Nil by Mouth

Service users classified 'Nil by Mouth', prior to a diagnostic procedure or receiving an anesthetic (e.g. ECT), must have:

✓ all their prescribed oral medicines administered to them at the prescribed time unless specifically advised otherwise by medical or pharmacy staff.

✓ sufficient water to enable them to be swallowed.

✓ Only medicines that have been clearly marked as such on the patient's electronic prescription may be omitted.

It is the responsibility of the prescriber to provide clear written instructions to the nursing staff concerning the intended omission of prescribed doses.

Checking of Administration

✓ It is good practice that, wherever possible, all medicines be prepared and administered in the presence of another practitioner. However, this is not required under this policy.

✓ Where practitioners decide to undertake medicines administration with a second practitioner, they should undertake all administration tasks together rather than the two practitioners separately sharing between them, the tasks involved in administration.

Except in extreme emergency, the following must be checked by **TWO** qualified practitioners

✓ All medicines given by continuous administration, There should be a record of the individual practitioner setting up and replenishing each intravenous infusion.

✓ All bolus injections, IV additives and injections via drip tubing.

✓ All injections taken from multi-dose vials. When a service user has proven competent to self-administer the medicine (e.g. insulin) the checking of administration need only involve one practitioner.

✓ All medicines administered to a child under 12 years of age.

Health Care Workers may be authorized by the Trust to check and witness the self- administration of medicines following patient specific assessment and training and assessment of the Health Care Worker by a nurse. The necessary training and assessment process will be provided by the Trust.

FURTHER INFORMATION
C06 - Medicines Code Policy

Birmingham and Solihull Mental Health
NHS Foundation Trust

Administration of Medicines

KEY POLICY FLASHCARD

January 2021

Administration of Medicines

- The Nurse in Charge is responsible for ensuring that prescribed medicines are administered within a reasonable time of the prescribed time.
- Doses may be given earlier or later than the prescribed time where this is appropriate and in the patient's interest. The acceptable time difference will depend on the daily frequency of administration of the drug, the time difference between the prescribed time of administration and the intended time of administration, when the next dose is due and any specific risks that may be identified should doses be given relatively close together.
- Where there is doubt then the administering nurse should contact a doctor or take advice from Pharmacy.
- For long-acting injections, where the timing of administration is less critical, administration can be up to two days either side of the intended date of administration or longer if the product summary of characteristics (SPC) defines a longer time period. The PTC has prepared guidance on the early/late administration of long-acting injections which should be followed.
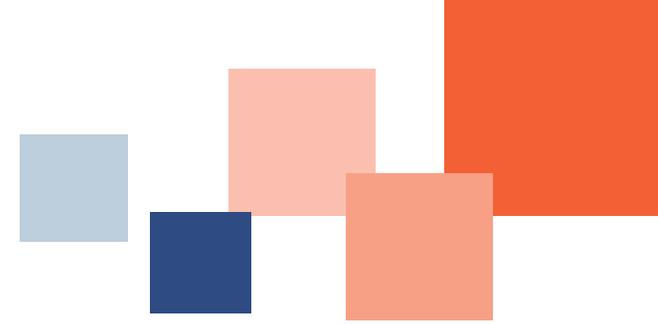
Before Administration

A nurse or professional administering the medicine must:

- Read the electronic prescription record carefully.
- Check authorization of administration (Forms T2, T3, section 62 and CT11/12) if the service user is detained under the Mental Health Act 2007.
- Ascertain from the record of the administration of medicines that the prescribed dose has not already been given.
- Select the medicine required and check the label against the prescription.
- Practitioners administering medicines must assure themselves that the service user has capacity to understand and consent to the administration of the medication unless they are detained under the MHA and subject to a T3 or section 62.
- Practitioners administering medicines must then check and confirm the identity of the service user and administer the medicine. Extreme care is required to ensure that the SU's identity is confirmed by visual recognition and verbal questioning before proceeding to administer the dose.

Remember:

- Medicines dispensed and labelled for an individual service user must be administered only to that service user.
- Practitioners who administer or supervise the administration of the medicine must, at the time of administration, record the administration on the trust EPMA system.
- Multiple medicines must not be dispensed into multiple tots in preparation for administration to more than one service user.
- Service users must be observed to have taken their medicines by the practitioner administering the medicine.

Omitted Medicine:

If a medicine is omitted the following codes must be entered on the medicines administration record on the trust EPMA system:

1. Medicine not available
2. Service user refused
3. Patient on leave
4. Patient not on ward
5. Medicine not required
6. Patient unable to take
7. Patient asleep and it is not necessary to wake them
8. The service user is self-administering
9. Prescription is illegible / incorrect / invalid
10. Administered by mother to baby
- Other - if any of the above do not apply

- If necessary, an explanation must be recorded in the patient's electronic patient record, the only exception to this being when a service user is on leave.
- Failure to record the administration of a medicine or use an omission code constitutes a medication incident and must be reported via the trust untoward incident reporting system.
- If the service user is absent from the ward, or has missed a dose for some other reason, the delayed dose can be administered at a later time provided a medical practitioner or pharmacist has confirmed that it is appropriate to do so or that it is according to an agreed protocol. The actual time of administration must be clearly recorded in the administration record by the nurse or professional administering the medicine.