NHS Grampian

Procedure For The Administration Of Medicines By Registered Healthcare Professionals Working Within NHS Grampian

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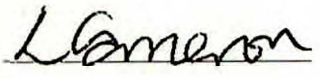
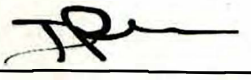
Signature: 		**Signature:** 
Identifier: NHSG/Procedure_ AdminMeds/1656	**Review Date:** May 2028 This procedure will be reviewed in three years or sooner if current treatment recommendations change.	**Date Approved:** May 2025

Policy Statement:
It is the responsibility of all staff to ensure that they are working to the most up to date and relevant guideline, policies, protocols and procedures.

Version 1

Executive Sign-Off

This document has been endorsed by the Medical Director, NHS Grampian

Signature: 

Replaces: NHSG/Procedure_HEPMA/GADTC1390

Document application: NHS Grampian Acute / Primary Care

Revision History:

Revision Date	Summary of Changes (Descriptive summary of the changes made)	Changes Made (Identify page numbers and section heading)
Feb 2025	Merged medicines administration of medicines aspects from NHS Grampian Procedure for Medicines Administration using Hospital Electronic Prescribing and Medicines Administration (HEPMA) System and Equipment and Instructions For NHS Grampian Staff On The Prescribing And Administration Of Medicines Using The NHS Grampian Prescription And Administration Record which has been updated significantly following HEPMA roll out.	
	Statement re: use of pharmacy supplied compliance aids in hospital.	

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1. Introduction

Medicines administration is one of the most common interventions within healthcare. The incorrect administration of a medicine (wrong drug, wrong dose, wrong route or wrong patient) can result in significant harm to the patient.

Following a procedure designed to reduce error minimises the potential for harm, therefore, Registered Healthcare Professionals administering medicines within NHS Grampian should follow the medicines administration process set out below.

There are various prescribing systems used within NHS Grampian e.g. Hospital Electronic Prescription and Medicines Administration (HEPMA) and paper Prescription and Administration Records (PARs) and Healthcare Professionals must refer to specific guidance for the prescribing system being used on how to record the administration of medicines e.g. HEPMA SOPs and the Instructions for NHS Grampian Staff on the Prescribing and Administration of Medicines using NHS Grampian Prescription and Administration Records. Areas using prescribing systems other than HEPMA or the paper PAR (e.g. IntelliSpace Critical Care and Anaesthesia (ICCA) in Intensive Care Unit or ChemoCare in Oncology) must administer medicines as described below and follow local SOPs for recording administration in the appropriate system.

1.1 Objectives

To provide a procedure for NHS Grampian Registered Healthcare Processionals to follow when administering medicines.

1.2 Definitions

Hospital Electronic Prescription and Medicines Administration (HEPMA): the electronic prescribing and medicines administration chart.

Prescription and Administration Record (PAR): a combined prescription and administration record (the paper prescription/medicines administration record).

Prescription Chart: a chart where medicines are prescribed. For the purpose of this document prescription chart refers to a PAR, HEPMA or any other prescribing system in use unless specifically stated.

Community Medicines Administration Record (CMAR): a paper record primarily used by community nursing teams to record the administration of medicines.

Medicine: a generic term which includes medicinal and pharmaceutical products.

Prescriber: person with a prescribing qualification recognised by NHS Grampian.

Suitably Qualified Practitioner: a registered health professional who will be administering medicines or supervising the administration of medicines.

SV40: the model of laptop cart used for HEPMA (see appendix for photo).

1.3 Clinical Situations

This document applies to all medicines administration undertaken by Registered Healthcare Professionals within NHS Grampian.

Prior to administering medication within NHS Grampian, nurses and midwives are required to complete the relevant medicines management training outlined within the Clinical skills education pathways | Turas | Learn.

Registered Healthcare Professionals who work in areas which utilise HEPMA, must complete the required training as indicated on NoS HEPMA.

1.4 Areas To Which This Document Applies

This document applies to all areas within NHS Grampian.

1.5 Staff Groups To Which This Document Does Not Apply

Career Level 3 and 4 Healthcare Support Workers approved to administer medicines. Refer to NHS Grampian Policy and Staff Guidance for the Administration of Medicines By Career Level 3 and 4 Healthcare Support Workers

2. Evidence Base

To ensure patients' safety when receiving medicines in healthcare settings it is essential that Health Boards have clear processes for staff to follow. The Royal Pharmaceutical Society and Royal College of Nursing joint document Professional Guidance on the Administration of Medicines in Healthcare Settings states that there should be "organisational policies and procedures in use for the medicines administration process" and goes on to detail what the procedure should include, the principles of which have been included in this document.

3. Education and Training

Healthcare Professionals should satisfy their professional body's accepted standards of practice and conduct. Senior Staff must ensure that they and all registered members of their team are competent to administer medicines as appropriate to their role and responsibilities. Healthcare Professionals must follow the agreed medicines skills training programme for their profession e.g. NMAHP Medicines Management training outlined within the Clinical skills education pathways | Turas | Learn. Maintenance of competence is the Healthcare Professional's responsibility and she/he must keep up to date with current clinical practice. Healthcare Professionals must acknowledge limits in competence and only undertake activities in which they are competent. It is suggested that continued competence is discussed at annual appraisals.

4. Procedure

4.1 General Guidance

Medicines must be administered by a suitably qualified practitioner in accordance with a:

- Prescription
- Patient Specific Direction (PSD)
- Patient Group Direction (PGD)
- NHS Grampian Approved Protocol

In some wards/departments and for some medicines, e.g. intravenous drugs, **two** suitably qualified practitioners must be involved in checking and administration, see NHS Grampian Policy and Procedures for the Prescribing, Preparation and Administration of Injectable Medicines and Infusions in Near Patient Areas.

In paediatrics, **two** suitably qualified practitioners must be involved in all medicine administration, unless signed up to the 'Single Nurse Administration of Oral, Topical and Inhaled Medication in the Paediatric Setting' register.

For Controlled Drugs the Policy and Procedure for Secondary Care and Community Hospitals in NHS Grampian on the Safe Management of Controlled Drugs must be adhered to.

Effective preparation and planning are key to safe administration. Staff administering medicines should plan the order in which they will administer the medicines that are due taking into consideration patient/clinical factors or the type of medication due e.g. intravenous or time critical medicines. When using the HEPMA system medicines due for administration will appear in the HEPMA administration round screen one hour before the prescribed time and remain visible until they have been charted as given or a non-administration code is entered.

Staff must not interrupt the person carrying out medicine administration for a patient, other than in exceptional circumstances (i.e. wait until they have completed administration for that patient).

The maximum recommended dose of a medicine should not be exceeded. Some medicines may have been prescribed in more than one section of the prescription chart (e.g. regular therapy and as required) therefore checks should be completed of all the relevant sections prior to medicine administration. For instructions on how to view medication history in HEPMA see Administration History for PRN and Regular Medication.

If a patient has been to another department, e.g. theatre, check whether any medicines have been given during that time and consideration should be given as to any impact this may have on subsequent medicines administered that day, to avoid premature administrations or exceeding maximum dose in 24 hours.

Check all aspects of the prescription before commencing medicine administration. If any aspects of the prescription are unclear check with the prescriber. If any aspects are incomplete or illegible the prescriber must complete or rewrite the prescription.

Some medicines require a supplementary prescription chart e.g. Subcutaneous Insulin Prescription and Administration Record (SIPAR), warfarin, gentamicin and vancomycin. When additional charts are in use a placeholder in the main prescription chart is used to indicate this. In HEPMA both HEPMA (placeholder) and the supplementary chart must be completed on administration.

All paper PARs for a patient should be located together to ensure all staff are aware of current medicines in use, this helps prevent missed or delayed doses.

Where medicine(s) are to be given covertly, practitioners must follow the Policy for the Covert Administration of Medication in Adults for Staff Working Within NHS Grampian. If using HEPMA record covert administration as a patient note in HEPMA, see Order and Patient Notes for instructions.

In areas where self-administration of medicine has been implemented staff must follow the NHS Grampian Policy for Self-Administration of Medicines (SAM) in Hospital and local SOP for Self Administration of Medicine. See Self Administration for instructions on how to record in HEPMA.
If the potential for an omitted dose is identified staff should follow the advice in the Prevention of Omitted Doses Poster. For further details see the NHS Grampian Management of Omitted or Delayed Medicines Policy.

It is important to note any instructions which have been entered in the 'Additional Instructions' section of the prescription in the PAR or as a note in HEPMA.

Medicines should be administered only for the indication identified.

4.2 Administration of Medicines Process

Once the process of administration has started, it is important to complete all administrations for that patient and complete all documentation immediately and without interruption.

Each medicine due should be administered by following these steps:

Right Patient

Identify the patient by:

- Asking the patient to state their full name and date of birth, where possible.
- Checking their identification name band:
  - Check that the patient's full name, date of birth and CHI on their identification name band corresponds with their details on the prescription chart.
  - Extreme care must be exercised with highly dependent patients and in locations where there is an agreed policy not to use identification name bands.

- Where the identification name band is not used, the patient's identity must be confirmed by another appropriate means as per local procedure.

Non-identification or mis-identification of patients is a common source of medicine errors

Right Drug

Check for known medicine allergies and sensitivities on the prescription chart, if the patient has no allergies or sensitivities the section should state 'NKDA' (No Known Drug Allergies).

In HEPMA, allergies and sensitivities are recorded separately. A red alert banner appears at the start of every session to inform the qualified practitioner of any known allergies and sensitivities. **Only allergies will remain shown on the screen, therefore the qualified practitioner must ensure they have checked for sensitivities,** see Allergies and Sensitivities.

Where there is a known allergy or sensitivity to a medicine that has been prescribed, check that an appropriate decision has been made by the prescriber.

Before selecting the medicines required, it is essential to ask the patient if they are willing and able to take the medicines at that time. If the patient refuses or is unable to take a medicine, follow the guidance in the Prevention of Omitted Doses Poster and record the appropriate non-administration code.

Check the medicine container (e.g. medicine bottle or strip of tablets) and the outer packaging against the prescription for the following and ensuring there is no uncertainty about the identity or quality of the medicine:

- Medicine name
- Form (appropriate for route), special care should be taken to ensure that the correct formulation is selected, e.g. modified release preparations.
- Strength (appropriate for dose)
- Expiry date

If the patient's own medicines are to be administered confirm:

- The patient's name on the label is correct
- The identity of the medicine is clear (e.g. name and strength of medicine)
- Medication is in its original packaging (i.e. tablets are in their original carton)
- Expiry date is clear and opened liquids are within individual expiry (e.g. within up to 3 months from opening).

Community Pharmacy or Hospital Pharmacy supplied compliance aids may be used for hospital in-patients on a short term basis until medicines can be obtained from

pharmacy, provided they are labelled with the patient's name, each individual medicine it contains (including dose, route and frequency) and the date the compliance aid was issued, which must be within 4 weeks of use. If there are any ambiguities in labelling or staff are unable to identify a medicine and/or the dose of the medicine the compliance aid must not be used.

If there are any discrepancies do not use the patient's own medicine and discuss with pharmacy.

Right Dose

Ensure that the strength of the medicine is appropriate for the dose prescribed and work out the correct number of tablets or volume of liquid for the dose of medicine due.

Where a maximum dose has been prescribed, check that this dose will not exceed the maximum in the previous 24 hour period by checking all other prescriptions and charts e.g. once only prescriptions or anaesthetic record.

Where a choice of dose is prescribed, the lower dose should usually be selected first and the effects evaluated before increasing to the higher dose. Staff who do not feel competent to make this decision should discuss this with a senior colleague within the clinical area.

Right Route

Check that the patient is able to take the medicine by the prescribed route e.g. orally or has the appropriate medical device in place to ensure the correct route is used e.g. intravenous cannula or nasogastric tube. If not, the suitably qualified practitioner is responsible for escalating this to the prescriber to ensure there are no missed doses. If the dose is to be administered orally ensure the patient's preferred drink/food is available for them to swallow the medicine (e.g. water, yoghurt, etc.).

Where a choice of route has been prescribed, the route used should be recorded as appropriate in the administration record.

Right Time

Check the time and that the dose is due, refer to the Prevention of Omitted Doses Poster for guidance on critical medicines.

Check that the dose has not already been administered. In HEPMA follow Administration History for PRN and Regular Medication.

Check for medicines to be given less than once daily, e.g. weekly.

For "regular" medicines most can be administered up to 1 hour before or 1 hour after the prescribed time. The reason for early or late administration should be documented in the nursing record. Staff who do not feel competent administering

medicines outwith the prescribed times should discuss this with a senior colleague within the clinical area.

For “as required” medicines care must be taken to ensure that the dose is being administered according to the correct frequency e.g. 4 hourly.

Delays:

- A delay in administering a ‘Once Only Prescriptions’ medicine may be unavoidable and when this happens, if the nurse considers the prescription still to be appropriate, the actual time that the medicine is given should be recorded. In all other cases, the prescription must be re-written.
- Any medicine prescribed in the ‘Once Only Prescriptions’ section which cannot be administered, must be discussed with the prescriber who should cancel and write a new prescription as appropriate.

Once the 5 rights of medicines administration has been checked place the required dose of medication in an appropriate container for the patient to take the medicine. Witness the patient taking the medication and record administration in the relevant prescription chart/medicines administration record (see HEPMA SOPs or Instructions for NHS Grampian Staff on the Prescribing and Administration of Medicines using NHS Grampian Prescription and Administration Records as appropriate).

5. HEPMA Specific Information

5.1 Routine Medicines Administration Round

Patient’s Own Drugs and stock medication currently prescribed for the patient will be stored in the Patient’s Own Drug (POD) locker* and commonly used “as required” medicines will be stored in the drug cupboards in the drug storage room as per NHS Grampian Storage of Medicines Within Clinical Areas Policy.

1. Qualified practitioner obtains SV40 (see image in appendix) for use and secures “as required” medicines in the large locked drawer of the SV40.

2. Qualified practitioner takes SV40 to patient bed side and accesses HEPMA administration round to checks all patient details and information are complete.

3. Follow Administration of Medicines Process (section 3.2) above.

4. Return medicines to individual POD locker and/or the locked drawer of SV40 as appropriate.

5. Move to next patient and repeat process. For cleaning instructions follow NHS Grampian Infection Prevention and Control (IPC) and specific guidance; HP PCs - How to Clean Your Computer and SV40 Cleaning Instructions.

6. Following administration of medication for the last patient, return “as required” medicines to locked cupboard in drug storage room.

7. Leave SV40 in a safe place, available for next task.

8. It is best practice would be to restock/order PODs and medicines after each regular medicines administration round.

*NOTE: If staff choose to utilise a different process for the SV40 or do not have access to POD lockers storage of medicines must be in line with NHS Grampian Storage of Medicines Within Clinical Areas Policy.

5.2 Medicine Administration Outwith Routine Drug Round

Qualified practitioner must access the inpatient record on HEPMA using a device. Following the Administration of Medicines Process (section 3.2) above, medicine can be dispensed from the designated safe storage space and taken to patient bed side with the HEPMA device. Once medication has been administered, HEPMA chart should be completed.

6. Procedure in the Event of a Medicine Adverse Event or Suspected Medicine Adverse Event

NHS Resolution (2022) describe medication errors (or adverse events) as *'any Patient Safety Incidents where there has been an error in the process of prescribing, preparing, dispensing, administering and monitoring or providing advice on medicines'*.

In their document Medication Without Harm the World Health Organisation (2017) state that *'errors occur most frequently during administration'*.

Understanding of and adherence to policies and procedures greatly reduces the risk of errors.

In the event of a medicine adverse event, the following actions should be taken to ensure patient safety:

- Closely observe the patient and ensure any appropriate treatment prescribed is administered.
- The doctor/prescriber and senior nurse on duty must be informed.
- The patient/the patient's relatives should also be informed.
- The adverse event should be recorded in the patient's medical notes and nursing notes.
- A DATIX adverse event report should be completed as soon as possible after the event and staff should be encouraged to provide a full and accurate description of events. Reporting of medicine incidents helps to reduce risk to patients and staff. Lessons can be learned by recording and analysing errors. Staff should refer to the NHS Grampian Policy for the Management of and Learning from Adverse Events on how adverse events should be reported and the review process.

7. Adverse Drug Reactions (ADRs)

"An Adverse Drug Reaction (ADR) is a response to a medicinal product which is noxious and unintended. This includes adverse reactions which arise from:

- Use of a medicinal product within the terms of the marketing authorisation
- Use outside the terms of the marketing authorisation, including overdose, *misuse, abuse, and medication errors*
- *Occupational exposure."*

Yellow Card Centre Scotland

Any patient suffering from an ADR must be treated immediately. Once the patient is stable the allergy section of their record/prescription chart must be updated and an assessment should be made as to whether the ADR should be reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) via the Yellow Card Scheme, this should be discussed with the prescriber or a senior colleague.

The following should be reported:

- All serious reactions to a medicine
- Medicines marked with a black triangle (▼) in the BNF as these are under additional monitoring.

See Yellow Card Scotland for more detail and up to date guidance on reporting ADRs.

8. References

All accessed 12/02/2025

(a) The Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings (2019)

(b) Regional HEPMA Standard Operating Procedures SOP/Guides/Forms Library (sharepoint.com)

(c) Instructions for NHS Grampian Staff on the Prescribing and Administration of Medicines using the NHS Grampian Prescription and Administration Record (2025)

(d) Policy and Procedures for the Prescribing, Preparation and Administration of Injectable Medicines and Infusions in Near Patient Areas (nhsgrampian.org) (2024)

(e) NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics (2022)

(f) Policy For The Covert Administration Of Medication In Adults For Staff Working Within NHS Grampian (2024)

(g) NHS Grampian Policy For Self Administration Of Medicines (SAM) In Hospital (2022)

(h) NHS Grampian Prevention of Omitted Doses Poster (2023)

(i) NHS Grampian Management of Omitted or Delayed Medicines Policy (2023)

(j) NHS Grampian Storage of Medicines Within Clinical Areas Policy (2023)

(k) NHS Grampian Infection Prevention and Control

(l) HP PCs - How to Clean Your Computer

(m) SV40 Cleaning Instructions

(n) NHS Resolution (2022)

(o) Medication Without Harm, World Health Organisation (2017)

(p) NHS Grampian Policy for the Management of and Learning from Adverse Events (2021)

(q) Reporting – Yellow Card Centre Scotland

9. Responsibilities for implementation

Organisational:	Chief Executive and Management Teams
Corporate:	Senior Managers
Departmental:	Heads of Service/Clinical Leads
Area:	Line Managers
Hospital/Interface services:	Group Clinical Directors
Operational Management Unit:	Unit Operational Managers

Appendix 1: Photo of SV40