POLICY / PROCEDURE INFORMATION (Policy no CS008)	
Subject	**Administration of Medication Policy for Nottinghamshire Hospice - Hospice in your Home services** *(This policy is subject to periodic review and will be amended according to service development needs)*
Applicable to	All clinical staff employed by Nottinghamshire Hospice
Target Audience	This policy applies to all clinical staff at Nottinghamshire Hospice, including bank and agency staff involved in any medication administration.
Date issued	July 2021
Next review date	July 2024
Lead responsible for Policy	Director of Care Services
Policy reviewed by	Director of Care Services Hospice in your Home Manager Trustees
Notified to (when)	Quality and Safety July 2021
Authorised by (when)	Quality and Safety July 2021
CQC Standard if applicable	Safe – S4
Links to other Hospice Policies	Administration of Medication Policy for Nottinghamshire Hospice GRACE unit. CS0014 Mental Capacity Act Policy CS007 Disciplinary Policy and Procedure HR00024 Reporting of Incident and Accidents Policy. OP002 Resuscitation and DNACPR Policy CS002 Consent Policy CS009 Infection Control Policy CS001

Links to external policies	1. CQC Regulations for Services and Managers. Regulations for service providers and managers | Care Quality Commission (cqc.org.uk) 2. Department of Health Misuse of drugs legislation website (2016) https://www.health- ni.gov.uk/articles/misuse-drugs-legislations 3. General Medical Council (2013) https://www.gmc-uk.org/ethical- guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines- and-devices Accessed February 2020 4. CQC Medicines in health and adult social care. (2019) 5. RPS and RCN Professional Guidance on Administration of Medicines in Healthcare Settings. (2019) 6. NMC The Code, Standards of Conduct, Performance and Ethics for Nurses and Midwives (Updated 2018) 7. http://www.medicines.org.uk/emc/ accessed February 2020 8. British Thoracic Society Guidelines on long term oxygen therapy https://www.brit- thoracic.org.uk/quality-improvement/guidelines/home-oxygen/ 9. www.bapen.org.uk British Association for Parenteral and Enteral Nutrition Accessed February 2020 10. Palliative Care Pocketbook 4. Nottingham and Nottinghamshire ICS EOL Programme Board 2019. 11. The Controlled Drugs (Supervision of Management and Use) Regulations 2013
Summary	This document sets out Nottinghamshire Hospice's policy on the administration of medication. It aims to: • Ensure safe and effective systems for the administration of drugs to our patients throughout our community services. • Ensure that all staff involved in administration of drugs are competent and appropriately trained to undertake these tasks • Provide a sensitive response to medication errors through a comprehensive review and assessment process taking full account of the context and circumstances surrounding the incident to facilitate a no blame culture of learning. • Ensure the health and wellbeing of patients and staff.
This policy replaces	PTC0004a

VERSION CONTROL		
Status	**Date**	**Reviewed date**
Original policy written by Betsie Van Niekerk, Hospice Physician	May 2014	May 2016
Policy reviewed by Donna Payne, Director of Operations	Aug 2016	
Policy reviewed by Jo Polkey, Director of Care Services	Feb 2017	
Approval via Quality and Safety Group	Feb 2017	
Policy reviewed by Liz Morgan, Clinical Nurse Specialist – Clinical Manager	Oct 2018	
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Reviewed by Jo Polkey and Clair Marshall. Amended contents and reformed and published on Policy Doc App	Feb 2020	
Interim policy reviewed by Jo Polkey for COVID 19	May 2020	
Logo updated and published on website	Dec 2020	
Reviewed by Director of Care Services, Jo Polkey, Hospice in your Home Manager and Trustees	May 2021	
Approved by Quality and Safety Group Published on website	July 2021	July 2024

INDEX		
Section	**Contents Title**	**Page**

APPENDICES		
Appendix	**Appendix Title**	**Page**

1. INTRODUCTION

This document sets out Nottinghamshire Hospice's policy on the administration of medication in the Community setting. It aims to:

- Ensure safe and effective systems for the administration of drugs to our patients throughout our community services.
- Ensure that all staff involved in administration of drugs are competent and appropriately trained to undertake these tasks
- Provide a sensitive response to medication errors through a comprehensive review and assessment process taking full account of the context and circumstances surrounding the incident to facilitate a no blame culture of learning.
- Ensure the health and wellbeing of patients and staff.

2. POLICY SCOPE

This policy applies to all clinical staff at Nottinghamshire Hospice, including bank and agency staff involved in any form of medication administration or management within the Hospice in your Home services[1].

All Registered Nurses are personally accountable for their own Professional practice and awareness of the contents of this policy. It is the overall responsibility of the Director of Care Services to ensure that this policy is implemented.

All patients will be encouraged to self-medicate but where required medicines can be administered by a Registered Nurses only. Healthcare Assistants are permitted to only prompt or assist with medication administration.

3. LEGISLATION

3.1 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Care Quality Commission (CQC) are required to regulate and inspect the hospice services to ensure that it meets its statutory responsibilities to provide people with safe, effective and high-quality care, and to encourage them to improve.
Fundamental standards are used by the CQC to ensure that the care a person receives does not fall below these standards for Regulated Activities.
The services are inspected under the Key Lines of Enquiry (KLOE) to ensure that they are

- Safe
- Effective
- Caring
- Responsive
- Well led

Regulation 12:
Medication management falls within Regulation 12 (Health and Social Care Act 2008): The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent

[1] These services are any hospice services that are undertaken in the patients' own home.

avoidable harm or risk of harm. Providers must assess the risks to people's health and safety during any care or treatment and make sure that staff have the qualifications, competence, skills and experience to keep people safe.

3.2 Mental Capacity Act (MCA 2005) and Consent to treatment.

Regulation 11:

Care and treatment of service users must only be provided with the consent of the relevant person.

Where a person lacks mental capacity to make a decision, or give consent, staff must act in accordance with the Mental Capacity Act 2005. Discussions about consent must be held in a way that meets peoples communication needs. This may include the use of different formats or languages and may involve others such as a speech language therapist or independent advocate. Consent may be implied and include non-verbal communication such as sign language or by someone rolling up their sleeve to have their blood pressure taken or offering their hand when asked if they would like help to move. Consent must be treated as a process that continues throughout the duration of care and treatment, recognising that it may be withheld and/or withdrawn at any time.

3.3 Other relevant Legislation.

Misuse of Drugs Regulations 2001
Human Rights Act 1998

4. LEGAL LIABILITY

Nottinghamshire Hospice will generally assume vicarious liability for the acts of its staff, including bank, agency staff and those on honorary contract. However, it is incumbent on staff to ensure that they:-

- Have undergone any appropriate training and assessment of competence identified as necessary under the terms of this policy or their professional body
- Have been fully authorised by their line manager to undertake the activity
- Fully comply with the terms of any relevant Hospice policies and/or procedures at all times
- Only depart from any relevant Hospice's guidelines when such a departure in the judgment of the responsible clinician it is fully appropriate and justifiable; such decision to be fully recorded in the patient's notes

5. RESPONSIBILITIES

5.1. Board of Trustees

Trustees are responsible for ensuring adequate resources are made available to facilitate effective medicine management.

5.2. Quality and Safety Group (Trustee led)

On behalf of the Board of Trustee this group is tasked with;

- Monitoring standards in relation to medicine management and providing quality assurance to the Trustee Board.
- Ensuring any issues relating to medicine management have been handled effectively

and are appropriately monitored.

- Reviewing trends, analysis and discuss any concerns regarding medication errors.
- Reporting back to the Trustee board

The terms of reference for this group are agreed with the Trustee Board.

5.3. Chief Executive Officer

Has overall statutory responsibility for the safe and secure handling of medicines and the appointment of a Controlled Drugs Accountable Officer. The day-to-day management of this is devolved to the Director of Care Services who is also the Registered Manager.

5.4. Director of Care Services

Has the responsibility for ensuring the hospice has the necessary clinical policies and procedures in place for the safe management of medicines. The responsibility for the role of Controlled Drugs Accountable Officer.

6. ACCOUNTABILITY FOR REGISTERED NURSES

Registered Nurses (RN) are required to follow the Professional Guidance on Administration of Medicines in Healthcare Settings. [2]The guidance is aimed at registered healthcare professionals; the principles can be applied in any healthcare setting by any persons administering medicines.

Registered healthcare professionals who administer medicines are accountable for their actions, non-actions and omissions, and should exercise professionalism and professional judgement at all times.

Registered Nurses administering medicines should ensure they are appropriately trained, assessed as competent and meet relevant professional and regulatory standards and guidance.

All staff involved in administration of drugs should ensure they are familiar with and comply with this policy.

Prior to administering a medication the Registered Nurse must:

- Must be certain of the identity of the patient to whom the medicine is to be administered
- Must check that the patient is not allergic to the medicine before administering it
- Must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- Must be aware of the patient's care plan; consider patients' mental capacity and ability to consent.
- Must check that the prescription or the label on medicine dispensed is clearly written and unambiguous. Any ambiguities or concerns should be raised with the prescriber or a pharmacy professional without delay.
- Must check the expiry date (where it exists) of the medicine to be administered
- Must check that the dose has not been administered by someone else e.g. a carer.
- 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.

[2] Royal Pharmaceutical Society and Royal College of Nursing. 2019

- Where medication is not given, the reason for not doing so must be recorded.
  RNs may administer with a single signature (Without a second check) any Controlled Drugs (CD), prescription only medicine (POM), general sales list (GSL) or pharmacy (P) medication where they feel competent to do so. Where a complex calculation is required a second check where possible is advised. Where a Registered Nurse in Hospice in your Home services requests a second check they should seek support from the District Nursing Team.

- Ensure that appropriate Personal Protective Equipment is being worn

7. RISK MANAGEMENT

Risk assessment should be carried out in accordance with the hospice risk management policy to determine the potential risks to patients and staff.In addition to the acknowledged side effects of medicines and drug reactions in some patients, some drugs if misused have additional inherent risk to staff handling them. E.g. CD transdermal patches. If applicable a COSHH assessment will also be required.

An adverse drug reaction should always be reported immediately, to ensure that the appropriate action is taken. The patient's GP should always be informed and a serious adverse reaction should be reported via the Yellow Card Reporting Scheme. https://yellowcard.mhra.gov.uk

Anaphylaxis is unlikely to occur within the medicines administered by the Hospice Registered Nurses however should this happen a first aid and 999 response should be made subject to severity.

Safety alerts from the MHRA/CAS (Medicines and Healthcare products Regulatory Agency/ Central Alerting system) are monitored and disseminated appropriately to staff for action.

The Director of Care Services must review information on medication errors and produce a quarterly report for the Quality and Safety Group, this will include trends and analysis and discuss any concerns regarding medication errors.

8. MEDICINE PROCUREMENT

Nottinghamshire Hospice does not retain stock of prescribed medicines.

9. STORAGE OF MEDICINES

Hospice in your Home staff should advise and support patients and their families to store their medicines in a suitable place that is discrete, secure and easy to access for the patient. Care should be taken when there are young children to prevent them from accessing and taking the medication.

10. SECURITY

It is the responsibility of patients and their families to maintain adequate security of all medicines in their possession in their own homes.

11. ADMINISTRATION OF MEDICATION

The administration of medication should be undertaken in accordance with Professional Guidance on Administration of Medicines in Healthcare Settings as described in section 6 regardless of the care setting in line with principles of best practice.

Self-administration of medication is considered by Nottinghamshire Hospice to be an important aspect of retaining ownership of a patients care. Patients who take responsibility for their own medication can increase independence, confidence and compliance. The Nursing and Midwifery Council supports and welcomes the self-administration of medication within safe, secure parameters.

Nottinghamshire Hospice recognises that the administration of medicines is predominately the role of the Registered Nurse. Healthcare Assistants maybe required to prompt and assist only where this is appropriate. Assisting a patient is defined by 'lending a helping hand' where someone has capacity and needs the physical help to assist them to take the medication. A prompt will be when someone requires reminding that their medication is due. (Further information can be found in the HCA handbook).

Hospice staff should never crush medication before administration unless specially advised to because it may not be covered by the drug manufacturer's license.

Transcription:

Transcribing can be defined as the act of making an exact copy, usually in writing.

Transcription should not be confused with prescribing which can only take place by a Non-Medical prescriber or a General Practitioner.

Transcription should not normally take place within a patients' home. Any staff member identifying the need to transcribe a medication prescription should discuss this with their line manager.

11.1. Administration of medication (including blister packs) in the patients home

Patients in their own home should be encouraged to maintain their independence with self-administration for as long as is possible.

The patient and their carers have the responsibility for administering medication. In the broadest sense it means that they have to be able to determine what medication they need and when to take it.

An RN administering medication in the patients' home will follow the MAR (Medication Administration Record) in the District Nursing (DN) Records[3] in accordance with Section 6.

When a patient is unable or thought to be unable to self-administer their medication their District Nurse or General Practitioner should be made aware to ensure that the patient needs are reassessed and the relevant documentation and medications put in place.

Should an RN be required to give oral medication, for example during a shift where a patient requires PRN (as and when required) medication via the oral route the RN must establish what

[3] The medication administration record will usually consist of a DNS1 or ASS1 form.

medication the patient requires through talking to them, the family, DN or GP etc. before administering in accordance with the pharmacy dispensing label on the medication. Any concerns with this should be checked through with the prescriber prior to administration of any medication. The RN must record their action in the patient's care record including their rationale for the administration.

At the start of a Hospice at Home shift the RN should ensure that there are appropriate quantities of the medications prescribed and available for the expected needs of the patient. Where anticipatory medications are prescribed a stock check should be recorded in the District Nursing records by the RN.

Healthcare Assistants (HCA) role in medicine management is to prompt and assist patients to take their medication. Further advice is given in the Hospice at Home handbook.

Healthcare Assistants will not administer medication.

When a HCA is caring for a patient in their own home and the patient is unable to administer their own medication and the carer is unable to assist, the HCA must contact the District Nursing Service for advice and ask them to visit to administer the medication.

12. CONTROLLED DRUGS (CD) MANAGEMENT

12.1 Controlled drugs in the patients home

In a patient's home, a Registered Nurse may administer a prescribed CD without a witness as long as they feel competent to do so and have completed relevant training. If the RN needs assistance or clarity in relation to the patient's medication they should in the first instance contact the District Nursing Service. If injectable medication is administered the RN should inform the District Nursing service and where possible the batch number and expiry date should be included on the entry to the patients' SystmOne record. This may be completed by the Care coordinator on behalf of the RN.

On arrival to the patient's home the Registered Nurse must check the store of CDs in the home against the stock control record in the patient's care records.

Any discrepancies found must be reported immediately to the District Nurses so they can advise on the most appropriate actions. NB: District Nurse are expected to follow the NHS policy for reporting and investigating what has happened.

Any discrepancies found must also be reported to their manager/care services coordinator and a hospice incident form completed.

Hospice staff if they receive a request to provide additional information or attend a meeting with the NHS or police must inform their manager.

13. ADMINISTRATION OF MEDICATION VIA AN ENTERAL TUBE

The practice of administering drugs via enteral feeding tubes is subject to the Registered Nurse having undergone training and being deemed competent to complete the task.

Documentation must clearly state the type of tube and the abbreviation used should be standardized to avoid confusion, for example 'nasogastric tube' (NG) or Percutaneous Endoscopic Gastrostomy tube (PEG) or nasojejunal (NJ).

Prior to administering medication via an enteral tube the Registered Nurse must:

- Check the route stated on the patient's prescription chart matches the type of enteral tube;
- Check that a drug can be given via a feeding tube;
- Follow any specific administration instructions by the prescriber;
- Monitor the impact on the patient after administration of medication and communicate any side effects to the prescriber.

Before and after administration, the tube should be flushed with water to prevent the drug sticking in the tube, binding to the feed and dramatically reducing effectiveness.
Drugs should not be directly added to a feed container unless specially instructed to do as this can lead to contamination and can destabilise the feed or the drug and lead to chemical interactions.

Hospice Staff are recommended to follow the British Association for Parenteral and Enteral Nutrition (BAPEN) guidelines.

Hospice staff should never crush medication before administration unless specially advised to because it may not be covered by the drug manufacturer's license.

14. ADMINISTRATION OF MEDICATION VIA A SYRINGE PUMP

The McKinley T34 is the syringe driver used in Nottinghamshire, this is the use of a portable battery operated syringe pump for subcutaneous medications. The use of any other driver must be reported to the Hospice in your Home Manager.

Nottinghamshire Hospice advises that Syringe Pumps are initiated by the District Nursing Service with Registered Nurses employed by the Hospice acting as the second signatory only. It is the responsibility of each individual practitioner who administers the medications via the syringe pump to ensure that any medications prescribed are suitable for use in the syringe pump. It is also important to be aware of:

- Compatibilities with other drugs and diluent
- Exposure to direct sunlight as this can initiate a chemical reaction which can result in distortion in colour of the contents of the syringe
- Infusions via a syringe pump should not exceed 24 hours
- Avoiding high concentrations of single or combinations of drugs
- The need for visual checks of the contents of the syringe and line for any evidence of precipitation, cloudiness or crystallization. Should this happen the infusion should be stopped and an incident form completed.
- The need to check the condition of the injection site for signs of redness, swelling, or bleeding. With any signs of reaction the needle should be changed at once.
- That patients/carers are aware of what to do if the syringe pump alarms and that they have the correct contact numbers

It is important for hospice staff (RN and HCA) record in the patient's care records any advice

provided to them, stating the date, time and by whom and their profession. If the patient develops a problem with site reactions please contact the District Nurse. Further advice can be obtained from the End of life care team on 0115 8834787 or Hayward House 0115 9691169 Ext 57079.

14.1. Prescription

The prescription form, DNS1 SP, ASS1 (Appendix C &E) must be used when administering prescribed medications via a syringe pump.

All prescriptions must be written to be administered over a 24-hour period.

Controlled drugs must be written in words and figures for clarity.

Any additional 'as required' medications must be given via a separate subcutaneous cannula and the line should be flushed with water for injection to ensure the whole dose is administered

14.2. Converting Oral medication Doses to Subcutaneous

RNs administering the prescribed doses should be familiar with conversion tables in order to double check the prescribed dose. For guidelines for drug conversions please refer to the Palliative Care Formulary 5 or Palliative Care Pocketbook 4. For further advice please contact Hayward House on 0115 9691169 Ext 57079

14.3. Troubleshooting the McKinley T34

The syringe pump has a series of alarms and alerts. The display will always indicate the problem and prompt what action is required.

Hospice staff should check and inform patients/carers of the alerts/alarms and the actions they need to take and who to contact (See Table 1) and McKinley T34 Syringe Pump Monitoring Form (Appendix D)

There are two alert modes indicated by an intermittent alarms and the pump will continue to deliver the infusion

- Low battery - indicated by two beeps and two minutes silence which will start when there is approximately 30 minutes of battery life remaining.
- Program nearly complete – indicated by three beeps and two minutes silence this will start with around 15 minutes of infusion remaining

There is a continuous intermittent alarm that will continue until the YES key is pressed (to mute the alarm) or the problem is rectified. The pump will stop infusing and the red LED will be visible until the alarm fault is rectified. Table 1 below shows the types of alarms and the actions required to rectify the problem.

Table 1: Alarm Displays and Actions

Alarm	Possible Cause	Action
Syringe empty	Actuator has reached minimum travel position	End of program – switch off pump Load new infusion as soon as possible
Occlusion	Patient cannula/line blocked, kinked or clamped	Remove occlusion and resume infusion If occlusion then a new cannula/line must be used If clamp in situ then remove
Syringe Displaced	Syringe has been displaced or removed	Check that syringe is seated correctly and resume infusion
Pump paused too long	Pump left or no keys depressed for 2 minutes	Start infusion, continue programming or switch off
Near End Program	15 minutes left to end of infusion	Prepare to change syringe or switch off
End Program	Infusion complete	Switch pump off and commence new infusion as soon as possible
Low Battery	Battery almost depleted (30 minutes left)	Prepare to change battery as soon as possible
End Battery	Battery depleted	Change battery

15. HEALTHCARE ASSISTANTS ROLE IN CARING FOR A PATIENT WITH A SYRINGE PUMP

Healthcare Assistants cannot set up, alter or reload a syringe pump. This must always be carried out by a Registered Nurse

Healthcare Assistant must be trained to monitor if the pump is not administered medication and to identify any problems promptly and inform the District Nurse as soon as possible – this maybe where a line is blocked or kinked, the needle site has tissued and is leaking.

16. LONGTERM OXYGEN THERAPY (LTOT)

Oxygen is classed as a drug and requires prescribing in all but emergency situations. Oxygen is prescribed on a Home Oxygen Order Form (HOOF) by a specialist practitioner and is supplied by BOC.

Oxygen is a treatment for hypoxemia and not breathlessness. Oxygen has not shown any effect on the sensation of breathlessness in non-hypoxemia.

Failure to administer oxygen correctly can result in serious harm to the patient. The safe implementation of oxygen therapy with appropriate monitoring is an integral component of the Healthcare Professional's role.

The aim is that all patients who require supplementary oxygen therapy receive therapy that is appropriate to their clinical condition and in line with national guidance.[1]

[1] Thorax, BTS Guidelines for LTOT June 2015, Vol.70, Supplement 1

17. COVERT ADMINISTRATION OF MEDICATION

Covert administration is when medicines are administered in a disguised format.[2]

The medicines could be hidden in food, drink or through a feeding tube without the knowledge or consent of the person receiving them. As a result, the person is unknowingly taking a medicine. Every person has the right to refuse their medicine, even if that refusal appears ill-judged to staff who are caring for them.

The Hospice would only support covert administration of medication following specific advice of a General Practitioner/Non-medical prescriber where the person has been deemed not to have capacity and this is clearly documented within the persons medical and nursing records; including a risk assessment and mental capacity assessment.

Covert administration is only likely to be necessary or appropriate where:

a person actively refuses medication that is deemed essential to their health and wellbeing and the said person lacks the capacity to understand the consequences of their refusal. Such capacity is determined by the Mental Health Capacity Act 2005 and must have been agreed at a MDT meeting.

Covert administration of medicines should be a last resort. You must make reasonable efforts to give medicines in the normal manner. You should also consider alternative methods of administration. This could include, for example, liquid rather than solid dose forms.

Administering medicines in food or drink can alter their therapeutic properties and effects. They could become unsuitable or ineffective. Always take advice from a healthcare professional to make sure medicines are safe and effective.

18. MEDICATION ERROR

The Hospice has an open and transparent culture and as such staff that make an error must take any action to prevent any potential harm to the patient and report as soon as possible and document their actions. They must also inform the patient as the staff member has a duty of candour.

18.1. Immediate Actions

The welfare of the patients must be paramount and an assessment of the patient's condition must be undertaken immediately to determine any actions needed to maintain patients' life and comfort.

If appropriate seek advice as needed from District Nurse or GP or Line Manager or Pharmacist regarding the possible impact of medication error.

The error must be reported immediately to the District Nursing Team/GP and to NEMS if it happens out of hours. Hospice in your Home staff must also inform their Line Manager or Care Coordinator. This must be notified to the Senior Manager on duty as soon as is practicable to ensure consideration is given to the severity of the error and decision making needed to prevent the error reoccurring, support the staff member, patient and their families. The Senior Manager should be a member of the Senior Management Team, where possible this should be the Director of Care. The Senior Manager will make a decision with Human Resources as to any

[2] CQC Definition – on line 2020

further immediate action required.

The patient and or their carer must be told about what has happened and the action being taken as soon as it is reasonable to do so.

Ensure the incident is fully documented in the patient case notes. The individual to complete an incident report form (promptly within 24 hours), providing as much information as possible, this should include a copy of any relevant charts.

18.2. Medium Term Actions (Within 5 working days)

The Line Manager must ensure the incident report form is completed and escalated as appropriate e.g. to the Director of Care Services. It is essential this is carried out expediently to allow for a timely investigation in the event of the more serious events.

The Director of Care Services and HR Manager will discuss the need to suspend those involved from administering medicines if there is a risk of further incidents or harm to the patients or staff.

The Director of Care Services will decide the level of investigation and who the investigating officer is. Investigations will be a systematic review of the root causes of the error with the staff involved using the Root Cause Analysis checklist and Critical Incident Reflective Exercise for Medication Errors (Appendix F&G)

Following the investigation a report will be produced for the Director of Care Services to review and determine the next steps.

- Hospice staff who has acted inappropriately will be managed in accordance with the Hospices performance management and disciplinary process
- Any learning will be shared with the hospice clinical team and the DN service if appropriate
- Any agreed actions will be reviewed and learning monitored as part of the supervision/appraisal process confirming positive change.

All medication management issues including errors will be included in the quarterly reporting to the Quality and Safety Group.

19. EDUCATION AND TRAINING

All Registered Nurses are personably accountable for their own practice and therefore need to ensure they are competent to administer medication in accordance with the NMC Code of Conduct and the Professional Guidance on Administration of Medicines in Healthcare Settings.

All Registered Nurses will be expected to undertake an annual assessment of medication management. This will include a calculation test. Confirmation that all RNs have completed this assessment will be presented to the Quality and Safety Group annually.
Syringe pump training is also mandatory for RN's every 2 years.
Administration of medication via an enteral feeding tube should only be performed by RN's who have undertaken appropriate training to be deemed competent.
HCA's in Hospice at Home are provided with guidance on their role in supervising and assisting with medicines as part of their induction and update training.

Where staff are not found capable of competent medication management relevant actions will be

discussed between the individual and their line manager and if necessary managed through the Capability Policy and Procedure.

20. AUDIT AND REVIEW

Compliance with this policy will be monitored through the incident reporting system.

The Quality and Safety Group will receive a bi-monthly Report for all Medication errors. Lessons learnt and best practice identified in this report will be shared across the organisation.

21. RELATED NATIONAL DOCUMENTS AND REFERENCES

- Department of Health Misuse of drugs legislation website (2016) https://www.health-ni.gov.uk/articles/misuse-drugs-legislations
- General Medical Council (2013) https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices Accessed February 2020
- CQC Medicines in health and adult social care. (2019)
- RPS and RCN Professional Guidance on Administration of Medicines in Healthcare Settings. (2019)
- NMC The Code, Standards of Conduct, Performance and Ethics for Nurses and Midwives (Updated 2018)
- http://www.medicines.org.uk/emc/ accessed February 2020
- British Thoracic Society Guidelines on long term oxygen therapy https://www.brit-thoracic.org.uk/quality-improvement/guidelines/home-oxygen/
- www.bapen.org.uk British Association for Parenteral and Enteral Nutrition Accessed February 2020
- Palliative Care Pocketbook 4. Nottingham and Nottinghamshire ICS EOL Programme Board 2019.
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- CQC Key Lines of Enquiry - sector-specific guidance for hospices. https://www.cqc.org.uk/sites/default/files/20200212_Sector_specific_guidance_framework_Hospices_for_adults_v1.pdf

PROCEDURE FOR DRUG ADMINISTRATION VIA AN ENTERAL FEEDING TUBE	
Preparation before administration of any medicines	
ACTION	**RATIONALE**
Wash hands and wear gloves and any additional appropriate PPE	To reduce the risk of cross infection
Check the site and re-secure and re-fix any tape holding the enteral feeding tube in position if loose;	To reduce the risk of the line falling or being pulled out accidently
Close any ports on the enteral tube to ensure there is an airtight seal. Check if a connector is needed to join the syringe to the tube, such as a PEG tube connector	To reduce the risk of air entering the tube and drugs leaking out during procedure To ensure a correct fit and reduce the risk of spillage & contamination
Check the position of the tube as described in the care plan. NB; The position of a PEG or jejunostomy can be assessed by checking that the length of tube outside the body remains constant and the suture remains intact. Confirm that the patient is not experiencing undue pain or discomfort	To ensure the tube is in the correct position and reduce the risk of medicine being administered into the wrong place, thus reducing their effect on symptom management. To minimise risk of harm to the patient as it is possible To ensure patient comfort
Flush with 30–50ml of water using a 50ml oral, enteral or catheter-tipped syringe. Do not use syringes designed for intravenous use.	To check the enteral feeding tube is patent Oral, enteral and catheter-tipped syringes are not compatible with intravenous devices and their use reduces the risk of the drug being accidentally administered via the intravenous route.
If the tube is blocked, attempt to unblock it without using excessive force. If unsuccessful seek specialist advice.	Excessive force may cause the enteral tube to split The enteral tube may need to be replaced
Administering the drug via an enteral feeding tube	
Check prescription for the drug dose, route and site of administration.	To ensure that the patient gets the right drug, the right dose, by the right route at the right time.
Prepare the required dose of the liquid drug into an appropriate syringe and sufficient water for flushing and place the syringe in a clean receiver.	Being prepared avoids stopping administration before completion
Tablets must only be crushed under the guidance of a prescriber or pharmacist. Crush and dissolve tablets in accordance with direction provided NB: A tablet-crushing syringe (available from the pharmacy) or pestle and mortar can be used. Crushed tablets can be added to 30ml of water and dissolved.	To ensure the patient gets the right therapeutic dose Pharmacists advise on best ways to crush medicines to ensure the integrity of drug is maintained. Dissolving in water prevents the medicine sticking to the sides of the enteral tube

Tubes should be flushed before, during (especially if the suspension is thick, for example lactulose), and after drug administration Always check if patients with renal and cardiac disease, are on restricted fluid levels	To prevent interactions between the drugs and feed and to stop thick suspension blocking the tube. Patients with renal function often have their fluid restricted to reduce effort on the heart and kidneys.
Check the patient's identity. Attach the syringe to a port on the enteral feeding tube. Ensure there is an airtight connection between the syringe and enteral tube, and administer the flush and drugs.	To ensure you are administering to the right person To ensure good techniques and reduce the risk of spillages and contamination.
Before finishing check that the connector is clean and dry	Prevents bacteria growing dirt around the connector and to check the connection is closed.

Appendix B

PROCEDURE FOR USE OF MCKINLEY T34

Preparation for setting up McKinley T34

Equipment required / needed to be able to set up a new syringe pump

- McKinley T34 syringe pump
- Battery, PP3: 9V Alkaline/Lithium. Plus two spare batteries (a new battery will last for approximately 3-4 days depending on use)
- Lockbox and key
- Prescribed medicines/diluent
- Holster (for use if patient is mobile)
- Injection tray
- DNS1 SP prescription sheet (completed and signed by the GP)
- DNS2/3 stock level sheet /drug administration sheets
- Syringe pump check list /care plan/ monitoring form (number)
- 20/30 ml luer lock BD Plastipak syringe
- Label
- Smaller sized syringes for drawing up precise doses of medications
- Needles to draw up medications from vials
- Winged cannula ("butterfly") with infusion line, of appropriate size
- Transparent adhesive dressing
- Sharps box for disposal of sharps
- Ampsnap if glass ampoule being used
- Denaturing kit for disposal of controlled drugs (part ampoules and residual waste in any syringe pump contents)

Syringe Selection

The McKinley T34 pump has been designed to be used with most makes and sizes of syringes. It is recommended to use 20ml or 30ml BD Plastipak luer lock syringes as this provides sufficient dilution to reduce the risk of adverse site reactions and incompatibility, and maintain comfort for the patient.

The McKinley T34 Pump will be set to recognise BD Plastipak syringes. Other brands are permitted as long as they are recognised by the pump.

If the medications total >10ml before dilution, it may be necessary to use a 30ml syringe and dilute further for advice in this event, contact End of Life Care Team on **0115 8834787** or Hayward House **0115 9691169** Ext **57079**

Table 1: Syringe selection and suggested volumes

Size of BD Plastipak Syringe	**Volume of prescribed medication (undiluted)**	**Total volume of prescribed medication and diluent**
20 ml syringe	Up to 10 mls	Make up to 17mls with water for injection
30 ml syringe	10 - 15 mls	Make up to 22mls. with water for injection
	Greater than 15 mls	If this volume is required then please contact the End of Life Team on 0115 8834787 or Hayward House 0115 9691169 Ext 57079 for advice

ACTION	RATIONALE
Labelling of the Syringe	
All syringes used with the syringe pump must be fully labelled as per instructions below	To ensure that other healthcare professionals are aware of what is being administered
If there is any doubt as to the contents of a syringe, the contents should be discarded.	To ensure that the patient is receiving the right medication. This is particularly important for continuity of care, especially where patients transfer from one care setting/provider to another.
Complete the label details in black ink	To ensure that the writing on the label is clear and can be read. Some colours are difficult to read in dim light.
The label should state: • The name and dose of all of the drugs • The name of the diluent • The total volume of the contents as per the display screen • The date and time of preparation • Expiry date and time • The name and date of birth of the patient for whom it is intended • The initials/signature of the persons preparing and checking the contents	To ensure that the required information is available for checking of the contents For practitioners to use in emergency situations For ease of evaluation if the patient is experiencing breakthrough symptoms
Setting up the syringe pump (as per SystmOne Care plan appendix 2)	
Check syringe pump • Has it been serviced within last 12 months • If expiry has elapsed, DO NOT USE, then return to MESU for inspection and service • Check pump has been cleaned between patient use	To ensure the pump is in good working order, clean and fit for purpose To reduce the risk of cross infection
Discuss need for syringe pump with the patient /family/ carer allowing time for them to ask questions, express fears/anxieties Offer patient and/or carer a syringe pump information booklet (see appendix 4) If English is not the families first language offer interpreting service	It is important to gain consent before proceeding To ensure that the patients and family have the information they need in a way they can understand
Prior to loading a new syringe the pump should be turned off	To ensure that the previous programme is cleared

Insert Duracell 9 volt battery into the battery compartment – check battery status and replace battery if less than 35% life remaining. The average battery life, starting at 100%, is approximately 3-4 days depending on use	To ensure there is sufficient charge for the pump to last at least one day and to avoid the alarms sounding before the syringe needs to be changed.
Draw up the medication in a luer lock syringe as prescribed by GP on the DNS1 SP. The medication should not exceed 10mls in a 20ml syringe or 15mls in a 30ml syringe and add the diluent to the volumes as suggested in Table 1. Seek advice if these volumes are not possible (as in table 1 above)	To ensure the prescribed medication is being administered To ensure the concentration is as recommended above to reduce risk of irritation and discomfort for patients
Complete the label as above and attach to the syringe	To ensure essential information is visible
Attach syringe to the extension set and prime the set manually	To remove air in the line
Turn on the pump and the display should now display 4 screens as part of the automatic reset. 1. The T34 information screen 2. Pre-Loading' – the actuator will move backwards and forward, allow it to do this as it clears the previous memory and the pump performs a self-check 3. The third screen will display a preview of the programme information, please ensure the programme lock is on – as this indicates that the pump will deliver over 24 hours 4. The final screen will now show a flashing syringe and the request to Load Syringe	To allow the pump to reset before programming.
Secure the syringe onto the pump ensuring that the syringe is placed correctly in the plunger and collar sensors Use the FF and BACK keys to move the actuator arm to correct position. Lower the barrel clamp arm to secure in place	To ensure that the syringe is correctly placed and will allow the plunger to move so the medication can be administered
Check the pump has detected the correct syringe type and size and press the YES key to confirm	The pump will not work / work correctly if it does not detect the actual syringe.
Place the cannula subcutaneously in the patient, for appropriate sites see diagram 1 (below).	To ensure the cannula is placed in recommended sites

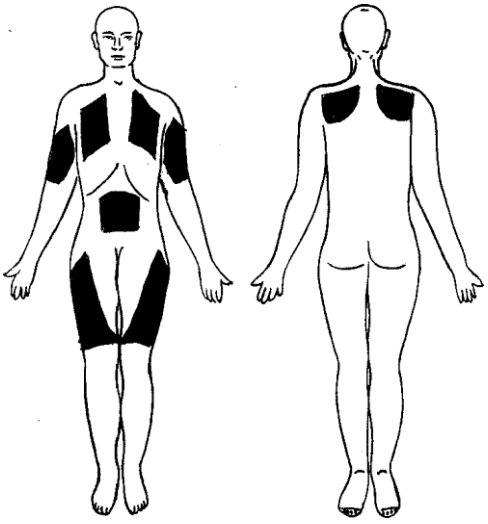


Diagram 1 Infusion Sites

Checked the summary screen and confirm the programme to start the infusion	To start the machine
The syringe pump panel must be locked when not in use by a staff member. Depress the blue INFO key for approximately 3-4 seconds until the beep is heard and the display indicates that the device is locked	To prevent accidental changes to the rate of infusion
The McKinley T34 syringe pump should be secured in the lock box provided. If the patient is able to mobilise then offer the use of the holster bag	This will protect the syringe from accidental knocks and risk of displacement For ease of movement
On setting up each new syringe you must record all relevant information on the Syringe Pump Monitoring Form (see appendix 3)	To start the monitoring process and enable the ongoing checks to be made
A new programme **MUST** be set for each new syringe In the event that the pump gives the option of resuming a previous programme, press the **NO** key (as this option must not be taken).	To ensure that the correct programme is set every time To prevent the risk of setting up a wrong programme
Dispose of any used syringes, waste/unused medications and sharps as per trust policy in either the sharps bin or denaturing kit	To reduce the risk of injury and contamination
Disconnecting the infusion.	
The T34 syringe pump **MUST NOT** be left in situ when the patient bathes/takes a shower. If necessary, it is possible for the registered nurse to disconnect the McKinley T34 pump; follow these steps:	To prevent harm to the patient and the syringe pump

Remove keypad lock by pressing and continually holding down the Blue **INFO** key for 3-4 seconds. Wait to hear a confirmation beep • Press red **NO/STOP** key, which will stop the infusion • Press black **ON/OFF** key to switch pump off. • Disconnect the extension set and cap off • Place bung on end of cannula line to cap off	
After shower or interruption, reconnect line to syringe and follow the instructions as per reloading the syringe pump following interruption	To ensure the syringe pump Is restarted correctly and the medication administration continued.

Appendix C

SUBCUTANEOUS SYRINGE PUMP PRESCRIPTION RECORD (DNS1 SP)

PRESCRIBER: EXACT DOSAGES should be prescribed in syringe pump, no ranges permissible.

It is not necessary to rewrite the syringe pump prescription every day, unless the drugs or doses change. If the prescription changes, cross out the prescription completely and rewrite it in the next numbered box. The first line diluent is water for injection.

ADMINISTRATOR: All medications prescribed must be administered. A separate syringe pump monitoring form must be used.

Information regarding the compatibility of mixtures of drugs in the syringe can be obtained from the latest version of the Palliative Care Formulary or at www.palliativedrugs.com

Please contact specialist advice at Hayward House on (0115) 9691169 ext. 57079 if:

- **There is a doubt regarding the compatibility of a mixture**
- **The patient develops a site reaction**
- **Contents of the syringe/line appear cloudy/crystalline/change colour**
- **If volume in a syringe is greater than 20mls (drug and diluent)**

Patients Name: ……..	DRUG ALLERGIES:
Date of Birth: ……..	
NHS Number: ……	
(or affix patient sticker)	

USE NEW PRESCRIPTION BOX WHEN DOSE OR MEDICATION IS CHANGED

Prescription Number 1	Include all drugs prescribed in one pump	
MEDICATION		DOSE
DILUENT		DURATION **24 Hours**
DOCTOR'S NAME AND SIGNATURE		DATE
STOPPED BY	DATE / TIME	NEW PRESRIPTION TO START (circle) ASAP or WHEN NEXT DUE

Prescription Number 2	Include all drugs prescribed in one pump	
MEDICATION		DOSE
DILUENT		DURATION **24 Hours**
DOCTOR'S NAME AND SIGNATURE		DATE
STOPPED BY	DATE / TIME	NEW PRESRIPTION TO START (circle) ASAP or WHEN NEXT DUE

Prescription Number 3	Include all drugs prescribed in one pump
MEDICATION	DOSE

Prescription Number 4	Include all drugs prescribed in one pump
MEDICATION	DOSE

DILUENT			DURATION **24 Hours**
DOCTOR'S NAME AND SIGNATURE			DATE
STOPPED BY	DATE	NEW PRESRIPTION TO START (circle)	
	TIME	ASAP or WHEN NEXT DUE	

DILUENT			DURATION **24 Hours**
DOCTOR'S NAME AND SIGNATURE			DATE
STOPPED BY	DATE	NEW PRESRIPTION TO START (circle)	
	TIME	ASAP or WHEN NEXT DUE	

Appendix D

McKinley T34 Syringe Pump Monitoring Form

SET UP			
Patients Name	**Date of Birth** / /	Prescription Number	
Date:	Syringe Pump Asset Number : *date*	*Please check pump service*	

MONITORING

Date	Time	Syringe Change Volume		Line Primed	Battery Status (%)	Infusion Rate (mls/hr)	VTBI	VI	Time remaining	Appearance of line, contents	Site Condition	2 spare batteries in situ	Action	Signature	Checked by
		Wasted	New												

VTBI = Volume To Be Infused VI = Volume Infused
Site condition: S=Satisfactory R=Redness I=Inflammation B=Bleeding
If the contents of the syringe or line look cloudy, precipitation has occurred. STOP the infusion and refer to policy

Appendix E

ASS1

Prescription Record Sheet

NHS

Nottinghamshire Healthcare
NHS Foundation Trust

Client Details

Surname ..... First Name .....

DOB ☐☐ ☐☐ ☐☐☐☐ NHS No. ☐☐☐ ☐☐☐ ☐☐☐☐

Drug Allergies ..... GP Name .....

Date	Drug	Dose	Frequency	Route	Prescriber's signature	Date Discontinued

Specimen Signatures

Signature / Name / Designation

Signature / Name / Designation

Appendix F

Nottinghamshire Hospice
adding life to days

Root Cause Analysis Checklist for Administration Errors

Please use this checklist to undertake a systematic review of the error: It will help pinpoint where things went wrong and identify areas for action/improvement

Were there issues with the Equipment?

Yes

Inappropriate device used:

- Pump ☐
- Syringe ☐
- Line ☐
- Connectors ☐

Equipment failure ☐

Appropriate equipment unavailable ☐

Equipment set up Incorrectly

Was there a process failure?

Yes

Guidelines not followed ☐

Lack of monitoring ☐

Lack of recording ☐

Labelling Incorrect ☐

Lack of information available ☐

Was the medication not given?

Yes

Pt not available ☐

Medication unavailable ☐

Route inappropriate for pts condition ☐

Patient refused ☐

Due to an individual?

Yes

Competency ☐

Knowledge ☐

Distractions/ Interruptions ☐

Staffing levels ☐

Skill mix ☐

Environment ☐

Were there Environmental issues?

Noise ☐

Lighting ☐

Surface ☐

Space ☐

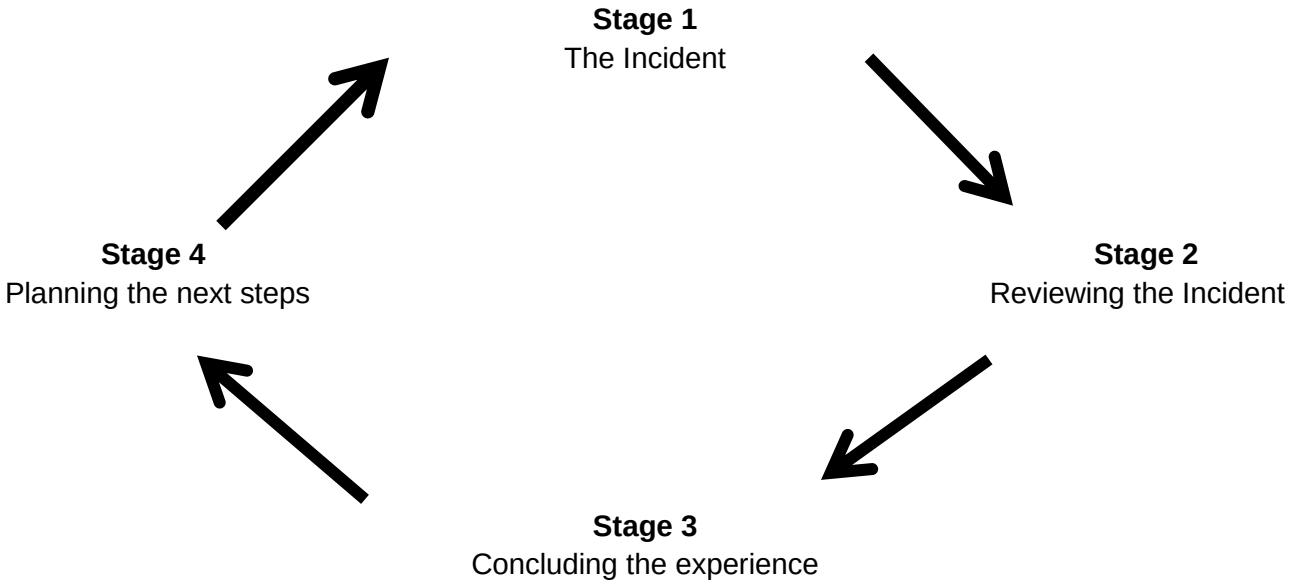
Other Root Causes Identified:

Appendix G

Critical Incident Reflective Exercise for Medication Errors

This document has been developed to enable practitioners to have a process of learning from incidents that they have been involved in. You can complete this form in conjunction with your manager and the reflection and learning can be used in supervision and appraisals.

The Learning Cycle



The Incident Reflective Exercise is in three parts:

Part A: You write a factual statement about the incident on Nottinghamshire Hospice's incident forms available from the Corporate Services Officer or Building Supervisor. This procedure will follow the incident process of Nottinghamshire Hospice

Part B: It is an informal learning exercise for practitioners to reflect on the incident and to discuss any issues with their line manager.

Part C: Is an action plan that arises from the incident and can be kept as part of practitioners' appraisal documentation to be reviewed and used in supervision and appraisal meetings as appropriate.

Part B: Reflection on the Incident (To help the individual reflect on the incident, how practice can be improved and lessons learned)

Write a reflective account of the events leading up to, during and after the incident

Reflecting on the incident:

- What was I trying to achieve? Why did I act as I did?
- What internal/external factors influenced my actions?
- What sources of knowledge did or should have influenced my actions?
- What were my feelings at the time?
- What are my feelings now? Are there differences? Why?
- What were the effects of what I did or did not do?
- What 'good' emerged from the situation e.g. self/others?
- What troubles me now (if anything)?
- What would I have done differently/better?

(Write your reflection here)

Date you completed the reflection:

……

(Continue on another sheet if necessary)

Part C Action Plan arising out of the incident (not compulsory)

List your learning points from the incident, with an action plan of what you need to concentrate on or do differently as a result Looking to the future: • What needs to happen to alter the situation? • What are you going to do about the situation? • What might happen if you decide not alter anything? • What information do you need to face a similar situation again? • What are your best ways of getting further information about the situation should it arise again? • Have I taken effective action to support myself and others as a result of this experience? • Identify anything that may hinder your action plan and how you can tackle this.
(Write your learning points here)

Learning Need	**Actions to address learning Need**	**Progress review**

Name of person completing the form:		**Signature:**		**Date:**
Name of person reviewing the Form:		**Signature:**		**Date:**