# STANDARD OPERATING PROCEDURE

## FOR MEDICINE ADMINISTRATION IN COMMUNITY NURSING

<table>
<thead>
<tr>
<th>Issue History</th>
<th>Issue Version</th>
<th>Purpose of Issue/Description of Change</th>
<th>Planned Review Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2012</td>
<td>Two</td>
<td>To promote safe and effective medicine administration by community nursing staff authorised to administer medication</td>
<td>2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Named Responsible Officer:</th>
<th>Approved by</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Medicines Governance Pharmacist</td>
<td>Quality, Patient Experience and Risk Group</td>
<td>August 2013</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Section:</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines Management MMSOP 08</td>
<td>Community Nursing</td>
</tr>
</tbody>
</table>

UNLESS THIS VERSION HAS BEEN TAKEN DIRECTLY FROM TRUST WEB SITE THERE IS NO ASSURANCE THIS IS THE CORRECT VERSION
## STANDARD OPERATING PROCEDURE (SOP) FOR: MEDICINE ADMINISTRATION

### CONTROL RECORD

<table>
<thead>
<tr>
<th>Title</th>
<th>Standard Operating Procedure for Medicines Administration in Community Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>To promote safe and effective medicine administration by community nursing staff authorised to administer medication</td>
</tr>
<tr>
<td>Author</td>
<td>Quality and Governance Service (QGS) and L Knight</td>
</tr>
<tr>
<td>Impact Assessment</td>
<td>Incorporated into procedure</td>
</tr>
<tr>
<td>Subject Experts</td>
<td>Medicines Governance Pharmacist</td>
</tr>
<tr>
<td>Document Librarian</td>
<td>QGS</td>
</tr>
<tr>
<td>Groups consulted with :-</td>
<td>Medicines Management</td>
</tr>
<tr>
<td>Infection Control Approved</td>
<td>15/5/2012</td>
</tr>
<tr>
<td>Date formally approved by Quality, Patient Experience and Risk Group</td>
<td>August 2013</td>
</tr>
<tr>
<td>Method of distribution</td>
<td>Email √</td>
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<tr>
<td>Archived</td>
<td>Date</td>
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<tr>
<td>Access</td>
<td>Via QGS</td>
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### VERSION CONTROL RECORD

<table>
<thead>
<tr>
<th>Version Number</th>
<th>Author</th>
<th>Status</th>
<th>Changes / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version 1</td>
<td>L Knight</td>
<td>New to WCT</td>
<td>To authorise the use of life long PMACs for hydroxocobalamin for patients with diagnosed with Vitamin B 12 deficiency To highlight the need for a risk assessment for patients requiring a medication intervention for whom English is not their first language</td>
</tr>
<tr>
<td>Version 2</td>
<td>L Knight</td>
<td>R</td>
<td>To extend the period of authorisation for Patient Specific Directions</td>
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</table>

Status – New / Revised / Trust Change
STANDARD OPERATING PROCEDURE (SOP) FOR: MEDICINE ADMINISTRATION

NAME OF DISCIPLINE: COMMUNITY NURSING

OBJECTIVES

To facilitate safe preparation and administration of medicines to Wirral Community NHS Trust service users

SCOPE

To cover the principles of safe medicine administration

TARGET GROUP

(Staff authorised to follow this SOP)

• All registered practitioners employed by Wirral Community NHS Trust authorised to administer medication including: Community nurses, Walk-In Centre nurses, and nurses working in health centres managed by Wirral Community NHS Trust
• All delegated care must be supervised by the registered practitioner at least monthly

EVIDENCE TO SUPPORT PROCEDURE

• Nursing & Midwifery Council (2008) Code of Professional Conduct
• Department of Health (2005) Medicines Matters – A guide to current mechanisms for the prescribing, supply and administrations of medicines
• Nursing & Midwifery Council (2010) Standards for Medicines Management
• National Patient Safety Agency (2009) Risk to patients of not using the NHS number as the national identifier for all patients
• All Trust related Policies and Procedures including the general policy: The Safe Handling and Administration of Medicines

IT IS THE RESPONSIBILITY OF ALL STAFF TO COMPLY WITH RELEVANT TRUST POLICIES, PROCEDURES AND PROTOCOLS IN CONJUNCTION WITH THIS PROCEDURE

PROCEDURE

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>RATIONALE</th>
<th>RESPONSIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. AUTHORITY TO ADMINISTER</strong></td>
<td>To ensure the prescription authorisation is readily identifiable</td>
<td>All registered practitioners /non registered staff if care delegated</td>
</tr>
<tr>
<td>• Medications administered by Community Nursing Staff are to be authorised by completion of a Patient Medicines Administration Chart (PMAC) or a PMAC for Subcutaneous Palliative Care Medicines via Syringe Driver over 24 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• This may be a faxed copy, which is unambiguous and complies with Trust standards (see section 4 on essential information to be included on the current</td>
<td></td>
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</tbody>
</table>
### PMAC

- If a change in dose, frequency or route of administration is required for a medicine, the original entry must be discontinued by a diagonal line drawn through the entry to clearly indicate the medication has been discontinued. It should be signed and dated.
- Discontinued PMACs must be removed from the home and stored in the base notes within 2 working days of being discontinued (not including weekends and bank holidays).
- A new PMAC should be produced following every discharge from a healthcare provider. In the case of controlled drugs, a new PMAC should be written every 28 days; otherwise the PMAC should be rewritten at least every 6 months.
- The only exception to this is PMACs for intramuscular hydroxocobalamin, for patients diagnosed with long term vitamin B 12 deficiency, where there has been no change in the patient’s medical condition. In this situation only the PMAC does not need to be rewritten provided it is intact and clearly written.
- Community nursing staff must ensure that any medication they are involved in administering is appropriately authorised on a PMAC.

| To reduce risk of medication errors |
| To ensure the contents of the PMAC are in accordance with the current prescription for the patient |
| To comply with current policies and procedures |

### Exceptional Circumstances

- If the community nursing team are requested to administer oral medication from a monitored dosage system, prior to undertaking this role, a risk assessment must be completed and the line manager contacted. Decisions as to whether the community nursing team administers medication from these systems are made on a case by case basis.
- If medication is administered from a monitored dosage system, a PMAC must be completed and nursing staff must ensure they have enough information to distinguish between different tablets and capsules. It should be noted that there are limited situations where monitored dosage systems offer any advantage over medication dispensed individually in bottles or cartons.
- In other exceptional circumstances, to avoid patient harm, nurses can follow a patient specific direction (PSD) from discharging healthcare providers. The authorisation to administer medication on the PSD must include the same essential information as outlined in section 4.
- It is the registered nurse’s responsibility to contact the referring healthcare provider if any information is ambiguous.
- When using a PSD a PMAC needs to be written up.

<table>
<thead>
<tr>
<th>Exceptional Circumstances</th>
<th>The community nursing team is not usually involved in administration of oral medicines</th>
<th>All registered practitioners</th>
</tr>
</thead>
</table>

A PSD is a written instruction from a qualified and registered prescriber for a medicine including the dose, route and frequency to a named patient.
within five working days (not including weekends and bank holidays). It is the responsibility of the named nurse in charge of the team to ensure a PMAC is written

| approved PMAC will reduce potential missed doses as the form will be easily identified |

Patient Group Directions

- Medicine administration can also be authorised via an approved Patient Group Direction
- Patient Group Direction (PGD)
  Definition - A patient group direction is a specific instruction for the supply and administration of a named medicine to a group of patients in an identified clinical situation
- PGDs must be read and signed by the registered nurse and countersigned by their line manager before the medication can be administered. Guidance within the direction must be followed including all documentation and ensuring all the conditions are fully met. It is therefore essential that nurses have a signed copy of the relevant PGD with them during administration or supply and they refer directly to it.
- When administering medicines under a PGD ensure that the following information is recorded in the patient’s record:-
  - Full name of medicine
  - Batch number if administered the medicine via an injection
  - Dose including units
  - Route and site of administration
  - Manufacturer if administering a vaccine
  - Patient information leaflet given if available
  - Any advice given on potential side effects and their management
- In case of unlicensed medications refer to the Safe Handling and Administration of Medicines Policy, even if the medication is written on a PMAC
- Telephone (verbal) orders are not acceptable

A PGD is a legal method for supplying and administering medications (Medicine Legislation August 2000)

To ensure safe and timely administration of medicine to patient

To adhere to Trust and NMC Policies/guidelines

To assess the appropriateness of administering an unlicensed medicine

To reduce the risk of error and to comply with NMC Standards

All registered practitioners
2. CONSENT

- Introduce yourself and any colleagues involved at the contact. Greet and verbally confirm the identity of the patient by asking the patient’s full name and date of birth against the information on the PMAC. If the patient is unable to confirm, check the full patient details with carer/family.
- If the medication is new to the patient or if the patient’s health needs have changed, discuss the risks and benefits of the medication to be administered with the patient/carer.
- If the patient is able, encourage the patient to read the patient information leaflet for full details of the medicine prescribed.
- Patient information leaflets should be supplied by the supplying pharmacist, alternatively they are available at [www.medicines.org.uk](http://www.medicines.org.uk)

<table>
<thead>
<tr>
<th>To ensure correct patient</th>
<th>All registered practitioners /non registered staff if care delegated</th>
</tr>
</thead>
<tbody>
<tr>
<td>To enable patient to make informed decisions and reduce potential risks</td>
<td></td>
</tr>
</tbody>
</table>

3. PATIENTS FOR WHOM ENGLISH IS NOT THEIR FIRST LANGUAGE

If a patient requires a medication intervention and their first language is not English and cannot understand English, a risk assessment must be completed and recorded in the health records.

Any translation services that may be required must be accessed via official Trust processes.

<table>
<thead>
<tr>
<th>The use of unofficial translators may compromise patient confidentially</th>
<th>All registered practitioners /non registered staff if care delegated</th>
</tr>
</thead>
</table>

4. ESSENTIAL INFORMATION TO BE INCLUDED ON THE CURRENT PMAC

- Check the prescribed medication is written on a PMAC and includes the following:-
  - Patient’s full name and address
  - Date of birth (DOB)
  - Prescriber’s signature
  - The approved medicines name
  - The dose including units (in the case of insulin the word “units” must be written in full)
  - Frequency of administration and time if relevant
  - The date and route of administration
  - The date prescribed
  - The allergy status of the patient

- It is also recommended that the patient’s NHS number is recorded on the Patient Medicines Administration Chart. If available, check the number is correct

- Where relevant, in the case of injectable medicine, the PMAC must also specify the following:
  - Brand name and formulation of the medicine
  - Concentration or total quantity of medicine in the final container or syringe

<table>
<thead>
<tr>
<th>To comply with the NPSA Alert Number 20 To reduce risk of errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure correct prescription</td>
</tr>
<tr>
<td>NPSA RRR013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>To ensure patient is not allergic to medication</th>
<th>All registered practitioners /non registered staff if care delegated</th>
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</thead>
</table>
The name and volume of diluent
The rate and duration of administration
The date on which treatment should be reviewed
The age and weight of the patient

- The date the medicine is prescribed, as recorded on the PMAC must be checked.
- Take all reasonable steps to check the signature of General Practitioner / Hospital Doctor or Non Medical Prescriber
- For Non Medical Prescribers take all reasonable steps to ensure the medicines prescribed are within the prescriber’s scope of practice
- Check no ambiguities in the medicine, dose, frequency, mode of administration and start and finish dates
- Be aware of different medicines with similar sounding names
- Check all details on the label issued by the supplying pharmacy, correspond to the PMAC. If the medication is supplied in a manufacturer’s original packaging, check the details on the container correspond to the pharmacy label and the chart.
- If available, check the manufacturer’s expiry date of the medication to be administered. In addition, check if a specific expiry date has been added by the supplying pharmacist.
  e.g. once opened eye drops usually have a 28 day expiry

5. SHARED CARE

- Particular attention is required if the patient is being cared for by more than one health care provider. Communication between providers is essential to ensure that the patient receives the correct medication
- Also if community nurses are administering the same medicines to patients as informal carers, it is essential that a shared system is in place to record the medicines administered.
- Whenever multiple carers are involved in prescribing or administering medications a shared care plan must be in place.

6. ADMINISTRATION OF MEDICATION

- Be certain of the identity of the patient to whom the
  To reduce risk of
  All registered

Standard Operating Procedure: For Medicine Administration in Community Nursing
Ratification Date: August 2013
Review Date: 2015
<table>
<thead>
<tr>
<th>Medicine is to be administered.</th>
<th>Errors</th>
<th>Practitioners / non registered staff if care delegated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Check that the patient is not allergic to the medicine before administering it.</td>
<td>To avoid duplicate doses</td>
<td></td>
</tr>
<tr>
<td>• Check that the medication has not already been administered by checking the record of treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ensure all checks are made every time the medicine is administered, to reduce the risk of errors being repeated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Decontaminate hands prior to procedure</td>
<td>To reduce the risk of transfer of transient micro-organisms on the healthcare worker’s hands</td>
<td></td>
</tr>
<tr>
<td>• If indicated, apply single use disposable apron</td>
<td>To protect clothing or uniform from potentially toxic medication</td>
<td></td>
</tr>
<tr>
<td>• If indicated, apply single use disposable non sterile gloves.</td>
<td>To protect nurses from potentially toxic medication and/or to avoid contamination of medicinal products</td>
<td></td>
</tr>
<tr>
<td>• Ensure that the area in which the medicine is to be prepared is as clean, uncluttered and free from interruptions and distractions as possible</td>
<td>To reduce medication errors or contamination</td>
<td></td>
</tr>
<tr>
<td>• Assemble all materials and equipment needed for the procedure e.g. medicine (and in the case of injectables: diluent, syringes and appropriately coloured sharps bin etc)</td>
<td>To enable safe and effective clinical care</td>
<td></td>
</tr>
<tr>
<td>• Check there is no damage to containers and that medicines have been stored according to the manufacturer’s instructions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Check the medicine and the dose, the route, the number of dose units, frequency, time of administration and the name of the patient on the pharmacy label corresponds to the information on the PMAC. If available, also check the manufacturer’s packaging.</td>
<td>To reduce errors</td>
<td></td>
</tr>
<tr>
<td>• In the case of a PGD check that all conditions are fully met</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• It is unacceptable to prepare substances for administration in advance of their immediate use or to administer a medicine previously drawn into a syringe or container by another practitioner when not in their presence. (The only exception to this rule is outlined in the SOP for the Advanced Preparation of Insulin)</td>
<td>To ensure safe preparation and administration of medicines.</td>
<td></td>
</tr>
<tr>
<td>• Know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications</td>
<td>This will enable understanding of the implications of side effects and drug</td>
<td></td>
</tr>
</tbody>
</table>
### Standard Operating Procedure (SOP) for Medicine Administration

**Ratification Date:** August 2013  
**Review Date:** 2015

1. **In the case of unfamiliar medicines,** refer to the package insert for the manufacturer's information or a current British National Formulary (BNF). If the dosage is not within usual ranges, contact the prescriber or pharmacist for advice and document any advice given for audit purposes. An incident must be reported for near misses. See section 9 for more information.

2. **Read the patient's care plan, check that the medication has not already been administered** by checking the record of treatment chart.

3. **Consider the current condition of the patient,** co-existing therapies (prescribed and non-prescribed) and drug interactions by checking the patient's care plan and confirming with the patient/carers.

4. **Contact the prescriber if the assessment of the patient indicates that the medicine is no longer suitable and document in patient's record** to ensure it is appropriate to administer the medication.

5. **Where the patient develops a reaction to the medicine,** report the incident and complete a Yellow Card form which can be found in the back of the BNF or online at [www.mhra.gov.uk](http://www.mhra.gov.uk). For details, refer to Trust Safe Handling and Administration of Medicines Policy.

6. **Administer the medicine or withhold if appropriate** medicines will be administered as appropriate for the patient's current condition.

7. **Make a clear, accurate and immediate record of all medicine administered,** intentionally withheld or refused by the patient, using organisational record of treatment charts, ensuring that any written entries and the signature are clear and legible together with the date of administration.

8. **In the case of pre-filled syringes,** record any amount wasted on the record of treatment chart.

9. **On completion of procedure; if worn, remove and dispose of personal protective equipment (PPE) to comply with waste management policy.**

10. **Decontaminate hands following removal of PPE** to remove any accumulation of transient and resident skin flora that may have contaminated the hands.
### 7. Administration of Liquid Medicines via Oral and Other Enteral Routes

- To measure or administer any liquid medications that are not administered via 5ml medicine spoons a specific ‘oral /enteral syringe’ must be used.
- Medications administered via the oral or enteral route must not be administered via a hypodermic syringe.
- Oral/enteral syringes should always be supplied by the dispensing pharmacist with the medication. If not supplied contact the pharmacist and document the incident using the Trust’s incident reporting system.
- Ensure the oral/enteral syringe is clean and that all markings are clear enabling accurate measurement of dose.

### 8. Administration of Palliative Medication Prescribed via a Syringe Driver

- For details on administration of palliative medication via a syringe driver, refer to the Trust procedure for syringe driver administration of palliative medicines.

### 9. Management of Errors or Incidents in the Administration of Medicines

In the event of a medication error:
- Make sure the patient is safe and if necessary call the emergency services immediately.
- Seek urgent medical advice from either the General Practice or relevant out of hours medical cover to determine the most appropriate clinical intervention to minimise potential harm, document any advice for audit purposes.
- Ensure any evidence relating to the error is retained and not tampered with, (evidence will include any relevant documentation, the remaining medication administered and any packaging).
- If an error is made it must be reported immediately to your line manager. Refer to Trust’s Safe Handling and Administration of Medicines Policy.
- The patient’s General Practitioner must be informed at the nearest opportunity and within the current period of duty.

To ensure medication is administered via the correct route NPSA/2007/19.
To meet the patient’s immediate needs
To help investigation
To comply with Trust’s Incident Reporting Policy and to support communication with patients and carers
To decide what further actions may be required e.g. admitting the patient to hospital and for appropriate...
The patient and their family are to be fully informed and supported by the named care practitioner.

To maintain communication with patient and carers.

The clinical incident must be documented in the patient’s record and reported via the Trust’s incident reporting system.

To comply with Trust policy.

During the development of this procedure the Trust has considered the clinical needs of each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation). There is no clinical evidence of exclusion of these named groups.

If staff become aware of any clinical exclusions that impact on the delivery of care, use the Trust’s incident reporting system to document the incident and ensure an appropriate action plan is put in place.

All nurses to have a current registration with the Nursing and Midwifery Council.

1. Staff must comply with the Trust’s Training Matrix which specifies mandatory training requirements.
2. In addition staff must comply with their service level training matrix for training and competencies as required for role
3. All staff to have an annual appraisal

It is the responsibility of every practitioner to risk assess the clinical situation prior to medicine administration.

Risk assessment for short term memory loss is available on Trust’s web site.

Wirral Community NHS Trust

Community Nursing and Unplanned Care

Medicines Management Group for peer agreement

Quality, Patient Experience and Risk Group