POLICY/PROCEDURE INFORMATION (Policy no CS008)	
Subject	**Administration of Medication Policy** *(This policy is non-contractual and 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	Others such as agents, consultants and other representatives of Nottinghamshire Hospice may be required to comply with the policy as a condition of appointment.
Date issued	26 Sept 2023
Next review date	26 Sept 2026
Lead responsible for Policy	Director of Care
Policy reviewed by	Palliative Care Lead
Notified to (when)	Quality and Safety Committee 26 Sept 2023
Authorised by (when)	Quality and Safety Committee 26 Sept 2023
CQC Standard if applicable	Safe
Links to other Hospice Policies	Mental Capacity Act Policy CS007 Disciplinary Policy and Procedure HR00024 Reporting of Incidents and Accidents Policy OP002 Resuscitation and DNACPR Policy CS002 Consent Policy CS009 Infection Control Policy CS001 Duty of Candour Policy CS026
Links to external policies	
Summary	This document sets out Nottinghamshire Hospice's policy on the administration of medication and provides guidance to staff who administer or prompt patients in taking medication.
This policy replaces	Administration of Medication – Hospice in Your Home CS008 2021-24. Administration of Medication – GRACE Unit CS014 2021-24

IMPORTANT NOTICE

Staff should refer to the Hospice website or Policies and Procedures folder on the 'N' drive for the most up to date Policy. If the review date of this document has expired it is still valid for 3 months. After that staff should seek advice from their clinical lead or manager.

VERSION CONTROL		
Status	**Date**	**Review 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	
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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	
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1.	**Introduction** 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. • Provide clear guidance for staff within the Hospice setting. • 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 (these services are any hospice services that are undertaken in the patients' own home). It also applies to Registered Nurses (RNs) within the Hospice who may be called upon in an emergency situation (outlined in section 11). All RNs 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 to ensure that this policy is implemented. All patients will be encouraged to self-medicate but where required medicines can be administered by an RN only. Healthcare Assistants (HCAs) are permitted only to prompt or assist with medication administration.

3.	**Legislation** **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** The 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, caring, responsive and well-led** care. In 2023 CQC introduced a new regulatory framework. Medicines management falls under: **Key area** Safe **Key Question** Medicines optimisation **Regulations** Regulation 9: Person-centred care Regulation 12: Safe care and treatment (Regulation 11: Need for consent) The intention of Regulation 12 is to prevent people from receiving unsafe care and treatment and prevent 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. **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 people's 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. **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** **Board of Trustees** Trustees are responsible for ensuring adequate resources are made available to facilitate effective medicine management. **Quality and Safety Committee (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 discussing any concerns regarding medication errors. The terms of reference for this group are agreed with the Trustee Board. **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 who is also the Registered Manager. **Director of Care** Has the responsibility for ensuring the hospice has the necessary clinical policies and procedures in place for the safe management of medicines. They are also the Controlled Drugs Accountable Officer.
6.	**Accountability for Registered Nurses** RNs are required to follow the Professional Guidance on Administration of Medicines in Healthcare Settings (Royal Pharmaceutical Society and Royal College of Nursing 2019). 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. RNs 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 RN must:

- Be certain of the identity of the patient to whom the medicine is to be administered.
- Check that the patient is not allergic to the medicine before administering it.
- Know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications.
- Be aware of the patient's care plan; consider patients' mental capacity and ability to consent.
- 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.
- Check the expiry date (where it exists) of the medicine to be administered.
- Check that the dose has not been administered by someone else e.g. a carer.
- 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. The RN should ensure that they have clearly documented their name, signature and designation on the front sheet prior to administering medication.
- Ensure that appropriate Personal Protective Equipment is being worn.

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 Hospice in your Home service requests a

	second check they should seek support from the District Nursing Team or an RN on Hospice Night Support Service, if available.
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. Anaphylaxis is unlikely to occur within the medicines administered by the Hospice RNs, 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 by the Governance Lead to staff for action. The Director of Care must review information on medication errors and produce a quarterly report for the Quality and Safety Committee, 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 (1.) 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 patient's 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 RN. HCAs may be 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 Guidance Handbook which is held on the n:drive – Care Staff Inductions/ Hospice at Home / HCA /HCA Handbook new). Hospice staff should never crush medication before administration unless specially advised to by the prescriber 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 RN Lead or the relevant District Nursing team.

Administration of medication (including blister packs) in the patient's 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 (the medication administration record will usually consist of a DNS1 or ASS1 form) 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 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.

The HCA role in medicine management is to prompt and assist patients to take their medication. Further advice is given in the HCA Handbook.

	HCAs will not administer medication. When an 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 or Hospice Night Support RN for advice and ask them to visit to administer the medication. In the event of patient having a catastrophic bleed where buccal midazolam has been prescribed, and a Registered Nurse who has completed the Medication Management module on Blue Stream Academy and passed the drug calculations test is present and a prior arrangement has been made with the RN and the family, then the RN can administer the buccal midazolam but only in an emergency situation. **Administration of Medication in Wellbeing at the Hospice (Woodborough Road)** Patient's attending Wellbeing for groups, complementary, physio & occupational therapy and pre-bereavement support must all be able to self-administer their own medication or attend with a carer who can administer their medication for them. Wellbeing staff are **not responsible** for medication administration. In the event of patient attending Wellbeing having a catastrophic bleed where buccal midazolam has been prescribed, this should be administered by the carer in the first instance. If an RN who has completed the Medication Management module on Blue Stream Academy and passed the drug calculations test is present and a prior arrangement has been made with the RN and the family, then the RN can administer the buccal midazolam but only in an emergency situation.
12.	**Controlled Drugs (CD) Management** **Controlled drugs in the patient's home** In a patient's home, an RN 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 at the patient's home, the RN must always check the stock 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 Nurses are expected to follow the NHS policy for reporting and investigating what has happened. Any discrepancies found must also be reported by the RN to their line manager/care coordinator and a hospice incident form completed. If Hospice staff receive a request to provide additional information or attend a meeting with the NHS or police, they 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 RN 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 RN 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 by the prescriber because it may not be covered by the drug manufacturer's license.**
14.	**Administration of Medication Via a Syringe Pump** The BD Bodyguard Syringe Pump (Policy under development) 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 RNs 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) to 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 City Care Palliative Care team on 0115 8834787 or Hayward House 0115 9691169 Ext 57079 (out of hours – 07595 285014) .

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.

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 Pocketbook 5 
PCP 5 2023 for EOLC Board.pdf .

For further advice please contact Hayward House on 0115 9691169 Ext 57079

Troubleshooting the BD Bodyguard Syringe Pump

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 BD Bodyguard Syringe Pump Monitoring Form (Appendix D)

There are two alert modes indicated by an intermittent alarm 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 Inform DNs to 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 pause	Pump left or no keys	Start infusion, continue

too long	depressed for 2 minutes	programming or switch off
Program Nearly Complete	15 minutes left to end of infusion	Prepare to change syringe or switch off
End Program	Infusion complete	Switch pump off and notify RNs to 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 (HCAs) Role in Caring for a Patient With a Syringe Pump

HCAs cannot set up, alter or reload a syringe pump. This must always be carried out by an RN.

HCAs must be trained to monitor if the pump is not administering 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. Long Term 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 (2).

17.	**Covert Administration of Medication** Covert administration is when medicines are administered in a disguised format (3). 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 an 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, report as soon as possible and document their actions. They must also inform the patient and, if appropriate, their family, in line with the Duty of Candour Policy CS026.

Immediate Actions

The welfare of the patient 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, GP or RN Lead or Pharmacist regarding the possible impact of medication error.

The error must be reported immediately to the District Nursing Team/GP and to NEMS Community Benefit Service (NEMS) if it happens out of hours. Hospice in your Home staff must also inform the RN Lead, Care Coordinator or HNS who in turn will notify the Clinical On-call 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 Clinical On-Call will notify the Director On-call if it is a serious medication error and they will make a decision as to any 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.

Medium Term Actions (Within 5 working days)

The RN Lead /Line Manager must ensure the incident report form is completed and escalated as appropriate e.g. to the Director of Care. 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 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 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 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's 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 Committee.
19.	**Education and Training** All RNs 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 RNs will be expected to undertake annual training in medications management on Blue Stream Academy. On commencing employment at Nottinghamshire Hospice, they will be required to undertake a drug calculations test. Confirmation that all RNs have completed this training and the test will be presented to the Quality and Safety Group annually. If a medication error is made, the RN responsible will be asked to sit another drugs calculations test to provide evidence of their competency. Syringe pump training is also mandatory for RN's every 2 years. The administration of medication via an enteral feeding tube should only be performed by RN's who have undertaken appropriate training provided by Nutricia Nurses at RN

	study days to be deemed competent. HCAs 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 Management of Performance Policy and Procedure HR0028.
20.	**Monitoring and Review** Compliance with this policy will be monitored through the incident reporting system. The Quality and Safety Committee will receive a quarterly report detailing all medication errors. Lessons learnt and best practice identified in this report will be shared across the organisation.
21.	**Equality Impact Assessment** Equality Impact Assessment completed at Screening stage as no direct engagement with target audience.
22.	**References** **1.** Professional Guidance on Administration of Medicines in Healthcare Settings, Royal Pharmaceutical Society and Royal College of Nursing. 2019 **2.** Thorax, BTS Guidelines for LTOT June 2015, Vol.70, Supplement 1 **3.** Covert administration of medicines CQC website 3 November 2022
23.	**Related National Documents** 1. Department of Health Misuse of drugs legislation website (2016) https://www.Misuse of Drugs Act/Legislation 2. Good practice in prescribing and managing medicines and devices

	General Medical Council 15 March 2022 3. Medicines in health and social care - Care Quality Commission (cqc.org.uk). (2019) 4. NMC The Code, Standards of Conduct, Performance and Ethics for Nurses and Midwives (Updated 2018) 5. Palliative Care Pocketbook 4. Nottingham and Nottinghamshire ICS EOL Programme Board 2019. 6. The Controlled Drugs (Supervision of Management and Use) Regulations 2013 7. CQC Sector-specific guidance for hospices.

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 the 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.

PROCEDURE FOR USE OF BD BODYGUARD T SYRINGE PUMP

Preparation for setting up BODYGUARD SYRINGE PUMP

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

- BD Bodyguard Syringe T pump
- Battery: 9V 6LR61Alkaline/Lithium. Plus two spare batteries (a new battery will last for approximately 2 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 BD Bodyguard Syringe T 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 BD Bodyguard Syringe T Pump will be set to recognise BD Plastipak syringes.
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 Plastipak Syringe	Volume of prescribed medication (undiluted)	Total volume of prescribed medication and diluent
20ml syringe	Up to 10 mls	Make up to 17mls with water for injection
30ml 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 60% life remaining. The average battery life, starting at 100%, is approximately 2 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 BD Bodyguard 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 the 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

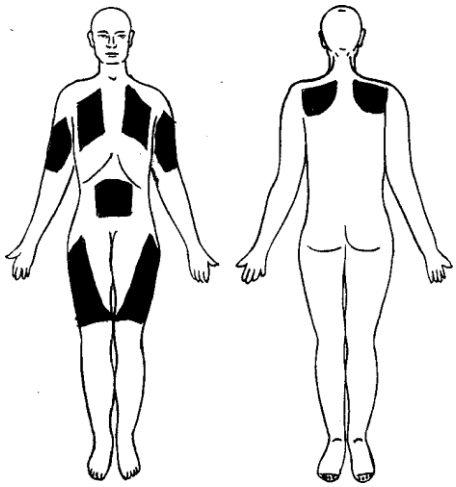


Diagram 1 Infusion Sites

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 BD Bodyguard 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 (Appendix 3)	To start the monitoring process and enable 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 BD Bodyguard 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 BD Bodyguard syringe 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 the 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: ……..

Date of Birth: ……..

NHS Number: ……

(or affix patient sticker)

DRUG ALLERGIES:

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	

BD Bodyguard Syringe Pump Monitoring Form **Appendix D**

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

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

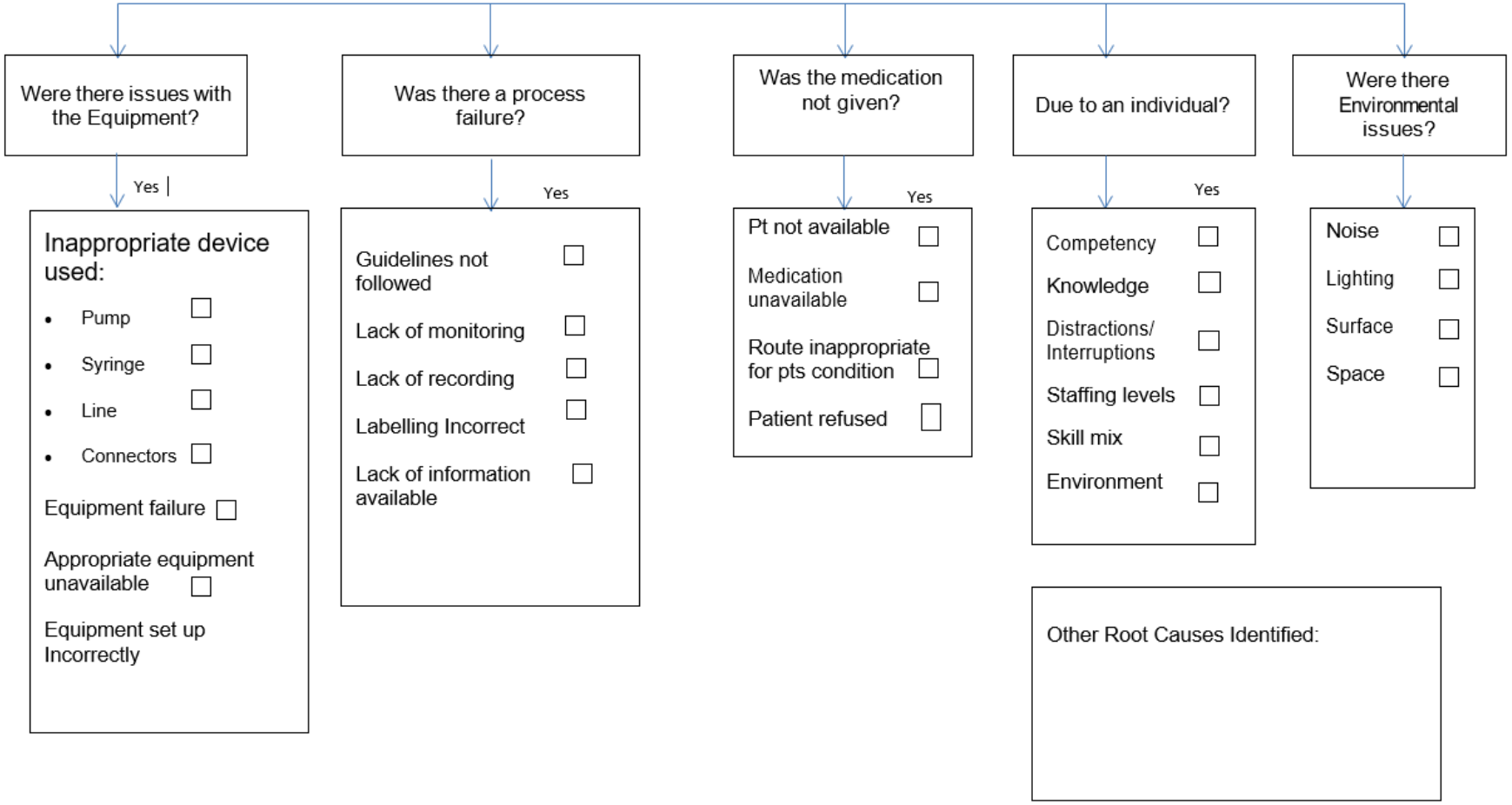
Specimen Signatures

Signature / Name / Designation

Signature / Name / Designation

Root Cause Analysis Checklist for Administration Errors

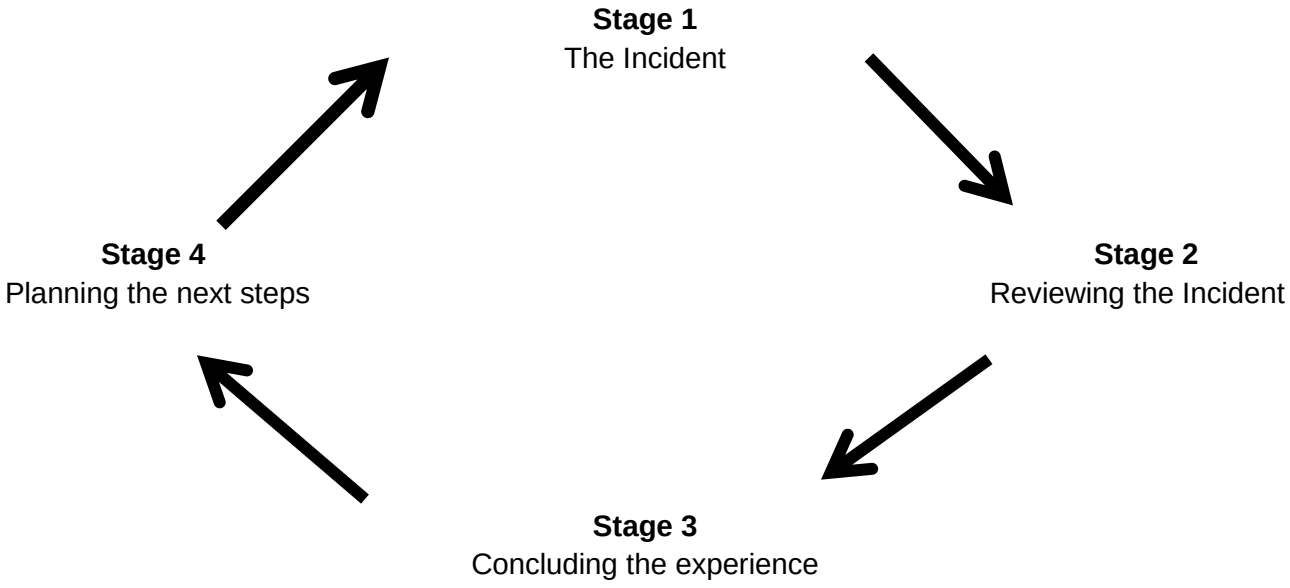
Please use this checklist to undertake a systematic review of the error: It will help pinpoint where things went wrong and identify areas for action/improvement



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 RN Lead or Care Services Management team. 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 to 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:**