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Administration of Medicines

DATE April 2024 REVIEW DATE April 2027

Reviewer Name : Anna Blackshaw

Purpose

The aim of the policy is to ensure that all nurses, including bank and agency staff and other health care individuals, follow safe and best practice in all activities relating to the administration of medicines.

Objectives

- All nurses and other health care staff practice the '6 rights' of medication administration, right patient, right medication, right dose, right route, right time, right documentation.
- Promote a consistent and best practice approach to the safe administration of medicines.
- Provide a process that supports registered nurses and other health care staff in their role in the safe administration of medicines.
- All incidents relating to the administration of medicines are reported in a timely manner.
- Provide a framework for nurses and other health care staff to analyse their experiences, learn from incidents and subsequently improve their practice.
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Process

1. **Who can administer?**

The following staff are authorised to administer medicines providing they have undertaken the necessary training and have been deemed competent: -
A Registered Nurse
A Registered Medical Practitioner
A Registered Pharmacist
A Registered Pharmacy Technician
A Registered Nursing Associate
Physiotherapists under the direction of an authorised prescriber and where it is has direct relevance to a specific therapy
Qualified health professional stipulated in a current Patient Group Direction
Appropriately qualified and registered bank and agency nurses
Healthcare Support Workers who have attained NVQ Level 3 or higher and are deemed competent following appropriate training, assessment and regular supervision, may assist in the administration of medicines listed below:-
- Application of topical medicines
- Installation of ear/eye/nasal drops
- Inhalers/aerosol devices
- Oral medicines excluding controlled drugs

• Healthcare Support Workers must adhere to NMC guidance for the administration of medicines in the best interests of their patients.

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• In all cases however, a named registered nurse will remain responsible and accountable for the delegation of such duties and any actions taken by a healthcare support worker acting under their authority.
• Nurses in training including return to practice students and overseas registered nurses during their adaptation period are subject to the supervision and accountability of another registered nurse. The supervising registered nurse is responsible for ensuring that the medicine is correctly administered
• Nurses in training must NOT administer medicines using the intravenous route (other than replacing infusion bags without additives) or administration by pump.
• Patient (to him/herself)

2. Key Principles

Every authorised person involved in administering a medicine to a patient must have knowledge of the patient's assessment and be satisfied that the medication and dose are appropriate for the patient. They must also know the therapeutic uses of the medicine, its normal dosage, side effects, precautions and contra-indications.

This is important for ALL medicines but is particularly important for:-
- Anticoagulants where dose is dependent on INR - check INR before administration
- Opioids, where usual starting doses vary depending on the patient and in palliative care, where doses are higher than normally required
- Medicines requiring regular blood level monitoring e.g. Lithium
- Medicines requiring regular blood counts e.g. Methotrexate and Clozapine
- Insulin - check BM

The person administering or checking must examine the dose and formulation of the preparation and be aware of any interacting medication. Information regarding starting doses, formulations and dose conversions may be found in:-
~ Current BNF-individual monographs, also available on intranet
~ BNF section "prescribing in palliative care"
~ Palliative care formulary or www.palliativedrugs.com
~ Summary of Product Characteristics for individual products (SPC)
www.emc.medicines.org.uk

Every authorised person involved in administering a medicine to a patient must always exercise professional judgement and apply knowledge and skill to the situation that applies at that time. This requires the individual to:-
- Have an understanding of substances used for diagnostic, therapeutic and prophylactic purposes
- Ensure that omission or delay of a critical medicine does not occur
- Be able to justify any actions taken
- Be prepared to be accountable for the actions take

For all 'PRN' prescriptions, an entry in the nursing records must give the reasons for the administration and patient's response to treatment.
Where variable dosage is prescribed for a patient, the authorised person involved in administering the medicine must record on the prescription sheet the actual dosage administered.

3. Best Practice

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The correct drug in the correct dose is always given to the correct person at the correct time by the correct route and that the patient actually takes the medicine and that informed consent has been gained or there is a consent to treatment attached to the drug card.
The process of administering medicines should be explained to the patient, where appropriate.
Staff should not be interrupted during the administration of medicines unless there is an emergency.

The checking of administration by a second person, who must be a registered nurse or, if not available, a medical officer or pharmacist, is required in all settings in the following circumstances:-
- Where a patient's condition makes it necessary
- Where a dose calculation is required e.g. volume of liquid, fraction of reconstituted vial or part of an ampoule or a weight-related dose to be administered
- Administration to a child under 12 years of age
- Any drug administered by pump
- Administration of cytotoxic medicines by any route

4. Checking the prescription

Confirm patient identity, by verbally by asking the patient their name and date of birth. Where this is not available, particular care must be taken to check by other means e.g. personal knowledge of patient.
All medication charts currently in use for the patient are available and that the demographics on the medicine chart match those of the actual patient (i.e. name, date of birth, etc.). All sections of the medication chart are checked e.g.PRN, regular medicines and variable dose section to avoid omissions.
The medicine has been prescribed by an authorised prescriber or is administered in accordance with an approved patient group direction
The prescription has not expired, is legally valid – see some typical examples in the table below:-
Things to check on a prescription prior to administration (not exhaustive);
The allergy status is completed and the patient does not have an allergy or intolerance to the medicine.
The due dose has not already been given
The prescription and the label on the medicine must be clearly written and unambiguous
PRN medication states the reason/indication, maximum dose in 24 hours and minimum interval between doses - the time of the last dose must be checked before administration.
Be aware of any special guidance relating to the dose offered, e.g. dilution with water, before food etc.
Check that the dose has not already been administered/self-administered.
The correct medicine, formulation, dose and route have been selected; be aware of any precautions and special instructions

5. Medicines requiring additional checks

The medications identified in the table below have been the subject of Patient Safety Alerts and therefore additional checks should always be undertaken. Wherever there is any doubt or uncertainty about the administration of these medicines, practitioners should consult the latest BNF in the first instance and seek further advice from the Pharmacy team.

LABEL EXPIRY DATE MEANING
Expires 11th Nov 2020 Do not use after 11th Nov 2020

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Use by 31.5.19 Do not use after 31st May 2019
Use by end of September 2021 Do not use after 30th September 2021
Expires May 2020 Do not use after 31st May 2020

6. Loading Dose Medicines

A loading dose is an initial dose of a medicine used to ensure a quick therapeutic response. It is usually given for a short period before therapy continues with a lower maintenance dose. The use of loading doses of medicines can be complex and error prone. Incorrect use of loading doses or subsequent maintenance regimens may lead to severe harm or death.

7. Medicine Calculations

Some medicine administrations can require complex calculations to ensure that the correct volume or dose is administered. The nurse responsible for the administration of the medicine must ensure the calculation is correct. A second practitioner must check the calculation in order to minimise the risk of error.
All calculations must be conducted independently and the results of the calculations must correspond. If they do not, calculations must be repeated independently; if there is still a discrepancy between the two calculations, assistance should be sought from a third nurse, doctor or pharmacist. Medicines of any kind must not be given if there is any doubt over the accuracy of the calculation.
Nurses administering medicines in patients own home may do the calculation without a second check, if they are competent to do so. If the calculation is complex, or unfamiliar, it is the responsibility of the nurse to ensure a second check is obtained, as above.

8. Preparing Medicines in advance of Administration

Medicines must not be prepared in advance of administration except:-
- for antibiotic syrups requiring reconstitution
- compliance aids (e.g. Dosette Boxes, Nomad Trays, Compliance Pre-packs)
- individual doses prepared by a Registered Nurse for an Outreach Worker to take to a Client's home. The tablet bag must be labelled with details of the medicine(s), name, strength and dose, date and the name of the patient.

9. Consent

Valid consent must be obtained before starting any treatment including the administration of medicines.
Informed consent applies when a person can be said to have given consent based on a clear appreciation and understanding of the facts, and the implications and consequences of an action. Consent can be either explicit (specific consent to carry out a specific action) or implied (not expressly given by a patient, but inferred from their actions, the facts and circumstances of a particular situation, and sometimes a patient's silence or inaction). Generally, there is no legal requirement to obtain written consent but it may be advisable in some circumstances.
Every effort should be made to obtain consent from the patient to accept the prescribed medication but consent must be given voluntarily and not under any form of duress or undue influence from health professionals, family or friends.
Consent is a continuing process rather than a one-off decision. It is important that a patient be given continuing opportunities to ask further questions and to review the decision.

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All people aged 16 and over are presumed, in law, to have the capacity to consent to treatment unless there is evidence to the contrary. A patient who is suffering from a mental disorder or impairment does not necessarily lack the competence to consent to treatment. To demonstrate capacity individuals should be able to:-
- understand what the medical treatment is, its purpose and nature and why it is being proposed
- understand the benefits, risks and alternatives
- understand the consequences of not receiving the proposed treatment.
- retain the information and be able to weigh up the pros and cons in order to arrive at a decision
- communicate the decision

Decisions subsequently made on behalf of patients without capacity always need to be in the patient's best interest and also need to be the least restrictive on their basic rights and freedoms.

10. Refusal of Medication

In general, patients have a right to refuse medicines. If a patient is having difficulty swallowing an oral solid dose of medication, advice about liquid preparations, alternative products or appropriateness of crushing the tablet should be sought from pharmacy and the designated doctor or consultant contacted immediately for advice and direction.
A competent patient's decision to refuse medication must be respected even when it is considered their decision is wrong or irrational. Healthcare professionals can advise the patient of their clinical opinion, but must not put pressure on them to accept their advice and be careful that their words and actions do not imply judgement of the patient or their beliefs and values.
However, there may be times when severely incapacitated individuals can neither consent nor refuse treatment. Treatment should be made available to severely incapacitated individuals judged according to their best interests and administered in the least restrictive manner.

11. Medicines brought in by Patients

Medicines brought in by patients may include prescribed medications, 'over the counter' medication (OTC), herbal medications and topical creams etc. These medicines must be checked for suitability and appropriateness before use, by a suitably qualified healthcare professional.

12. Supervising Administration of Medicines by Patients

It may be appropriate for some patients to administer certain of their own medicines under supervision of a Registered Nurse. This is distinct from participation in a recognised self-administration scheme and may apply to the following categories:-
- Inhalers
- Glyceryl trinitrate sublingual tablets and spray
- Topical preparations e.g. ointments or creams
- Insulin preparations, the patient's own device i.e. pen/syringe

Insulin and other injectable treatments should be stored in an appropriate drug cupboard/fridge in between administration.
There must be a valid prescription for the medicine.

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The patient must consent to participation in this arrangement, and such consent documented. However, this does not mean that all responsibility for drug administration has been transferred from nurse to patient.
In ensuring the patient has sufficient understanding and ability to perform this task, he/ she must be provided with supportive education and written information, and their competence assessed. This must all be documented. The manufacturers' standard patient information leaflets must be made available to the patient.
The patient must be willing and able to communicate to the registered nurse when a dose has been taken or used. The patient must also be capable of administering the medicine correctly. If this is not the case, the prescriber should be informed and advice from a pharmacist sought. It is the responsibility of the registered nurse to encourage the patient to tell her/him when a dose has been self-administered to record this on the prescription sheet and to review these records to ensure the medicine is being taken appropriately.

13. Tablet Crushing and Capsule Opening

Tablet crushing or opening of capsules should be avoided if at all possible by:-
Checking in the patient's notes as to whether any previous dose of the medicine for this patient has been administered in this way. If so, was the procedure approved by a pharmacist? Has the patient's condition improved or deteriorated since then?
Checking in the BNF for a suitable oral liquid/orodispersible preparation of the same drug(s) and, if available, ordering this from pharmacy. In some cases a dosage adjustment may need to be made when the oral liquid is substituted- check with a pharmacist or prescriber.
Checking with the prescriber or, if unavailable, another prescriber as to whether another chemically different but clinically similar drug in the desired form could be prescribed.
Checking with the prescriber or, if unavailable, another prescriber as to whether administration by injection would be more appropriate. Any change to the route of administration of a medicine MUST be prescribed.
Checking with pharmacy whether the tablets can be dispersed/ crushed/ dissolved/ sprinkled on food etc.
Checking whether pharmacy is able to obtain the product from a specials manufacturer. Any such product will be unlicensed and expensive and there may be a delay in obtaining this medicine, which may delay timely administration to the patient.
Record details of the action taken in the patient's nursing notes to help to guide the administration of the next dose.
Under some limited circumstances, it may be deemed necessary to crush a tablet or open a capsule. This can be potentially hazardous and puts the medicine outside the product licence.
Under no circumstances does tablet crushing or opening capsules mean that the medicine can be given by another route without another prescription. Medicines must be given by the route prescribed and a new prescription is needed for a change in route.
Appropriate personal protective equipment, (e.g. a specially designed crushing syringe) and/or clothing might also be required in some cases. Never use a hypodermic syringe for either crushing or administration.
Always contact the Pharmacy department for more detailed guidance or advice.

14. Oral Medicines

Orally administered medicines must be offered to the patient accompanied by a drink (excluding sub-lingual administration), as appropriate.

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The patient should be observed until the medication has been taken.

15. Oral Liquids

A 5ml medicine spoon should be the first choice for liquid oral medicines that are to be given in 5ml doses. This is the most cost-effective option and should be used if suitable for the patient.
A purple oral syringe should be used for doses that are less than 5ml or do not fall into 5ml graduations or if deemed more suitable for the patient. They are available as 1ml, 3ml, 5ml, 10ml, 20ml and 50ml syringes and can be administered directly into the patient's mouth.
Graduated medicine tots can be used for larger volume liquids such as Peptac and Lactulose but they should not be used where an accurate dose is vital.
Paper tots should not be used for measuring/administering liquid medicines.
Do not measure a liquid with a spoon/syringe, and then transfer it into a plastic tot for administration. A small amount of the dose will be lost in the process, leading to suboptimal dosing.
Never use an IV syringe to measure an oral liquid medicine.
Medicine spoons, oral syringes and medicines tots are single dose only and should NEVER be washed for re-use.

16. Immunisation

The key principles relating to administration of medicines should be followed when administering immunisation. It is essential that all staff administering immunisations are competent, with up to date knowledge of contra-indications and the recognition and treatment of anaphylaxis. Always ensure. Resuscitation facilities or an anaphylaxis emergency box is available when administering immunisations and that there is access to the current edition of the Green Book – 'Immunisation against Infections and Disease' (HMSO)
A record must be kept of the vaccine batch number and the site of the injection if more than one injection is administered.

17. Non-availability of Medication

In cases of non-availability of a drug, every effort must be made to source/ obtain the drug within a reasonable amount of time. The reason for non-availability must be recorded in the patient's records and on the drug chart. The doctor or consultant should be contacted regarding alternative treatment or the possibility of delaying administration until the drug is available.

18. Disposal of Individual Doses of Unused or Discarded Medicines

No medicinal product may be removed from its container/packaging except for immediate administration or for counting purposes, (when only one container may be checked at a time).
Individual doses which are unused or discarded must not be returned to the container but disposed of into the appropriate pharmaceutical waste bins.

Controlled Drugs

A similar procedure should be used for Controlled Drugs, with appropriate witnessed entries in the Controlled Drugs Register. Where an ampoule or tablet is partly used, the excess must be discarded and recorded as "wasted" in the Controlled Drug's Register. Similar entries should be made for used topical Controlled Drugs patches, which should be rendered unusable by removing the backing and folding the patch over upon itself before disposal in a pharmaceutical waste bin.
Controlled drugs provided in ready-prepared syringes such as patient controlled analgesic devices may be disposed of by injecting the contents of the syringe into a clinical waste bin, which contains absorbent material from which the controlled drug cannot be recovered or directly into a DOOP bin. This should be carried out in the presence of a witness, registered nurse, doctor or pharmacist and

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an entry made in the Controlled Drug Register stating the volume and strength of drug destroyed. The entry should be countersigned by the witness.

19. Hazardous medication

Some medicines are hazardous on contact to staff and patients e.g. Cytotoxics.
Handling of these substances, plus caustic or toxic materials should be in accordance with COSHH Regulations and extra care always taken.
Medicines labelled as flammable must not be used near a naked flame or any equipment which may emit sparks; do not store in a refrigerator.
Paraffin impregnated dressings and ointments are a potential fire hazard.

20. Raising Concerns

Regarding the prescription

If there is any doubt about the content or clarity of a prescription the nurse or other person authorised to administer must contact the prescriber or deputy before proceeding to administer the medicine. If there is still uncertainty a pharmacist must be contacted.
In an emergency, if a prescriber or pharmacist is unavailable, the nurse may cancel the doubtful prescription. This should be recorded in the notes and medical advice sought at the earliest convenience.

Regarding appropriateness

Where contra-indications to the prescribed medicine are discovered, where the patient develops a reaction to it, or where assessment of the patient indicates that the medicine is no longer suitable, contact the prescriber or deputy without delay.

Regarding the medicine

Any suspicion that a medicine may be defective, counterfeit or that a dispensing error has occurred should be discussed with the Pharmacy Department in the first instance.
They will inform the relevant pharmacy providing the medication under a service level agreement (SLA). If there is suspicion that the product is defective the product must be quarantined immediately, until advice has been sought from Pharmacy.

20. Documentation

A record must be made, immediately after each administration, by initialling the prescription sheet. Where a check of the administration is required by a second person their initials must also be recorded and for Controlled Drugs they both must sign the register entry.
The record should include drug administered, dose, route, site if applicable, date of administration, time and signature. Batch number and expiry date of injection (if applicable, patient consent according to policy) batch numbers are required for all vaccines given.

21. Medication Administration Errors

A medication error is a preventable incident, associated with the use of medicines, which may put a patient at risk. Although this list is not exhaustive, some examples of administrative errors could be:-
- Wrong dosage
- Wrong patient
- Wrong medicine

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- Administration of an expired medication
- Administration of a medication not covered by consent
- Extra dose given - any dose given in excess of the total number of times ordered by the prescriber
- Unauthorised medicine given - the administration to a patient of any medicine not authorised for that patient e.g. against an expired, unsigned or incomplete prescription
- Wrong dosage interval - any medicine given at a time that reduces or extends the dosage interval before the next dose of the same medicine by more than 25% "As required" orders are not included.
- Wrong administration - administration of a medicine by a different route or in a different form from that specified by the prescriber
- Failure to sign the medicine chart to confirm administration or intentional omission of a medicine
- Signing for a drug that has not been given nor accepted/swallowed

Whenever an error in the administration of a medicine is found the following action should be taken, by the health care professional discovering the error:-

• Contact the prescriber in charge of the patient with appropriate urgency so that, if necessary, remedial action can be taken to ensure the safety of the patient.
• Immediately report the incident to the manager.
• Ensure that the incident is documented in the patient's notes along with details of any remedial action taken and the individuals informed.

It is the responsibility of the nurse in charge to ensure that the patient is advised at an early stage. How this occurs, and by whom, will need to take account of the nature of the error and any adverse consequences suffered by the patient. Any discussions should be documented in the patient's case notes.

22. Controlled Drug Registers

When a Controlled Drug register is full it must be sealed and retained for two years after the date of the last entry or seven years if the register contains records of destruction after which it should be destroyed as confidential waste.

23. Roles and Responsibilities for this Policy

All staff involved in the day to day administration of medicines

- have a responsibility to familiarise themselves with this policy and adhere to its principles in order to be able to respond to the immediate needs of patients
- always treat patients with dignity and respect their right to make decisions even when you may disagree with them
- attend training applicable to their role
- ensure they are competent to carry out their responsibilities to administer medicines and be accountable for their actions

24. Training

No specific training is required as competency is achieved as part of the qualification to practice as a nurse practitioner or other healthcare professional

Supply, Storage and Safe Disposal of Medicines Policy

1. Purpose

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The aim of this policy is to inform all health professionals that have any involvement with medicines of the correct procedures for the safe handling, ordering, storage, transportation, and safe disposal of medicines.

2. Objectives

- Outline the roles and responsibilities of staff in relation to the ordering, safe storage and disposal of medicines.
- Make clear that the supply, dispensing, storage and disposal of medicines must follow national standards and legislative requirements.
- Promote and support the safe and effective management of medicines.

3. Supply of medication

In the Community, all medicines for patients are obtained from one of the following:- - General Practitioner - Other suitably authorised prescriber - Outpatient appointment - Discharge supplies (TTO) On receipt of these medicines, they become the property of the patient.

4. Storage of Medicinal Products

The designated nurse in charge is responsible for ensuring that sufficient stocks and supplies for individual patients are available at all times. Keeping medicines in the containers they were dispensed in.

Refrigerated and ambient temperature medication.

Pharmacy staff will always label medicines to indicate when they will require refrigeration. A separate lockable medicine refrigerator must be available in all areas where medicines may require it. Food and pathological specimens must not be stored in the same fridge. Refrigerated medicines must never be frozen. A maximum /minimum thermometer must be available to monitor room and refrigerator temperatures at least daily and be recorded on a room and fridge monitoring form. The room and fridge maximum and minimum thermometer(s) must be reset on a daily basis. If the temperature range is exceeded it is the responsibility of the individual to report the incident and immediately seek advice from the Pharmacy team. Products requiring storage between 2-8ºC will be transported in a container able to maintain the cold chain.

Vaccines

It is essential that all vaccines are stored and transported in a way which preserves the cold chain - Please refer to NPSA guidance and the Safe Handling and Storage of Vaccines Policy for more detailed information.

Storage of Flammable / Hazardous substances

Some medicines are hazardous on contact to staff and patients. Storage and handling of any hazardous substance should be in accordance with Health and Safety and COSHH Regulations. Medicines labelled as flammable must not be stored near a naked flame or any equipment which may emit sparks. COSHH data sheets must be available for all flammable liquids kept on the premises. The data sheets must be kept in a central point available to all staff. To reduce the risk of combustion or explosion:- - Keep stock levels to a minimum - Avoid spillage - Keep bottle closed. Replace the screw cap immediately after use - Keep well away from naked flame or electrical apparatus - Do not store in a refrigerator - Store all flammable liquids in a locked metal cupboard that displays an appropriate hazard notice Stock levels of flammable materials and

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medical gases should be minimised and stored in cupboards approved by the Fire Prevention Co-ordinator.

Alcohol Gel
It should be noted that alcohol gel is a highly flammable substance; the above precautions must be followed. If nursing staff need to store alcohol gel in their car it must not be stored anywhere where it would be subject to direct sunlight. Alcohol gel must therefore be stored in nursing bags, pockets and/or in the boot of the car.

Medicines Cupboards and Security
All medicines issued must be stored in a locked cupboard that conforms to British Standards either BS3621 or BS2881. If trolleys are not used, a separate section of the storage cupboard should be designated for medicines in use. Pharmacy boxes for the transportation of medicines are to be locked at all times when containing medicines except during packing and unpacking of the contents and their transfer to the medicine cupboards.
The following do not need to be locked:-
- Medicines in emergency kits/grab bags
- Intravenous fluids
- Antiseptics and irrigation solutions

Medicines stored for external use should be clearly labelled and must be stored in a separate cupboard or, if space does not permit, on a separate shelf to medicines for internal use. External use refers to those medicines used for application to the skin, teeth, mucosa of the mouth, throat, nose, eye, ear, vagina or anal canal. This does not include throat sprays, throat pastilles, throat lozenges, throat tablets, nasal drops, nasal sprays, nasal inhalations, teething preparations or dental gels.

Storage and Management of Controlled Drugs
Controlled drugs must be stored in a locked cupboard that meets the Misuse of Drugs Safe Custody regulations 1973, reserved solely for this purpose (this must not be a medicine trolley). The controlled drugs key is the responsibility of the nurse in charge and should be kept on their person and stored separately from other drug keys. A controlled drug register must be maintained and kept locked in a secure place when not in use. When the controlled drug register is full, the stock balances are to be transferred to the new one by a nurse and checked by a pharmacist as soon as possible. The old register is retained for two years from the date of the last entry (unless it contains a record of destruction, in which case it must be retained for seven years). Stocks must be kept to a minimum and when disposal is required, the Pharmacist must be informed. The designated nurse in charge is responsible for checking the stocks of controlled drugs with another nurse at every shift handover. If the balance is correct a dated and initialled record will be made by both nurses in the controlled drugs register.
Whenever a Controlled Drug is administered, the stock of that drug must be checked to verify that the balance is correct. The Controlled Drugs Register must be available at shift handover. There is no need to open sealed packs for stock balance checking purposes. Volumes of liquid preparation should not be decanted and measured after every use. A visual check must be performed by nursing staff. Stock balance of liquids should normally only be checked when a bottle has been used up. Some liquid medications have excess volume in the bottle. This is called

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overage. A Pharmacist must be contacted to adjust the incorrect stock balance caused by overage.
Report any of the following immediately to the nurse manager (who initiates appropriate investigations) and the Chief Pharmacist:
a) Any entry made and found to be wrong (no correction or alteration is to be made)
b) Any actual or suspected drug loss
c) Incorrect balance except for liquids unless the volume in the book is more than the actual volume
d) Any doubt Monitoring of Controlled Drugs by Pharmacists Pharmacists will ensure that independent monitoring of Controlled Drug stock balances are carried out, at least every three months. Pharmacy will retain evidence of these checks for 2 years

Stock Control and Security

The Unit Manager is responsible for making regular formal checks to ensure compliance with stock control and security procedures for their area.

Labels

All medicines supplied to the patient in a labelled container should include the name of the patient, date and place of issue, full directions for use and the words “keep out of reach and sight of children”. Labels on medicine containers are not to be altered except by pharmacy staff. If the label is damaged, obliterated or needs amendment, the container is to be returned to the pharmacy as soon as possible, along with the patient's prescription where appropriate.

Patient Information

All patients should receive advice on how to take their medication, common sideeffects and any special dosage instructions. The general guiding principle is that patients are entitled to and should receive information about medicines that they are receiving, the aims of the treatment and possible sideeffects; this should include both a verbal explanation and a written leaflet. It should also be noted that the legal requirement to provide the manufacturer’s patient information leaflet (PIL) equally applies to patients receiving injections, including depot antipsychotic injections. Consequently, patients should be advised that they may have access to a copy of this leaflet and if they wish, they should be given a copy to keep.
The patient should know as a minimum:-
- The purpose of the medicine
- How to take it
- How long it is to be taken for
- Any side-effects they may experience

Safe Disposal of Medicines

The safe disposal of medicines or pharmaceutical waste, is likely to consist of expired or obsolete stock, syringes contaminated with remnant medicines from the preparation of medicinal products and pharmaceutical products, returned by individuals.
There are 3 types of Pharmaceutical waste:-

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1. Hazardous waste
2. Non-hazardous waste
3. Not pharmaceutically active and possessing no hazardous properties e.g. sodium chloride or glucose solutions

Controlled wastes that have a particularly toxic, harmful or dangerous nature are classified as 'hazardous'. These wastes are characterised as having detrimental properties such as being flammable, corrosive, carcinogenic, mutagenic or toxic. These substances, therefore, represent the greatest risk to human health and the environment.
Most pharmaceutical waste is not classified as 'hazardous waste. The only medicinal products that are deemed hazardous are cytotoxic and cytostatic medicines. These medicines are defined as products that have one or more of the following hazardous properties: Toxic (H6), Carcinogenic (H7), Mutagenic (H11) or Toxic for Reproduction (H10) and should be disposed of in a clearly labelled purple lidded yellow bin, ensuring bins are never overfilled. The disposal of pharmaceutical waste must comply with 'The Hazardous Waste Regulations 2005. The storage, carriage, processing and supply of waste are all subject to stringent controls designed to minimise the negative effects of waste on the environment.
The regulations prohibit the mixing of hazardous waste with non-hazardous waste. Hazardous waste must be stored separately from other medicines waste and be disposed of using sharps bins with purple lids.

Unwanted or Expired Medicines

Any unwanted medicines must be disposed of in a pharmaceutical waste bin and if one is not available, they must be returned to the Pharmacy Department for safe disposal instead. Do not use the water system, including the toilet or sluice, to dispose of any medication.
When Controlled Drugs pass their expiry date, they should be stored in the controlled drugs cabinet / safe until destruction. They should be segregated and clearly marked as 'expired' stock to prevent them being issued in error to patients. The destruction of controlled drugs must always be witnessed by a pharmacist and recorded in the controlled drugs register. Controlled drugs must never leave the ward unless signed out by a pharmacist. The possession, handling and supply of controlled drugs are governed by the Misuse of Drugs Act 1972 and the Misuse of Drugs Regulations 1985. Drugs are divided into 5 schedules in the regulations, in decreasing order of restriction. Schedule 4 includes benzodiazepines, which must be denatured before being disposed of. They do not have to be witnessed, nor signed for, nor 'Dooped', just denatured but may not be disposed of by putting blister packs of benzodiazepines in the pharmaceutical waste bin.
Any prepared or partially used vaccines must be destroyed at the end of each immunisation session by placing directly into an appropriate waste bin. All sharps must be disposed of in a sharps bin.