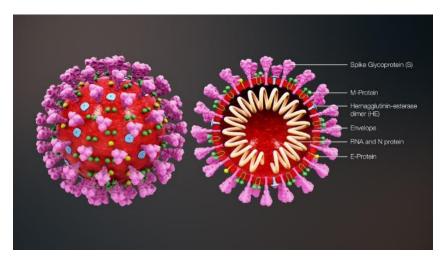


Safe Use of Medicines at Nightingale NW







Get the basics right!





Objectives

- Describe the pharmacy service at Nightingale
- Describe the 5 Rs
- Explain where to find guidance on administration of medicines
- Minimising errors
- Practical medicines-related information

Medicines and Pharmacy

- There is a pharmacy (dispensary) in the Nightingale hospital to supply medicines for hospital patients
- Only pharmacy staff will access the dispensary all medicines will be delivered
- Opening hours 8am-10pm, outside of these hours an on-call pharmacy service is available (off site)
- Contact pharmacy for any urgent requests for medicines or advice
 - Each ward will have a pharmacy communication book (for nonurgent medicine ordering or medicines queries

Pharmacy Service

- There is also a ward-based pharmacy service:
 - Aim to visit each ward daily
 - Review and respond to request in the pharmacy communication book
 - Order required medicines (Individual patient, CD and stock requests)
 - Receive and put stock medicines away including CDs
 - Review newly admitted patients and check appropriate medicines supplies
 - Answer queries relating to medicines/treatment
 - Prepare medicines for discharge

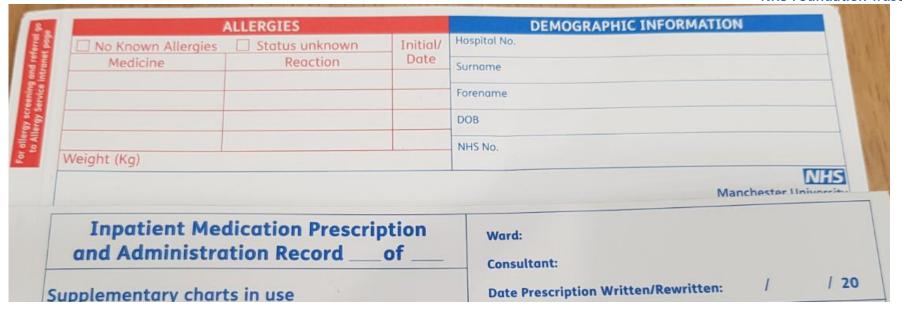


What are the five R's of medicines administration?



1. Right Patient





- Check the name on the prescription and the patient
- Use 2 identifiers
- Ask patient to identify himself/herself
- Check patient bar-code
- Ensure allergy status complete. Check before each administration



2. Right Medicine

Start Date: 2	113/16	0		Date/Mo	onth →					/		/
		Т	ick or inse	ert times requir	red	\vee						/
Medicine (approv	ved name)				CC	SE		460		See all	
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Bleep 100	Duration	Indication) TI			Additiona	Instruction	ons				
Start Date:				Date/Mc	nth -		/	1 /		/		

- Check the prescription (make sure its clear)
- Check the medicine label and box (make sure it matches the prescription)
- Check appropriateness of medicine for the patient.
 Contact prescriber or pharmacist if in doubt



3. Right Dose

Start Date: 2	113/16	0		Date/Mo	onth →					/		/
		Т	ick or inse	ert times requir	red	\vee						/
Medicine (approv	ved name)				CC	SE		460		See all	
NIMORI	ranti	oin		06.00-07.00	/	m				10/1		
Dose F	Route	Frequency	Pharm	13.00-14.00	/	Burnell evotes	NATIONAL PROPERTY.					
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Bleep 100	Duration	Indication) TI			Additiona	Instruction	ons				
Start Date:				Date/Mc	nth -		/	1 /		/		

- Check the prescription
- Confirm the appropriateness of the dose using a current drug reference, e.g. BNF
- If necessary, calculate the dose and have another nurse/Dr/pharmacist to independently calculate the dose as well



3. Right Dose

- 1. Prescribed dose 50mg, tablet strength 100mg. How many tablets would you give?
- 2. Prescribed dose 1mg, tablet strength 500mcg. How many tablets would you give?
- 3. Prescribed dose 125mg, liquid strength 250mg/5ml. How many mls would you give?



4. Right Time

Start Date: (413/11	0		Date/Mo				1/		/		/
		Т	ick or inse	ert times requi	red	\vee			/			/
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- Check the frequency of the ordered medicine
- Double-check that you are giving the ordered dose at the correct time
- Confirm when the last dose was given



4. Right Time: Dose timing critical medicines

Can you think of some examples that fall into this category?





4. Right Time: Dose timing critical medicines

- 12.14 Critical Medicines
- 12.14.1 Delays or omission of some medicines to patients can cause serious harm or death.
- 12.14.2 The Trust has defined a list of critical medicines where a delay or omission has a significant potential to cause harm:
 - Intravenous anti-infectives (including antibacterials, antifungals and antivirals)
 - Anticoagulants
 - Insulin
 - Antidotes (e.g. naloxone, flumazenil, vitamin K)
 - Antiretrovirals
 - Parkinson's Disease medicines
 - Immunosuppressants (for transplant patients)
 - Antiepileptics (where epilepsy is the indication for use)
 - Desmopressin (when used for diabetes insipidus)
 - Hydrocortisone and prednisolone (when used for adrenal insufficiency)
 - Clozapine.
- 12.14.3 Every attempt must be made to ensure patients receive these critical medicines in a timely manner, in line with guidance in Appendix 4. All omissions of medicines must be recorded in the nursing records including the name of the doctor it was discussed with. An incident report must be submitted when a critical medicine is omitted.



Dose time critical medicines'

• Dose time critical medicines are medicines where a delay in receiving a dose may be associated with harm.

MFT dose time critical medicines	Consequences of delay
Intravenous Anti-infectives	
Anticoagulants	
Insulin	
Antiretrovirals/Hep C treatment	
Parkinson's medicines	
Antiepileptics	
Immunosuppressants (transplant pts)	
Hydrocortisone (replacement)	
Desmopressin (DI)	



Dose time critical medicines Foundation Trust

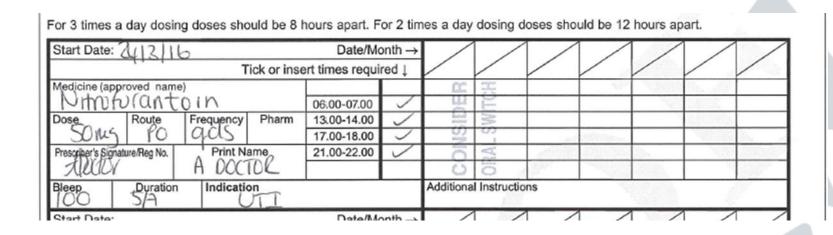
 Dose time critical medicines are medicines where a delay in receiving a dose may be associated with harm.

MFT dose time critical medicines	Consequences of delay
Intravenous Anti-infectives	Untreated infection/sepsis/death
Anticoagulants	Thrombosis
Insulin	Hyperglycaemia/DKA/HHS
Antiretrovirals/Hep C treatment	Emergence of resistance/treatment failure
Parkinson's medicines	Loss of symptom control
Antiepileptics	Seizures
Immunosuppressants (transplant pts)	Acute rejection
Hydrocortisone (replacement)	Addisonian crisis
Desmopressin (DI)	Hypernatraemia/dehydration

DOSE TIMING CRITICAL!



5. Right Route



- Check the prescription and appropriateness of the route ordered
- Confirm the patient can take or receive the medicine by the ordered route



Three more R's

Right documentation

Right reason

• Right response





Controlled Drugs

- Two controlled drugs cupboards on each ward
 - Stock CDs only
 - 1 Cupboard for Schedule 2 medicines (need to be recorded in register)
 - 1 cupboard for Schedule 3, 4, 5 medicines (no need to be recorded in register)

Controlled Drug (Individual Patients)



- Controlled drugs dispensed for individual patients are stored in the medicines storage cupboard
 - Need to complete reconciliation form each time a patient's own controlled drug is dispensed
- Medicines dispensed for individual patients
 MUST only be used for this patient (illegal act to share dispensed medicines with another patient)

Controlled Drug Ordering



- During pharmacy operational hours (8am-10pm)
 - CDs will be ordered by Pharmacy staff
 - CDs will be received on the ward by pharmacy staff, stored in the controlled cupboard ad entered into the CD register if needed
- Outside pharmacy operational hours
 - Urgent CDs can be ordered via on-call pharmacist at Oxford Road Campus at MFT
 - Order over e-mail
 - See action card



Administration

- All routine medicines administered by a registered nurse (medical staff may administer in medical emergency)
- A second check/signature by another registered nurse is required
 - All parenteral medicines (IV, Sub-cut including insulin and dalteparin)
 - All stock Schedule 2 CDs (requiring register)

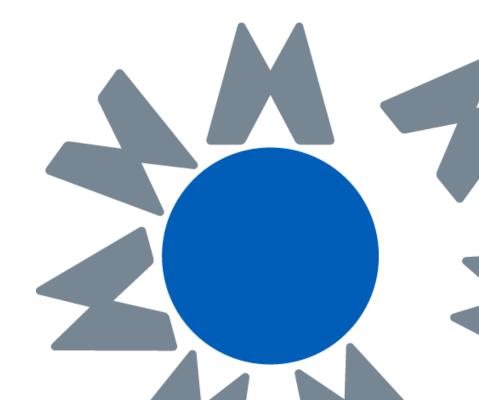


Ordering medicines

- Pharmacy staff will visit each ward daily and order medicines
- Please document any non-urgent medicine requirements in your pharmacy communication diary
- Urgent requests for medicines
 - During pharmacy operational hours (8am-10pm) contact the pharmacy
 - Outside pharmacy operational hours contact Oxford Road Campus MFT on-call pharmacist (9) 2761234 for urgent items (see action card)

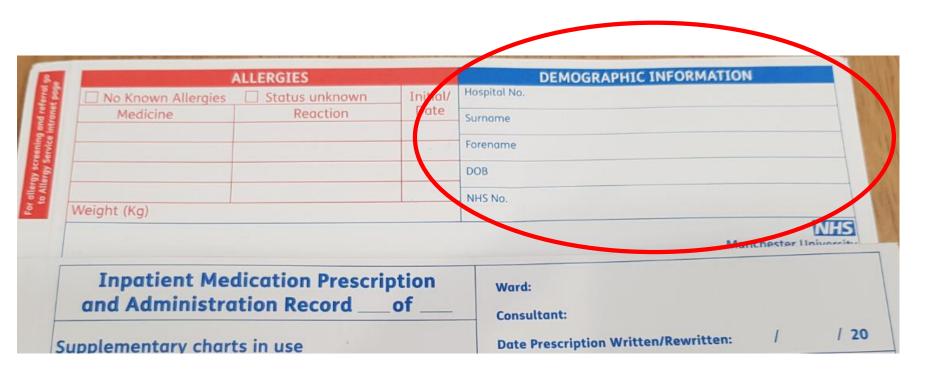


Drug Chart



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Demographics



More than one chart?

☐ No Known Allergies	☐ Status unknown	Initial/	Hospital No.
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			DOB
			NHS No.
Weight (Kg)			Manchester Univers
Inpatient Med	dication Prescri	ption of	Ward: Consultant:

Weight: vital for drug dosing

Participant of the second	LLERGIES		DEMOGRAPHIC INFORMATION
No Known Allergies Medicine	Status unknown Reaction	Initial/ Date	Hospital No. Surname
			Forename
			DOB
Weight (Kg)			NHS No.
and the state of t			Manchester University
Inpatient Med and Administra	lication Prescri		Ward: Consultant:
Supplementary chart	s in use		Date Prescription Written/Rewritten: / / 2

Allergies: nature of the allergy/intolerance vital

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# # A	☐ No Known Allergies	Status unknown	Initial/ Date	White and a state of the
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or allergy to Aller				NHS No.
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Γ	Innatient Med	dication Prescri	ntion	

Supplementary charts

May use Anticoagulant, SC syringe pump or Alcohol Withdrawal

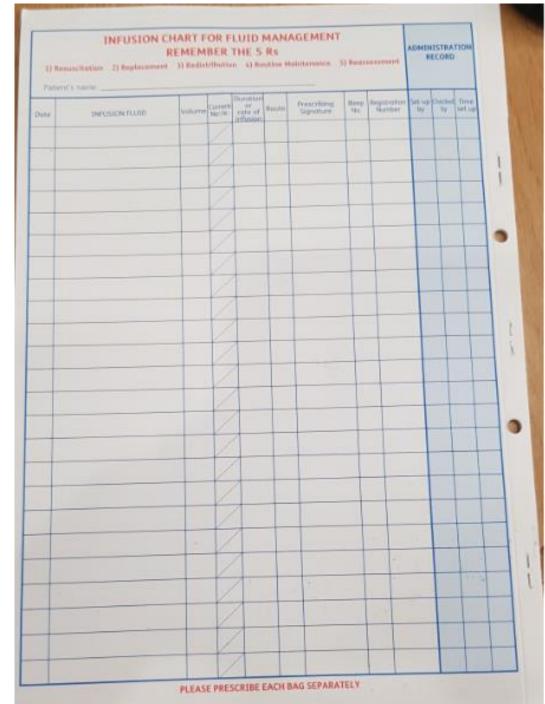
Inpatient Medication Pres and Administration Record	cription of	Ward: Consultant:	
Supplementary charts in use		Date Prescription Writte	en/Rew
Anticoagulant	Patient contro	olled analgesia/epidural	
Blood Transfusion (Components and Products)	Insulin		
Chemotherapy	Nutrition (TPN	1)	
Alcohol Withdrawal	IV Heparin		
Plan of Care for the Dying	SC syringe pu	mp	

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Infusion Chart

Back page (page 16)



16

VTE Risk Assessement

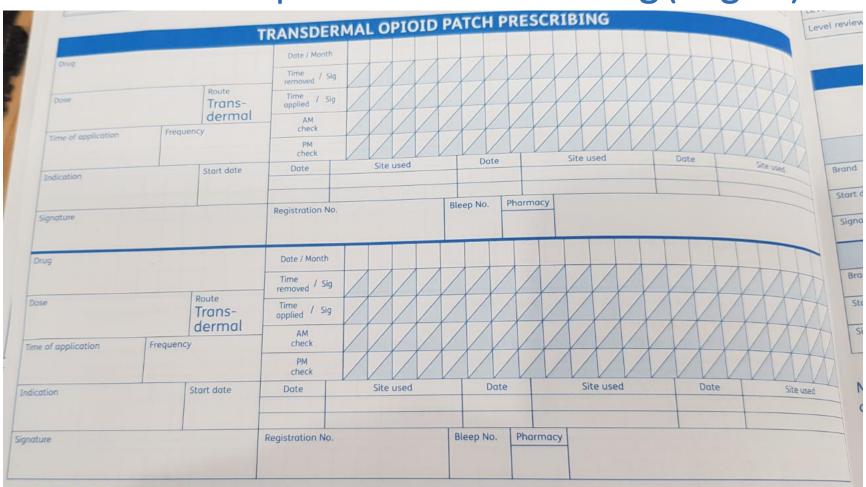
and prescription of anticoagulants
Page 3

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Oxygen prescription (Page 4)

OXYGEN PRESCRIPTION Circle target oxygen saturation 88-92% 94-98% Not indicated Other:	Nursing staff to sign chart at each shift, am/pm/nights, to confirm that the patient has oxygen prescribed; is being administered and target saturation are being monitored. The method and rate of oxygen delivery may be adjusted by nursing state to achieve the target oxygen saturation as per Trust policy.	S
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Special Instructions	PM Nights	+
Prescriber's Signature / Bleep Date	Tick if on Home Oxygen Tick if on NIV Refer to NIV proforma for acut long term ventilation patients	e and
		all date
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Transdermal Opioid Patch Prescribing (Page 4)



CODE FOR DRUG OMISSION When drug is not administered, record the appropriate number in the box and circle. Doctor to be informed at the discretion of the number 1 - PATIENT AWAY FROM WARD 2 - DRUG NOT AVAILABLE 3 - NIL BY MOUTH 4 - REFUSED 5 - ADMINISTERED AT HOME 6 - PATIENT SELF ADMINISTERING 7 - PATIENT ASLEEP 8 - IV LINE TISSUED 9 - UNABLE TO SWALLOW 10 - VOMITING 11 - OMIT FOR CLINICAL REASONS

NB: USE PURPLE SYRINGES FOR ORAL/ENTERAL ADMINISTRATION OF LIQUIDS

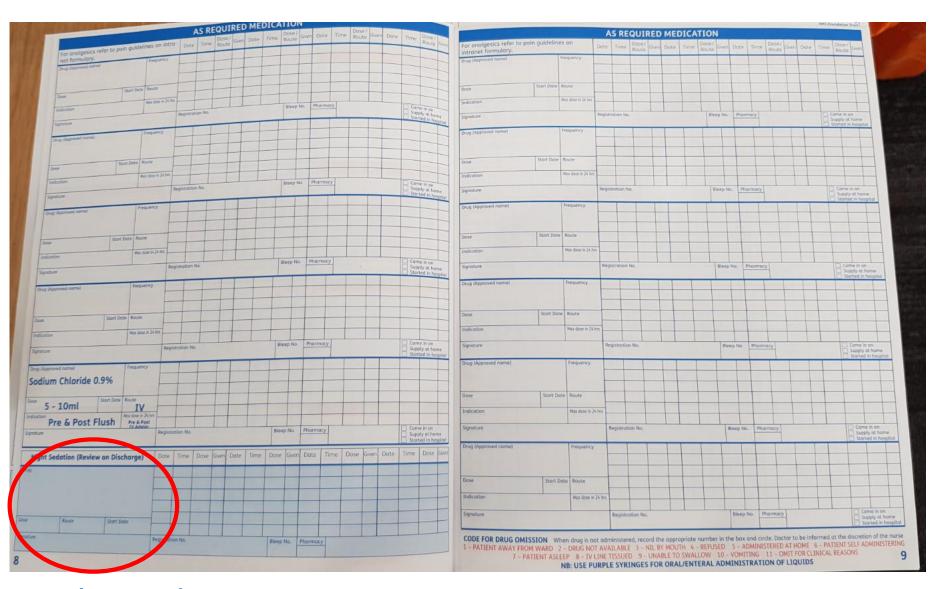
Antibiotic section

You must remember to check this section on every medicine administration round so that doses are not missed (page 6-7)

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NB: USE PURPLE SYRINGES FOR ORAL/ENTERAL ADMINISTRATION OF LIQUIDS

As Required Medicines (pages 8-9)



Night Sedation

Regular Intravenous medicines

Page 10



Regular Medicines

Pages 11-15



CODE FOR DRUG CMISSION. When drug is not observablend, record the oppropriate number in the box and since. Disclor to be informed at the decision of no no.

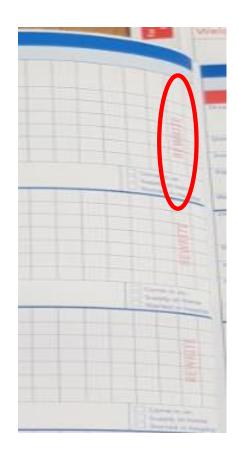
1 - PATIENT AWAY FROM WARD: 2 - ORDS NOT AVAILABLE 3 - NOLEY MOUTH: 4 - REFLISED: 5 - ADMINISTRATED AT HOME: 6 - PATIENT SELF ADM

NB: USE PURPLE SYRINGES FOR ORAL/ENTERAL ADMINISTRATION OF LIQUIDS

Missed drug codes

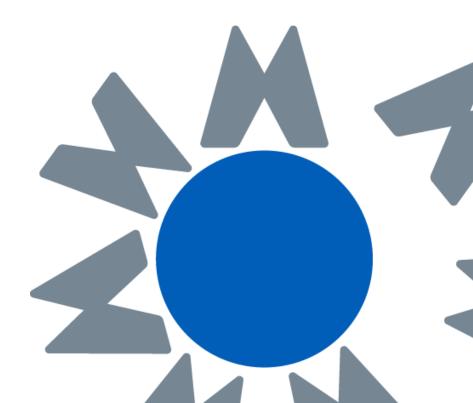
CODE FOR DRUG OMISSION When drug is not administered, record the appropriate number in the box and circle. Doctor to be informed at the discretion of the nurse 1 – PATIENT AWAY FROM WARD 2 – DRUG NOT AVAILABLE 3 – NIL BY MOUTH 4 – REFUSED 5 – ADMINISTERED AT HOME 6 – PATIENT SELF ADMINISTERING 7 – PATIENT ASLEEP 8 – IV LINE TISSUED 9 – UNABLE TO SWALLOW 10 – VOMITING 11 – OMIT FOR CLINICAL REASONS NB: USE PURPLE SYRINGES FOR ORAL/ENTERAL ADMINISTRATION OF LIQUIDS

Make sure prescribers rewrite charts before charts are full



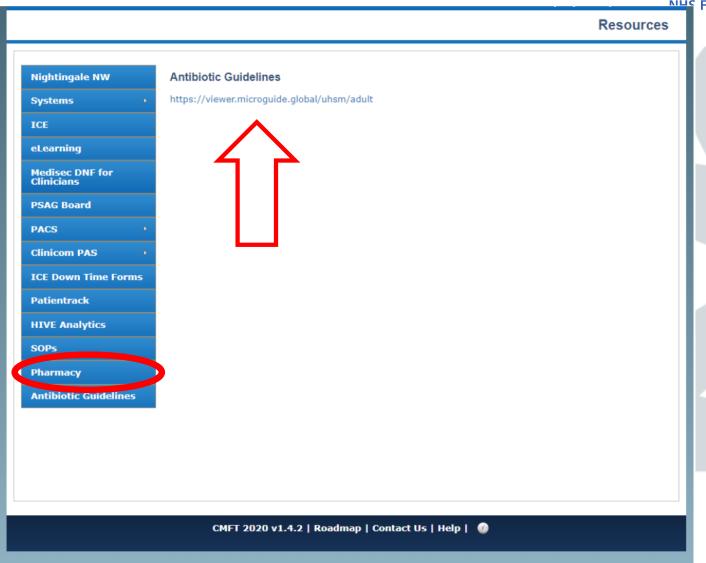


Medicines Policy



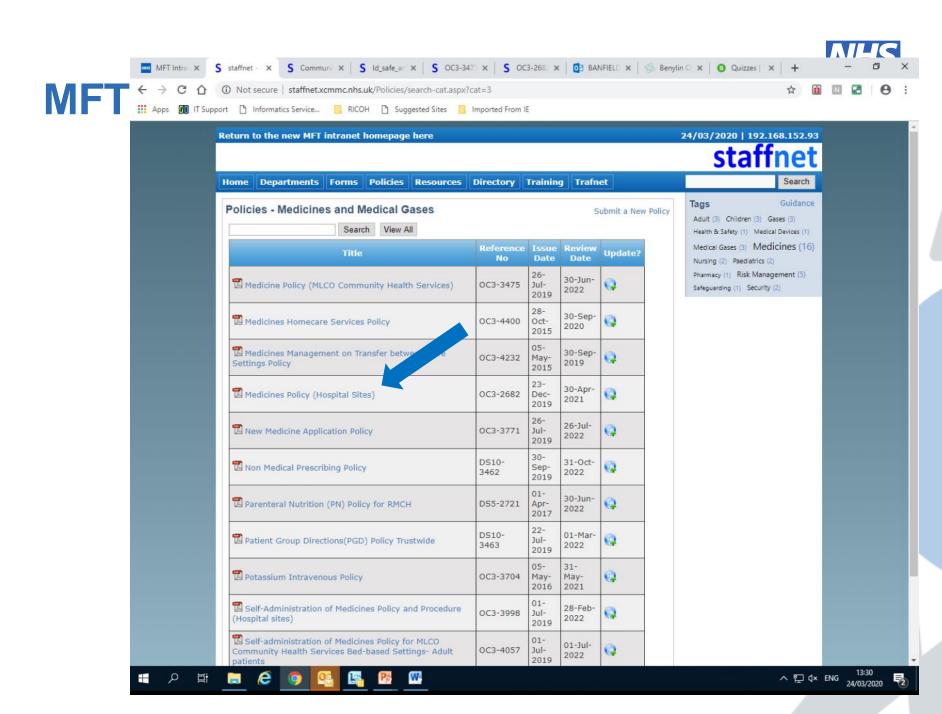
Pharmacy Intranet Site





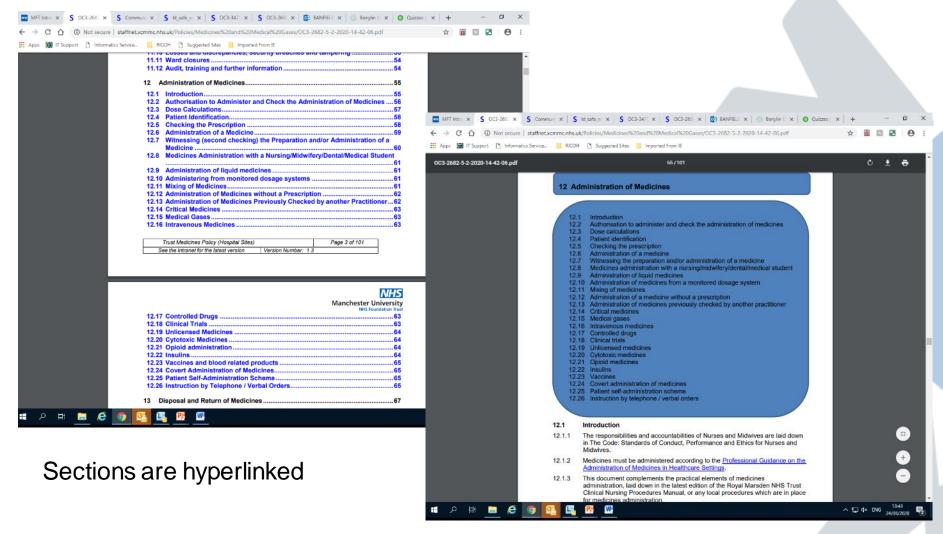
Medicines Guidelines







MFT Medicines Policy NHS Foundation Trust Section 12 – Administration of medicines

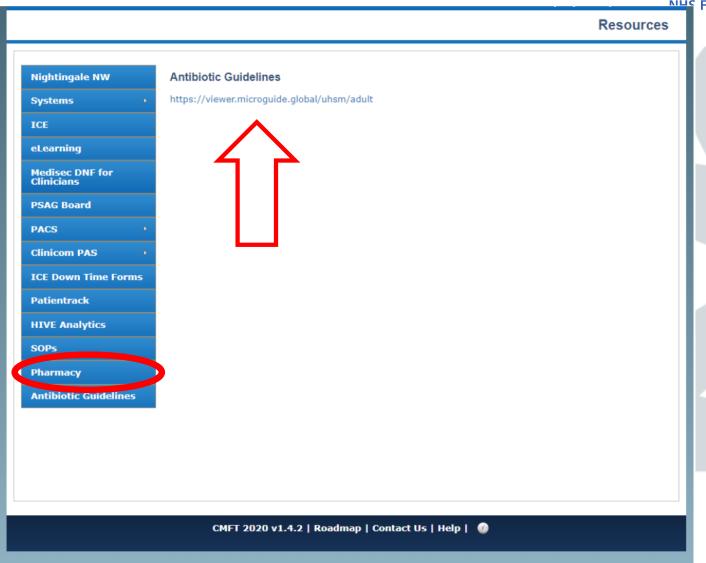




Guidelines and resources

Pharmacy Intranet Site





Pharmacy Intranet Site

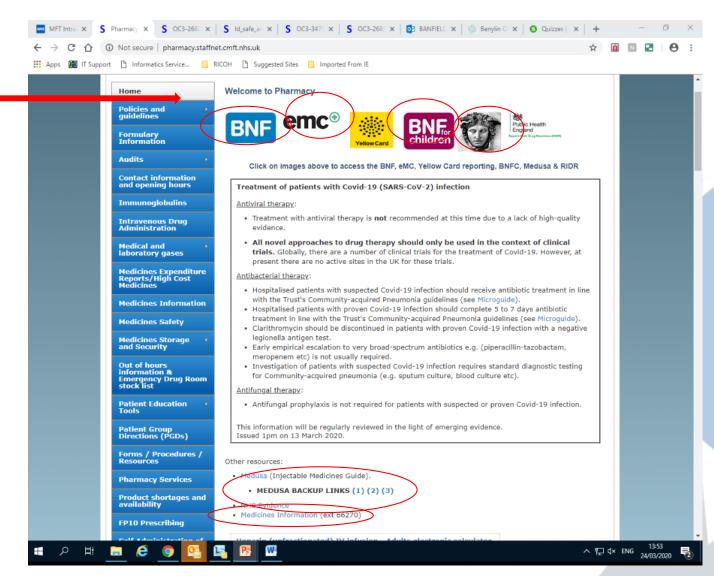


This is the link to the emc - Electronic Medicines Compendium. It contains SPCs and PILs.

There are also links here to the BNF and to the Injectable Medicines Guide (Medusa)

The link to report a yellow card for ADRs is also here

There is also a link to the Medicines Information page and the contact number



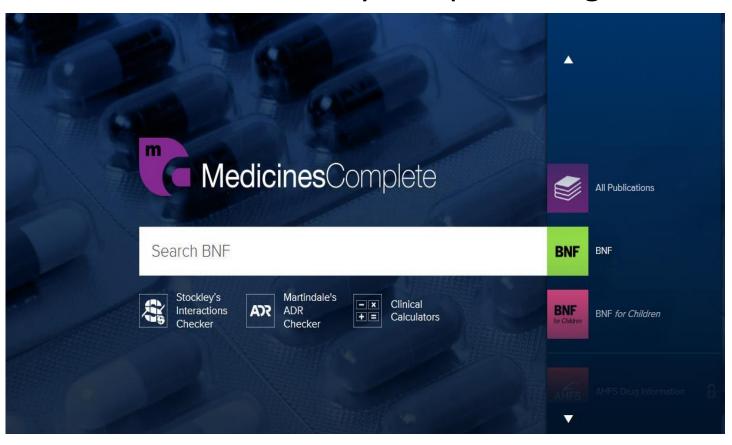
Medicines Resources

- BNF
- Medusa (injectable drugs)
- EMC
- Medicines Guidelines
- Antimicrobial formulary
- Pharmacy service

How and where to access information about the safe use of medicines

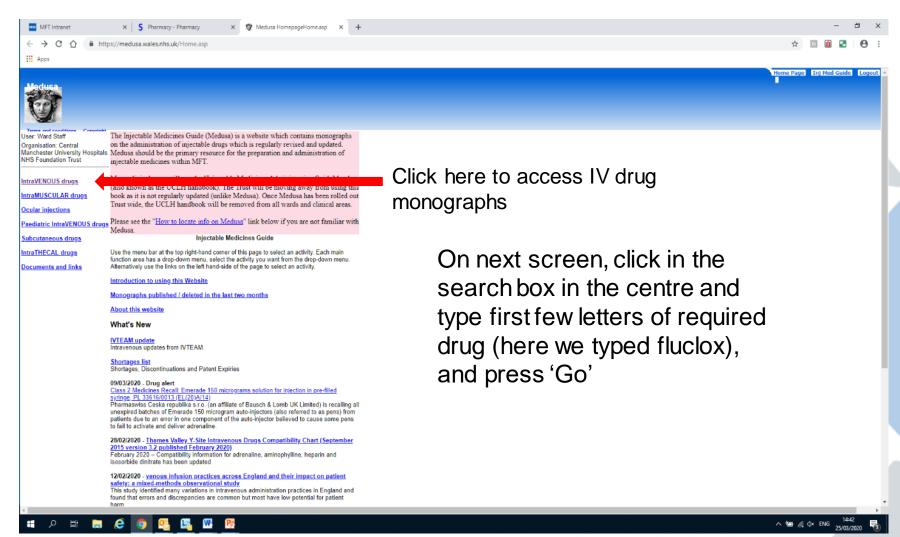
BNF/BNFC

Access online from any computer/ log on



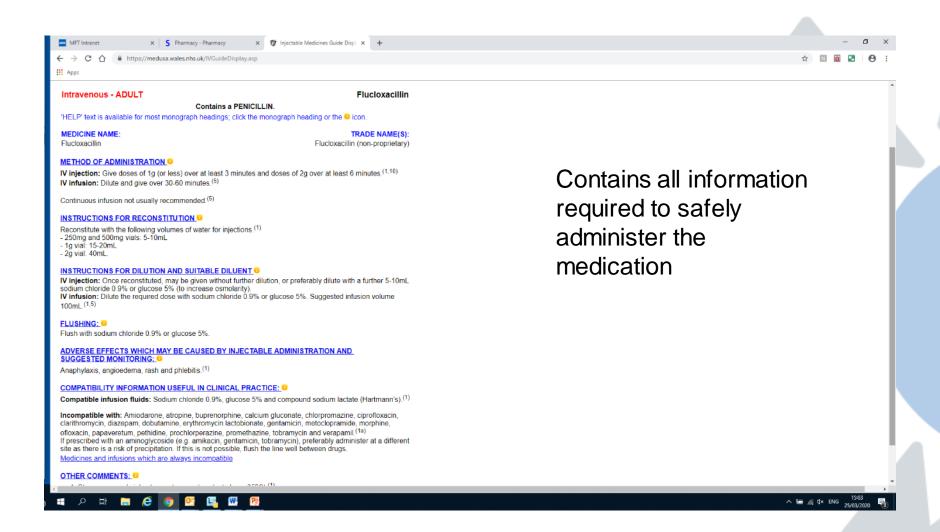
Medusa





Medusa – flucloxacillin monograph



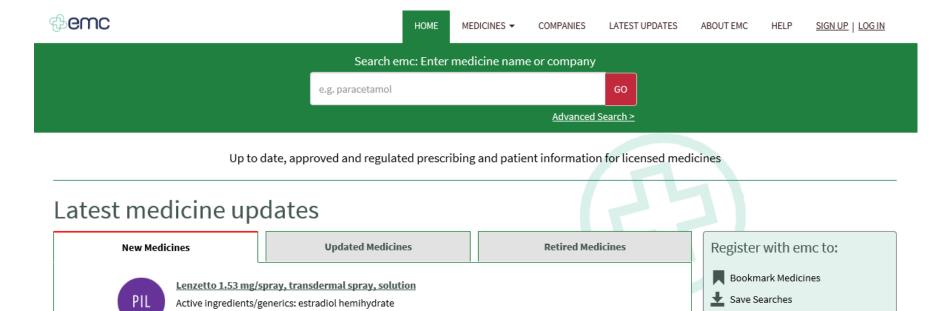


Electronic Medicines Compendium (emc)

Google 'EMC'

Gedeon Richter (UK) Ltd

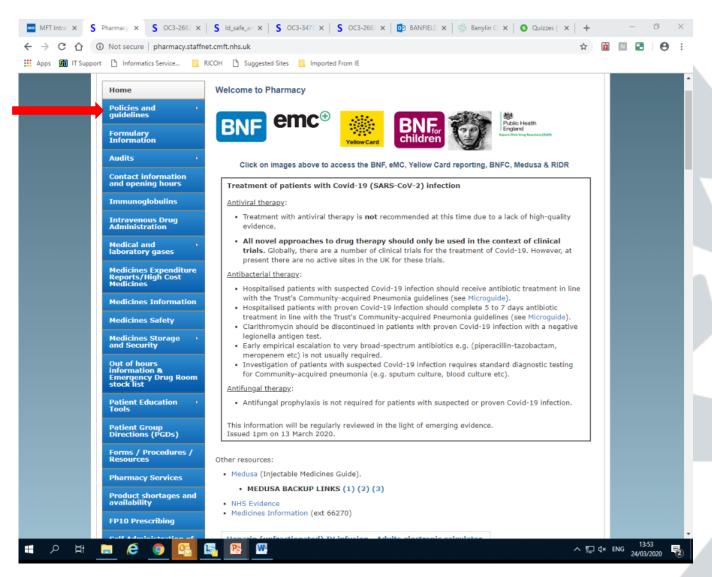
- First hit
- Search drug name to get data sheet or patient information leaflet



View changes to medicine

Guidelines





Medicines Guidelines



Medicines Guidelines

staffnet



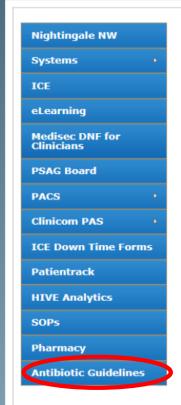
Policies and guidelines

Medicines and Medical Gas Policies

- · Adult medicines and prescribing guidelines
- Paediatric medicines and prescribing guidelines
- Neonatal guidelines (link to Staffnet site)
- · Community Services policies and guidelines
- Interim Trafford site only guidelines
- · Patient group directions
- · Shared care guidelines

Antibiotic Guidelines

Resources

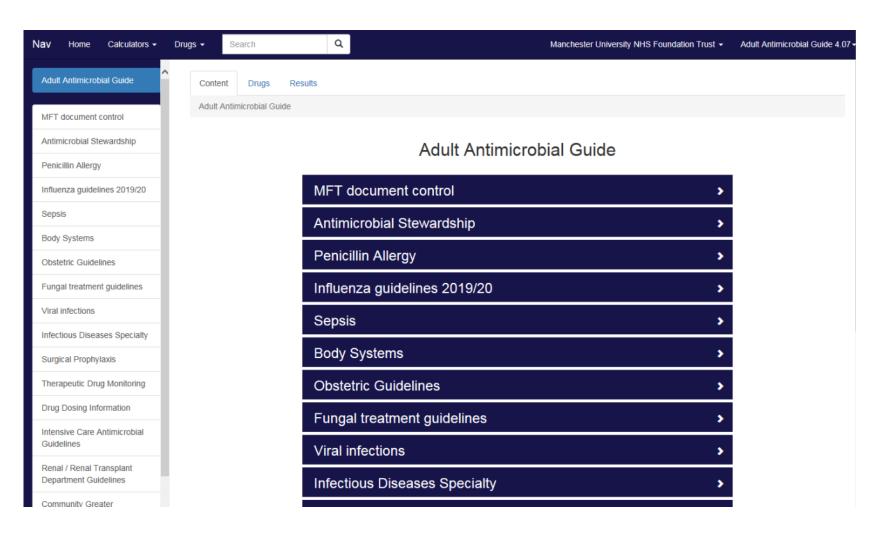


Antibiotic Guidelines

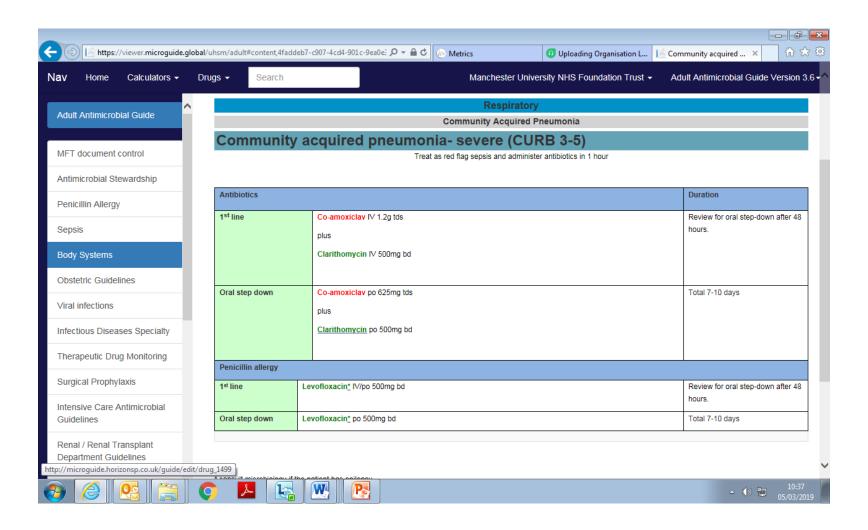
https://viewer.microguide.global/uhsm/adult



Antimicrobial Formulary

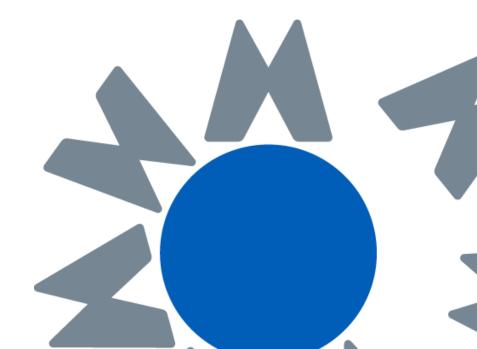


Antimicrobial Formulary





Practical medicinesrelated information





Medication errors

- Vast majority of treatment provided safely but things do and will go wrong
- Errors are potentially very serious/fatal and very distressing for staff as well as patients and families
- Report to ward managers who will advise on reporting via Ulysses, the Incident Reporting System
- Learn from errors



Medication errors

- Consider if you are handling medicines which are known to be high risk, for example:
 - Anticoagulants
 - Opioids
 - Insulins
 - SALADs sound alike, look alike medicines
- If in doubt, check it out



Prescription Errors

- 8% prescriptions have errors in normal practice*
- Care taken to minimise in these extraordinary times
- Prescribers and nurses working outside their normal roles



Opiates



<u>Immediate release</u> <u>preparations.</u>

- Work within 30 mins
- Usually multiple times a day or at a minimum interval when required
- If prescribed when required prescription MUST contain minimum interval and maximum dose in 24 hours
- Can be prescribed alongside a Modified Release prep.

Modified Release preparations (MR)

- Work within 90 mins
- Usually seen as <u>TWICE</u> daily administration
- If prescribed MUST contain the approved abbreviation MR or the words modified release in full.
- Can be prescribed alongside an immediate release prep but NOT another MR opiate.

Be cautious of brand name prescribing **ORAMORPH IS MORPHINE NOT OXYCODONE**



Insulin

THREE MAIN TYPES OF INSULIN

- Rapid or fast acting (e.g. NovoRAPID, Humalog, Humulin S,)
 - Usually THREE times daily with meals breakfast, lunch and tea;
 - Works quickly to combat the intake of food;
- Intermediate acting (e.g. Insulatard, Humulin I)
 - Once or twice daily
 - Usually before a meal
- LONG acting (e.g Abasaglar, Lantus, Levemir)
 - Usually once daily either in the morning before breakfast or at night before bed;
 - Long acting insulin is slowly release throughout the day to maintain blood sugars would usually be prescribed alongside a fast acting insulin;
- Mixed insulins (E.g. Novo MIX, Humalog MIX 25, Humulin M3)
 - Usually TWICE daily with meals Breakfast and Tea;
 - Has both long acting and fast acting. Short acting to combat the food intake and long to maintain blood sugars between doses;

Where possible always confirm with the patient/ carer that the insulin you are about to administer is correct. No one knows their insulin better than them.



Insulin Prescribing

- Insulin prescribing at Nightingale
 - Insulin prescribing at the Nightingale will be directly on the drug chart
 - Should be prescribed by brand name
 - Units must be written in full
 - If the insulin dose is changed the prescription must be rewritten
 - Ensure insulin administered at the appropriate time in relation to meals

Anticoagulants

Injectable LMWH	Oral	Can this oral prep be used in conjunction with a LMWH
Dalteparin (Fragmin®)	Apixaban	No
Enoxaparin (Clexane®)	Dabigatran	No
Tinzaparin	Edoxaban	No
Fondaparinux	Rivaroxaban	No
	Warfarin	Yes (daily INR needed)

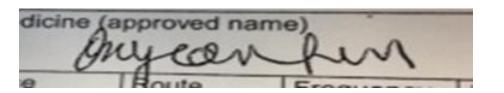




	MORNING	Risk			NIGHT	
	(Long acting)	Before/With Breakfast	Before/With Midday meal	Before/With Evening meal	(Long acting)	Extra
	e.g. Lantus/Levemir			_remig mean	e.g. Lentus/Levemir	Time
Insulin	Humolon M	}	9	Humolon H	5	
Dose (units)	144			64		
Sign/Name /Bleep	A Est Remarka					
	1) 1	45/400 mm mm mm 1000 mm pm 1019 (1019 (1019 (1019))				

Taking on a	admission	Y 🗀	N J							
Medicine (a	pproved nam	1e) M.e (Tick or inser	rt times require	ed ‡	(@){\	\$66	5 (C)	() (c)
Dose 15MG	Route	Frequency	Pharm.	08.00-09.00						
Start Date Inc	dication & Add			17.00-18.00			3		D	lie
Prescribers Sign	ature/ Print	Name	Bleep 906	21.00-22.00		X			NG	mo

Missed Codes: 1. Route not available (eg: NBM, IV line tissue), 2. Valid clin



Medicine	(approved n	ame)	
	March	wwwho	we.
Dose	Route	Frequency	Pharm



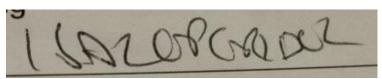
Why does it matter?

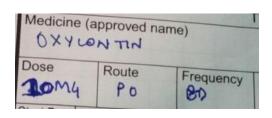
	INTRAVENOUS & SUBCUTANEOUS INFUSIONS								Pati					
	INFUSION FL	UID	ADDITIONS TO IN Medicine	IFUSION	Route	Rate (m⊔/hour) or	Prescriber Sign / Reg	Start Time	Stop Time	Fluid Batch No.	Given By	Checked By	Pharmacy	Patient Surname
Start Date	Type / Strength	Volume	(Approved name)	Dose		Duration (hours)	No & Bleep No.	15:30	71110	16.116.25		2 ,, 2	14 . 1	name:
26/9/16	Derhose S&	11			10	8°					<u> </u>	17 NC	1043	
418016	Dexpose S/L	16			W	80	V	16.30		16465T2132019	pc	UF		
5/10/16	Dexivor St	10			(V	800		11110/16		6 0 0 7	-	01	2//-	
allolib	Hautmanns	11-		********	W	6_		13:25		16B16T36	2	R	01/24	-
Hlokb	A. Salino	(L			/0/	go o						1		Other Names:
valo			- ;		20									Nam
13/10/16	risachet				160.	Stat								es:
7°. 45eu	Picolour.					~\ A					-			
8:00an	Water_	120ms	gastagraffin	iOm			/	1	10.	1 1	1	1		
9:am	Breakfas	t 3/	ght, no Jo	nu Ds	1	malad	on on	ومعك	ىللە	ble from	1000	<u> </u>		
2pm	picology	1 sachet			PO	Stat								
2 pm	tester.	120 mls	e or property.	. 10 m	1	1	-				-			
8pm	Water	izomls.	of otterograffin	10m	Po	Stat								
[A][0]16		<u></u>	7000			01/								
7:000	n Water	120 mls	garlerguell	1 Con	PO	Stat					-			Hospita

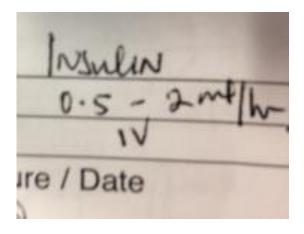


Why does it matter?

Taking on admission Y N		_				
Tick or inse	Tick or insert times required \					
Medicine (approved name)		4/4/24				
Posse Route Frequency Pharm.	08.00-09.00	TN G				
Dose Route Frequency Pharm.	13.00-14.00	1837				
Start Date Indication & Additional Instructions	17.00-18.00					
Bleep	21.00-22.00					
F						











- Miss-selection of a strong potassium solution
- Administration of medication by the wrong route
- Overdose of insulin due to abbreviations or incorrect device
- Overdose of methotrexate for non-cancer treatment
- Miss-selection of high strength midazolam during conscious sedation



Admission



- All patients will come with 4-week supply of medicines
 - Lock medicines away as soon as possible
 - Medicines must be prescribed by medical staff on the inpatient medication chart
 - Inform pharmacy staff if patient does not arrive with medicines or significant delay in charting medicines on inpatient medication chart

Admission



- Patients should have a supply of all medicines except low molecular weight heparin, fluids, feeds, nebulisers)
 - At the Nightingale hospital the only low molecular weight heparin we stock is dalteparin
 - Anyone who is prescribed an alternative low molecular weight heparin (enoxaparin, tinzaparin) will need to be switched to dalteparin



Transferring medicines and discharge

- If patients transfer to another ward please ensure all their medicines are transferred too
- Ensure patients for discharge have their TTOs prescribed as soon as possible
- Nurses to ensure all medicines are given to the patient on discharge – NB watch for medicines which have been in the 'fridge and/or CDs
- The final version of discharge summary are printed by pharmacy and will be returned with the patients medicines



Safe and secure handling of medicines

- Each ward has
 - two medicines cupboards for storing patients own drugs (PODs including CDs) and stock medicines,
 - A controlled drug cupboard for stock Sch2 CDs
 - A controlled drugs cupboard for stock Sch3-5
 CDs
 - A medicines fridge

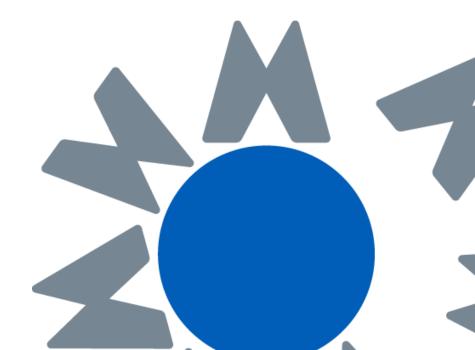


Safe and secure handling of medicines

- All staff are responsible
- Keys must be held by authorised staff
- Keep medicines cupboard doors locked
- Keep medicines refrigerators locked and should only contain medicines



Key messages





Key messages

- Explore the medicine related intranet pages
- Familiarise yourself with our drug charts
- Keep medicines safe and secure, lock doors, cupboards and fridges
- Follow the 5 Rs
- Get a second check if needed
- Always report incidents
- And finally and most importantly
 - NEVER be afraid to question, ask or query anyone if you think the medication is wrong



Questions?

