



JB

Janice Beamish

## Medicines management



The aim of this module is to enhance staff knowledge and expertise in medicines management. This module is for nurses, nursing associates, operating department practitioners, midwives, doctors, pharmacists and pharmacy technicians. If you are in a support worker role please select the support worker lesson from your LEARN account.

If you have knowledge of this topic you may just complete the assessment, but you can go to the content at any time if you wish to refresh your knowledge. We strongly advise you to watch Valerie's Story under 'Why handling medicines safely matters to our patients' before you complete the assessment.

Each module should take approximately **25 minutes** to complete and includes an assessment with a pass mark of **80%**.

### **Saving progress:**

If you need to exit the module before you have completed it, please use the exit button on the top left of the module window. This will ensure you save your progress and don't lock the course, which might prevent you from completing it.

### **Exiting the course:**

When you have completed the module and assessment, please follow the instructions on screen carefully to ensure you save your assessment results and course completion.

*Select the first lesson below—or the “Start Course” button above—when you’re ready to begin.*

## INTRODUCTION

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 **Aim and learning outcomes**

## PART 1: MEDICINES MATTER

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 **Roles and responsibilities**

 **Responsibilities for nurses, midwives, and healthcare support workers**

 **Storage - for security and safety**

 **Ordering medications**

 **Safe disposal of medicines**

 **Sources of advice and support**

## PART 2: MANAGING MEDICINES SAFELY

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 **Why handling medicines safely matters to our patients**

 **Administration of medicines**

 **Discharge**

 **High risk situations**



 **High risk medicines**

 **If things go wrong**

 **Sources of help**

**ASSESSMENT**

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 **Assessment**

**CONCLUSION**

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 **Conclusion**

# Aim and learning outcomes

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## **Aim:**

In this module we will identify best practices regarding secure storage of medications to provide the optimal environment for safe and efficient use of medicines.

[CONTINUE](#)

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## **Learning outcomes:**

At the end of the module, you will:

1

Be able to describe the role and responsibilities for medicine management in clinical areas

2

Be able to describe how to store medicines securely and safely, in line with local guidelines and the law

3

Be able to describe the practical considerations for safer administration of medicines

4

Be able to describe how to ensure patients are given the correct medications and information at discharge

5

Be able to describe how to handle medicine that is no longer required with environmental impact in mind

6

Understand where to find further information

**CONTINUE**



# Roles and responsibilities

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Handling medicines safely is a responsibility for all clinical area staff.

However, some clinical roles have specific responsibilities.

[CONTINUE](#)

**Roles and responsibilities - the nursing and midwifery team**

	 <b>Registered Nurses and Midwives and Health Care Support Workers</b>
Hold the drug keys and hand these over between shift (Registrants only)	✓
Keep medicines storage areas secure (rooms, cupboards, trollies, fridges, beside lockers etc.)	✓
Store medicines securely following delivery and prior to disposal or return to pharmacy	✓
Store medicines safely (IV fluids in original boxes, gases to wall mountings, in tamper evident containers etc.)	✓
Rotate stock of any decanted fluids	✓
Ensure that medicines are not left out in the ward (on lockers, at the nurses' station etc.)	✓
Ensure that open liquid medicines have a date opened sticker and do not pass their appropriate expiry date	✓
Ensure that medicines storage areas are clean and tidy (rooms, cupboards, trollies, fridges etc.)	✓
Monitor and record fridge temperatures and take and record corrective actions daily	✓
Return unwanted/unused medicines (including CDs) to the Pharmacy	✓
Dispose of medicines (including CDs) and patient identifiable packaging securely	✓
Keep appropriate medicines related records up to date (including CD stock checks and signatory lists)	✓
Ensure that the following stock medicines are not expired: <ul style="list-style-type: none"> <li>• Those kept in drug fridges that are either reconstituted or for specific patients (weekly)</li> <li>• CDs</li> <li>• Those kept on resuscitation trollies</li> <li>• Those kept in medicines trollies Those kept by patients in POD lockers</li> <li>• IV fluids that are not stored in boxes or decanted to places such as emergency trollies</li> </ul>	✓

## CONTINUE

### Roles and responsibilities - the pharmacy team

	 <b>Pharmacy Assistant</b>	 <b>Pharmacy Technician</b>	 <b>Clinical Pharmacist</b>
Checks in with the Nurse/Midwife in charge of the shift on entering and before leaving the area	✓	✓	✓
Tidies stock cupboards (including fridges)	✓		
Rotates stock	✓		
Checks at least monthly that the following stock medicines are not expired: <ul style="list-style-type: none"> <li>• Those kept in drug cupboards</li> <li>• Those kept in fridges</li> </ul>	✓		
Highlights with a green expiry date sticker any short dated stock	✓		
Reorders stock to take it to the agreed stock level	✓		
Checks that any medicines designated as being for return to Pharmacy, have been returned	✓		
Takes drug histories		✓	✓
Checks suitability of patients' own medicines for use on wards		✓	✓
Monitors drug charts for missed doses, supply, etc.		✓	✓
Orders and resupplies medicines		✓	✓
Provides support to patients regarding their medicines and organises take-home medicines		✓	✓
Supports the appropriate use of medicines			✓
Carries out medicines reconciliation (taking a drug history; checks prescribed medicines are correct on admission and communicates and documents this)			✓
Supports decision making regarding prescribing			✓
Educates and trains staff			✓
Communicates with GPs			✓

# Responsibilities for nurses, midwives, and healthcare support workers

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## Nurses, midwives and healthcare support workers are responsible for:

1. Keeping storage areas tidy and secure
2. Monitoring and recording storage room and fridge temperatures, and recording corrective actions daily (**room temperature should be <math><25\text{ }^{\circ}\text{C}</math> and fridges from 2 to 8 °C )**
3. Ensuring that open liquid medicines have a date opened sticker attached and completed
4. Ensuring that medicines are not expired:
  - patient-specific medicines in fridges
  - controlled drugs
  - medicine & resuscitation trollies, including electronic trollies
  - IV fluids that have been removed from original boxes





# Storage - for security and safety

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## Storage for security



**Activity: Please click on the tabs below to find out more about storage for security.**

**GENERAL GUIDELINES**

**LOCKED STORAGE**

**BEDSIDE**

1. Safe storage of medicines is a legal requirement, and helps protect our patients.
2. Controlled drugs (CDs) must always be kept in a CD cupboard
3. There should only be one set of drug cupboard keys in use, which must be held by a registered healthcare professional.
4. The controlled drug keys must be kept on a separate bunch, and should be held by the nurse in charge.
5. Digital lock codes for medicines storage should be changed at least every six months.

**GENERAL GUIDELINES**

**LOCKED STORAGE**

**BEDSIDE**

1. Electronic drug trolleys should be parked in a locked room or tethered to the wall when not in use during the drug round.
2. All medication, including IV fluids, medical gas cylinders and sterile fluids for external use must be locked away when unattended by use of:
  - bedside lockers
  - locked cupboards
  - locked store rooms
  - locked fridges

**GENERAL GUIDELINES**

**LOCKED STORAGE**

**BEDSIDE**

- A limited list of medicines can be kept accessible at bedsides where the patient has been assessed and is eligible for self-administration e.g.
  - inhalers
  - insulin Pens
  - lubricating eye drops
  - pancreatic enzyme supplements
  - GTN spray/ sublingual tabs

- some oral or nasal sprays
- Refer to:
  - the security, safe storage and transport of medicines policy; and
  - the self-administration policy, which includes guidance for parent or carer administration.



Click on all of the tabs above before moving on.

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## Storage for safety




**Activity:** Click on the 'i' symbols in the image below to find out more about storage for safety



**i** External,  
flammable or  
corrosive  
preparations

**i** Medical gas  
cylinders



**i** Avoid mix-ups

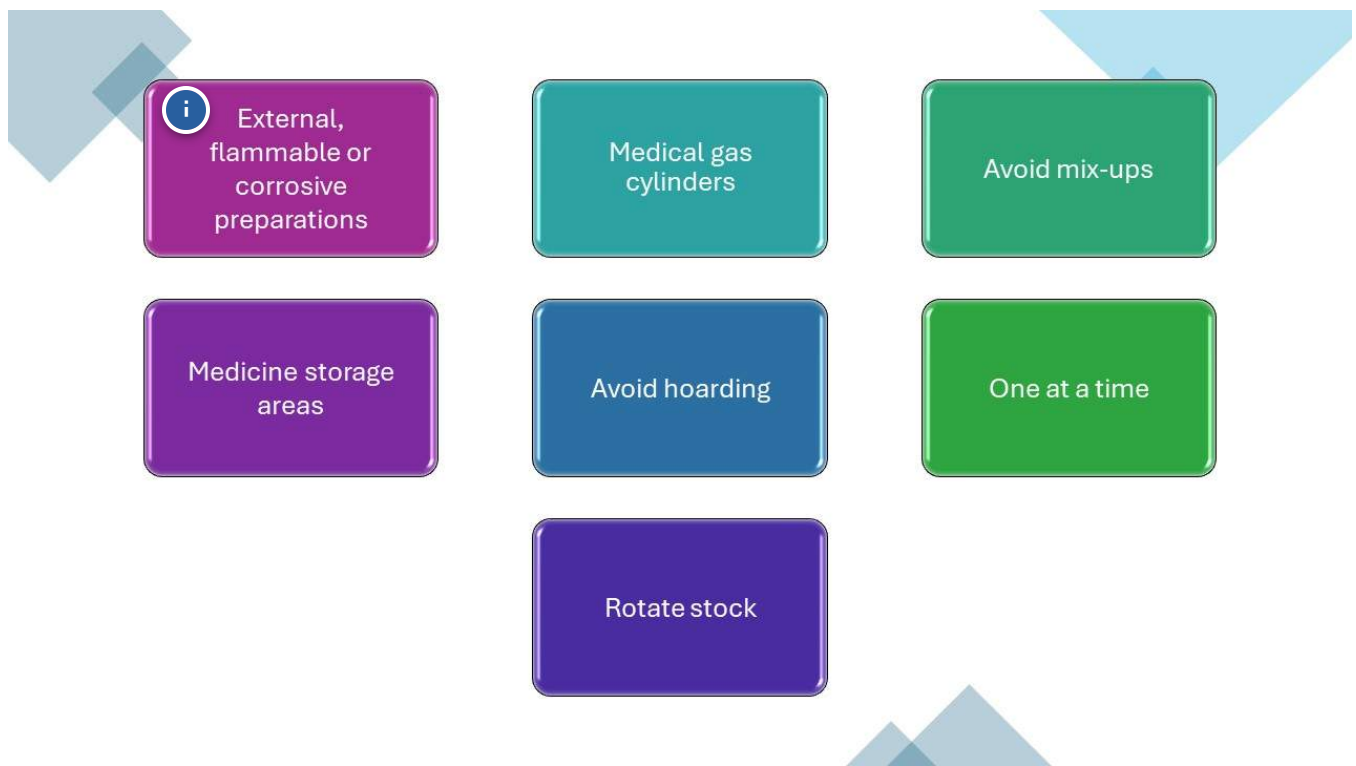
**i** Medicine storage  
areas

**i** Avoid hoarding

**i** One at a time

**i** Rotate stock

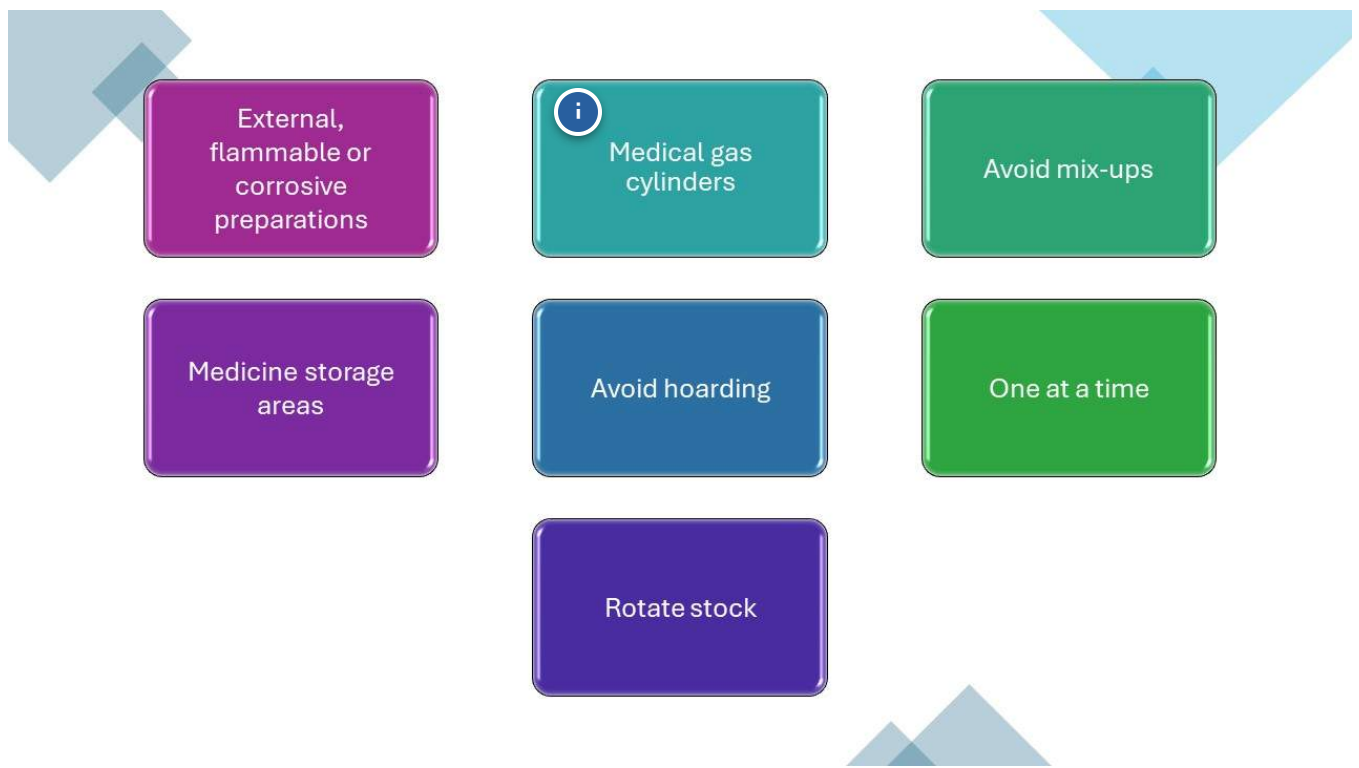




### **External, flammable or corrosive preparations**

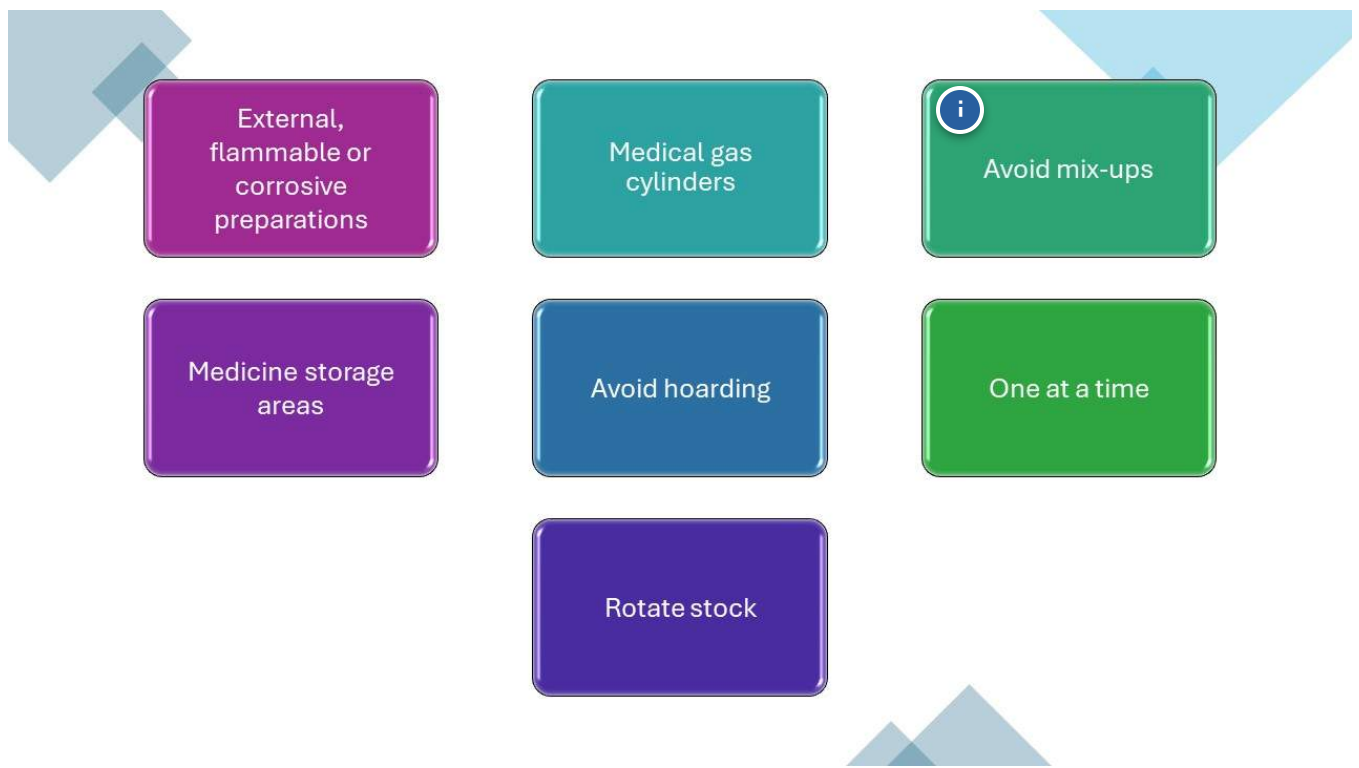
External, flammable or corrosive preparations should be stored separately to internal preparations

- Eg. cleaning products must be kept separately from medicines



## Medical gas cylinders

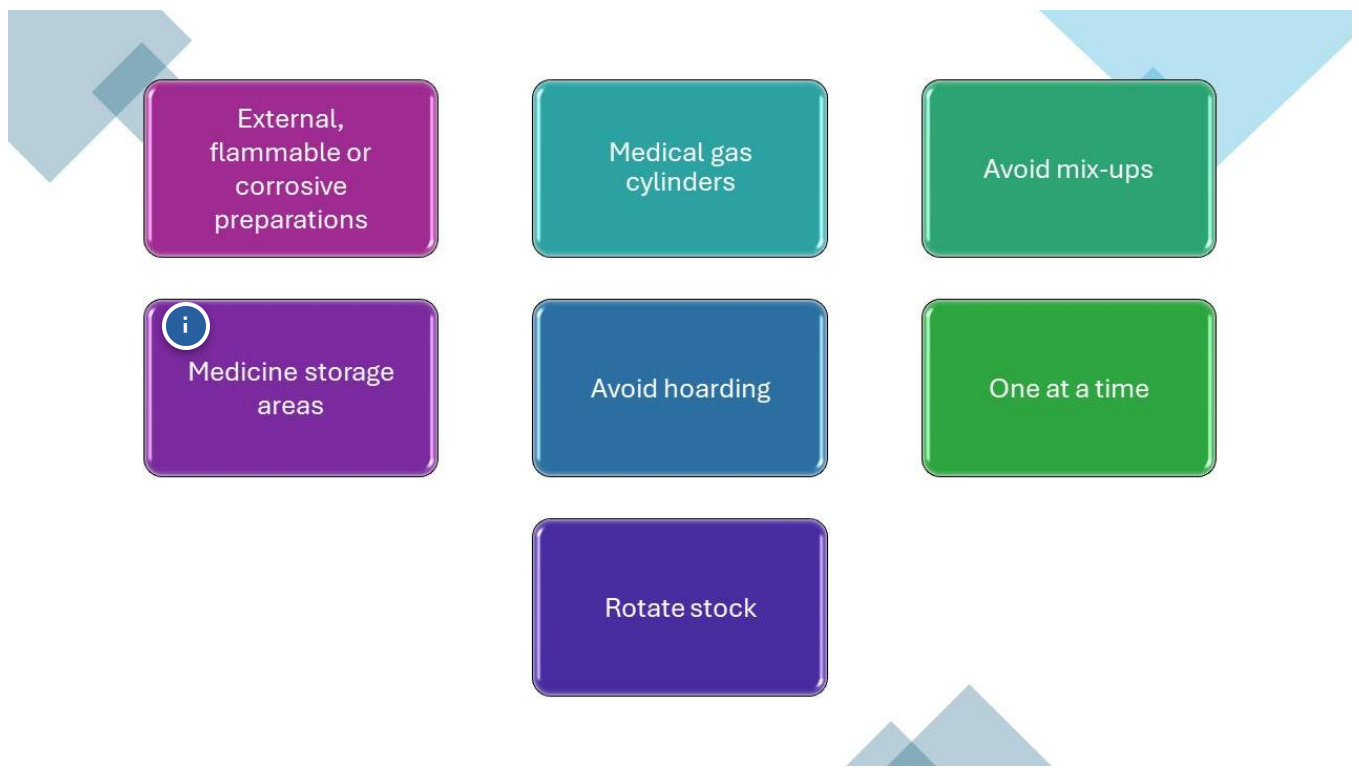
Medical gas cylinders should be stored upright and secured in a cylinder trolley or rack to avoid selection errors



### **Avoid mix-ups**

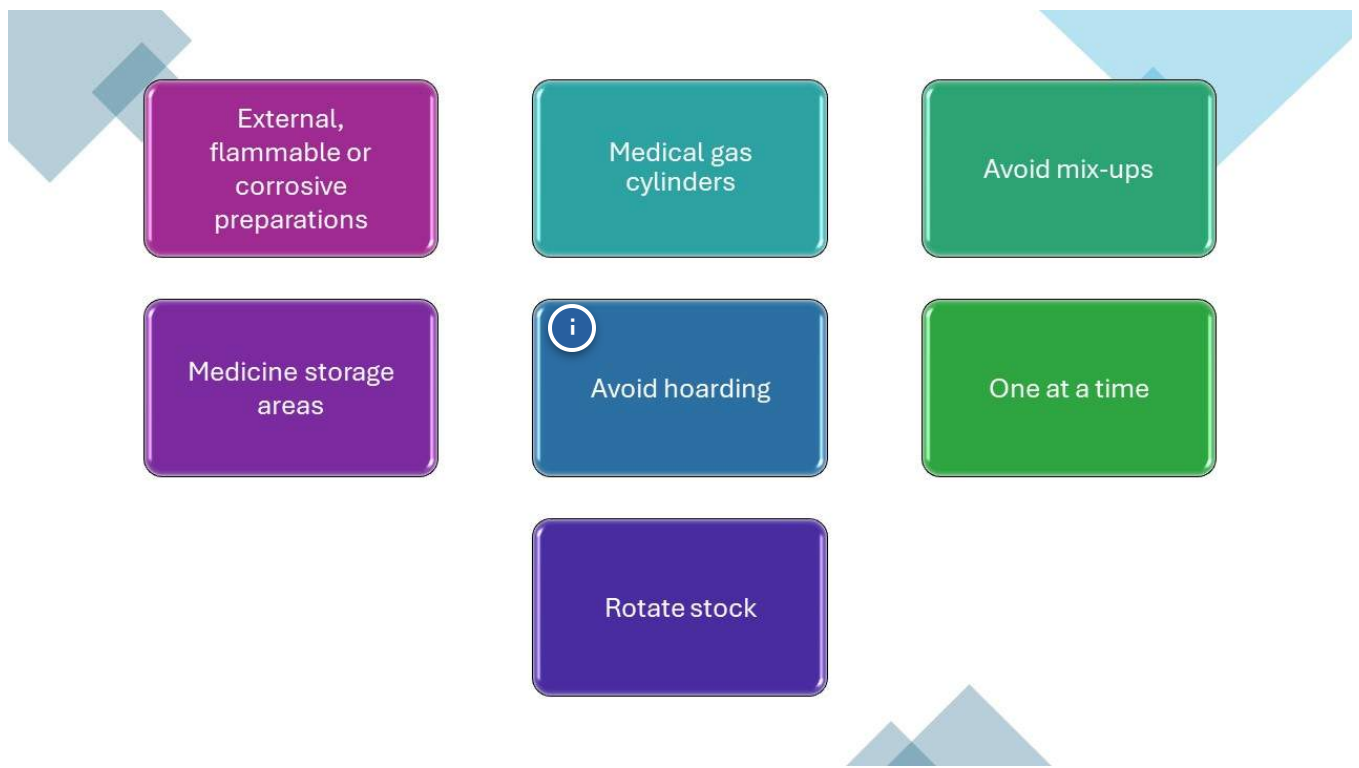
To avoid mix-ups, individual bags or ampoules should be stored in their original outer box, and not decanted loosely into other containers





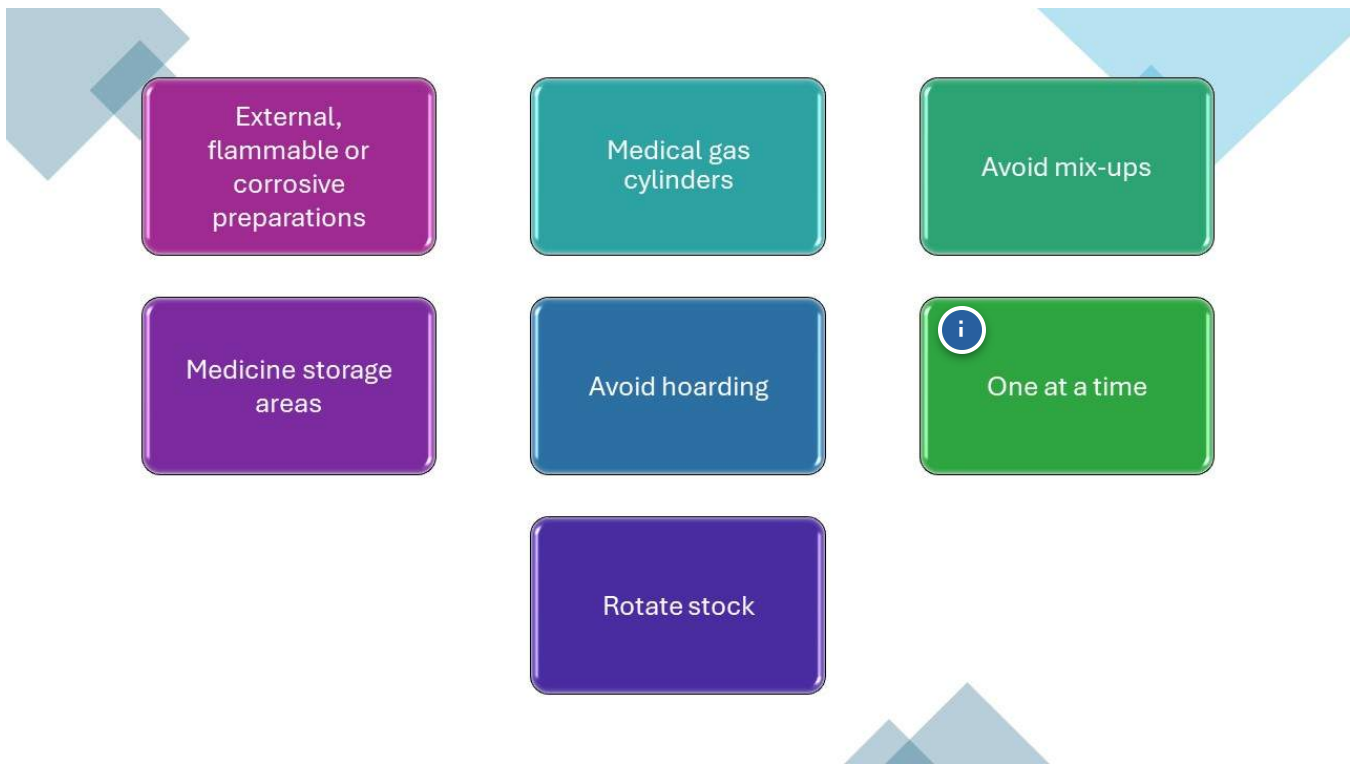
### **Medicine storage areas**

Keeping medicine storage areas tidy, organised and well-labelled reduces risk of errors



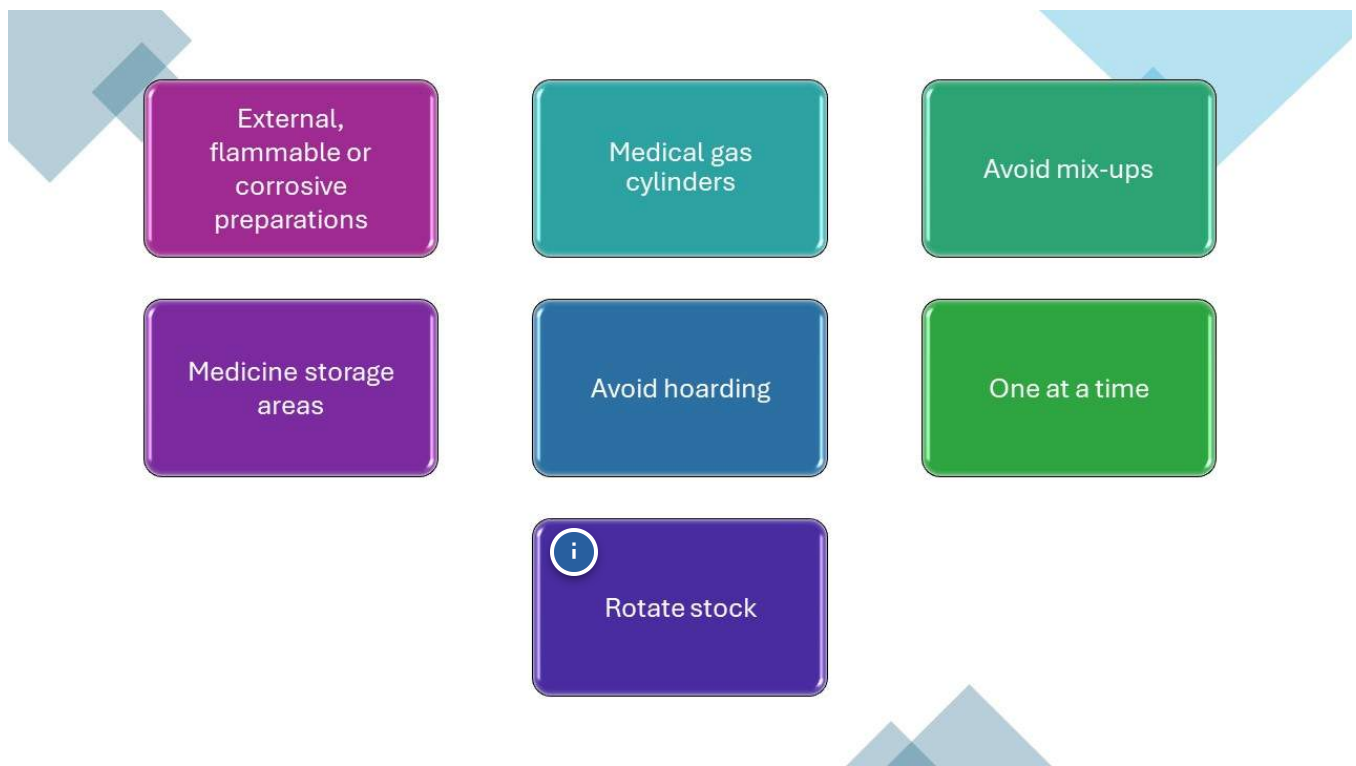
## **Avoid hoarding**

Avoid hoarding or holding too much stock



### **One at a time**

Use one box or bottle at a time



## Rotate stock

Stock rotate and put stock with longer expiry date at the back



Please click on each option in the graphic above before moving on.

Refer to the [Security, safe storage and transport of medicines policy](#) and the [Self-administration of medicines policy](#) for further details.

# Ordering medications

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## 1. Stock is delivered to wards on a weekly basis

- Additional interim requests should be made before 4pm on Mondays to Fridays, taking into account if a routine delivery is due, by contacting the ward pharmacist or distribution team

## 2. Medicines can be ordered for individual patients:

- Contact the ward pharmacist if an item is urgent to avoid a missed/delayed dose.
- Meds requests via Cerner are routinely processed during pharmacy opening hours and will be processed through the Trust dispensaries with other workload.
- Out of hours, contact the on-call pharmacist or check [stock lists on the intranet](#) to borrow a dose from another clinical area.

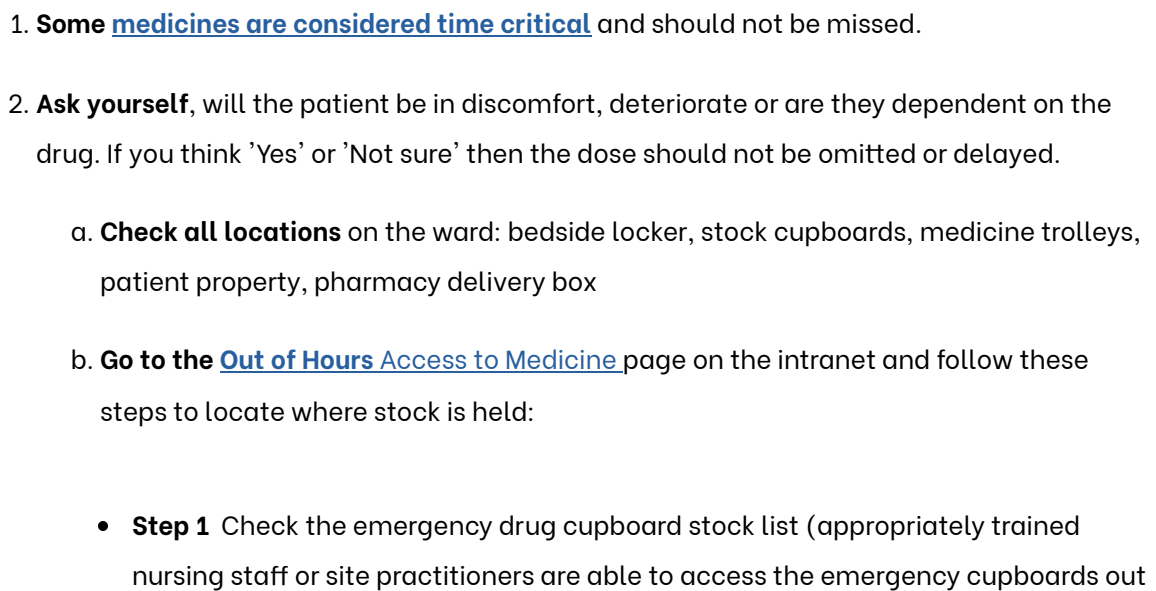
## 3. Controlled Drug requisitions should be submitted before 12 noon, Monday to Friday for same day delivery/collection



CONTINUE

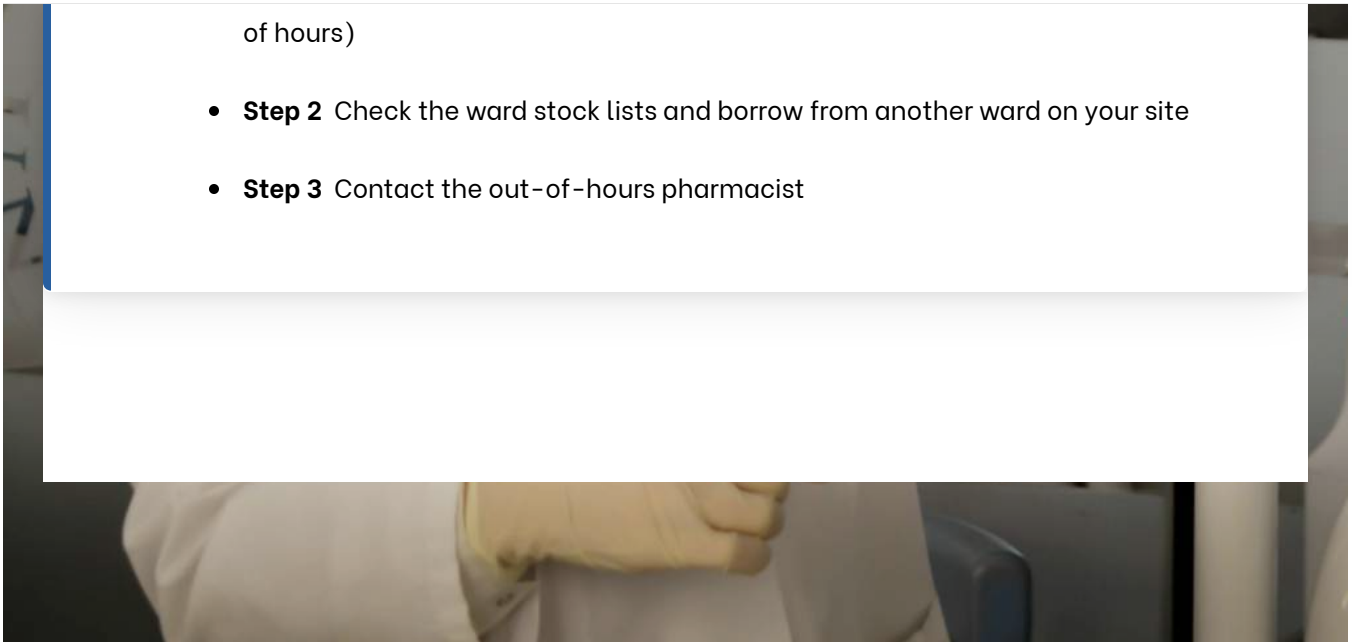
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## Access to medicines out of hours

- 
1. **Some [medicines are considered time critical](#)** and should not be missed.
  2. **Ask yourself**, will the patient be in discomfort, deteriorate or are they dependent on the drug. If you think 'Yes' or 'Not sure' then the dose should not be omitted or delayed.
    - a. **Check all locations** on the ward: bedside locker, stock cupboards, medicine trolleys, patient property, pharmacy delivery box
    - b. **Go to the [Out of Hours Access to Medicine](#)** page on the intranet and follow these steps to locate where stock is held:
      - **Step 1** Check the emergency drug cupboard stock list (appropriately trained nursing staff or site practitioners are able to access the emergency cupboards out

of hours)

- **Step 2** Check the ward stock lists and borrow from another ward on your site
- **Step 3** Contact the out-of-hours pharmacist



# Safe disposal of medicines

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Activity: Please click on each tab below.

CLINICAL GUIDELINE

SECURE AND SAFE  
STORAGE

MEDICATION THAT IS  
NO LONGER REQUIRED

ALL OTHER  
MEDICATION

Refer to the [Medicines: Returning to pharmacy and disposal in clinical areas clinical guideline](#)

CLINICAL GUIDELINE

SECURE AND SAFE  
STORAGE

MEDICATION THAT IS  
NO LONGER REQUIRED

ALL OTHER  
MEDICATION

Secure and safe storage requirements still apply to medications that have been partly used or expired





CLINICAL GUIDELINE	SECURE AND SAFE STORAGE	MEDICATION THAT IS NO LONGER REQUIRED	ALL OTHER MEDICATION
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Medication that is no longer required by the patient and can be reused should only be returned to pharmacy if they are:

- supplied by the hospital pharmacy **ON THIS ADMISSION**
- not held as ward stock
- within expiry date



CLINICAL GUIDELINE	SECURE AND SAFE STORAGE	MEDICATION THAT IS NO LONGER REQUIRED	ALL OTHER MEDICATION
--------------------	-------------------------	---------------------------------------	----------------------

All other medication should be placed in a yellow sharps bin (injectable or glass) or a blue lined pharmaceutical waste bin on the ward



Please click on all of the tabs above before moving on.

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Click the link to review the [medicines matter algorithm](#) for return and for disposal.

# Sources of advice and support



## SOURCES OF ADVICE AND SUPPORT

1. **Policies and protocols** are on the [intranet](#), such as Direct Dispensing protocols, self-administration policy, temperature monitoring guidelines
2. **Medusa IV** guide is accessed through Cerner or on the intranet
3. **Ward pharmacists** visit inpatient wards every morning, Monday to Friday
4. **Medicines Information service** is available on ext 11703 from 9 am to 5pm Monday to Friday.
5. **Out of hours** you can contact the out-of-hours pharmacist:
  - o until midnight (10pm on Sundays) on bleep 1713
  - o after these hours calls are routed to the site nurse practitioner

To refresh your knowledge, please click the course content button on the right, to go back to the start of the course content.

COURSE CONTENT

# Why handling medicines safely matters to our patients

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**Activity:** Please watch the film below on responding to patient safety incidents. You can turn on captions via the control panel and/or download a transcript below the film.



**NHS Responding to Patient Safety Incidents Transcript.pdf**

185.3 KB



**CONTINUE**

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**Positive patient identification and barcode**

## scanning

1. Using barcode scanning technology, when administering medicines, significantly reduces the risks of:
  - giving a medicine to the wrong patient, or
  - giving the wrong medicine
2. If barcode scanning cannot be used or is not used in your clinical area, always confirm patient identity using two sources of information

# Administration of medicines




## ADMINISTRATION

In most circumstances, you must have a clinical professional registration and have relevant competencies, to be authorised to administer medicines. However, there are a few rare exceptions. Please [read the policy](#) to check what you can do in your role.

The following medicines require a double check, from a suitably trained and competent person:

- epidural or intrathecal medicines
- CDs
- blood/blood products
- anti-cancer treatments
- potassium infusions (unless pre-made bags are used)
- all injections and infusions in children's in-patient services

Only specified staff who have undergone extra training, and are listed on the appropriate register, may administer **cytotoxic chemotherapy**.



CONTINUE

## Administration – how to prepare



Activity: Please click on each of the cards below to find out more.

Right patient

- Always use positive patient identification.
- Most of our in-patient areas use bar code scanning of wrist bands for this.



## Right time

- To prevent confusion and errors, avoid preparing medication in advance of when it is due.
- Where this is in practice, there should be a risk assessment in place.

## Right Medication and Dose

- Check the prescription carefully to make sure you have the correct drug, strength, dose and formulation.
- Use barcode scanning wherever possible.

Right equipment

- For liquid medicines, use a 5ml spoon or measuring cup or use a purple enteral syringe (“ENFit”).
- Use of ENFit syringes reduces the risk of inadvertently giving



Please click on each of the cards above before moving on.

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**Covert administration (hiding or disguising medication (eg. in food) without a patients knowledge or consent) is rarely justifiable.**

**This decision should be multi-disciplinary, and in line with the [Covert Administration in Adults policy](#) on the intranet.**

# Discharge

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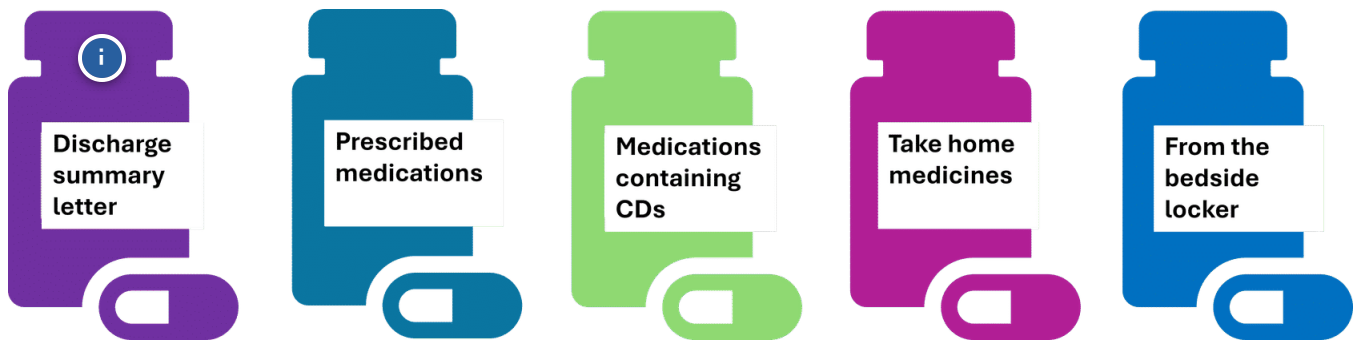
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## Preparing for discharge



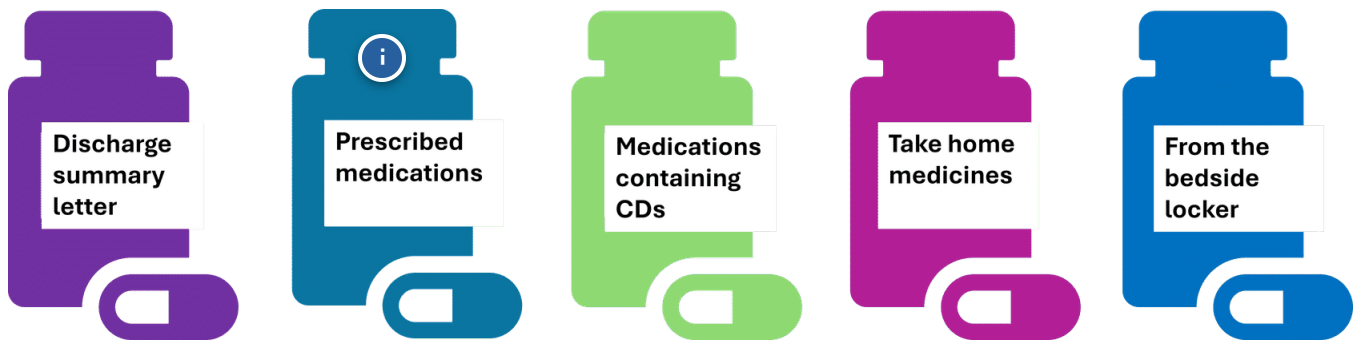
**Activity:** Please click on the 'i' signs to find out more about discharge medication.





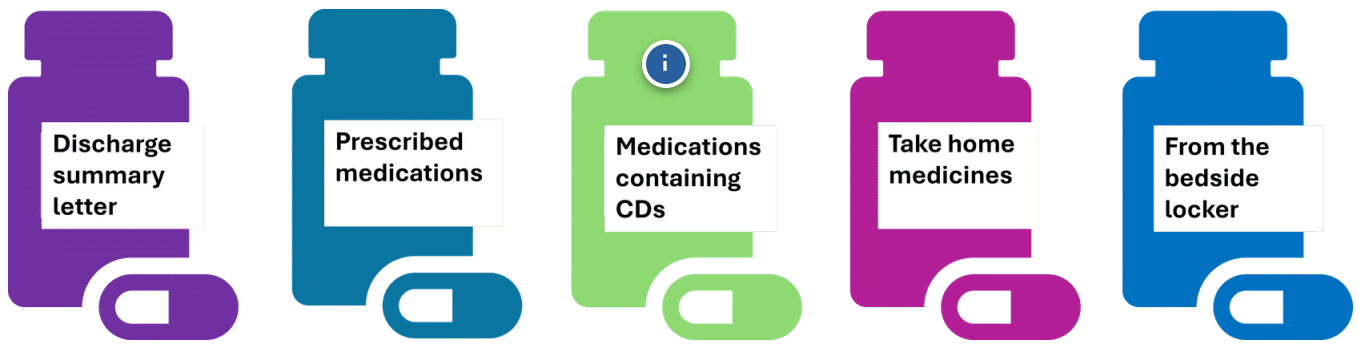
### **Discharge summary letter**

The discharge summary letter includes the medication prescribed to be supplied at discharge, referred to as the Depart.



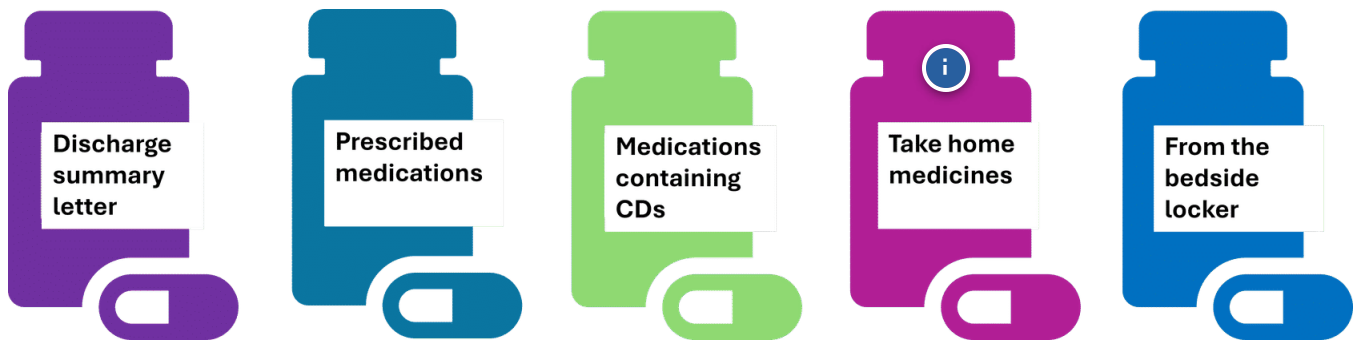
### **Prescribed medications**

Only those medications prescribed on the Depart should be supplied to the patient to take home.



### **Discharge medications containing CDs**

Discharge medications containing CDs must be collected from pharmacy by ward staff with photo ID. Pharmacy will require a copy of the prescription signed by the doctor.

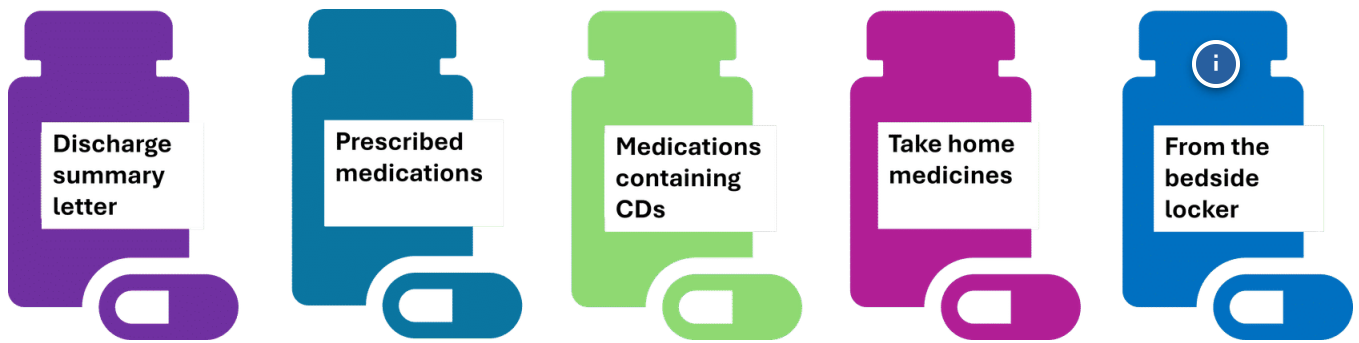


### **Taking home medicines**

To be suitable to take home, medicines must be labelled with:

- the patient's name;
- the address & date of dispensing;
- quantity and correct directions (eg. Take ONE tablet THREE times a day)

This includes medicines provided from the ward under a Direct Dispensing protocol



### Medicines from the bedside locker

Check medications taken from the bedside locker carefully to ensure that:

- check if medicine or patient's name is correct; and
- the dose and frequency directions match the final depart prescription

**CONTINUE**

## Discharge medicine counselling

All patients should be informed of any medication changes and advised how to take their medications including any side effects to look out for,



before they go home.

Some medications have increased risks associated with them, even when prescribed and taken correctly, and require extra counselling so patients know how to reduce those risks.

- Anticoagulants – both injections and tablets are associated with a risk of bleeding. Patients should be given information packs; the reason and duration of treatment must be clearly communicated to the patient.
- Flammable emollients – patients should be given a leaflet outlining the risk of smoking, candles and other naked flames at home when emollient creams and ointments are used, such as E45™ or 50/50 (WSP/liquid paraffin ointment). Explain that clothing and sheets may still be flammable, even after washing.
- If taken during pregnancy, some medicines can cause serious harm to the unborn baby. Patients taking isotretinoin or valproate (and some other drugs) should be provided with the relevant patient information leaflets and alert cards.

CONTINUE

## Discharge medicine counselling - for paediatric patients

For paediatric patients it is pertinent to ensure patients are adequately counselled on the following medication. The list includes but is not limited to:

- Oral liquid medicines - check strength carefully as other strengths may be available
- Inhalers
- Buccolam
- Epi pens

Where applicable for paediatric patients ensure that there is a sufficient supply on discharge for both at home and at school or childcare facility.

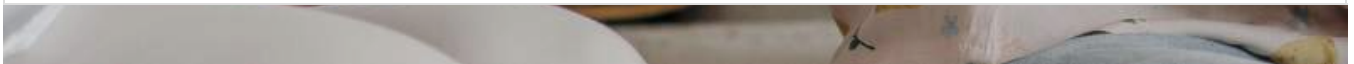
There is a useful video resource for paediatric patients and carers relating to eczema, rhinitis, asthma, anaphylaxis and general information. **You can paste this link:** <https://www.itchysneezywheezy.co.uk/videos.html>, (opens in a new tab), or **click 'Read More' in the text below, to watch the film.**

ITCHYSNEEZYWHEEZY

## Allergy Care Pathway Itchy Sneezzy Wheezy Project - Allergy Videos

Itchy Sneezzy Wheezy - Welcome to the Itchy Sneezzy Wheezy Project. This is the Allergy Videos Page. This page contains videos on all aspects of allergy including Anaphylaxis, Eczema, Food Allergy, Allergy Treatment including EpiPen and Allergy Diagnosis including Skin Prick Tests. This section also contains testimonials from allergy sufferers themselves.

[UNDEFINED ITCHYSNEEZYWHEEZY >](#)



# High risk situations

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**This section includes some brief examples of higher risk situations:**



**Activity: Please click on each tab below.**

**PATIENTS WITH ALLERGIES**

**AVOIDING WRONG ROUTE ERRORS**

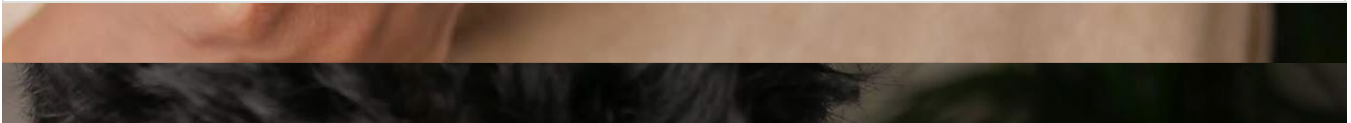
**AVOIDING OMITTED AND DELAYED DOSES**

**AVOIDING ERRORS WITH INJECTABLE MEDICINES**

**MEDICATIONS**

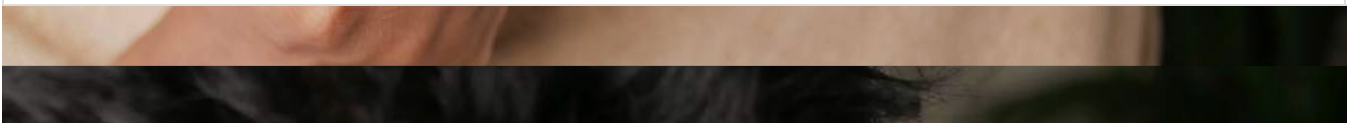
- Always check patient allergies before prescribing or administering any medicine
- Take care at any transitions of care (e.g. admission to hospital or transfer between clinical areas), especially if different prescribing systems are in use in different settings, to double check allergy documentation is correct. Confirm allergies with the patient wherever possible.
- Patients with allergies should wear a red wristband
- Be particularly careful with medicines where allergies are more common (e.g. penicillins, including co-amoxiclav and piperacillin/tazobactam which contain penicillins)

- Give consideration to non-drug allergies that may be medication ingredients eg. lactose, soya and peanut oil



PATIENTS WITH ALLERGIES	AVOIDING WRONG ROUTE ERRORS	AVOIDING OMITTED AND DELAYED DOSES	AVOIDING ERRORS WITH INJECTABLE MEDICINES	MEDICATION IN...
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- Epidural medicines must always be kept separately from IV medicines.
- Enteral liquid medicines (e.g. oral suspensions or when giving injectable solutions enterally) must be measured and given using an ENFit enteral syringe if a spoon or medicine cup cannot be used.
  - ENFit syringes will not connect to intravenous (IV) cannulas so eliminate the risk of inadvertent IV administration
- Enteral syringes should always be kept separately from intravenous syringes.



PATIENTS WITH ALLERGIES	AVOIDING WRONG ROUTE ERRORS	AVOIDING OMITTED AND DELAYED DOSES	AVOIDING ERRORS WITH INJECTABLE MEDICINES	MEDICATION IN...
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- Some medicines are considered Time Critical and should not be missed:

**M**ovement disorders - Parkinsons's/myasthenia medication

**I**mmunomodulators including HIV medicines

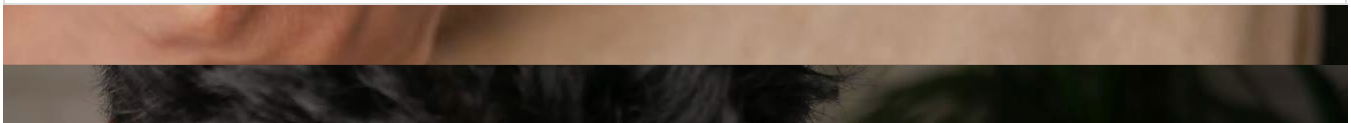
**S**ugar - diabetes medication

**S**teroids - Addison's and adrenal insufficiency

## Epilepsy - anticonvulsants

## Direct Oral Anticoagulants (DOACs) and warfarin

- For other medicines, consider whether delaying could affect your patient and seek advice if unsure
- The 'out of hours access to medicines' section of the intranet gives more information on how to obtain medicines



PATIENTS WITH  
ALLERGIES

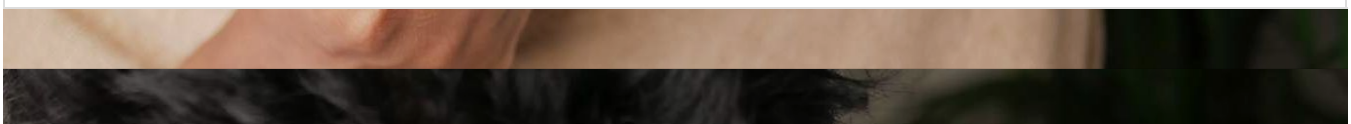
AVOIDING WRONG  
ROUTE ERRORS

AVOIDING OMITTED  
AND DELAYED  
DOSES

AVOIDING ERRORS  
WITH INJECTABLE  
MEDICINES

MED  
CAN  
IN

- Errors are more common with injectable medicines due to increased complexity
- The Injectable Medicines Guide ('Medusa') gives more information on injectable medicines and is available from the quick links on the front page of the intranet
- Trust policy allows for single checking of IV drugs in adult patients but consider asking for an independent second check if carrying out a complicated or unfamiliar task, especially if any calculations are needed.



PATIENTS WITH  
ALLERGIES

AVOIDING WRONG  
ROUTE ERRORS

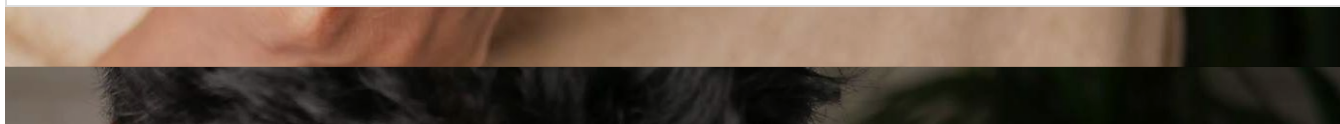
AVOIDING OMITTED  
AND DELAYED  
DOSES

AVOIDING ERRORS  
WITH INJECTABLE  
MEDICINES

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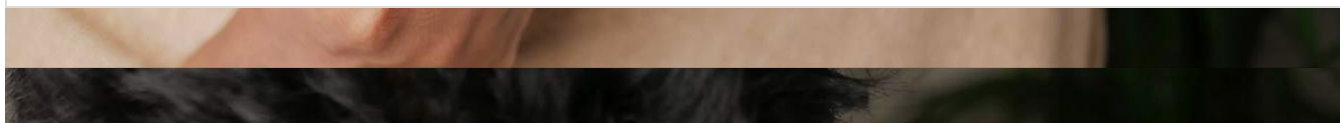
- Some medicines can cause harm if used in pregnancy and have special requirements
- Valproate has special requirements for use in women and men under 55 years of age, and it is essential that any patients (and especially female patients who could become pregnant) understand the risks.

- Isotretinoin and other retinoids must only be used if there is a pregnancy prevention programme in place.
- For more information on individual medicines see the Prescribing of Medicines policy on the intranet



PATIENTS WITH ALLERGIES	AVOIDING WRONG ROUTE ERRORS	AVOIDING OMITTED AND DELAYED DOSES	AVOIDING ERRORS WITH INJECTABLE MEDICINES	MEDICATION
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- Errors are common when patients move between care settings, e.g. admission to hospital, transfer to/from Critical Care, discharge from hospital
- Confirm all documentation about medicines carefully, including allergies, and be aware that prescribing and documentation systems may differ in different areas
- Make sure accurate information is communicated to the receiving care setting, e.g. providing information on reasons for changes to doses when discharging patients



PATIENTS WITH ALLERGIES	AVOIDING WRONG ROUTE ERRORS	AVOIDING OMITTED AND DELAYED DOSES	AVOIDING ERRORS WITH INJECTABLE MEDICINES	MEDICATION
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A number of other things should be considered to reduce the risks of errors, including:

- Interruptions should be minimised
- A lot of medicines can look alike and medicine names can sound alike
- Duplicate prescriptions can be hard to spot, such as paracetamol and co-codamol/co-dydramol or enoxaparin and apixaban/rivaroxaban/edoxaban
- Some medicines require weight based dosing (such as amikacin/gentamicin) or reduced doses in low body weight (such as paracetamol)

- Medicines should never be left unattended



Please click on all of the tabs above before moving on.



# High risk medicines

 Janice Beamish

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This section includes some brief examples of higher risk medicines, based on the WHO high risk medicines list, [‘APINCH’](#)

**A – Antimicrobials**

**P – Potassium**

**I – Insulin**

**N – Narcotics (opioids) and sedatives**

**C – Chemotherapy**

**H – Heparin and anticoagulants**

**CONTINUE**



Activity: Please click on each tab below.

**APINCH - ANTI-  
INFECTIVES**

**APINCH -  
POTASSIUM AND  
OTHER  
ELECTROLYTES**

**APINCH - INSULIN**

**APINCH -  
NARCOTICS  
(OPIOIDS) AND  
SEDATIVES**

CHE  
IMMU  
ANT

- Anti-infectives are a vital part of the treatment of a large number of our patients
- Antimicrobial resistance and hospital acquired infections can be reduced by always following our Treatment of Infection guidelines. These can be found on the intranet or on the Eolas Medical Infection app
- Prescriptions for anti-infectives should be reviewed daily. Switch patients from IV to oral anti-infectives as soon as appropriate
- Always check patient allergies before prescribing or administering antimicrobials
- Make sure prescriptions always include the indication and a review date
- Some anti-infective treatment requires complex calculations and level monitoring (e.g. aminoglycosides) so always follow the individual Trust guidelines for these drugs

**APINCH - ANTI-  
INFECTIVES**

**APINCH -  
POTASSIUM AND  
OTHER  
ELECTROLYTES**

**APINCH - INSULIN**

**APINCH -  
NARCOTICS  
(OPIOIDS) AND  
SEDATIVES**

CHE  
IMMU  
ANT

- Use ready made bags of potassium infusions wherever possible. Adding potassium to a bag is risky as potassium may 'pool' in an infusion if not mixed thoroughly.
- Potassium ampoules must always be stored in a Controlled Drug cupboard to avoid confusion with other ampoules
- Electrolyte infusions can cause arrhythmias if given too fast and thrombophlebitis if excessively high concentrations are given. Always follow the recommendations in the Injectable Medicines Guide or the Trust electrolyte guidelines on the intranet

<p><b>APINCH - ANTI- INFECTIVES</b></p>	<p><b>APINCH - POTASSIUM AND OTHER ELECTROLYTES</b></p>	<p><b>APINCH - INSULIN</b></p>	<p><b>APINCH - NARCOTICS (OPIOIDS) AND SEDATIVES</b></p>	<p>CHE IMMU ANT</p>
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- Always use an insulin syringe if measuring insulin from a vial, as insulin syringes are calibrated in units. Serious errors can occur if an IV syringe is used.
- Insulin syringes should be kept separately from IV syringes
- Never try to remove insulin from a cartridge or pen using a needle and syringe as this risks incorrect dosages and can damage the device making future doses inaccurate
- Be aware that lots of brands and strengths of insulin exist, including high strength insulins
- Always check details with the patient and encourage self-administration
- Always prescribe insulin doses in units

<p><b>APINCH - ANTI- INFECTIVES</b></p>	<p><b>APINCH - POTASSIUM AND OTHER ELECTROLYTES</b></p>	<p><b>APINCH - INSULIN</b></p>	<p><b>APINCH - NARCOTICS (OPIOIDS) AND SEDATIVES</b></p>	<p>CHE IMMU ANT</p>
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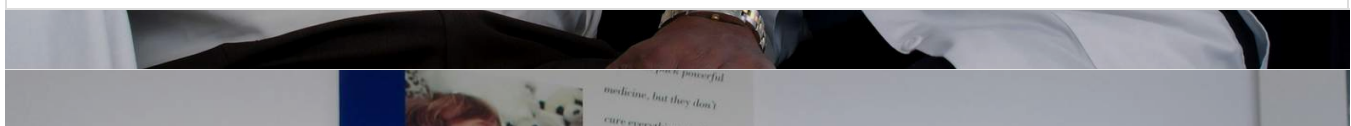
- Opioids can cause life threatening respiratory depression if used in excessive doses, especially in new patients
- Combinations with other sedative medicines can also increase risks
- IV doses are usually smaller than equivalent oral doses. 'IV/PO' prescriptions are not recommended
- Care should be taken to give the right formulation. Slow release and immediate release preparations should not be confused.

- The strength of the formulation especially liquids should be double checked prior to administration
- Opioid weaning plans should be provided on discharge for patients needing short term treatment (e.g. postoperative patients)
- Other sedatives, including gabapentinoids, benzodiazepines and ‘z drugs’ should also be used for the shortest possible timeframes
- Injectable sedatives such as midazolam and alfentanil can come in more than one strength and products may look similar
- When a patient needs ‘rapid tranquillisation’, close patient observations are required



<p><b>APINCH - ANTI- INFECTIVES</b></p>	<p><b>APINCH - POTASSIUM AND OTHER ELECTROLYTES</b></p>	<p><b>APINCH - INSULIN</b></p>	<p><b>APINCH - NARCOTICS (OPIOIDS) AND SEDATIVES</b></p>	<p>CHE IMMU ANT</p>
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- Chemotherapy medicines are prescribed on a separate prescribing system (Chemocare)
- Prescribers of chemotherapy for cancer must be on a systemic anti-cancer treatment (SACT) register
- Chemotherapy must only be prescribed, administered, screened or supplied by members of staff who have undergone appropriate Trust accreditation to do so
- Methotrexate for immunosuppression in rheumatoid arthritis, psoriasis and some other inflammatory conditions is always given once a week, never more frequently
- Immunosuppressant medicines frequently require blood test monitoring and drug interactions can occur, consult Trust guidelines for individual drugs on the intranet



<p><b>APINCH - ANTI- INFECTIVES</b></p>	<p><b>APINCH - POTASSIUM AND OTHER ELECTROLYTES</b></p>	<p><b>APINCH - INSULIN</b></p>	<p><b>APINCH - NARCOTICS (OPIOIDS) AND SEDATIVES</b></p>	<p>CHE IMMU NT</p>
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- Failure to adequately treat or prevent venous thromboembolism (VTE) causes significant harm to patients
- VTE risk assessments must always be carried out on admission and when patients' condition or location changes, and any VTE prevention prescribed
- Plans for anticoagulation should always be communicated clearly, including on discharge summaries, where the indication and duration of treatment should be clearly stated
- Most anticoagulants require consideration of the patient's weight and renal function. Trust guidelines on the intranet should always be followed.
- Care should be taken to avoid duplicate prescriptions for different anticoagulants
- If anticoagulation or VTE prevention is not prescribed due to an operation or while waiting for scan results, care should be taken to restart when appropriate



Please click on every tab above before moving on.

# If things go wrong

 JB Janice Beamish

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- We recognise that errors can occur despite the best efforts of our teams.
- The patient's medical team should always be informed as medical management and/or a duty of candour conversation may be required.
- Medication errors that caused harm or could have caused harm should always be reported on Datix.

# Sources of help



## SOURCES OF HELP

1. Always seek advice if you have concerns about the safety of any task involving a medicine, especially if the medicine is unfamiliar or the task is complex
2. If possible, before administering medicines, confirm with the patient what they are expecting.
3. Other sources of help:
  - o Senior nursing teams
  - o Medical/surgical teams
  - o Pharmacy (including out-of-hours pharmacist)
4. A suite of medicines policies can be found in the [Medicines Management section](#) of the intranet

**To refresh your knowledge, please click the course content button on the right, to go back to the start of the course content.**

## COURSE CONTENT



Lesson 15 of 16

# Assessment



Janice Beamish

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It's time to test your knowledge.

Select the correct option for the following **10 multiple choice questions**. The pass mark is **80%**.

Question

01/09

Which of the following is **TRUE** while administering medication? [SELECT ALL OF THE CORRECT ANSWERS]

---

- All clinical area staff are responsible for ensuring medicines storage areas are secure
- Barcode scanning should be used wherever possible as part of patient identification before giving medicines.
- Any member of staff giving a medicine can ask for a double check if the task is complex.
- Oral medicines can be left at the bedside if the patient is not ready to take them

Question

02/09

When preparing for patient discharge which of the following statements is **TRUE**?

[SELECT THE CORRECT ANSWER]

---

- Any appropriate registered healthcare professional can help confirm a patient's drug history
- It is not necessary to document all of a patient's medicines on a discharge summary
- All of the medicines from the patient's bedside locker can be given to the patient

Question

03/09

Which of the following statements are **TRUE** for anticoagulation medication?

[SELECT THE CORRECT ANSWERS]

---

- Anticoagulation plans, including duration of treatment, should be communicated on discharge summaries.
- All patients on low molecular weight heparins should be weighed.
- Reviewing risk assessments is important to ensure VTE prevention or treatment plans are up to date
- Patients on direct oral anticoagulants (e.g. rivaroxaban) should receive an alert card

*Question*

**04/09**

Which of the following statements is **TRUE** for insulin administration? [SELECT TWO CORRECT ANSWERS]

---

Administration of insulin by a nurse is preferable to self-administration by the patient

Insulin should never be kept at the patient's bedside

It is important to confirm the brand of insulin and device that a patient uses at home

IV syringes should never be used to measure insulin as dosing errors can occur

*Question*

**05/09**

Which of these statements is **TRUE** for administration? [SELECT THE CORRECT ANSWERS]

---

- For IV potassium administration ready made bags must be used where possible
  
- Allergies must be checked every time anti-infectives are prescribed or administered
  
- IV syringes can be used to administer enteral liquid medicines
  
- Any member of clinical staff can administer chemotherapy

Question

06/09

Which item should **NOT** be found outside the bedside locker? [SELECT THE CORRECT ANSWER]

---

- GTN spray
- Short acting insulin
- Medication to prevent organ rejection after transplant
- Steroid cream

*Question*

**07/09**

Which statement is **TRUE**? [SELECT ALL THE CORRECT ANSWERS]

---

Modified release opioids are normally given twice a day, although some once daily products also exist

Epidural medicines must always be stored separately from IV medicines to avoid mis-selection

Minimising interruptions reduces the risk of errors

Rapid tranauillisation requires close patient monitoring and observation



*Question*

**08/09**

Which of these documentation statements are **TRUE**? [SELECT ALL THE CORRECT ANSWERS]

---

Datix can be found on the front page of the intranet in the quick access list

Abbreviating units risks doses being misread leading to overdoses

Excess stock of IV fluids can be stored in open areas of the ward, as long as they are not in the way

Medicines labels. for discharge. must include directions for the patient to take a medicine safely

Question

09/09

Which of the following statements relating to storage of medicines are **TRUE**? [SELECT ALL THE CORRECT ANSWERS]

---

Daily monitoring of fridges is essential to ensure fridge medicines are effective and safe

CD balance checks should take place daily, unless a clinical area is closed

Always inform appropriate colleagues when medicines may have been stored at excessive temperatures to ensure that actions can be taken

Medicines storage doors can be propped open if the temperature is high

# Conclusion

**JB** Janice Beamish

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Thank you for completing the Medicine's Management  
module

**CONTINUE**

## **Saving your course completion**

Please follow the instructions on screen carefully to ensure you save your assessment results and course completion.

**CONTINUE**

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## **Credits**

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### **Design by**

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Thank you for completing this learning.  
Click the **exit button** to leave the course.

EXIT