

**SAFE & SECURE HANDLING OF MEDICINES – ALL STAFF MH  
CLPG13-MH Appendix 13 (July 2017)**

**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**PROCEDURE FOR THE ADMINISTRATION  
OF NON-PARENTERAL MEDICINES BY AUTHORISED PRACTITIONERS  
(Refer to separate Procedural Guidelines on Injectable Medicines)**

ACTION	RATIONALE
<b>ENVIRONMENTAL FACTORS</b>	
1. Free from distraction and interruptions	It is generally accepted that when undertaking an activity that requires a high degree of concentration people should do so with the least interruptions and distractions.
2. Well lit area	Ensuring adequate light and space will enable the practitioner to view the medication and prescriptions properly and reduce the opportunity for error.
3. Clean and tidy	Quality begins by having things in the right place and of the correct quantity. Putting something back incorrectly leads to wasted time for another practitioner in looking for the item and poses a risk to future administration.
4. Alarm system in place (Pinpoint etc.)	
<b>PREPARATION PRIOR TO ADMINISTRATION</b>	
5. Identify which medicine charts are required.  Identify service users prescribed controlled drugs, check medicines chart and identify, where available, a second registered practitioner to check medication and complete controlled drug stationary appropriately	Select out prescription/ administration charts for those service users that are on prescribed medications at that time, those who may ask for medicines PRN 'as required' and those who are not on the ward.  The administration of controlled drugs (CD's) must be witnessed by a second practitioner, where a second practitioner is available in order to check accurate administration.
6. Check drug chart for: <ul style="list-style-type: none"> <li>• Patient's name</li> <li>• Consent to treatment (Form T2 / T3)</li> <li>• Allergies and sensitivities</li> <li>• Signatures</li> <li>• Legibility</li> <li>• Written correctly</li> <li>• Dates / time of administration</li> <li>• Name of medicine to be administered at that time</li> <li>• Dosage</li> <li>• Route of administration</li> <li>• Medicines have not already been given</li> </ul>	The Medicines Act (1968) and the Mental Health Act make specified requirements about medicines. The nurse should not administer medicines if she finds the prescription is illegible, incorrect or unsigned.
7. Omit service users on leave and mark drug charts with leave code	This makes sure when evaluating the drug regimen that staff have a clear impression of compliance to medications.

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<b>ACTION</b>	<b>RATIONALE</b>
8. Check ward diary and care plans for medication to be withheld for any reason.	Source of communication in wards often extend out of the service user's notes, and prompts in the form of a ward management book or diary are often used to record, for example, due dates of depot antipsychotic medication
9. Prepare containers required for administration of oral medicines	Making sure there are enough medicines containers can greatly improve the flow of medicines administration. Having to stop to wash containers not only wastes time but is a due for distractions to creep into the procedure.
10. Container of water for patients taking medicines orally	Water assists swallowing of oral medicines and passage to the stomach for absorption
11. Container to collect used items	To keep used items and clean items separate.
12. Check cupboard/trolley is well stocked and tidy	To ensure continuity of treatment. If a medicine is running short this should be ordered in good time from pharmacy or alert the relevant pharmacy staff.
13. Identify member of staff to ask service users to attend individually	To maintain concentration on task and avoid queues. To maintain privacy for service users.
14. Wash hands with bactericidal soap and water or, alcohol handrub	(Hand hygiene is required when handling medicines
<b>ADMINISTERING EACH MEDICINE PRESCRIBED FOR REGULAR ADMINISTRATION AND "AS REQUIRED" (PRN)</b>	
15. Allow only one service user at a time into clinic room	Evidence shows that if service users have some regular and quality contact time at their medicine administration they are more likely to ask questions about their medicines. Information about effects must be given at all stages of recovery. This also provides confidentiality for the service user.
16. Greet each service user and confirm identification checking their name, DOB and consult other member of staff if necessary to cross reference with medicine card.	To confirm correct service user identification. Nurses must not dispense any medication unless absolutely certain of identity of service user.
17. Select medications to be given	If it is helpful to verbally confirm the medications e.g. Olanzapine 10mg, six o'clock, Joe Bloggs'. This both confirms the drug and person with the second practitioner and involves the service user actively in the checking of their medicines
18. Check the expiry date for each medicine given.	To ensure the medicine given is within its marketing authorisation. Drugs deteriorate with storage. The expiry date indicates when a particular drug is not long pharmacologically efficacious.
19. Re-check the dose on the medicine chart and check that it is due and has not already been administered	To ensure the medicines to be given is correct and as directed by prescriber.
20. Place the required dose into a medicine container without touching the preparation	To prevent contamination (non-touch technique) and exposure of the nurse to the medicine.
21. Repeat steps 16 – 20 for each medicine to be given	Having a standard helps staff to see the effectiveness of care. Frequent repetition and behavioural modelling are important as part of the learning process.

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22. Engage the service user in conversation about their treatment, checking knowledge of the medication, offer information and advice about the medication and any side effects.	To provide patients with opportunity to ask questions or raise concerns about their medicines.
23. Offer water to the service user to facilitate swallowing the medication.	To help with swallowing and rinse the mouth of oral liquids.
24. If any medications are not given mark with appropriate code, state reason why, make entry in healthcare record and hand-over to next shift	Doses are often omitted with little thought to the overall management of medication.
25. If PRN medication is given, this must also be documented in the nursing notes. PRN administration should be part of the overall care plan	Use of PRN can increase risk of side effects as dosage and side effects are related due to high doses and polypharmacy issues.
26. Tidy medicine cabinet/trolley  Check medicine trolley/cupboard is stocked, locked and secured (to a fixed point if a trolley is used)	Quality begins with everything in its correct place. Preparing for the next medication administration is good practice.  The Medicines Act indicates that medicines should be stored in a locked cupboard or trolley secured to a fixed place.
27. Wash and dry medicine administration containers.	Maintains good hygiene
28. Wash hands with soap and water or, if not available, alcohol handrub	Hand hygiene is required when handling medicines,
29. Replace drug charts	Medication cards should be kept locked in the clinic room.
30. Re-order medication from pharmacy where appropriate and remove all discontinued medication from trolley.	Stocks should be checked at regular intervals and re-ordering as part of the medication administration. A reduction in the therapeutic dose of a treatment programme could occur if administrations are missed due to lack of stock.