

Community Mental Health Medicines Policy

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1.0	June 2006	
2.0	March 2008	Logo, include Equip and Rehab teams, transcribing and verbal orders, appendix one,
3.0	June 2015	Doctors can amend and dispense dose changes to prescriptions where necessary. Non-Medical Prescribers (NMP) can transcribe an old prescription to a new one when needed. NMP can prescribe in accordance with a management plan
4.0	May 2018	No changes
5.0	November 2021	Changes made to reflect EPMA implementation for CRHT/HTT

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1 Introduction

1.1 Aims of policy

This policy has been developed in response to the extended role of Mental Health Services in the community in East London Foundation Trust in managing patients with serious mental health needs. As many changes have taken place in relation to the provision of mental health care in the community, this policy specifically addresses issues with regard to the role of non-nursing staff in medicines management. Medicines management encompasses all aspects of the medication process including; prescription, ordering, supply, dispensing, administering, issuing, transport and disposal of medicines.

This policy forms part of the Trust-wide Medicines Policy and its purpose is to define standards, which ensure that the medication process is safe and secure and complies with legal requirements.

1.2 Who does the policy apply to?

- Community Mental Health Teams, including EQUIP and EIS
- Home Treatment Teams and Crisis Resolution

1.3 Scope of policy

- This policy does not aim to cover specific operational procedures for individual teams. Please refer to local policies where they exist.
- This policy must be read in conjunction with the Trust Medicines Policy.

Depot clinics: A separate policy has been developed for depot clinics.

2 Definitions

2.1 Non-nursing staff

For the purpose of this document, non-nursing staff refers to staff working in Community Mental Health Teams, Assertive Outreach Teams, Crisis Resolution, Day Hospital and Home Treatment Teams **who are not** registered (first level) nurses. For the purpose of this document they may also be referred to as community mental health staff members. Non-nursing staff include:

- Social Workers
- Occupational Therapists
- Social Therapists
- Support Workers
- Outreach Workers
- Psychologists

2.2 Prescribing

This refers to the prescription of medicines. A medicine can be written up on an in-patient chart, a community prescription chart, an out-patient prescription, on EPMA, or on an FP10. Medicines can only be prescribed by doctors and non-medical prescribers.

2.3 Dispensing

This is the selection of medicine from stock against a valid prescription which is then “dispensed” and suitably labelled. If original packs are not used, then the medicines will be dispensed into suitable containers.

2.4 Administration

This refers to the act of selecting a dose of medication and placing it in the hand of the patient. The dose of medicine may be obtained either from stock held by the team, or from the patient’s individual TTA (To Take Away) medication. The administration of medicines must not be carried out by non-nursing staff. Please refer to the Trust Medicines Policy.

2.5 Supervision of self-administration

In community settings a non-nursing member of staff may prompt a patient to take their medicine or supervise the patient to self-administer medicines. Non-nursing staff should not select the individual dose of medicine on the patient’s behalf or from the medication cupboard.

2.6 Issuing or supplying medication

This is defined as the delivery or handing over of TTA medicines to a patient or carer for the purpose of self-administration by the patient. The medication must have been dispensed by pharmacy and clearly labelled with instructions for administration. Non-nursing staff may deliver medicines to a patient and can observe the patient taking the medicine. However the TTA should be selected for delivery by a registered nurse, doctor or pharmacist and checked before handing to non-nursing staff.

Outpatient prescriptions may also be issued or supplied to patients from local pharmacy departments.

2.7 Verbal order

A verbal order is the instruction by a doctor to prescribe a drug (that will subsequently be administered) in an emergency.

3. Prescribing of medicines

Please refer to the Trust Medicines Policy for the general Principles

3.1 Home Treatment, Assertive Outreach and Crisis Resolution Teams

- a) The team doctor will prescribe medicines on a Trust prescription chart, or EPMA for each client they have care responsibility for.
- b) In an emergency, where the team doctor is not available, the duty psychiatrist should be contacted.
- c) Non-Medical Prescribers or independent prescribers may prescribe medicines according to trust-policy
- d) All medicines being taken by the patient will be included on the prescription chart, including:
 - those that have been prescribed by the client's GP
 - herbal and homeopathic remedies
 - over-the-counter medicines
- e) Assurance should be made, by the prescribing doctor, that no other team in the Mental Health Trust are prescribing medicines for patients under their care (e.g. inpatient wards and other community teams).
- f) When the patient is discharged from the team, a discharge liaison form will be sent to the GP and the patient provided with a copy of the discharge form. Where appropriate, the care of that patient will then be transferred to primary care.

3.2 Community Mental Health Team

At times prescribers in CMHTs may need to prescribe depot medication. This should be done following the prescribing procedures listed in the ELFT medicines policy.

3.3 Transcribing Medicines

If a prescription needs to be rewritten on a new chart this must be done by a doctor or an NMP (Non Medical Prescriber). Pharmacists or nurses must not transcribe medicines.

3.4 Verbal Orders

a) A verbal order is the instruction by a doctor to prescribe a drug (that will subsequently be administered) in an emergency.

b) **Verbal orders should not be routinely given to nurses and should only be given to a pharmacist.** A record of the verbal order should be made on the prescription chart and this should be endorsed with the pharmacist's signature, the word 'pharmacist' in brackets, the date and the name of the doctor contacted.

c) **Verbal orders cannot be given for CDs.**

d) In an extreme emergency, a medicine may be administered by a nurse in accordance with specific instructions and under the direct supervision of the prescribing doctor. Verbal orders taken by qualified nurses are subject to the following:

- For **oral** medication only, but **not** for controlled drugs.
- The message must be taken by **two** registered nurses and repeated back to the doctor. Where possible, a facsimile should be sent by the doctor to ensure the accuracy of the verbal message.
- The doctor must state the following
 - f* Name of the drug
 - f* Dose to be administered
 - f* Maximum dose in 24 hours if 'prn'
 - f* Route of administration
 - f* Timing and frequency of administration
 - f* Reason for medication

e) The registered nurse taking the message must inform the doctor of all other current medication prescribed for the patient in question, any drug-related allergies, sensitivities or adverse reactions as detailed on the prescription chart or in the clinical notes.

f) **Verbal order form** See appendix 1. This form **must** be completed by one of the nurses taking the verbal order and checked and countersigned by the second nurse. Once completed it should be stapled to the prescription chart so that it does not obscure other prescriptions. ***Failure to complete this form will result in a medication administration error. The verbal order form is only valid for 24 hours.***

g) The verbal order should also be recorded as a prescription on the medication chart with the addition 'verbal order' and the date, time and two signatures of the nurses and name of doctor giving the verbal order. **A doctor must countersign this prescription within 24 hours.**

h) **Documentation:** An immediate record of the following should be made in the nursing notes:

- That a verbal order was taken
- Name of doctor giving verbal order
- The date and time
- Signatures of the registered nurses taking the verbal order

Failure to document may result in an administration error.

i) The registered nurse administering the medicine(s) in accordance with the verbal order must be satisfied that the medicine(s) are appropriate. She/he must not accept responsibility and administer the medication if they are not clear about the verbal order.

NB Verbal orders taken by nurses must only be done so in extreme circumstances and in an **emergency** situation.

4 Dispensing

4.1 Definition

- a) This is the supply of medicines by pharmacy in the form of:
- Stock
 - Non-stock
 - TTAs (To Take Away)
 - Out-patient prescriptions
 - Dosette boxes (and other compliance aids)
- b) Dispensing is done by the pharmacy department but in emergency situations a doctor may dispense from stock into suitably labelled containers. See Trust Medicines Policy “supply of medicines out of hours”. In addition when dose changes are made after a TTA is supplied the doctor can dispense the new dose on site if necessary during pharmacy working hours provided this medication is in stock.

4.2 Home Treatment, Assertive Outreach and Crisis Resolution teams

- a) Medicines are either supplied from stock held at the team base or through TTAs dispensed by pharmacy.
- b) If medicines are to be supplied from stock, the whole container must be taken to the patient’s home; strips of tablets must not be removed from stock containers.
- c) If medicines are to be dispensed by staff members, the “Policy for nurse dispensing” must be followed.
- d) Once the patient’s medication regime has stabilised, TTAs can be ordered from pharmacy and left with the patient.
- e) Medicines must not be left with patients unless they have been dispensed properly, are in suitable containers that are labelled correctly (see Policy for Nurse Dispensing).

Community Mental Health Teams

For most patients, medicines are prescribed on FP10s by General Practitioners and dispensed by community pharmacies.

5 Administration of medicines

5.1 General principles

	From Stock	From Patients Own Drugs (refer to ELFT Patient's Own Drugs Policy)
a.	The prescription is clearly written in indelible ink which is signed and Dated by the doctor.	The medicine(s) is clearly labelled and has clear instructions on how And when to administer.
b.	The prescription chart must give accurate patient identification and the practitioner must be certain of the identity of the patient to whom the medication is being administered	The label on the medicine clearly shows the patients name to whom the medication is being administered and the practitioner must be certain of the identity of the patient.
c.	Check the expiry date on the container of any medicine	Check the expiry date (if available) on the container of medicine
d.	Check that blister strips inside containers correspond with the medicine and dose prescribed.	Check that blister strips inside containers correspond with the medicine and dose prescribed

5.2 Clinical checks

For the safe administration of medicines, the following steps should be taken:

- (a) Check that the prescription or label is clearly written with indelible ink and unambiguous. Check that the prescription is signed and dated by the prescribing doctor.
- (b) The prescription sheet must give accurate patient identification and the practitioner must be certain of the identity of the patient to whom the medication is being administered.
- (c) Make careful selection of medication to be administered. Check container for correct name or patient, drug name, strength and expiry date.
- (d) Carefully consider the dosage, method of administration, route and timing of administration in the context of the condition of the specific patient at that time.
- (e) Any nurse faced with a prescription which does not satisfy the above criteria should not administer medication and refer to the prescribing doctor or pharmacist.

- (f) Carefully consider whether any of the prescribed medicines will or may dangerously interact. Contact the prescriber without delay where contra-indications to the prescribed medication are discovered, the patient has developed a reaction to medication or where the assessment of the patient indicates that the medicine is no longer suitable.
- (g) Determine whether it is necessary to withhold medication pending consultation with the prescribing doctor and/or pharmacist.
- (h) Make clear, accurate and immediate record of all medicines administered, deliberately withheld or refused by the patient ensuring any written entries and signature is clear and legible.
- (i) Where supervising a student nurse in the administration of medication, the registered nurse should clearly countersign the signature of the student.
- (j) For administration procedures when giving intramuscular injections please refer to the Depot Medication Policy.

5.3 Nurses administering medicines

The Trust Medicines policy states that medicines must only be administered by first level nurses or doctors. NMC guidance states that,

“The administration of medicines is an important aspect of the professional practice of persons whose names are on the Council’s register. It is not solely a mechanistic task to be performed in strict compliance with the written prescription of the medical practitioner. It requires thought and the exercise of professional judgement and application of your knowledge and skill in a given situation.”(NMC 2002)

Please refer to the Trust Medicines Policy which outlines in detail the steps to be followed before and during the administration of medicines.

- (a) A registered Mental Health Nurse (first level nurse) may administer medication provided that he/she is confident in doing so and that he/she is accountable for their actions.
- (b) A nurse can only administer medication in accordance with a prescription which has been written and signed by a registered medical practitioner.
- (c) Agency nurses may administer medicines as long as the team leader or ward manager feels they are competent to do so. Agency nurses are registered practitioners and are accountable for their actions.

5.4 Non-nursing staff and the administration of medicines

- (a) Non-nursing staff must not directly administer medicines. (That is, to select a medicine from stock or from patients' own drugs and hand over to the patient to take).
- (b) Non-nursing staff may supervise a client self-administering medicines.
- (c) Non-nursing staff may prompt a client to take their medicines.

5.5 Home treatment teams

- (a) If the administration of medicines is not to be supervised by a team worker, the individual prescription will identify this.
- (b) If a non-nursing staff member has supervised the administration of medicines, that worker is responsible for documenting the administration chart with the appropriate code.
- (c) If the administration of medication is not supervised by a trust employee, the paper chart is to be documented for example with "TTA".
For teams using EPMA, If the administration of medication is not supervised by a trust employee, the EPMA 'note' function should be used in accordance with section 7 of the HTT EPMA guide.
- (d) Prescription charts need to be taken to all home visits where medication is administered to ensure that there is immediate documentation of administration on the prescription chart and reduce risk of administration errors.

6 Self-administration of medicines

Please refer to the Trust Medicines Policy for the self-administration of medicines.

- (a) Self-administration of medicines and the supervision of self-administration by carers should be encouraged and supported where appropriate.
- (b) The suitability for a patient to self-administer should be discussed by the multi-disciplinary team and decisions documented in the medical and nursing notes.
- (c) It is important when delegating the responsibility for self-administration or the supervision of self-administration, every effort is made to ensure that the patient or carer is competent to carry out the task. Their competence should be reviewed periodically.
- (d) Non-nursing staff may supervise or prompt clients in the self-administration of medicines.

6.1 The supervision of self-administration of medicines by Home Treatment, Assertive Outreach and Crisis Resolution Teams

The Home Treatment Team and Assertive Outreach Team will decide locally whether an individual is able to provide this role. This information will be attached to the prescription chart.

- (a) Medication taken by a patient will be the patients' own TTAs.
- (b) Medication can be left with an agreed person for them to supervise self-administration.

6.2 Responsibilities of the Multidisciplinary Team in the self-administration process

- (a) The overall responsibility for establishing and maintaining a system for the secure prescription and issuing of medication is that of the team leader in consultation with medical staff and the senior pharmacist. If the team leader is not a nurse then the responsibility lies with the senior nurse in the team. In the absence of the team leader or senior nurse, the individual nursing staff will assume the responsibility.
- (b) The pharmacy department has professional responsibility for ensuring that medication is correctly dispensed.
- (c) The person issuing medication or supervising the self-administration of medication by the patient is responsible for confirming the correct identification of the patient.
- (d) The name and date on the label(s) must be checked to be correct so as to ensure that the most recent and appropriate supply is being issued.
- (e) Non-nursing staff issuing or supervising self-administration of medication is acting as the patient's representative and is expected to check the medication with the patient.

6.3 Checking medication with the patient

The member of staff issuing the medication should ensure that the client and their carer understand the following:

- The name, dose and route of administration of the medication
- The purpose of the medication
- The duration of treatment
- Action to be taken in the event of a missed dose
- Instructions on the storage of the medication
- Advice on possible adverse reactions, side effects and interactions and what to do if they occur.

It is the responsibility of the prescriber and care co-ordinator to have provided the client with this information when initiating treatment.

If the patient does not understand or has concerns regarding any of these points, then the prescriber, a nurse from the team or the pharmacist should be contacted for advice.

- (a) If there are any concerns regarding side effects, compliance and the patient's mental state then an appropriate clinical member of staff must be contacted for advice.
- (b) The person issuing the medication or supervising the self-administration of medication should check that the patient can read the label, open the container and measure the dose required. If they cannot, this should be discussed among the MDT and pharmacy and alternative arrangements should be made.
- (c) Medication should not be re-dispensed into other containers (including compliance aids) by any staff other than pharmacy.
- (d) If an interval has lapsed when medication has not been collected or the patient has missed a dose and has been without medication during this time, clinical advice from the prescriber or pharmacist must be sought as to whether it is appropriate to issue or take the medication.

6.4 Assisting with self-administration

It is recognised that some patients may need assistance to self-administer medication. Non-nursing staff may only assist the patient to take medication, **not** administer it to them.

- Such assistance may require staff to remove any tablets from its container, and offer a glass of water to help swallow. However, the patient themselves must select the container from which the dose of medication is taken.
- With liquid medication, it may require staff to help the patient pour medication into a spoon and then help the patient in raising the spoon to their mouth. However, the respective bottle of medicine must be selected by the patient themselves.
- The patient must be fully active in administering their own medication.
- Staff documentation should indicate that they **assisted** the patient to self-administer and **did not** directly administer.

7 Documentation

7.1 Documentation of administration

- (a) It is current practice in ELFT for Outreach Services such as Home Treatment Teams, Assertive Outreach and Crisis Resolution Teams to use paper medication charts or EPMA. The medication chart **must** be taken to the patient's home with the medication to be double-checked before administration, supervision of administration or issuing of medication. Staff must document their intervention immediately.
- (b) The prescription chart must be signed immediately to confirm that medication has been administered. **Failure to do so may result in an administration error.**
- (c) If medication is not administered, the prescription chart must be endorsed appropriately (see instructions on prescription chart or the HTT EPMA user guide and the reason why the medicine was omitted documented (using appropriate coding or wording) on the prescription chart. **Failure to do this may result in an administration error.**
- (d) A record of medication issued to a patient should be made according to local record keeping policy. Staff must make an entry in the patient's notes when medication is issued and a note of when a further supply of medication is required.
- (e) Where advice from an appropriate member of clinical staff was given and acted upon, the details must be documented in the patient notes, including the name and profession of the person contacted.

7.2 Documentation of supervised administration

- (a) Where supervising a student nurse or nurse on preceptorship in the administration of medication, the registered nurse should clearly countersign the signature of the student.

7.3 Documentation of self-administration

- (a) Where a member of staff has supervised the self-administration of medication by the patient, documentation on the prescription chart must indicate that administration of medication was **supervised only**. This must also be documented in patient notes.
- (b) Where self-administration of medication is being supervised by a carer or Care Workers, Mental Health staff should offer training and guidance. Care Workers should be made aware of basic information

regarding medication and what to do and who to contact if a dose has been missed, a discrepancy is found or the patient has concerns about side effects.

Mental health staff should review this arrangement and the competence of carers or Care Workers to carry out the task, regularly.

7.3 Suggested Codes For Documentation on paper charts

Below are examples of codes that could be used to document that a patient has taken their medicine. Codes should be agreed locally.

Action	Documentation
Direct administration by nursing staff	Nurse's signature
Omissions	As per code started on chart
Student nurse administration	Signature of student nurse countersigned by supervising nurse.
Self-administration	"SA" then staff members signature
Patient has TTAs and self administering at home unobserved	"TTA".

7.4 For documentation codes on EPMA/JAC refer to section 7 of the HTT EPMA user guide

8 Issuing or supplying medicines

Medicines that have been dispensed by pharmacy in suitable container and correctly and clearly labelled can be given to a patient by any member of a community team. However, if for some reason a staff member does not feel comfortable in doing this they should make this known to the team leader.

8.1 Responsibilities

- (a) Medication must only be issued against a valid ELFT prescription.
- (b) The person issuing the medication to the client is responsible for confirming the correct identification of the client, and that the medication being issued is for that client and it is appropriate for the medication to be issued at that time.
- (c) **NB check dates on labels of dispensed medicines correlates to current prescription.**
- (d) The person issuing the medication is acting as the client's agent and is expected to check the medication with the client. Any errors or

discrepancies with the medication MUST be brought to the attention of the pharmacy manager, team leader and prescriber as appropriate, and a datix completed. The medication or dispensing label should not be tampered with in any way.

8.2 Accountability

- (a) The pharmacy department has professional responsibility for ensuring that medication is correctly dispensed, and is therefore accountable for any errors.
- (b) The overall responsibility for establishing and maintaining a system for the secure prescription and issuing of medicines is that of the team leader, in consultation with the senior pharmacist and appropriate medical staff. If the team leader is not a nurse then the responsibility lies with the senior nurse in the team. In the absence of the team leader or senior nurse, the individual community mental health nursing staff bears the responsibility.
- (c) It is the responsibility of the non-nursing staff to work in accordance with this policy. An individual may be held accountable for untoward incidents that occur as a result of that individual not working in line with this policy or any other Trust policy.

8.3 Procedure

- (a) The identity of the client must always be confirmed before they can be issued with medication. A member of staff who cannot identify an individual client must seek confirmation from a source other than the client.
- (b) There must be a valid ELFT prescription for the medication.
- (c) The timing of issuing the medication should be in line with the instructions on the prescription. The client should not be given more than one instalment at a time or at intervals less than those directed on the prescription, unless otherwise agreed by the prescriber or team leader or senior nurse.
- (d) If an interval has lapsed when medication has not been collected and the client has been without medication during this time then clinical advice from the prescriber or pharmacist must be sought as to whether it is appropriate to issue the medication.
- (e) The correct medication should be selected from the drug cupboard at the team base / collected from pharmacy.
- (f) The name on the label(s) must be checked to be correct and the date so as to ensure that the most recent supply is being issued.
- (g) Non-nursing staff issuing medication are acting as the client's representative and are expected to check the medication with the client.
- (h) If there are any discrepancies with the dispensed medication or if information on the label is unclear then a clinical member of staff must be contacted for advice (see below for further details).

- (i) If there are any clinical concerns regarding side effects, compliance and the client's mental state then a clinical member of staff must be contacted for advice (see below for further details).
- (j) The person issuing the medication should check that the client can read the label, open the container and measure the dose required. If they cannot, alternative arrangements should be made with the pharmacy department e.g. non child proof tops, compliance aids etc.
- (k) Medication should not be re-dispensed into other containers (including compliance aids e.g. nomads, dosette boxes) by any staff other than pharmacy.

8.4 Checking medication with the client

- (a) The member of staff issuing the medication should ensure that the client and their carer understand the following:
 - The name, dose and route of administration of the medication.
 - The purpose of the medication
 - The duration of treatment
 - Action to be taken in the event of a missed dose
 - Instructions on the storage of the medication
 - Advice on possible adverse reactions, side effects and interactions and what to do if they occur
- (b) It is the responsibility of the prescriber to have provided the client with this information when initiating treatment. If the client does not understand or has concerns regarding any of these points then the prescriber, a nurse from the team or a pharmacist should be contacted for advice.
- (c) Understanding and awareness can also be enhanced through the provision of advice leaflets which are available at the team base and from the pharmacy department.

9 Storing Medicines

- a) Each area should nominate a lead staff member to be responsible for the clinic area or place where medication is stored. The staff should be aware of stock and the procedure for ordering additional supplies.
- b) All medicines must be stored in a locked medicines cupboard approved for this purpose or a locked medicines trolley attached to a wall (which may be removed from its fixings during medicine rounds).
- c) Medicines suitable for storage at room temperature must be stored at or below 25 degree centigrade.
- d) Some medicines need to be stored in a refrigerator between 2-8 degree celsius. Refrigerators used for the storage of medicines must be locked.
- e) **Medicine keys:** The medicine keys should be held by the staff member in charge on their person. All medicine cupboard keys must be kept together, but separate from other team base keys. The keys should never leave the team base or be left unattended. Medicines for external use must be stored separately from internal liquids, tablets and injections.
- f) **Controlled Drugs (CDs)** must be stored in a locked medicines cupboard reserved for CDs only.

10 Risk Management

10.1 Missed doses

- (a) Non-nursing members of staff must seek the advice of the team leader/senior nurse and the prescribing doctor if an interval has lapsed when medication has not been issued and the patient is without medication during this time or if it is found or reported that the patient has missed a dose of medication.
- (b) It is the responsibility of the prescribing doctor, the pharmacist and the care co-ordinator to discuss the advantages and disadvantages of taking medication, to explain the possible side effects and give clear instructions as to how medication should be taken. Information should also be given to the patient and their carer as to what should be done if a dose is missed. Staff should reinforce this information as part of the ongoing assessment process.

10.2 Medication Errors

Definition of a medication error:

- (a) The wrong drug being prescribed, dispensed, administered or delivered to the patient.
- (b) Medication that has been prescribed, dispensed, administered or delivered to the wrong patient.
- (c) An incorrect dose that has been prescribed, dispensed, administered or delivered to the patient.
- (d) Medication that has been taken at the wrong frequency, too frequently or too infrequently.
- (e) Medication that has been taken at the incorrect time of the day or night.
- (f) Medication that has not been prescribed, dispensed, administered or delivered to the patient at all.
- (g) Medication that has been stopped by the prescriber but continues to be dispensed administered or delivered to the patient.
- (h) The prescription, dispensing or administration of a drug to a patient who is known to have had an allergy to the drug or a previous adverse drug reaction.
- (i) Not signing the prescription or administration record immediately after administration to the patient.

10.3 Steps to be taken if a medication error occurs

- (a) Immediately report this to the team leader.
- (b) Deal with the situation as appropriate e.g. in a suspected overdose or life-threatening situation call an ambulance (see section on overdose) if a small deficit then a verbal explanation on the purpose, nature and frequency of administration may be all that is required.
- (c) Inform other involved professionals e.g. community or district nurse, GP, prescribing doctor and pharmacist.
- (d) Inform the patient and their next of kin, main carer (may need to refer to the Crisis and Contingency Plan for this.)
- (e) Document all errors/suspected errors clearly in the patient/client records. Complete incident/accident/critical incident forms as appropriate.

10.4 Dispensing errors

- (a) Any error or discrepancy that is noticed in the dispensed medication must be reported to the team leader and senior pharmacist who will decide the appropriate action to take.
- (b) If there is an error the medication **MUST NOT** be given to the patient or taken by the patient. It should be returned to pharmacy as found and a correctly dispensed replacement will be supplied.
- (c) If an incorrectly dispensed medication has already been issued to the patient the outcome may be potentially very serious. In the event of such an error being identified the team leader / senior nurse must be contacted and they should take appropriate action in accordance with the Trust policy.

Dispensing errors may be in the form of:

- Incorrect name of patient on label
- Incorrect name of drug on label
- Incorrect strength of drug on label
- Incorrect form on label
- Incorrect quantity on label
- Incorrect directions for use on label
- Incorrect drug dispensed
- Incorrect dose dispensed
- Incorrect form of drug dispensed
- Incorrect quality dispensed

10.5 Suspected side effects

- (a) If a client appears to be suffering from side effects or an adverse drug reaction to a medication then the community practitioner should refer them to the initial prescriber or pharmacist.
- (b) If the reaction is severe then urgent medical advice should be sought immediately, using an emergency ambulance if necessary.
- (c) All medicines, including any “over-the-counter” medicines from a pharmacy, purchased items from a pharmacy, health/herbal shop or supermarket should also be sent with the client to Accident and Emergency.
- (d) If a client is concerned about side effects then the non-nursing community practitioner can show or read the appropriate sections of the leaflet from the dispensed pack of tablets or from the **Patient Information Leaflets (PIL)**.

- (e) The client should also be encouraged to discuss their concerns with the prescriber, GP, or pharmacist.
- (f) Allergies and Adverse Drug Reactions **must** be recorded on medicine charts and in the clients' notes. Adverse drug reactions should be reported to the Committee on Safety of Medicines using the yellow card system. These are available at the back of BNFs and can be completed by nurses, doctors and pharmacists.
- (g) If there are no known allergies or adverse drug reactions then this should also be stated on the medicine chart and in the notes.

10.6 Suspected overdose

An overdose is, as the name suggests, taking too much medication or too many tablets, whether prescribed or not and whether they have been taken intentionally or not.

(a) Possible indications of overdose:

- Supply of medication running out before next supply is due.
- Physical symptoms as listed under side effects.
- Unconsciousness.
- Previous known history of overdose

(b) What to do if an overdose is suspected.

If an overdose has been or is suspected of having been taken then the community practitioner should:

- Ask the client what they have taken, dose, time etc if client is able to respond.
- Arrange for an immediate medical assessment.
- Call an ambulance if medical assessment is not feasible or if suspected overdose is serious.
- Perform first aid as appropriate e.g. put client in recovery position, maintain airway etc.
- Send any information available about the drug, dose etc, empty bottles, prescription lists and so on with the client to Accident and Emergency.
- Inform the clients GP and any other involved workers as appropriate.
- Inform next of kin.

- Make a record of the incident and action taken in the clients' notes. Complete incident/accident forms as necessary.
- Participate in any care planning or investigations as appropriate following the overdose or suspected overdose
 - Any previously known overdoses, whether purposeful or accidental, should be recorded clearly in the clients care plan and in their notes, and duration of supply should take this into account. For example weekly prescribing may be appropriate.

10.7 Reducing the risk of overdose

- (a) In order to reduce/avoid the risk of overdose large amounts of medication should not be stored in a client's home.
- (b) If a community practitioner believes that there is such a risk it would be appropriate for such medication to be removed from the clients home and either returned to a pharmacy for destruction or returned to an appropriate storage facility e.g. medicine cabinet in a community team, and then delivered to the client at a future date as necessary.

This should clearly be stated in the care plan.

- (c) Medication is the clients' property and should ideally only be removed with the clients' consent and preferably a signed statement to this effect. If a client refuses to hand over medication then the GP, other appropriate doctor, pharmacist or qualified professional e.g. community mental health nurse or district nurse should be informed.
- (d) If there is a community mental health nurse available then they can be requested to intervene and remove the medication.
- (e) Transport of medication guidelines should be followed when removing drugs where there is a risk of overdose.

11 Transport and delivery of medicines

Drugs are only to be transported by any community practitioner for the specific purpose of:

- Administration to the patient/client, by a nurse or doctor.
- Delivery to the patient by any member of the community team.

- Return to pharmacy e.g. out of date/amended prescription or non-delivered medicines
- (a) The medication must have been dispensed by the pharmacy department (or local pharmacy if prescribed by GP) as a To Take Away (TTA) or outpatient medication and clearly labelled with instructions on how the individual patient/client should take or use the medication.
- (b) Discussion should take place between the prescriber, patient, carer and non-nursing staff before non-nursing staff are requested to transport/deliver medication.
- (c) Non-nursing staff should only deliver medication where the patient has had an opportunity to discuss the advantages and disadvantages of taking medication with the prescribing doctor, or qualified nurse, and has had the potential side-effects explained to him or her. Such a discussion should be fully recorded in the multi-disciplinary notes.
- (d) A home carer may not have access to multi-disciplinary notes; in this case the care manager should inform the home carer of the intended plan.
- (e) If the patient has a cognitive deficit then this discussion should have taken place with the patient nearest relative, main care provider or other designated person who will be responsible for ensuring that medication will be used correctly and for monitoring for any potential side effects.
- (f) On collecting the medication for delivery to the patient the community practitioner should check the dispensed drugs against the prescription. The dose, frequency, name and address of the patient/client should be clarified.
- (g) The community practitioner must confirm the identity of the patient or carer before handing over any medication. If the community practitioner cannot identify the patient/client or carer, they must seek confirmation from another source other than the client.
- (h) The patient should not be given more than one instalment of medication at a time or at intervals other than that which is directed, unless otherwise agreed by the prescribing doctor or other involved professional. This may be appropriate when a patient is going away on holiday etc.
- (i) The overwhelming majority of medicines in common use are sufficiently stable to be stored at room temperature however some drugs are temperature or light-sensitive and will degrade if stored or transported at too high a temperature or if exposed to direct sunlight. Some may

also be sensitive to moisture in the atmosphere and the efficacy of the medicine may be affected. Check storage requirements for medicines.

- (j) Medicines and pharmacy bags or boxes should be kept out of sight during transportation, preferably in another bag. If drugs are being transported by car then they should be in a locked compartment e.g. the boot of the vehicle, or out of sight within the car.
- (k) If the medicine is temperature, moisture or light sensitive this needs to be taken into account.

If the medicine is temperature sensitive then it should be transported in an insulated pharmacy bag or box.

If moisture sensitive then it should be in a blister pack anyway and being light sensitive should not be an issue as it should be in a pharmacy bag or box.

- (l) Once medicines are delivered to their destination they should then be stored in an appropriate, designated area of the patients home e.g. fridge if temperature sensitive, a locked or high cupboard if there are vulnerable others in the home who may be at risk of taking the medicines inappropriately e.g. children or adults with cognitive deficits.
If a team member is transporting medication for any reason, they must have trust identification.

12 Disposal and returning of Medicines

The safe disposal of medicines that are out-of-date or discontinued protects individual patients by preventing accidental administration.

- (a) Medicines found in the patient's home are the patient's own property and patients must give their permission for disposal, preferably with a signed statement from the patient/client or their carer to that effect.

If the patient refuses to do this and the community practitioner believes that there is a risk e.g. risks of overdose, or using medication no longer prescribed, then the patient's GP, other appropriate doctor or pharmacist should be informed of the situation as soon as possible.

This needs to be documented clearly in the patient's notes.

- (b) If a patient is at risk of overdosing, staff must use their professional judgement in deciding whether it is appropriate to remove medication. This should ideally be a decision of the multi-disciplinary team.
- (c) Staff should encourage clients to make use of local pharmacies for disposal of medication.

- (d) Medicines should never be discarded in rubbish bins.
- (e) Non-pharmaceutical waste e.g. sharps; empty bottles should not be returned to pharmacy. Nurses should be aware of local procedures for disposal of sharps or collection of sharps bins.
- (f) When medication has been handed to the community practitioner for removal, it should again be transported in a locked pharmacy bag or box, kept out of sight, in a locked compartment e.g. boot if being transported by car, or out of sight within the car, and taken to a pharmacy for disposal within 72 hours.

13 Staff training

Staff should be offered training to improve their understanding of medication, their use and possible side effects, in order to build competence and confidence when dealing with medication issues.

However, they should **always** have access to clinical staff who will advise or act on any concerns that may be raised.

- (a) Members of nursing staff responsible for administration of medication should be identified as such and it is expected that they are trained for this role. They are professionally accountable for their practice which must be in accordance with Trust policy.
- (b) Non-nursing Community Mental Health Workers should have basic introductory training in the use of medicines and identification of side effects as part of the assessment of competence to carry out the task of issuing medication or supervising self-administration by the patient.
- (c) 13.2.3 The e-learning package around the “Safe Administration of Medicines” includes a management system for evidence. An electronic record of all staff that have completed the package is available to all managers.

Appendix 1

Verbal Order form

This message for is valid for **24 hours only**, except if the message is timed between 5pm on Friday and 5pm on Sunday when this period is extended to 72 hours. After this, the prescription **must** be signed by the prescriber.

Date:		Time		Ward/Unit:	
Patients Name:					
Patients DOB:		Hospital:			
Allergies, adverse reactions or special circumstances:					
Message from: (please print name)					
Message taken by:					
	(please print name)		(signature)		
Witnessed by:					
	(please print name)		(signature)		
Drug:					
Indication:					
Dose & Directions:					
Other information:					

Attach this form permanently to the drug chart, enter details on the appropriate section of the chart and record dose given in the usual way. A record must also be made in the nursing documentation.

Entered on chart by:

(please print name)

(signature)