





NURSING POLICY ON MEDICATION MANAGMENT	
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Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 2 of 17	

CONTENTS		Page Number
1.0	Introduction	3
2.0	Definition of Policy	3
3.0	Applicable to	3
4.0	Objectives of the Policy	3
5.0	Processes	5
5.1	Nursing Responsibilities in Medication management	5
5.2	Medication Prescribing	5
6.0	Safe administration of Medications	6
6.1	General Principles of Medication administration	6
6.2	Checking the prescription	7
6.3	Points to note when administering medications	8
7.0	Who can administer medications	9
8.0	Ordering Medications	9
9.0	Storage of Medications and Medication trolley	9
10.0	Controlled drugs	11
11.0	Checking and administering Controlled drugs	12
12.0	Patient own drugs -Self administration	13
13.0	Sourcing Medication when pharmacy is closed	13
14.0	Medication Incidents	13
15.0	Herbal and Complementary medications	14
16.0	Unlicensed medications	14
17.0	Supporting documentation	14
18.0	Implementation plan	15
19.0	Evaluation and Audit	15
20.0	References & Bibliography	15
	Appendix 1 Standards for Medication management NMBI (2015)	17
	Appendix 2 Who can check and administer medications	19
	Appendix 3 Double checking algorithm	20

Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 3 of 17	

1.0 Introduction

Our Lady's Children's Hospital Crumlin (OLCHC) is the largest children's teaching hospital in Ireland. OLCHC is committed to the provision of safe quality care to the infants and children it cares for, against the backdrop of legislation and regulatory requirements.¹

OLCHC recognises the importance of medication safety management and has created processes and practices to minimise the risk to children by incorporating the '10 rights'² of medication management;

1. **Right patient**
2. **Right Reason**
3. **Right drug**
4. **Right route**
5. **Right time**
6. **Right dose**
7. **Right Form documentation**
8. **Right action**
9. **Right Documentation**
10. **Right response.**

NMBI have stated that ***'these standards for medicines management are authoritative statements developed and monitored and enforced by NMBI. These standards describe the responsibilities and conduct expected of Nurses and midwives in their involvement with medicines across all care settings'***. NMBI (2015).

2.0 Definition of Policy

A '**Policy**' is a course or principle adopted and proposed by OLCHC which must be adhered to by all staff during their course of work, and a breach of which could lead to disciplinary action.

3.0 Applicable to


All grades of registered nursing staff and nursing students

4.0 Objectives of Policy

- To clearly outline the nursing responsibilities around the prescribing, ordering, storage, administration, documentation and disposal of all medicinal products in the clinical areas according to legislative requirements.

¹ Health Information and Quality Authority (2012) *National Standards for Safer Better Healthcare*, HIQA, Cork, Ireland

² Elliot, M & Y, L (2010) *The nine rights of medication administration: an overview*, British Journal of Nursing, 2010

Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 4 of 17	

- To ensure all nurses adhere to the appropriate standards in the medication cycle (HIQA, 2015), local and national standards (NMBI, 2015)³
- To ensure all nurses adhere to the 10 rights of medication administration
- To ensure in the event of a medication incident that the appropriate risk management process is followed.

5.0 Processes

5.1 Nursing responsibilities

As the first responsibility- each registered nurse needs to maintain their individual knowledge of medication management/individual scope of practice..... It is incumbent on each registered nurse to identify any deficit in their knowledge or practice and take measures to remedy this.

Within OLCHC, prior to undertaking the administration of medications, all registered nursing staff must successfully complete:

- Medication Safety Programme/successfully complete a medication competence assessment
- Complete the HSE land eLearning Medication Management Programme
- IV Therapy Management programme and competence assessment

5.1.1 When administering medications the nurse must realise the Ten Rights of Medication Administration are essential to safe practice in relation to medication administration. All registered nurses who administer medications are responsible and accountable for their safe administration or the delegation of this role to nursing students or Health Care Assistants.

5.1.2 Each nurse will be familiar with the *Draft Standards for Medicines Management for Nurses and Midwives (NMBI 2015)* and *The Scope of Nursing and Midwifery Practice Framework (NMBI, 2015)*.

5.1.3 The registered/student nurse checking and administering the medication must be aware of the pharmacological action of the medication, dose, frequency and route of administration, the desired actions, potential interaction and the potential side effects of the medication.

5.1.4 The registered/student nurse must be aware of the child's history, any medication allergies, and sensitivities and monitor the child for adverse reactions post medication administration. Should an adverse reaction occur emergency care for the child must first be undertaken, followed by written reporting of the event.


5.1.5 The registered/student nurse administering the medication to the child is the last line of defense in preventing medication administration errors. **If in any doubt Stop and seek verification of prescription before administering the medication.**

5.2 Medication prescribing for Registered Nurse Prescribers/medical staff


- All medical products must be prescribed by a medical doctor, dentist or registered nurse prescriber using the appropriate identifiers and registration numbers, *through the Medicinal products Prescription and control of supply regulations 2003*.⁴

³ NMBI (2015) *Standards for Medicines Management for Nurses and Midwives*, NMBI, Dublin, Ireland

⁴ NMBI (2015) *Standards for Medicines Management for Nurses and Midwives*, NMBI, Dublin, Ireland.

Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 5 of 17	

- All medicines ordered, prescribed and administered must be recorded on the approved stationery for OLCHC.
 - *The allergy box must be completed by the prescriber, nurses are not authorized to administer medication from a kardex where the allergy box is not legible or complete.*
 - *If the medication is prescribed with multi route included in the prescription nursing staff are not authorised to administer the medication. One route only can be prescribed unless stated in the OLCHC Formulary. (For example paracetamol can be prescribed as PO or PR or IV not PO/PR/IV).*
- The prescription must follow the rules of prescribing as per the OLCHC formulary, and must state in writing the precise medication, regimen, dose, strength, route and frequency of the medication.
- The prescription must be clear as per OLCHC formulary using clear printed letters, printed name, NMBI, IMC number, and signature.
- When the medication is discontinued it must be cancelled by drawing a line diagonally through the prescription and signed and dated by the medical/nurse prescriber.
- Prescriptions should not be amended, once in use if changes are to be made the medication must be discontinued and a new prescription written.
- Verbal orders must not be accepted, except in the case of an emergency where the following steps must be followed.
 - ✓ The registered nurse must be satisfied that the medication administration is within their skill and scope of practice
 - ✓ The Nurse must repeat the order on hearing it to verify the order with the doctor prescribing it.
 - ✓ The doctor must repeat the order to a second nurse who will confirm the order by calling it back to him/her.
 - ✓ The detail of the order must be documented in the patient HCR including the following information:
 - The date and time of the order
 - Write down the actual order/ prescription??
 - Prescribers full name and his confirmation of the order
 - The names of both nurses who received the order
 - The rationale for accepting the verbal or telephone order.
 - ✓ The first nurse who heard the order must be the administrator
 - ✓ The doctor responsible for making the order must detail it retrospectively in the medication chart at the earliest convenience

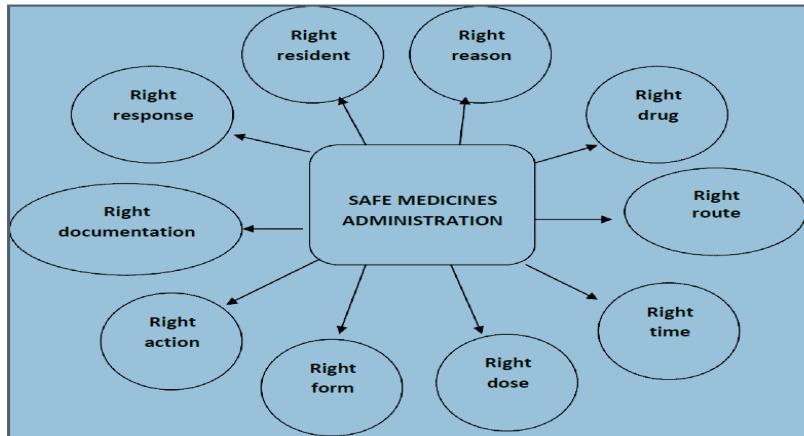
Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 6 of 17	

6.0 Safe Administration of Medications

Adhere to the Ten Rights of Medication


Administration

1. The Right Patient
2. The Right Reason
3. The Right Drug
4. The Right Route
5. The Right Time
6. The Right Dose
7. The Right form
8. The Right Action
9. The Right Documentation
10. The Right Response



6.1 General principles of medication administration

- Double checking of medication is OLCHC policy see *algorithm*
<G:\Practice Development\Guidelines\Double checking algorithm\Double Checking Algorithm -.doc>
- The administration of all medications **must** be documented
- Verbal medication orders are not acceptable, except in emergency situations
- Facsimile medication orders are not acceptable
- Telephone orders are not acceptable unless in an emergency
- Medication prescriptions must be written clearly in ink by a medical practitioner/RNP, dated, timed and signed.
- All medications with the exception of Insulin, blood products and Dialysis fluid are ordered on the prescription sheet. (*Insulin is ordered on the Diabetic prescription sheet used locally*)
- When the prescription sheet is full it must be discontinued, dated and signed by the medical practitioner and a new one written with the re-written date on the top.
- If the prescription sheet is not large enough for the entire order, 1 of 2 is placed on the 1st sheet, the second prescription sheet must be numbered, 2 of 2.
- One off prescriptions must be dated, timed and then signed for in the appropriate stat column.
- The OLCHC *Hospital Formulary* is available to all staff members via the intranet (electronic copy). All staff are advised to use the formulary in conjunction with the administration of medications.
- A copy of the *Medicines for Children, A Royal College of Paediatrics and Child Health Publication*, and the *British National Formulary* is available in each clinical area.
- Each clinical area has a tablet where the OLCHC Formulary can be accessed.
- A pharmacist is linked to each clinical area and nursing staff should liaise closely with their pharmacist to ensure safe medication management


Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 7 of 17	

6.2 Checking the prescription

Both nurses check the child's identity band with the prescription sheet ensuring the patient name and hospital number are correct. *Exceptions in the case of OPD as Medical Record numbers are not given to all patients entering OPD. In this case Positive Patient Identification must be used to identify the child.*


If the parent/guardian is present verify the details with them. The patient's details must be correct and match both the prescription chart and the patient's identity band.

- Read out the child's name and hospital number and verify with the parent/guardian and the second nurse checking the medication, ensure patient name, hospital number, and date of birth are correct on both the prescription sheet and the identity band.
- Check if the child has any known allergies
- Check the time the medication was last administered and check the frequency of order.
- Read out the prescription checking it's validity:
 - The prescription must be legible and written in black block letters.
 - The generic name of the medication is used
 - The use of abbreviations is not permitted
 - If a suspension is to be administered this must be clearly stated and prescribed in milligrams.
 - The dose must be clearly stated in milligrams, grams, micrograms, nanograms etc.
 - There must be a clear use of decimal points if used
 - A zero must precede the use of a decimal point, (e.g. 0.2 mg)
 - The route of administration must be stated
 - The frequency of the medication must be stated
- The prescription must be dated and signed by the Registered Medical Practitioner/ Nurse Prescriber using their signature that must be clearly placed on the front of the prescription sheet.
- When the medication is discontinued a line must be clearly placed through the remaining prescription and signed in the cancelled by section, signed and dated by the Medical Practitioner.
- If the prescription is unclear, incomplete or illegible it must not be given. The medical Practitioner/ Nurse Prescriber must be contacted to clarify and rewrite the prescription. Complete a medication safety form.
- In the case that an error or near miss error occurs in relation to either prescribing of or administration of oral medication an incident form must be completed and the appropriate steps to include the parents/guardians taken.
- All medication given by oral, NG/NJ/PEG/PEJ must be given in the appropriate purple syringes.


Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 8 of 17	

6.3 Points to note when administering medications

- Medications must be administered as close to the time prescribed as possible. Medication should be prescribed clearly stating the dose. Checking of the medication by the nurse should only be required to check the correctness of the prescription. A medication incident occurrence must be completed if the medication is late.
- In the case of a tablet, each blister pack must have the medication name, and medication expiry clearly marked on it. In the case of individual patient prescription, pharmacy will label, date and place the expiry date on medication to be administered. The name of the medication and the dose must be double checked with the prescription sheet.
- All calculations of medications must be checked with another nurse. (Donaldson, L. 2008).
- An independent Double check of the medication must occur (OLCHC, 2014) name and dose as some medications have similar names and spelling.
- Measure and/or count the correct dose. Use gloves if contact with the medication is likely to avoid staff sensitisation, e.g. Chemotherapy
- Gloves must be worn when administering topical or any medications requiring special precautions, and hands washed after its administration to avoid medication absorption by the administering nurse. The child/parent/guardian must understand as much as possible the reason for the medication.
- Personal choice for glove use when reconstituting/administering IV antibiotics?
- If the parent/guardian/child have a concern in relation to the medication to be administered, do not administer the medication and double check the medication with the parent/guardian/child and nursing staff. Children and families are familiar with their medication and they may identify a potential error so this warrants careful consideration.
- Stay with the child until the medication is fully administered.
- Medications are not left on/in bedside lockers, as another child may take the medication. If the child cannot take the medication the medication is disposed of safely and rechecked and administered at a more appropriate time.
- The two nurses who checked the medication and administered the medication to the child must sign their initials on the medication administration record immediately after administration, this prevents re-administration of medication in error. The signature bank must also be completed.
- A delay in medication administration must be clearly documented on the prescription record using the appropriate coding
- Response to medication administration is documented on the nursing care plan evaluation sheet by the nurse caring for the child.
- A registered nurse is responsible for carrying the keys to the medication presses and the medication trolley.
- Controlled medication keys must be carried on the person of a registered nurse at all times as per the Misuse of Medications Act, (1984)

Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 10 of 17	

- 9.2** Medications are stored in locked cupboards, secured locked medicine trolleys and/or locked refrigerators, controlled medicines press, anaesthetic trolleys and drug rooms.
- 9.3** Medications are stored according to the manufacturer's instructions
- 9.4** Medications such as eye drops, creams, or medicated lotions must be locked away as with all other medications.
- 9.5** If medications need to be refrigerated, a locked medicines fridge is used
- 9.6** Potassium chloride mini plascos must be stored in the controlled drugs press. Oral potassium containing medications may be stored in the usual way.
- 9.7** Medications used for intrathecal, intraventricular or epidural use must be stored separately in locked cupboards.
- 9.8** Each treatment room has a door with a combination lock/swipe and must be closed at all times, to prevent access by unauthorised personnel. The code must be kept amongst hospital personnel only and changed frequently.
- 9.9** Medicine trolleys must be kept locked at all times. Under no circumstances should a medicine trolley be left open unless a registered nurse is present to supervise the trolley.
- 9.10** The medicine trolley must only contain medicines that are in use.
- 9.11** Resuscitation trolleys are kept on the clinical area corridor and dealt with as per guidelines.
- 9.12** Medications held in the treatments rooms are for inpatient use only with the exception of Paracetamol tablets which may be used by hospital staff.
- 9.13** Nursing staff can administer paracetamol to staff. If a parent requires paracetamol it must be prescribed.
- 9.14** Any incidents involving a breach of security that causes potential or actual loss or theft of medicines must be investigated and corrective and preventative action taken. This may involve contacting the Garda Síochána.
- 9.15** Missing keys for medication trolleys or for the Controlled Drugs presses must be treated very seriously.
- An extensive search must be carried out
 - All staff on duty must be contacted to check if keys are on their person
 - Staff that are off-duty may be contacted to identify the location of the medication keys

Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 11 of 17	


- If not found the keys must be reported lost or stolen to Site Management
- Technical services will be contacted to open the presses
- Incident form must be completed
- CNM 2/SHIFT LEADER must be informed even if off duty
- If the keys are for the controlled drug's press cannot be located site management and the gardai must be contacted.

10.0 Controlled medicines⁵ <http://www.irishstatutebook.ie/eli/1988/si/328/made/en/print>

The Misuse of drugs regulations prevents the unlawful use of medicines which are liable to cause harm or dependence if misused. These medicines are classified into schedules and considered to be 'controlled drugs'.

- 10.1** All controlled drugs for a clinical area must be stored in an area that complies with legislation.
- 10.2** Controlled drugs must be stored in a separate steel locked cupboard from all other medicines; ideally a locked press in a locked press with its own key.
- 10.3** The Controlled drugs keys must be kept separate from all other medicines keys and kept on the person of a registered nurse at all times. Misuse of drugs Legislation (2001)
- 10.4** Controlled drugs for intrathecal, intraventricular or epidural use must be stored separately to other Controlled drugs. Misuse of drugs Legislation (2001)
- 10.5** Controlled drugs no longer required must be returned to pharmacy separately, not in the pharmacy returns box. All documentation must accompany the Controlled drugs and the documentation-stock numbers altered accordingly.
- 10.6** A written record of each step where a controlled drug changes hands must be made.
- 10.7** The CNM 2/SHIFT LEADER or delegate must write and sign a written request in the controlled drugs requisition book for controlled drugs with the medication name, strength, quantity and date.
- 10.8** A staff nurse may collect the medication from pharmacy
- 10.9** The receiving nurse must check the stock received and detail it in the log book with the pharmacy staff and sign the log book.
- 10.10** The white requisition page of the duplicate Controlled Drugs book is kept by pharmacy, the book must accompany the controlled drugs to the clinical area.

⁵ Misuse of drugs Legislation (2001) <http://www.irishstatutebook.ie/eli/1988/si/328/made/en/print>
Nursing departments

Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 12 of 17	

10.11 A pharmacy check is done in the presence of two nurses in the clinical area and both names are detailed on the clinical area log book.

10.12 All controlled medicines must be stored in a rigid steel cabinet locked to the wall

10.13 In the event that controlled drugs are missing/stolen, prompt action must be taken. Inform the CNM 2 / SHIFT LEADER of the clinical area, Site management and the Director of Nursing. The Garda Siochana must be contacted.

10.14 A record of all changes and use of Controlled drugs must be made in the MDA book.

- On administration to a patient
- When part of a dose is destroyed
- On return of medications' to pharmacy
- On internal transfer of Controlled drugs
- When out of date or no longer in use.

11.0 Checking and Administration of Controlled drugs

11.1 Two registered nurses or one suitably competent student nurse must record the balance on the controlled drugs record.

11.2 A record of all controlled drugs must be made in the MDA book. The person administering must sign in the administered by and the person checking must sign in the witnessed by box. A record is also made in the patient prescription sheet.


11.3 If part of a dose of a controlled drug is not administered to the patient the amount discarded must be checked by two registered nurses or one registered nurse and one suitably competent student nurse.

11.4 Liquid medicines must be measured and a reducing balance detailed in the Controlled drugs stock balance.

11.5 The stock level of every controlled drug should be checked at the beginning and end of each shift with a registered nurse from day shift and one from night shift.

11.6 Un-opened packets do not need to be opened if the seal is unbroken for every count.

11.7 If any discrepancies are uncovered during the check this must be brought to the attention of the senior Nurse in charge, and ultimately site management if not resolved. A medication incident form must be completed.

Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 13 of 17	

11.8 Missing controlled drugs or controlled drugs keys

In the event that Controlled drugs are missing the following actions must be taken:

- Carry out a thorough search for the missing medication or keys
- Ensure all staff check for keys on their person
- Alert the CNM 2/SHIFT LEADER and site management
- Complete a Risk occurrence form
- Site manager informs the Director of Nursing- CEO
- Clinical Risk Manager is informed
- If not found Garda Siochana is informed

12.0 Patient own drugs self-administration

Currently facility to allow patients administer their own medication is not a feature in OLCHC. If children are admitted with their own medications, they may be used until a hospital supply is sourced. Otherwise the parent may be asked to take them home or place them in a locked press in the clinical area.

13.0 How to source medications when pharmacy is closed


When the pharmacy is closed please contact Site Management (8327)- on duty as early in the day/night as possible to source medications which you require.

14.0 Medication Incidents

Medication incidents can be described as clinical or non-clinical. Clinical medication incidents is described in three categories:

- **Medication error:** A preventable event that may cause or lead to inappropriate medication use or patient harm while⁶ the medication is in control of the health care professional, patient or consumer (ISMP, 2014).
- **Near miss:** a medication incident which did not reach the patient.
- **Adverse drug reaction:** A response to a medicinal product which is noxious and unintended and which occurs at doses normally used in man for prophylaxis, diagnosis or therapy of disease.
- **Non clinical medication incident:** describes when an issue arises around the medication storage or damage to the medication identified prior to the medication reaching the patient. Both incident must be reported on a risk occurrence form

⁶ Irish Medication Safety Network (2014) *Best Practice Guidelines*, IMSN, Dublin, Ireland.
Nursing departments

Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 14 of 17	

- 14.1** The person who discovers the incident must report it and all remedial action taken. The patient must be assessed and cared for clinically.
- 14.2** The staff members involved in the Medication Incident may be required to re do the medication management programme.
- 14.3** Any medication may cause unwanted side effects. Any confirmed or suspected side effect must be captured on a drug reaction form and

15.0 Herbal and Complementary medicines.

Complementary medicines are not licensed medicines and are therefore not quality assured. In many cases there is little evidence base to support the safety or efficacy of the product. These medications may interact with conventional medications.


- 15.1** It is often difficult to know if the product is safe to prescribe for hospital patients.
- 15.2** In the event that a medication must be prescribed and the patient is receiving herbal medication from the parent, a discussion must happen with the prescriber to ensure the contents of the medication will not interact with the medication to be prescribed.
- 15.3** Any medications which are in use by the patient must be placed on the drug prescription sheet.
- 15.4** Complementary medicines must be stored in a locked press and administered under the supervision of nursing staff.
- 15.5** The administration of the medication must be captured in the nursing records.

16.0 Unlicensed medicines

Licensed medicines are medicines that have a marketing authorization or product license issued by the Medicines and Healthcare Products Regulatory Agency in the UK-(MHRA) or by the European Medicines Agency (EMA) for all EU member states.

17.0 Supporting Documentation and Guidelines

- Central Venous Access Devices for Clinical Staff
http://olchcnet.hse.ie/Nurse_Practice_Development_Guidelines/CVC_Hickman_Port_PICC_UVC.pdf
- Administration of Rectal Medications
- Administration of Intramuscular and Subcutaneous Injections
http://olchcnet.hse.ie/Nurse_Practice_Development_Guidelines/Intramuscular_and_Subcutaneous_Injections_2016.pdf
- Policy on Nurse Prescribing in OLCHC

Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 15 of 17	

http://olchcnet.hse.ie/Nurse_Practice_Development_/Guidelines/Nurse_Prescribing_in_OLCHC_2015.pdf

- Nursing Guideline on Entonox for Procedural Pain
http://olchcnet.hse.ie/Nurse_Practice_Development_/Guidelines/Entonox%20%ae_for_Procedural_Pain.pdf
- Patient and Nurse Controlled Analgesia http://olchcnet.hse.ie/Nurse_Practice_Development_/Guidelines/Pain_-_Nurse_Controlled_and_Patient_Analgesia_Morphine_Infusion.pdf
- IV Morphine and Oxycodone Patient and Nurse Controlled Analgesia
http://olchcnet.hse.ie/Nurse_Practice_Development_/Guidelines/Pain_-_Updating_of_IV_Morphine_and_Oxycodone_Patient_and_Nurse_Controlled_Analgesia.pdf
- Set up of Alaris Opioid Pump http://olchcnet.hse.ie/Nurse_Practice_Development_/Guidelines/Pain_-_Setup_of_Alaris_Opioid_Pump_2015.pdf
- Pain and Oxynorm infusion http://olchcnet.hse.ie/Nurse_Practice_Development_/Guidelines/Pain_-_Patient_and_Nurse_Controlled_Analgesia_Infusion_Oxynorm.pdf
- And other associated nursing guidelines on the hospital intranet [OLCHC - A to Z Files -](#)

18.0 Implementation Plan


This policy will be implemented hospital wide by all nursing personnel. A breach to this policy will be dealt with locally. Repeated breaches to this policy will be escalated to the Divisional Nurse Manager and where necessary to the Director of Nursing.

19.0 Evaluation and Audit

Evaluation will take the form of audit of Medication safety and security on a 5 times yearly basis. Audit of the medication cycle to be carried out by peer or senior nursing management on an ad hoc basis.

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Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 16 of 17	


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Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 17 of 17	

Appendix 1


Standards Listing

Definition of Medicines Management:

“The facilitation of safe and effective use of medicines.”

These standards for medicines management are authoritative statements developed, monitored and enforced by the Nursing and Midwifery Board of Ireland. The standards describe the responsibilities and conduct expected of nurses and midwives in their involvement with medicines across all care settings. They are intended for use alongside the policies, procedures, protocols and guidelines (PPPGs) of the health service organisation.

Standard 1 Patients have a right to receive their medicines from a nurse or midwife who understands the purpose of the drug regimen and its associated risks and benefits. You should support the patient in taking their medicines safely within an agreed model.
Standard 2 You must be aware of your legal and professional responsibility and accountability with regard to medicines management to ensure that patients receive the maximum benefit from their medicines
Standard 3 You should have access to medicines based on patient need, and there are local systems in place to support this.
Standard 4 You must understand the purpose of the prescription or medicines order, and be absolutely clear as to the written or printed directions. Also, you should seek further information, advice and guidance if necessary before administering any medicinal product.
Standard 5 You are accountable for all actions and omissions relating to your role in administering a prescribed medicine.
Standard 6 Following the administration of a medicine, you must monitor that the desired effect of the medicine has been achieved, and participate in a review of the medicines.
Standard 7 You may decide to withhold a medicine based on a specific clinical rationale or respecting the patient's own decision to refuse their medicines.
Standard 8 You must adhere to the requirements of the Misuse of Drugs Acts and Regulations, given the serious nature of the drugs and their potential for misuse or abuse, follow a strict regimen of control of these substances at all times.
Standard 9 You must have a thorough understanding of the factors involved in adverse events or reactions. You must also recognise the high importance of reporting every medicine-related error, whether actual or potential, and implement remedial action.

Our Lady's Children's Hospital, Crumlin		
Document Name: Nursing Policy on Medication Management		
Reference Number: NPMM-07-2016-FON-V1	Version Number: V1	
Date of Issue: August 2016	Page 18 of 17	

Standard 10

You must understand the rationale for the drug prescription and the potential side effects of the drug in order to be able to identify, intervene and report a suspected adverse event or reaction

Standard 11

You must work with the patient and, where appropriate, their families and carers in medicine reconciliation. You must also work in association with other healthcare professionals to ensure that people do not suffer unnecessarily from the excessive, inadequate or inappropriate use of medicines.

Standard 12

You should understand the complex factors that influence the patient's decision-making process and adherence regarding their medicines. Education should be provided to the patient and their family in relation to the use of medicines. It should be explained to the person in a way that is accessible and understandable.

Taken from NMBI (2015) Standards for Medicines Management for Nurses and Midwives, NMBI, Dublin, Ireland.

Appendix 2

Medication Reference Guide for Nursing in OLCHC

	Student	Oral / NG / NJ / PR / PEG / JEJUNAL	Topical / Eye/ Ear medications/ Transdermal patches	Inhaled	Injections:- - Intramuscular - Subcutaneous	IV Medications via a peripheral cannula (incl IV Flushes, Fluids & TPN)	IV Medications via Central Venous Access Device	Controlled Drugs / MDA	Epidurals
	RGN/RCN	Check and administer	Check and administer	Check and administer	Check and administer	Check and administer – once IV policy complete	Check and administer	Check and administer	Check and administer
	Pre-registered Staff Nurse	Second checker & may administer when checked with Registered Nurse	Second checker & may administer when checked with Registered Nurse	Second checker & may administer when checked with Registered Nurse	Second checker & may administer when checked with Registered Nurse	Second Checker but cannot administer	Second Checker but cannot administer	Second Checker	Observe
Supernumerary Students	Stage 1 C&G on first placement & All Seconded undergraduate students	Observe	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe	Observe	Observe	Observe	Observe
	Stage 1 C&G on 2 nd placement & Stage 2 C&G	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe	Observe	Observe	Observe
	Stage 3 C&G	Observe and administer under direct supervision when checked by 2 registered nurses. is at the discretion of the Registered Nurse	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe	Observe	Observe	Observe
	Stage 4 C&G	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe and administer under direct supervision when checked by 2 registered nurses. This is at the discretion of the Registered Nurse	Observe	Observe	Observe	Observe
Rostered Students	Internship C&G	Second checker & may administer when checked with Registered Nurse	Second checker & may administer when checked with Registered Nurse	Second checker & may administer when checked with Registered Nurse	Second checker & may administer when checked with Registered Nurse	Second Checker but cannot administer	Second Checker but cannot administer	Second Checker	Observe
	OLCHC HDNS & External HDNS on Shared Core Placement in OLCHC	Second checker & may administer when checked with Registered Nurse	Second checker & may administer when checked with Registered Nurse	Second checker & may administer when checked with Registered Nurse	Second checker & may administer when checked with Registered Nurse	Second Checker but cannot administer	Second Checker but cannot administer	Second Checker	Observe

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Appendix 3

