitoring and Review – of medicines use, effectiveness, and safety.
- Disposal – of expired, unused, or waste medicines in accordance with legal and environmental standards.

This policy applies to permanent, temporary, bank, and agency staff, as well as students and trainees under supervision.

6. Responsibilities

6.1. Doctors

Doctors are responsible for:

- Prescribing medicines and providing clinical advice on their use.
- Medicines Reconciliation and History Taking. Collecting and verifying comprehensive medication histories on admission, transfer, and discharge. Identifying discrepancies and ensuring continuity of care.

6.2. Ward Managers

Ward Managers are responsible for ensuring:

- Availability of all relevant reference materials, policies, protocols, and guidelines for caregivers.
- New nurses receive a comprehensive induction into medicines management.
- Assessment of new nurses in medicines administration (this may be delegated to Senior Staff Nurses).
- Timely action is taken in response to audit findings.
- An up-to-date list of authorised signatures is maintained.
- Medicines are stored securely and safely at all times.
- Appropriate checking procedures are in place and followed.
- Stock levels and range of medicines are appropriate and reviewed regularly.

6.3. Nurses

Nurses are responsible for:

- Safe Administration of Medicines
 - Administering medicines accurately and safely, following the "five rights": right patient, right drug, right dose, right route, and right time.
 - Using clinical judgement to assess the appropriateness of prescribed medicines before administration.
- Monitoring and Evaluation
 - Observing and assessing patients for therapeutic effects and adverse reactions.

- Reporting and documenting any side effects, errors, or near misses in line with local policies.
- Documentation and Communication
 - Accurately recording all medicines administered, withheld, or refused.
 - Communicating effectively with patients, carers, and the multidisciplinary team about medicines use.
- Storage and Security
 - Ensuring medicines are stored securely and in accordance with legal and organisational requirements.
 - Performing regular checks of Controlled Drugs and maintaining accurate records
- Patient Education and Support
 - Providing patients and carers with information about their medicines, including how and when to take them, potential side effects, and storage instructions.
 - Supporting self-administration where appropriate.
- Professional Accountability
 - Practising within the scope of their competence and in accordance with the Nursing and Midwifery Council (NMC) Code.
 - Keeping up to date with training and best practice in medicines management.
- Contribution to Governance and Quality Improvement
 - Participating in medicines audits, incident reviews, and policy development.
 - Highlighting training needs and supporting colleagues in safe medicines practice.

6.4. Director of Patient Services (DPS)

The DPS holds overall responsibility for:

- Ensuring safe systems and practices for medicines management are implemented, maintained, and monitored.
- Investigating suspected medication errors and ensuring appropriate remedial actions are taken.
- Acting as a qualified Non-Medical Prescriber, with responsibilities detailed in the separate Non-Medical Prescribing Policy.

6.5. Director of Operations (DO)

The DO serves as the Controlled Drugs Accountable Officer (CDAO) and is responsible for:

- Submitting the quarterly Controlled Drugs occurrence report.
- Ensuring compliance with the Controlled Drugs (Supervision of Management and Use) Regulations 2013.
- Participating in local intelligence networks to share information and best practices

6.6. Ashtons Hospital Pharmacist

Ashtons Pharmacy provides a consultancy service and is responsible for:

- Ensuring that systems and processes are in place to minimise risks associated with medicines use.
- Reviewing medication regimens to reduce polypharmacy and inappropriate prescribing.
- Promoting deprescribing where clinically appropriate
- Monitoring and managing medication risks, including adverse drug reactions and interactions

7. Definitions

- **Medicines Management:** The system of processes and practices involved in the prescribing, procurement, storage, administration, monitoring, and disposal of medicines to ensure safe and effective patient care.
- **Prescribing:** The act of authorising the use of a medicine by a qualified healthcare professional.
- **Dispensing:** The preparation and provision of medicines to patients based on a prescription.
- **Administration:** The act of giving a medicine to a patient by a qualified caregiver, ensuring the correct dose, route, and timing.
- **Medicines Reconciliation:** The process of ensuring that a patient's medication list is accurate and complete at transitions of care (e.g., admission, transfer, discharge).
- **Controlled Drugs (CDs):** Medicines that are regulated under the Misuse of Drugs Act due to their potential for abuse or harm, requiring stricter handling and documentation.
- **Deprescribing:** The planned and supervised process of dose reduction or stopping of medicines that may no longer be beneficial or may be causing harm.
- **Five Rights of Medication Administration:** A safety framework ensuring the right patient receives the right drug, at the right dose, via the right route, at the right time.
- **Non-Medical Prescriber:** A healthcare professional who is not a doctor but is authorised to prescribe medicines under specific regulations and training.
- **Medicines Optimisation:** A patient-centred approach to ensuring that medicines are used to achieve the best possible outcomes.
- **Transcribing:** The process of accurately copying medication information from one source (such as a doctor's original prescription) onto a prescription chart or medication administration record. This ensures that all prescribed medicines, dosages, routes, and timings are clearly documented for safe administration and ongoing patient care.
- **Nurses:** All registered nurses and nurse associates holding a valid pin number with the nursing and midwifery council (NMC).

8. Policy or Procedure Implementation

8.1 Supply Source

All medicines and pharmaceutical products are provided by:
Ashtons Hospital Pharmacy,
4 Dyke Road Mews, 74–76 Dyke Road, Brighton BN1 3JD

8.1.1 Stock Medicines

- Stock items are agreed upon by clinical Caregivers and Ashtons Pharmacy and reviewed regularly.
- Senior nurses issue stock medicines. The requesting nurse must present the patient's medication chart, and both nurses must verify and document the issue.
- Used stock is replenished routinely.
- Examples of stock medicines held include: Antibiotics, steroids and analgesics.

8.1.2 Ordering Medicines

- Monthly patient-specific orders are placed using reorder sheets. These are emailed directly to Ashtons pharmacy.
- Additional named patient prescriptions during the month are ordered via pre-printed forms.
- Stock and other pharmaceutical items are ordered online through the Ashtons Pharmacy website.
- There is a delivery charge for all stock items, and therefore where possible bulk orders should be placed.

8.1.3 Patient's Own Medicines

- On admission, patients must hand over any personal medications to the nurse in charge for safe storage or disposal.
- These medicines remain the patient's property unless consent is given for disposal.
- On discharge, medications are returned if still prescribed; otherwise, they are destroyed with patient consent.
- Patients may use their own medicines during their stay if:
 - Prescribed by a Holy Cross doctor on the official chart
 - Stored securely in the patient's medicine cupboard
 - Clearly identifiable
 - Approved by Ashtons Pharmacy

8.1.4 Out-of-Hours Medication

- Urgently needed non-stock medicines can be obtained via the on-call Ashtons pharmacist.
- Alternatively, a private prescription may be issued by the duty doctor for dispensing at a local pharmacy.

8.2 Receipt of Medicines

8.2.1 Delivery.

All medications should be received at main reception. Reception will sign the courier form for receipt. Medication boxes will then be sorted and delivered to the correct ward/department.

8.2.2 Responsibility

A nurse must receive and sign for the delivery once it reaches the ward/department. They must check- patient name, dosage, label accuracy. Any discrepancies must be reported immediately to the Senior Nurse, who will then contact Ashtons Hospital Pharmacy. The nurse must sign receipt of medication order on original order form.

8.2.3 Storage

Medicines must be stored correctly and securely as soon as possible.

Agreed locations for medication storage are:

- Patient medication locker (Nurse server)
- Controlled drugs cupboard
- PRN drugs trolley (stored in clinical equipment room)
- Overflow name patient medication cupboard (stored in clinical equipment room)
- Antibiotic stock cupboard.
- Medication fridges

8.3 Security

8.3.1 Medicine Cupboard Key Security

Senior nurses must ensure secure systems are in place for managing medicine cupboard keys. Keys must always be carried by a nurse and never left unattended. Spare keys are stored securely and accessed through the senior nurse in charge.

Missing keys must be reported immediately to the nurse in charge. The nurse in charge should investigate by contacting the last known key holder and complete an incident form. In serious cases it may be necessary to contact the police.

8.4 Emergency medications

8.4.1 Anaphylaxis Packs

Epipens (or alternative brands of adrenaline) can be located in both emergency trollies. Emergency trollies are stored in the ward offices. Epipens should be checked daily (expiry date and seal) during emergency trolley checks. If expired or seal is broken Ashtons pharmacy should be contacted for a replacement.

All clinical Caregivers receive training on recognising anaphylaxis and use Epipens during induction and yearly refreshers and thus should be competent to do so in an emergency situation.

During patient outings 2 Epipens should be carried in case of emergency use. These should be checked and signed out by the nurse in charge.

8.4.2 Buccal Midazolam

Prefilled Buccal Midazolam syringes can be located in patient's medication lockers or the PRN medication trolley. Buccal Midazolam stock should be checked once weekly by 2 nurses, including expiry date and seal. If expired or seal is broken Ashtons pharmacy should be contacted for a replacement.

All nurses can administer Buccal midazolam as part of their role. Selected Senior Healthcare Assistants also receive additional training and competency assessment to administer Buccal Midazolam in case of emergencies during patient outings.

If a patient is a known epileptic, and has a valid prescription for buccal midazolam, the escort (appropriately trained) should carry a copy of the prescription and a prefilled syringe of buccal midazolam outside of the hospital. This should be administered, if required, according to the hospital's seizure protocol.

8.4.3 Administration of emergency medicines

Epipen and Buccal midazolam are the only emergency medicines that can be administered without a prescription; by an appropriately trained person. This was approved by the Advisory Committee.

8.5 Prescribing

8.5.1 General Prescribing

- Only doctors or non-medical prescribers affiliated with the hospital may prescribe medicines.
- All prescriptions must be recorded on the Ashtons Hospital Pharmacy prescription and administration record sheet.
- Prescriptions must include:
 - Drug name
 - Dose
 - Time of administration
 - Frequency of administration
 - Route
 - Prescribers signature
 - Date
 - Maximum dose in 24 hours (PRN prescriptions)
 - Indications for administration (PRN prescriptions)
- Prescriptions must be signed and cancelled by the prescriber if changes are made.
- Adverse drug reactions must be reported via the Yellow Card system by doctors and nurses.

8.5.2 Remote Prescribing

- Allowed only when prescriber deems appropriate and safe
- Verbal orders alone are not acceptable.
- Prescriptions must be confirmed via text or email, and attached to the patient's chart.
- Two nurses must verify and sign before administration.
- A formal signed prescription must follow within 24 hours (or 72 hours during weekends/bank holidays).
- Nurses can refuse remote prescriptions if patient care is compromised and must document the communication.

8.5.3 Text Messages (Whatsapp)

- Must follow hospital protocols to ensure confidentiality (Whatsapp is preferred due to end to end encryption).
- Documentation must include:

- Full text message
- Sender's name and number
- Time sent
- Nurse's response
- Signatures and date
- Two nurses must verify before administration.

8.5.4 Transcribing

Nurses may transcribe medication orders only in exceptional cases and should not form part of routine practice. Transcriptions must be:

- Checked by another nurse
- Signed off by a prescriber
- Include full patient and medication details (name, DOB, drug, dose, strength, timing, frequency, route)

Nurses are accountable for their actions and omissions.

8.6 Discharge and death

8.6.1 Planned discharge

At least 1 week of medicines should be supplied on discharge. This should be ordered via Ashtons Pharmacy at least 48 hours in advance of discharge date. Medications for discharge should be ordered as 'named patient' to ensure they are correctly labelled with patient identifiers. If a blister pack or dosette box is required there may be a longer lead time from Ashtons Pharmacy.

8.6.2 Unplanned Temporary Leave (e.g hospital transfer)

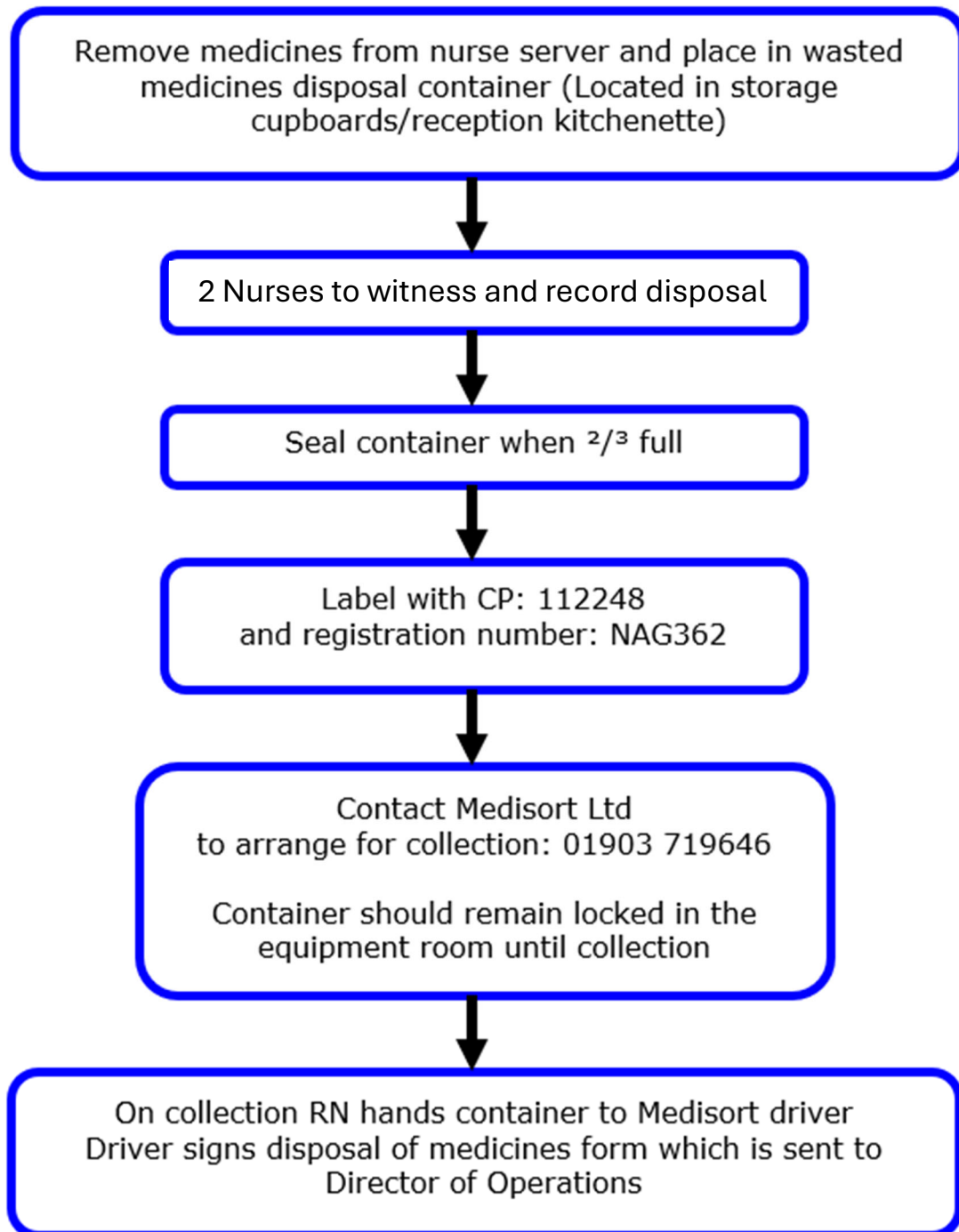
Two registered nurses check medications supplied against patient MAR chart. Where possible supply named patient medications rather than stock. Ensure a copy of the MAR chart is provided with the patient.

8.6.3 Patient death

Ensure medications remain stored securely. Retain medications for a least 1 week post death (potentially longer in case of coroner referrals). Once no longer required ensure named patient medications are disposed of according to hospital policy and stock medications transferred back to appropriate storage.

On death or discharge Ashtons Pharmacy must be informed using the patient information form. This can be sent via email.

8.7 Disposal of medications



8.8 Medical alert/recall

Where an alert or recall notice is issued from Medicines & Healthcare products Regulatory Agency (MHRA) DPS & CPL 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 Ward offices, caregivers will be asked to acknowledge their awareness of action taken. (See appendix 4)

8.9 Patient information and education

Inform patients and/or patient representative about:

- The importance of sharing all medications they take (prescribed, OTC, herbal)
- Potential interactions and side effects
- The role of regular medication reviews

Empowering Patients and/or their representative to:

- Ask questions about their medicines
- Understand why a medicine is prescribed
- Know how and when to take it
- Recognise side effects and what to do
- Participate in shared decision making regarding medicines and therapeutic intervention

8.9 Caregiver education and training

Nurses are required to participate and complete the following training in regards to medicine management:

- **Medicines management** (Ashtons pharmacy, e-learning) Repeated every 3 years.
- **Side effects of medicines** (Ashtons pharmacy, e-learning) Repeated every 3 years
- **Controlled drugs training** (Ashtons pharmacy, face to face) Repeated every 3 years

In addition nurses must complete a medication competency assessment (see appendix No. 2) at the start of employment/role and 2 years thereafter.

9. Regulatory Requirements/ References

Medicines Act 1968

Governs the manufacture and supply of medicines in the UK.

Misuse of Drugs Act 1971 and Misuse of Drugs Regulations 2001

Regulate controlled drugs, including their classification, prescribing, storage, and disposal.

Human Medicines Regulations 2012

Consolidates UK law relating to the marketing, sale, and supply of medicinal products for human use

NHS England Medication Safety Management Guidance (2025)

Nursing and Midwifery Council (NMC) (2015) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates. London: NMC. Available at: <https://www.nmc.org.uk/standards/code/> (Accessed: 29 June 2025).

CQC- Regulation 4- Safe <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-management> (Accessed 29 June 2025)

10. Evaluation Measures

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. DPS to be informed of action taken.

11. Related Documents

Consent Policy- outlines how the organisation obtains, manages, and respects individuals' permission to collect, use, or share their personal data, ensuring transparency and legal compliance.

IPC Policy- outlines procedures and standards to prevent and manage infections in healthcare settings, ensuring patient and caregiver safety.

Anti-microbial and stewardship policy- is a structured approach in healthcare that promotes the responsible use of antimicrobials—especially antibiotics—to improve patient outcomes, reduce antimicrobial resistance, and limit the spread of infections caused by drug-resistant organisms.

Controlled drugs- Standard operating procedure (SOP)- outlines the specific processes and responsibilities for the safe prescribing, handling, storage, administration, and disposal of controlled drugs in healthcare settings, ensuring compliance with legal and regulatory requirements to prevent misuse and safeguard patient safety.

Waste Management Policy- outlines procedures for the safe handling, segregation, storage, transportation, and disposal of all types of healthcare waste—including general, hazardous, and infectious waste—to protect public health, ensure environmental safety, and comply with legal and regulatory standards.

Clinical manual- a comprehensive reference guide that outlines evidence-based protocols, procedures, and best practices for clinical caregivers, ensuring consistency, safety, and quality.

12. Appendices

APPENDIX 1 – Equality Impact Assessment (EIA) Tool

To be considered and where judged appropriate, completed and attached to any policy document when submitted to the appropriate committee for consideration and approval.

Policy Title	Medicines Management
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		Yes/No	Comments
	Does the policy/guidance affect one group less or more favorably than another on the basis of:		
	Race	No	
	Gender reassignment	No	
	Marriage & civil partnership	No	
	Pregnancy & maternity	No	
	Ethnic origins (including gypsies and travelers)	No	
	Nationality	No	
	Sex	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation	No	
	Age	No	
	Disability- both mental and physical impairments	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	Is the impact of the policy/guidance likely to be negative?	No	
4.	If so, can the impact be avoided?	N/A	
5.	What alternatives are there to achieving	N/A	

	the policy/guidance without the impact?		
6.	Can we reduce the impact by taking different action?	N/A	
7.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	

Appendix 2- Dispensing and administering medication competency assessment (For RN & NA)

Clinical Competencies – Medicines management

Dispensing and administering medications

Basic competence- Level 1	The caregiver demonstrates the foundational ability to perform the task and understands related knowledge. They can recognise basic risks and take appropriate action.
Advanced competence- Level 2	The caregiver shows a higher level of proficiency in performing the task, possesses in-depth knowledge, and can identify complex risks and take preventive or corrective action.

This competency is suitable for:	Registered caregivers (nursing)
Essential related knowledge/training:	Ashtons medicines management training, Controlled drugs training, Setting up enteral feed competency

References	Royal Marsden Manual- Medication: oral drug administration https://www.rmmonline.co.uk/manual/c15-fea-0010 Accessed 04/05/2025 Nursing & Midwifery Council- Code of Conduct- 2015 Nursing & Midwifery Council- Standards of proficiency for registered nurses- 2024
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3 practical assessments are required. A minimum of 6 patients at each assessment.

Assessment 1- Date:

No	Performance criteria	Patient 1	Patient 2	Patient 3	Sign Candidate	Sign Supervisor
1	Identifies right patient					
2	Checks allergy alerts					
3	Identifies right route					

4	Identifies right dose					
5	Identifies right drug					
6	Identifies right time					
7	Checks expiry dates of drugs					
8	Performs hand hygiene/IPC protocols					
9	Performs drug calculation correctly					
10	Communicates and where appropriate gains consent from patient					
11	Check off routes medication was assessed being given	Oral <input type="checkbox"/> Enteral <input type="checkbox"/> Injectable <input type="checkbox"/> Topical <input type="checkbox"/> Rectal <input type="checkbox"/> Sublingual <input type="checkbox"/> Eye/ear drops <input type="checkbox"/> Vaginal <input type="checkbox"/> Nebuliser <input type="checkbox"/>	Oral <input type="checkbox"/> Enteral <input type="checkbox"/> Injectable <input type="checkbox"/> Topical <input type="checkbox"/> Rectal <input type="checkbox"/> Sublingual <input type="checkbox"/> Eye/ear drops <input type="checkbox"/> Vaginal <input type="checkbox"/> Nebuliser <input type="checkbox"/>	Oral <input type="checkbox"/> Enteral <input type="checkbox"/> Injectable <input type="checkbox"/> Topical <input type="checkbox"/> Rectal <input type="checkbox"/> Sublingual <input type="checkbox"/> Eye/ear drops <input type="checkbox"/> Vaginal <input type="checkbox"/> Nebuliser <input type="checkbox"/>		
12	Identifies purpose of at least 1 drug and lists side effects					
13	Correctly disposes of any waste/ decontaminates equipment					

14	Correctly completes medication administration chart					
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Assessment 2- Date

No	Performance criteria	Patient 1	Patient 2	Patient 3	Sign Candidate	Sign Supervisor
1	Identifies right patient					
2	Checks allergy alerts					
3	Identifies right route					
4	Identifies right dose					
5	Identifies right drug					
6	Identifies right time					
7	Checks expiry dates of drugs					
8	Performs hand hygiene/IPC protocols					
9	Performs drug calculation correctly					
10	Communicates and where appropriate gains consent from patient					
11	Check off routes medication was assessed being given	Oral <input type="checkbox"/> Enteral <input type="checkbox"/> Injectable <input type="checkbox"/> Topical <input type="checkbox"/> Rectal <input type="checkbox"/> Sublingual <input type="checkbox"/> Eye/ear drops <input type="checkbox"/> Vaginal <input type="checkbox"/>	Oral <input type="checkbox"/> Enteral <input type="checkbox"/> Injectable <input type="checkbox"/> Topical <input type="checkbox"/> Rectal <input type="checkbox"/> Sublingual <input type="checkbox"/> Eye/ear drops <input type="checkbox"/> Vaginal <input type="checkbox"/>	Oral <input type="checkbox"/> Enteral <input type="checkbox"/> Injectable <input type="checkbox"/> Topical <input type="checkbox"/> Rectal <input type="checkbox"/> Sublingual <input type="checkbox"/> Eye/ear drops <input type="checkbox"/> Vaginal <input type="checkbox"/>		

		Nebuliser <input type="checkbox"/>	Nebuliser <input type="checkbox"/>	Nebuliser <input type="checkbox"/>		
12	Identifies purpose of at least 1 drug and lists side effects					
13	Correctly disposes of any waste/ decontaminates equipment					
14	Correctly completes medication administration chart					

Assessment 3- Date:

No	Performance criteria	Patient 1	Patient 2	Patient 3	Sign Candidate	Sign Supervisor
1	Identifies right patient					
2	Checks allergy alerts					
3	Identifies right route					
4	Identifies right dose					
5	Identifies right drug					
6	Identifies right time					
7	Checks expiry dates of drugs					
8	Performs hand hygiene/IPC protocols					
9	Performs drug calculation correctly					
10	Communicates and where appropriate					

	gains consent from patient					
11	Check off routes medication was assessed being given	Oral <input type="checkbox"/> Enteral <input type="checkbox"/> Injectable <input type="checkbox"/> Topical <input type="checkbox"/> Rectal <input type="checkbox"/> Sublingual <input type="checkbox"/> Eye/ear drops <input type="checkbox"/> Vaginal <input type="checkbox"/> Nebuliser <input type="checkbox"/>	Oral <input type="checkbox"/> Enteral <input type="checkbox"/> Injectable <input type="checkbox"/> Topical <input type="checkbox"/> Rectal <input type="checkbox"/> Sublingual <input type="checkbox"/> Eye/ear drops <input type="checkbox"/> Vaginal <input type="checkbox"/> Nebuliser <input type="checkbox"/>	Oral <input type="checkbox"/> Enteral <input type="checkbox"/> Injectable <input type="checkbox"/> Topical <input type="checkbox"/> Rectal <input type="checkbox"/> Sublingual <input type="checkbox"/> Eye/ear drops <input type="checkbox"/> Vaginal <input type="checkbox"/> Nebuliser <input type="checkbox"/>		
12	Identifies purpose of at least 1 drug and lists side effects					
13	Correctly disposes of any waste/ decontaminates equipment					
14	Correctly completes medication administration chart					

No	Performance criteria	Sign Supervisor
1	Demonstrates awareness of hospital medicine management policy and guidelines	
2	Demonstrates awareness of NEWT guidelines	
3	Demonstrates awareness of BNF and is able to confidently search for commonly used medications	

4	Demonstrates understanding of correct medication storage including temperatures, key holders and locations.	
5	Demonstrates an understanding of Controlled Drugs according to hospital standard operating procedure. Including: <ul style="list-style-type: none"> • Dispensing and administering • Ordering • Safe storage • Receiving • Disposing (and aware of role responsibility) 	
6	Demonstrates awareness of adverse medication reactions and actions to take should these occur	
7	Demonstrates awareness of medication disposal	
8	Demonstrates awareness of actions to take when medication is refused or unable to be given	
9	Demonstrates awareness of how to order medications: <ul style="list-style-type: none"> • Online (stock) • Paper (named patient) • Monthly • Controlled drugs 	

10	Demonstrates awareness of 'once only' and 'PRN' prescription charts	
11	Demonstrates awareness of hospital transcription policy	
12	Demonstrates awareness of remote prescribing e.g via text message	
13	Evidence of national guidance/updates of medication management	

Competency self assessment by candidate		
I consider myself to be competent to dispense and administer medications		
Signed:	Print name:	Date:

Competency assessment by <u>line manager</u>		
I consider _____ to be competent to dispense and administer medications		
Signed:	Print name:	Date:

Appendix 3- Handling and reporting medication errors

Medication errors are classified as any mistake in the process of:

- Prescribing
- Dispensing
- Preparing
- Administering
- Monitoring
- Providing medicine advice

Examples of medication errors are given below:

1. **Omissions** – any prescribed dose not given
2. **Wrong dose administered**, too much or too little
3. **Extra dose given**
4. **Un-prescribed medicine** – the administration to a resident of any medicine not authorised for them
5. **Wrong dose interval**
6. **Wrong administration route** – administration of a medicine by a different route or in a different form from that prescribed
7. **Wrong time for administration**
8. **Not following 'warning' advice when administering** e.g. Take with or after food
9. **Administration of a drug to which the resident has a known allergy**
10. **Administration of a drug past its expiry date**

Summary of Responsibilities

Nurses:

- Immediate Reporting: Report all medication errors and near misses to the senior nurse on duty.
- Follow Procedure: Adhere to the step-by-step protocol for handling errors.
- Assessment & Action: Assess the situation, take appropriate action, and complete a drug error form.
- Follow-Up: Implement any actions recommended by senior nursing team after investigation.
- Safe Practice: Follow Hospital and NMC guidelines strictly when administering medications.
- Clarification: Contact doctors for unclear prescriptions and pharmacists for advice.
- Double-Check: Verify prescriptions with colleagues, especially on admission or when uncertain.

Senior Nurses on Duty/ Ward managers:

- Escalation: Report all errors and near misses to DPS, including actions taken.
- Medical Support: Seek immediate medical help if a patient is affected.
- Communication: Inform patients or relatives about the incident promptly.
- Caregiver Support: Provide immediate support and guidance to involved staff.
- Post-Incident Review: Conduct reflective discussions with nursing team to:
 - Understand the incident
 - Address emotional impact
 - Identify policy gaps or training needs

- Track repeated errors
- Ongoing Monitoring: Identify and support staff with recurring errors.
- Collaboration: Work with pharmacists and respond to pharmacy intervention reports.
- Learning Culture: Participate in regular meetings to review incidents and share learning.

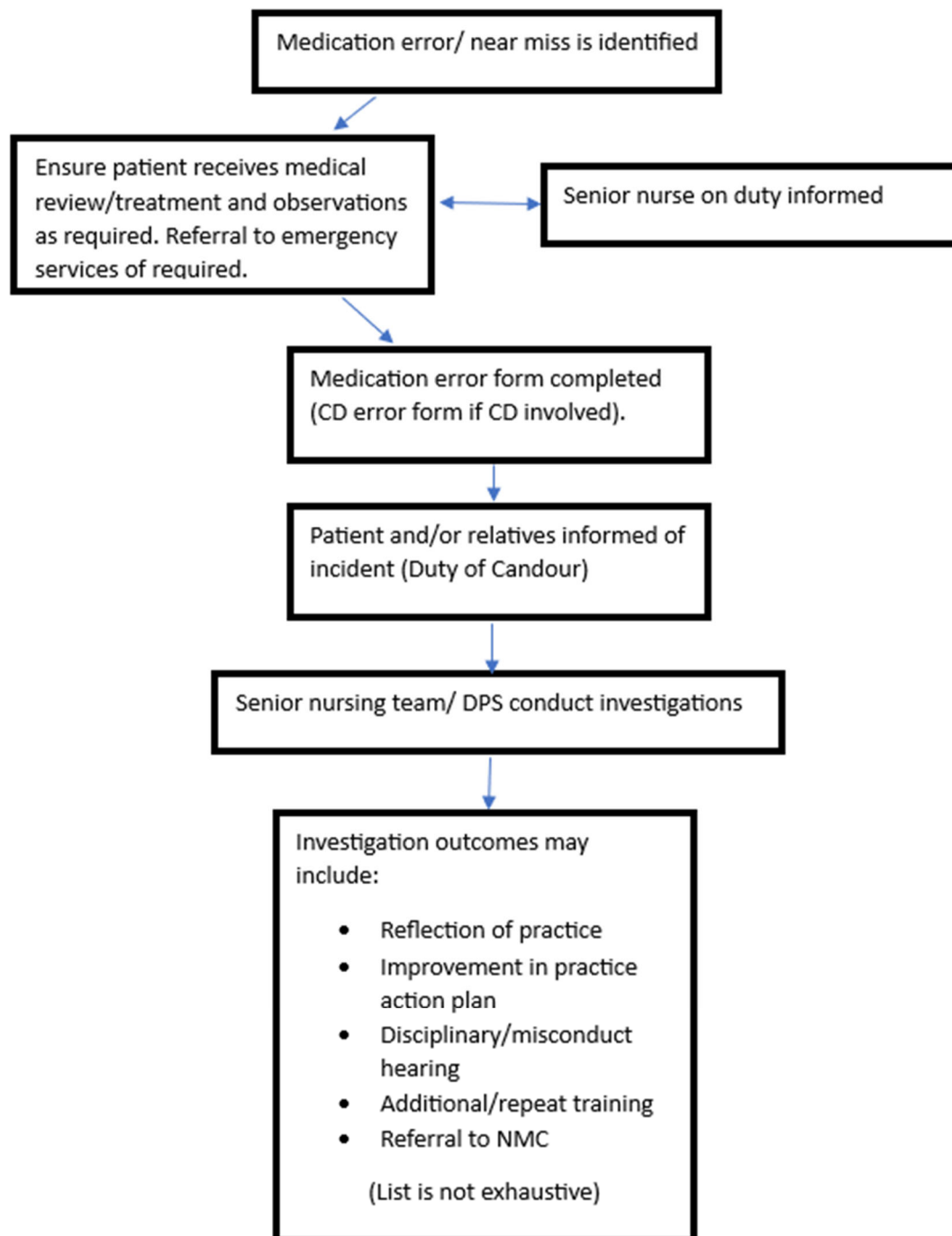
Director of Patient Services (DPS)

- Policy Oversight: Ensure full implementation of the medication error policy.
- Investigation & Review: Maintain a system for investigating and reviewing incidents.
- Documentation: Require written reports detailing the incident and corrective actions.
- Incident Logging: Record all prescribing, dispensing, and administration errors.
- Disciplinary Action: Decide on suspension, disciplinary procedures, or NMC referral for serious or repeated errors.

Clinical Practice Lead (CPL)

- Training & Audits: Ensure regular training and audits of medication administration records.
- Annual Training: Ensure all nurses complete annual online and practical medicines management training.

Algorithm for handling medication errors/near miss



Appendix 4- Handling and responding to medical safety alerts

The MHRA (Medicines and Healthcare products Regulatory Agency) is the UK government agency responsible for ensuring that medicines, medical devices, and blood components for transfusion are safe, effective, and of high quality.

The MHRA provides medical safety alerts through a structured and multi-channel system designed to quickly inform healthcare professionals, manufacturers, and the public about risks associated with medicines and medical devices.

Central alerting system (CAS)

The CAS is the main platform used to distribute alerts across the NHS and other healthcare settings.

Alerts are categorized by urgency:

- Class 1: Immediate action required (serious risk to health).
- Class 2: Action within a defined time (moderate risk).
- Class 3: Low risk but action advised.
- Class 4: Information only (no immediate action).

Drug and device alerts

Alerts are published on the Drug and Device Alerts page, including:

- Medicine Recalls
- Defect Notifications
- Device Safety Information
- Field Safety Notices

Senior nurses and DPS are responsible to sign up for email updates from gov.uk in regards to drug and device alerts.

1. Senior nurse/DPS receives alert email with details of device/medicine serial numbers
2. Senior nurse on duty responsible to check medical device/medication on same day
3. Affected products to be taken out of use/circulation (inform pharmacy if medication related)
4. Senior nurse to inform DPS if any device/medication within organisation are affected
5. MHRA alerts relating to any medication/device within the organisation should be retained along with evidence of action taken.

Yellow Card Scheme

The MHRA Yellow Card Scheme is the UK's system for collecting and monitoring information on suspected adverse drug reactions (ADRs) and medical device incidents. It plays a crucial role in ensuring the ongoing safety of medicines and healthcare products.

- Public and professionals can report side effects or device issues.
- MHRA uses this data to detect safety signals and issue alerts if needed

<https://yellowcard.mhra.gov.uk/>