

# Medicines Management for Medicines Administration Pharmacy Technicians

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# Aim of today's session

To increase your awareness and understanding of medicines management to ensure the safe and effective use of medications in this Trust

# Objectives for the Session

- Describe the Medicines Management policy
- Discuss medication errors, how they can be avoided and how they should be reported
- State the roles of pharmacy staff in medication management
- Describe the processes involved in medication management, from prescribing through to administration
- Describe the safe storage of medication
- Identify legal issues in medicines management
- Explain how to obtain medication for a patient
- Describe the steps involved in issuing medication at discharge

# Plan for the session:

- Introduction to medicines management
- Prescription chart workshop
- Pharmacy roles
- *Break*
- Pharmacy information for MAPT
- Discharge information
- Discharge workshop
- Questionnaires/feedback

# Introduction to Medicines Management

# What is Medicines Management?

“The clinical, cost-effective and safe use of medicines to ensure patients get the maximum benefit from the medicines they need, while at the same time minimising potential harm”

(MHRA 2004)



# Why do medicines need managing?

- Prescribing is the most common therapeutic intervention in the NHS
- The complexity, volume and cost of medicines are all increasing
- Medicines have the potential to do harm as well as be beneficial
- Medicines management is everyone's responsibility

# National Guidance

At a national level various strategies and recommendations impact on medicines management practices

- CQC (Care Quality Commission)
- NHS LA (NHS Litigation Authority)
- NPSA (National Patient Safety Agency)
- NICE (National Institute for Health and Clinical Excellence)
- Department of Health



# Local Guidance

## **All staff who handle medicines are required to adhere to the Trust Medicines Management Policy**

This provides a guide to the prescribing, supply, storage, administration and disposal of medicines and ensures legal requirements and Department of Health guidelines are fulfilled

**<http://lthtr-documents/current/P315.pdf>**

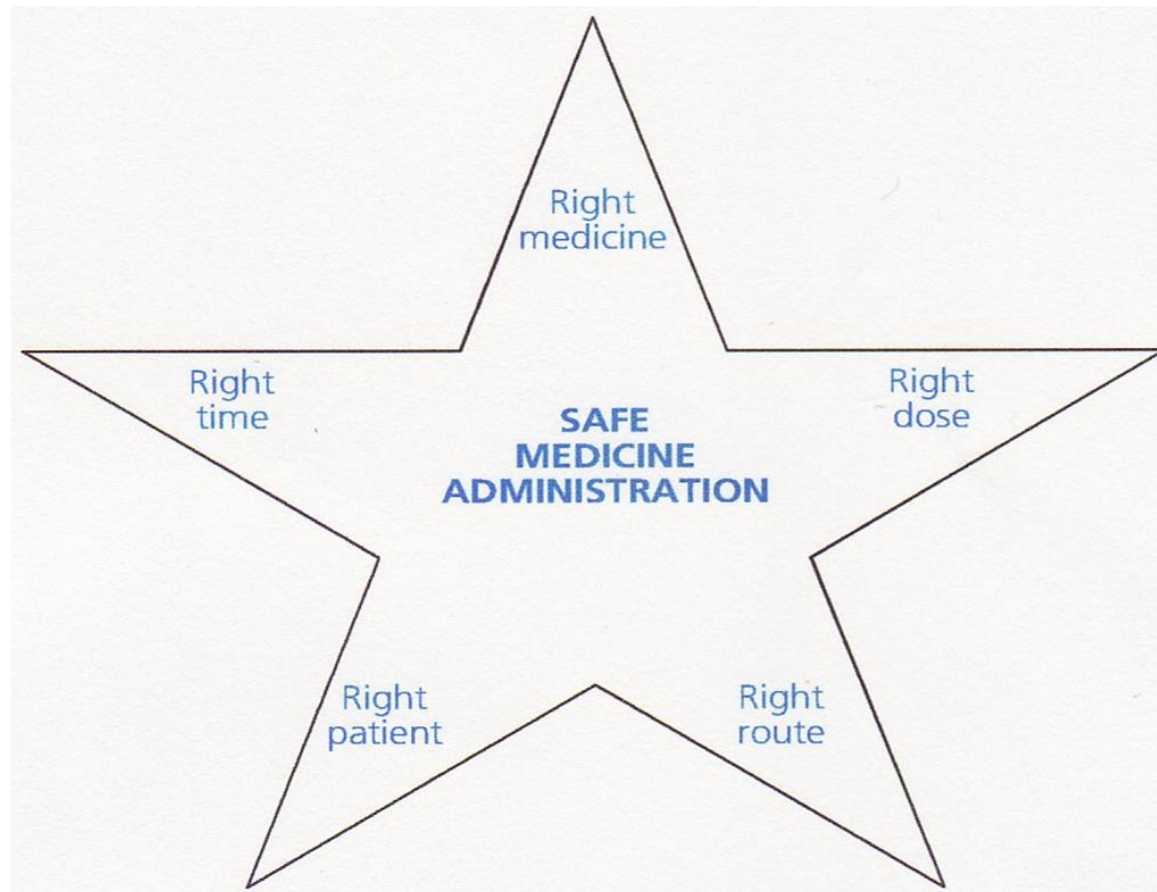
# Why do we need a medicines management policy?...



# Other LTH policies relating to medicines

- Controlled Drugs Policy
- Unlicensed Medicines Policy
- Self-Administration of Medicines Policy and Procedure

# The 5 Rights of safe medication administration



# Reasons for medication errors

- Inadequately **trained** staff
- **Illegible** or **badly written** prescriptions
- Not following **policies/guidelines**
- Errors in dosage **calculations**
- Medicines **unavailable**
- **Labelling** unclear
- Similarity in **packaging/labelling**
- Doses **prepared in advance** of administration
- **Lack of knowledge, fatigue, personal or work stress**
- **Interruptions**

# Always read the labels carefully....



Prescription says carbamazepine m/r tablets  
400mg- which of these can you give?



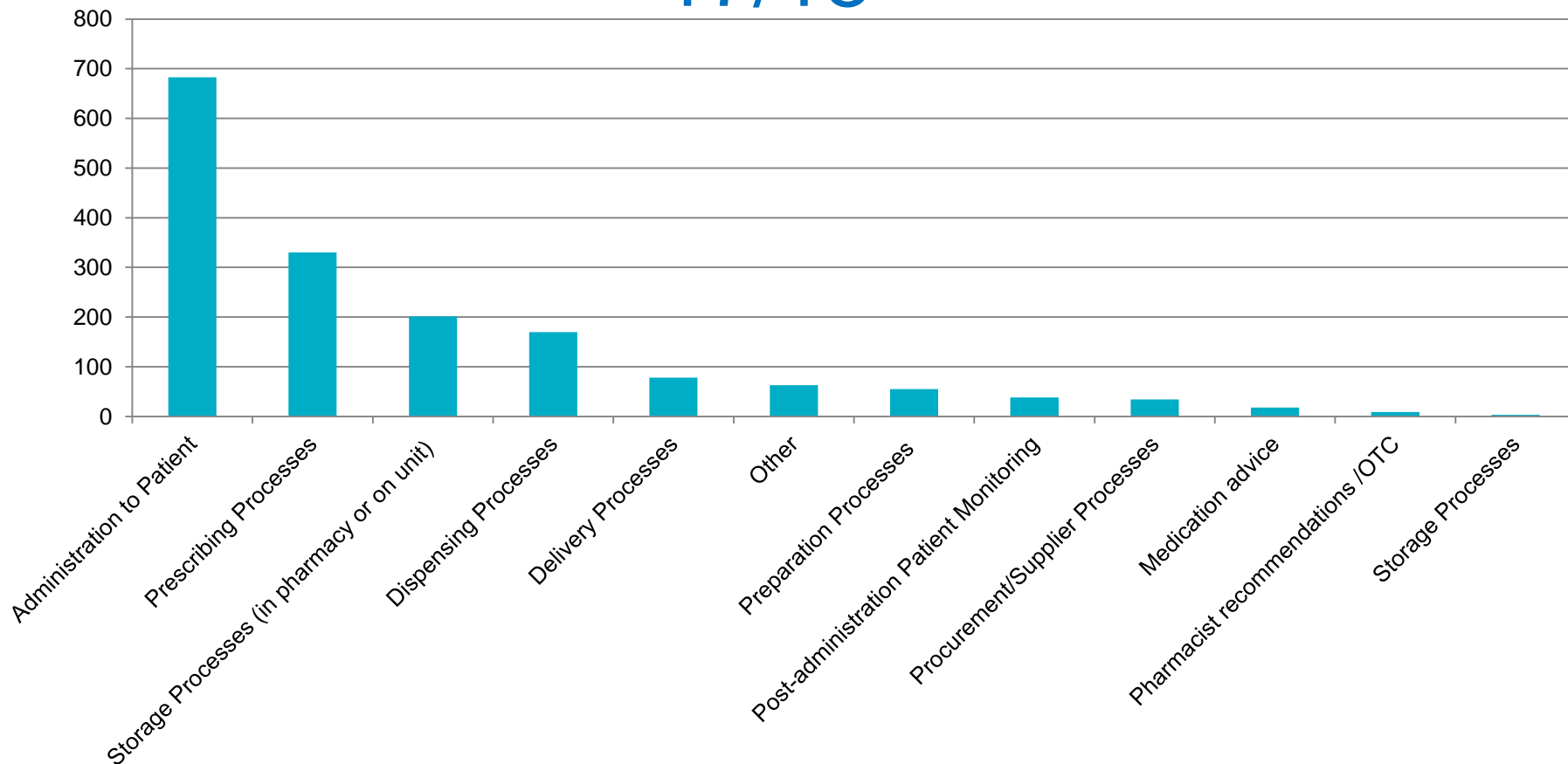
# Reporting of medication errors

- Encourage reporting of errors (actual and “near misses”)
- “No blame” culture
- Medication Safety Officer investigates with root cause analysis
- Proactively identify and minimise risks

IF IN DOUBT- REPORT IT (“Datix”)



# Types of medication incidents reported 17/18



# Adverse Drug Reactions

- An adverse drug reaction (ADR) is any undesirable experience that has happened to the patient while taking a drug that is **suspected to be caused by the drug or drugs**
- Healthcare professionals (and patients) are encouraged to report ADRs if:
  - the medicine is a “black triangle” medicine ▼
  - the patient has a reaction which is serious, medically significant or results in harm

# Reporting a suspected adverse drug reaction

The screenshot shows the Yellow Card Scheme website (https://yellowcard.mhra.gov.uk) in a web browser. The page has a yellow header with the 'Yellow Card' logo and a search bar. Below the header is a navigation menu with links: Home, About Yellow Card, FAQs, Downloads, Drug Analysis Profiles, and Contact Us. The main content area is titled 'Welcome to the reporting site for the Yellow Card Scheme' and contains a section 'Report a suspected problem or incident:'. This section lists five categories of incidents, each with a corresponding button: 'Side effect to a medicine, vaccine, herbal or homeopathic remedy' (yellow button labeled 'Side effects'), 'Medical device adverse incident' (blue button labeled 'Devices'), 'Defective medicine (not of an acceptable quality)' (purple button labeled 'Defective'), 'Counterfeit or fake medicine or medical device' (green button labeled 'Fake'), and 'Side effect or safety concern for an e-cigarette' (orange button labeled 'e-cigarette'). At the bottom of this section is a link: '? Not sure which option to select? Help us guide you'. To the right of the main content area, there are two additional sections: 'Download the Yellow Card App!' with text about receiving news updates and reporting side effects via the app, and 'Report Illicit Drug Reactions (RIDR)' with text about reporting psychoactive substances (NPS) and other illicit drugs. At the bottom right, there is a 'Sign in / Register' section with text about logging in if already registered.

# Be aware of high risk medications:

e.g.

- Allergies
- Insulin
- Anticoagulants
- Opioids
- Cytotoxics (inc methotrexate)
- Potassium



# Critical medicines

Critical medicines are those where the omission or delay is likely to cause harm

**How we have implemented the guidance in the Trust :**

- Pharmacy will “fast-track” faxed requests for “critical medicines”
- Omissions of critical medicines should be reported on “Datix”

# Critical medicines

All medication is important however certain medicines have a clearly identified potential for immediate harm if omitted. These have been designated '**critical medicines**'.

Critical medicines should **never be omitted**:

- During a 'medicine round'
- Given later than 1 hour than the time indicated when prescribed as a stat dose.

The following groups have been defined as critical.

**ALL Intra-venous medicines**  
**Anti-arrhythmics**  
**Anti-infectives**  
**Anticoagulants**  
**Bronchodilators via a nebuliser**  
**Insulin**  
**Oxygen**  
**Parkinsons disease medicines**  
**Corticosteroids**  
**Immunosuppressants**  
**Antidotes/ agents used to reverse effect**  
**Thrombolytics**  
**Antiepileptics**  
**Opioids (strong)**  
**Medicines for sight threatening conditions**

# Critical medicines example- Parkinson's Disease

- <https://player.vimeo.com/video/148216230>

# What do MAPT's need to know about medicines?

- Therapeutic effects of medicine
- Normal dosage
- Side-effects
- Precautions
- Contra-indications





# Sources of information



INTRANET  
GUIDELINES

WARD  
PHARMACIST



DISPENSARY  
PHARMACIST



Reference  
Sources

MEDUSA  
IV GUIDE



ANTIBIOTIC  
GUIDELINES



BNF



Home | Lancashire Teaching Hos... X

Not secure | intranet.lthtr.nhs.uk

Accessibility Options

Excellent care with compassion

Lancashire Teaching Hospitals NHS Foundation Trust

Home Our Organisation Departments I Need To... For Me Policies and Guidelines

Search Heritage for Documents and Policies

launch of a new 'Major Trauma Rehabilitation Care Pathway & Prescription'

Datix Phone Directory Emergency Plans Webmail

Our values

VALUING YOUR VOICE

Health & Wellbeing caring compassionately for our staff

IT Services Page

IT News & Updates

McKesson Vision

News bite  
Medical and Dental Staffbank Mobile App goes live 15th October 2018  
Everything you need

Towards outstanding care

View the CQC action plan

Our Health Our Care

Staff flu fighters 42.5%  
get your jab today  
Week 5 - Our #Jabathon was a great success. Get

How do I use the new intranet?

Latest news  
CQC inspection report  
Posted on 16 Oct 2018 at 04:19 PM by Communication @lthtr.nhs.uk

Latest news  
National Burn Awareness Day  
Posted on 16 Oct 2018 at 03:49 PM by Louis Heptinstall

Celebrating our pharmacy technicians  
Posted on 16 Oct 2018 at 03:49 PM by Amy Jones

On Wednesday 17 October

Our staff are raising awareness of how local

09:24 18/10/2018

# Trust formulary

- Search Intranet for ‘medicine formulary’

The screenshot shows a web browser window with the URL `intranet.lthtr.nhs.uk/medicine-formulary`. The page title is "Medicine Formulary | Lancashire". The breadcrumb trail is: `Now viewing: Home > Departments > Divisions > Division of Diagnostics & Clinical Support > Pharmacy > Medicine Formulary`.

**Applications**

**Corporate Information**

**Divisions**

- Transformation & Business Delivery
- Division of Diagnostics & Clinical Support
- Diagnostics
- Patient Access & Flow
- Pharmacy**
- High cost drugs
- Medicine Formulary**
- Critical Medicines
- BNF
- Medusa Guide

## Medicine Formulary

Our medicines formulary has been written with input from a wide range of doctors and pharmacists across both primary and secondary care. The aim of the formulary is to optimise the quality of prescribing within our hospitals. The pharmacy will only routinely supply products included in the formulary. These have been assessed by the Drug and Therapeutics Committee and have been determined to be the most appropriate in terms of efficacy, safety, patient acceptability, convenience and economy.

Each section of the formulary corresponds to the relevant section of the British National Formulary as far as possible.

If you would like to request an addition to the formulary please complete a New Drugs Request Form and send it to [pharmacymedinfo@lthtr.nhs.uk](mailto:pharmacymedinfo@lthtr.nhs.uk)

- Formulary Chapter 1 - Gastrointestinal System [pdf] 280KB
- Formulary Chapter 2 - Cardiovascular system [pdf] 227KB
- Formulary Chapter 3 - Respiratory System [pdf] 168KB
- Formulary Chapter 4 - CNS [pdf] 250KB
- Formulary Chapter 5 - Antibiotics
- Formulary Chapter 6 - Endocrine System [pdf] 236KB
- Formulary Chapter 7 - Obstetrics, gynaecology and urinary tract disorders [pdf] 185KB
- Formulary Chapter 8 - Malignant disease and immunosuppression [pdf] 133KB
- Formulary Chapter 9 - Nutrition and blood [pdf] 165KB

# Antimicrobial stewardship

Trust procedure for Prescribing Antimicrobials (Oct 18): **All registered nurses will:**

- Ensure that...antimicrobial treatment is started as soon as possible and doses are not omitted (ensure stock is obtained)
- Request that prescribers include a valid review date for all antimicrobial prescriptions
- Immediately contact prescriber for all prescriptions continuing beyond stated review date
- Query all prescriptions beyond the review date **but, whilst awaiting review, continue to administer the antimicrobial**

# General Prescribing rules at LTHTr

- Write legibly! Block capitals in black ink
- Include ALL patient details
- Complete all info on front of chart
- Complete allergy box on front of chart
- Complete signature box on front page
- Use approved names (\*) and only use approved abbreviations
- Sign and date every prescription
- **Never** alter a prescription- cross out, sign/date & re-write

# Approved name vs brand prescribing

**Approved name** (sometimes called “generic” name) = as listed in BNF e.g. amoxicillin, ibuprofen

**Brand** (proprietary name)=manufacturer’s name for product e.g. “Amoxil”, “Brufen”

Why do we use **approved** rather than brand names?.....

(There **are** exceptions.....)

# Your responsibilities

## Is the allergies box complete?

- If not, ask the patient and add information to the box
- Allergy, description of the reaction, your signature & designation, date
  - e.g penicillin → rash    codeine → nausea
- Always confirm allergies with patient before administration of any medicines
- Check the prescription for ward, consultant, patient name, dob, NHS number, weight, no. of charts
- **AHPs can and should add this information if missing**

# EPMA

## Electronic Prescribing and Medicines Administration

- Piloted on Gynaecology ward March 17 onwards
- Now also on ward 25 and NRU
- Will be rolled out across whole Trust
- Aiming towards a paperless system
- EPMA hopes to reduce the risks associated with traditional (paper) methods of prescribing and administering medicines
- Training will be given...



# Administration of medicines

- MAPT's can administer medication against an authorised prescription
- Any doubts re. safety, accuracy or clarity of a prescription must be checked with the prescriber or a pharmacist before administration
- If medication NOT given, the reason must be recorded:

Name: Ann Patient NHS No.: 123 456 7890 Ward: 19

Codes To Be Used When Medicines Are Not Administered	
(1) Drug refused by patient	(2) Nil orally due to theatre
(3) Patient absent from the ward	(4) Unable to take due to swallowing difficulties/vomiting
(5) Patient self medicated	(6) Omitted for some other reason document in additional section below

# Approved witness

The following require a witnessed administration:

- Paediatric patients
- Controlled drugs



This 2<sup>nd</sup> check is a technical check of right patient, drug, dose, route and time (Primary checker is responsible for assessment that medicine is clinically appropriate for the patient)

# Formulations

- If your patient is unable to take their oral medicines (e.g. ng tube, swallowing difficulties).....
- Ask your pharmacist for advice!
- Some medicines are available as liquids. The doses are *usually* (but not always) the same - check
- Sometimes we recommend crushing tablets or opening capsules etc. but check with pharmacy before doing this...



# Different formulations

- Generally, do NOT crush:
  - Modified-release preparations, cytotoxics, coated tablets, large/chalky tablets
- Be especially cautious if narrow bore feeding tubes are used- may block
- It may be a better option to change the route (iv, rectal, topical ?)
- May need to consider an alternative medicine(e.g. isosorbide mononitrate m/r tablets- change to glyceryl trinitrate patches?)
- Ask your pharmacist!

# Patches

- When patients are prescribed medications in the form of patches.....
- Make sure that the **old** patch is removed **before** the **new** one is applied
- Apply to a new area of skin to reduce irritation (rotate the sites)



# Oxygen



- Oxygen is a medicine
- It **MUST** be prescribed for each patient
- Target saturation, device/flow rate/ prn or continuous. Dr must sign/date
- If your patient needs oxygen and it is **NOT** prescribed, you must contact a prescriber to get it prescribed before you can administer it.
- (for high flow rates, oxygen should be humidified)

# Verbal prescriptions

Verbal prescriptions are NOT  
accepted within this Trust.

# Self administration procedure

See Trust procedure- 'Self Administration of Medicines (SAMS) Procedure':

Reliever inhalers and GTN spray/tablets:

- All patients can self-administer these if able

All other medicines:

- Nurse must assess patient as being capable of self-administration
- Record in notes and complete consent form
- Medicines must be stored safely
- Doses must be recorded





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