Introduction

The control of medicines in the United Kingdom is primarily through the Medicines Act (1968) and associated British and European legislation. The administration of medicines is an important aspect of professional practice (NMC 2008). The Nursing & Midwifery Council recognises that it is not a mechanistic task to be performed in strict compliance with the instructions of the prescriber but requires thought and the exercise of professional judgement (NMC 2007).

The administration of medicines has been demonstrated to encompass many areas for potential error. Almost 60,000 medication incidents were reported to the National Patient Safety Agency (NPSA) via the National Reporting and Learning System between Jan 2005 and June 2006. The 3 most frequently occurring types of medicine error (wrong dose/strength/ frequency of medicine; omitted medicine and wrong medicine) accounted for over half (57.3%) of all reported incidents and of these the most common was wrong dose/strength/frequency of medicine (28.7%) (NPSA 2007).

Scope of guidance

This guidance applies to all staff involved in the administration of medicines to patients while carrying out assignments for NHS Professionals (Nursing) in any healthcare setting including Acute, Primary Care & Community NHS Trusts.

It is not intended to replace local NHS Trusts’ policies and guidelines, which must be adhered to. All NHS Trusts are required to have a Medicines Management Policy (NHSLA 2005). NHS Professionals’ flexible workers should familiarise themselves with their local Trust documents.

For Registered Nurses, Midwives and Health Visitors this guidance is also intended to be used alongside, and not replace, Nursing & Midwifery Council guidance (NMC 2008).

The scope of these Guidelines does not include the prescribing or dispensing of medicines.

It is essential that you confirm which parts of the medicines administration process you may participate in as an NHS Professionals’ flexible worker under the policy of the hospital you are working in. Even when permitted to do so, you
must only undertake those aspects of care in which you have been trained and are competent.
1.1 As a Registered Nurse or Midwife you are accountable for your actions and omissions. In administering medication you should think through issues and apply your professional expertise and judgment in the best interests of patients (NMC 2008). If you have any concerns or queries regarding your own competence, you should contact your local Client Relationship representative.

1.2 You must be aware of the inter-relationship with the multidisciplinary team in the administration of medicines, for example in theatres. Even where there is joint involvement, you remain accountable for your actions and omissions.

1.3 You must be aware of the patient’s plan of care (care plan/pathway) (NMC 2008).

1.4 You must know the therapeutic use of the medicine to be administered including normal dosage, side effects, precautions and contra-indications (NMC 2008).

1.5 You should follow clear procedures to ensure the right patient receives the right drug, in the right dose, by the right route, at the right time (DoH 2004). These procedures are outlined in sections 1.6 to 1.11.

1.6 You must check that the prescription or the label on medicine dispensed is clearly written and unambiguous (NMC 2008). If you have any uncertainties about the prescription, you must check with the prescriber or another authorised prescriber and clarify the prescription before administering the medication.

1.7 You must be certain of the identity of the patient to whom the medicine is to be administered (NMC 2008).

1.8 You must check the expiry date (where it exists) of the medicine to be administered (NMC 2008).

1.9 You must check the patient is not allergic to the medicine before administering it (NMC 2008).
1.10 Where complex calculations are required to ensure the correct volume or quantity of medication is administered, you are strongly advised to have a second practitioner to check the calculation independently. This will help to minimise the risk of error (NMC 2008).

1.11 You must make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible; it is also your responsibility to ensure that a record is made when delegating the task of administering medicine (NMC 2008).

1.12 You must clearly countersign the signature of the student when supervising a student in the administration of medicines (NMC 2008).

1.13 You must not leave any medicines unsecured and must ensure all medicinal products are stored in accordance with the patient information leaflet and in accordance with any instruction on the label (NMC 2008).

1.14 The keys of the medicine cupboards, drug refrigerators and the medicine trolley must be kept by the Nurse in Charge of the clinical area in line with local Trust policy. You must ensure that you have returned the drug keys to the nurse in charge at the end of your shift.

1.15 As a Registered Nurse you have a duty of care and are professionally and legally accountable for the care you provide including those tasks you delegate to Non-Registered flexible workers. If expecting Non-Registered flexible workers to administer medicines, for example according to a local protocol in a primary care setting, you must ensure they are competent to do so safely (DoH 2005).

1.16 You must not administer medication under a patient group directive unless you have been trained and are named under the directive in accordance with local Trust policy.

1.17 Specific legislation exists in relation to controlled drugs such as morphine or ketamine as well as barbiturates (Misuse of Drugs regulations 1985 and the Misuse of Drugs (Safe Custody) Regulations 1973- visit [www.opsi.gov.uk](http://www.opsi.gov.uk) for further detail). As a Registered Nurse, Midwife or Specialist Community Public Health Nurse you should be aware of this legislation and ensure you are familiar with the local Trust policy regarding the ordering, collection, storage and administration of controlled drugs.
1.18 You must **not** administer intravenous or epidural medication unless you have received additional training and have a documented competence assessment in accordance with local Trust policy. Where you are working outside your usual area of work, your competence must be assessed in that area prior to administering intravenous medication. You must have the knowledge and skills for safe and effective practice when working without direct supervision (NMC 2008). You cannot check IV drugs for administration with another flexible worker, these must be checked with a permanent member of staff within the clinical area.

1.19 You must **not** prepare substances for injection in advance of their immediate use or administer medication drawn into a syringe or container by another practitioner when not in their presence (NMC 2008). An exception to this is an already established infusion, which has been instigated by another practitioner or medication prepared under the direction of a pharmacist from a central intravenous additive service and clearly labeled for that patient (NMC 2008).

1.20 When administering oral/enteral liquid medication you must be aware of local Trust policy and use oral or enteral syringes if available.

1.21 You must **not take any part in the prescribing, collection, storage or administration of cytotoxic agents** unless you have received appropriate training (HSE 2003). This must be recorded in accordance with local Trust policy.

1.22 You must **not check intrathecal chemotherapy drugs prior to administration or take any part in the prescribing, collection, storage or administration of intrathecal chemotherapy drugs** unless you have received appropriate training and have been certified and recorded as competent by the Trust (DoH 2003). This should be in accordance with local Trust policy.

1.23 Specific local policy should be available regarding the storage, handling preparation and prescription of strong potassium and solutions containing potassium (NPSA 2002). You must comply with this policy.

1.24 You must follow local Trust guidance regarding the management of patient’s own medicines.
1.25 Self-administration of medicines must be undertaken in accordance with local Trust policy.

1.26 If you are asked to take a verbal order for the administration of medicine you must refuse and report immediately to the nurse in charge or the senior nurse for the ward.

1.27 You should not crush or attempt to disguise medication in anyway. If you are asked to do so you must refuse and report immediately to the nurse in charge or the senior nurse for the ward.

2. Guidance for Non-Registered flexible workers

2.1 Unregistered NHS Professional health care workers must not administer medicines.

The only exception to this is where you have received suitable training (DoH 2005) and obtained written confirmation of competence from the Trust in which you are working.

2.2 Assistance or support with medication check must only be given if it is within the competence of the health care worker and with the patient’s verbal consent. This includes the use of suppositories and enemas.

3. Reporting Errors

3.1 You must immediately report any error or incident in the administration of medicines as follows:
If you are not in charge of the shift report this immediately to the nurse in charge
If you are in charge of the shift contact the senior nurse for the ward
You should inform the doctor
You should inform the patient
You should provide a written statement and also complete a Trust incident form
You should document the error on the drug chart and also in the nursing notes

3.2 Any dispensing errors identified during administration should be brought to the attention of the nurse in charge immediately (DoH 2004).
4. References


NHS Modernisation Agency and Department of Health (2005) *Medicines Matters*, NHS Modernisation Agency and Department of Health

CG3 VERSION HISTORY

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