Interim Policy for the Administration of Pharmacy (P) and General Sales List (GSL) Medicines by Registered Nurses to Adult patients in Powys Teaching Health Board Community Hospitals.

Discretionary/Homely Medicines Policy

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PTHB acknowledge that this document is past the review date. An extension has been applied to this issue following discussion with the Document Owner and is expected to be completed by July 2018.

Do not print this document. The latest version will be accessible via the intranet.
If the review date has passed please contact the Author for advice.

Version Control

Version	Summary of Changes/Amendments	Issue Date
1	Initial Issue	June 2016
2	Summarise any change / additions etc. including “no change required” if that is the case Addition of paracetamol suppositories Addition for requirement of digital rectal examination (DRE) prior to use of glycerin suppositories or sodium citrate enema. Inclusion of “where rapid relief is required” added to glycerine suppositories.	May 2017

ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Pharmacist
Medicines Nurse

Circulated to the following for Consultation

Date	Role / Designation
Feb 2016	Head of Medicines Management
	Medical Director
	Director of Nursing
	Head of Nursing, North Locality
	Head of Nursing, South Locality
	Integrated Clinical Team Managers
	Assistant Director of Nursing
May 2017	Heads of Nursing

Evidence Base
Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area?

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement**
Age	x				Please remember policy documents are published to both the **intranet** and **internet.** The version on the internet must be translated to Welsh.
Disability	x				
Gender	x				
Race	x				
Religion/ Belief	x				
Sexual Orientation	x				
Welsh Language	x				
Human Rights	x				

Risk Assessment Summary

Have you identified any risks arising from the implementation of this policy / procedure / written control document?
No risks identified

If yes, note the risk/s and action taken to mitigate. If no please state no risks identified

Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?
No governance issues identified

As above

Have you identified any training and / or resource implications as a result of implementing this?
Awareness training will be provided by the Medicines Management Team.
Target audience will be registered general nurses working within Powys Community Hospitals.
Compliance with this policy will be monitored by annual retrospective audit of 10 instances where this policy has been used. This audit may be conducted by the ward manager or Medicines Management team. Audit results will be fed back to ward teams and the Prescribing and Therapeutics Committee and any additional learning needs identified.

Please record any training or resource issues /requirements associated with the implementation of your document

1 Introduction

This interim policy provides a clear framework to support Registered Nurses to **administer** medication from an agreed list of Pharmacy (P) and General Sales List (GSL) medicines to patients in Community Hospitals, where the medicine is not already prescribed, a PGD is not in place and a doctor is not on site.

This policy only applies to the **administration** of medication to adult patients. Supply of medication is not permitted by this policy.

Definitions

GSL	General Sales List Medication – can be sold in a variety of retail outlets, but may be restricted in terms of pack size and number of packs that can be sold at one time.
P	Pharmacy medicine – can be sold from a registered pharmacy by a pharmacist or someone working under the supervision of a pharmacist
POM	Prescription only medicines – requires a prescription written by an appropriate practitioner before it can be supplied.
PGD	Patient Group Direction – a written direction that allows the supply and/or administration of a specified medicine by named authorised health professionals, to a well defined group of patients requiring treatment for a specific condition.

2 Objective

Every Registered Nurse, works to the Nursing and Midwifery Council (NMC) Code and NMC Standards for Medicines Management and is professionally accountable for their individual practice. In a local context, they are required to adhere to Powys Teaching Health Board (Powys THB) policies and guidelines.

4 Responsibilities

The Registered Nurse has a responsibility to:-

- Complete the awareness training, in order to ensure they are competent and feel confident when administering P/GSL medicines
- Assess the patient and plan their care
- Discuss treatment to be administered with the patient
- Record the assessment, any intervention and arrangements for review in the nursing records, care plan or care pathway
- Write any medication administered on the All Wales Medication Administration Record and reasons for administration (indication) in the patients nursing notes.
- Administer the medication for the duration of time specified in the policy and recognise that the prescription is invalid after this time
- Review the patient's response to treatment and monitor clinical observations as appropriate.
- Seek medical advice if the symptoms persist or worsen or there is an actual or potential reaction to the treatment.
- Recognise their limitations and seek medical advice if they are concerned about the patient's overall condition or if the medication has been ineffective.
- Report any serious adverse drug reactions via the MHRA Yellow Card Scheme

This task cannot be delegated and so the registered nurse making the decision to administer a medicine under this policy must carry out the administration to the patient.

The Medicines Management Team has a responsibility to:-

- Update and review the policy and advise on any major changes
- Ensure safe systems of supply for medicines named in the policy
- Develop and deliver initial awareness training and any on-going training as required
- Ensure attendance at training sessions is recorded via ESR
- Audit the use of the policy through annual audit of the All Wales Medication Administration Record

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Nurse Managers have a responsibility to:-

- Ensure the competency of Registered Nurses administering medicines under the policy.
- Ensure awareness training is included as part of the induction process for new appointees
- Ensure Registered Nurses have completed the awareness training before they commence administration of any P/GSL medicines included in the policy.
- Sign off the schedule of staff authorised to use this policy.

5 Processes

Awareness training for this policy will be provided by the Medicines Management team. Compliance with this policy will be monitored by annual retrospective audit of 10 instances where this policy has been used. This audit may be conducted by the Integrated Clinical Team Manager or Medicines Management team.

6 Monitoring Compliance, Audit & Review

This interim document will be reviewed in 4 months, with a view to formalising a policy within PTHB

7 References / Bibliography

- BNF 71 March 2016
- National Prescribing Centre. Patient Group Directions. A Practical Guide and Framework of Competencies for all Professionals using Patient Group Directions'. December 2009 London
- Nursing and Midwifery Council (NMC) Standards for Medicines Management. April 2010

Appendices

Appendix 1 – Staff Permitted to use Policy Signature Sheet

Contraindications and Hypersensitivities:

The decision to administer one of the medicines included in this policy should be made in conjunction with the senior registered nurse on duty on the ward. The administering registered nurse must ensure that there are no contra-indications or exclusions before giving the medicine and no known hypersensitivity reactions to any of the constituents of the products. The allergies box on the All Wales Medication Administration Record must be checked and if appropriate the patient questioned.

Record Keeping

Any medication administered must be clearly recorded in the patients' nursing notes. The following must be included:-

- Symptoms allowing patient to be treated under this policy
- Name of the medication, strength and dose administered
- Date(s) and time(s) of administration
- Effectiveness of treatment and any adverse reactions experienced
- Any advice given to the patient
- Signature of person responsible for the administration

The medication must also be recorded on the front of the All Wales Medication Administration Record in the 'PRESCRIPTIONS FOR ONCE ONLY and PRE-ANAESTHETIC MEDICATION'. Under the PHARMACY column add the phrase "homely med".

PRESCRIPTIONS FOR ONCE ONLY and PRE-ANAESTHETIC MEDICATION										
DATE	MEDICINE (APPROVED NAME)	DOSE	ROUTE	TIME TO BE GIVEN	PRESCRIBERS SIGNATURE	PHARMACY	DATE	TIME GIVEN	GIVEN BY	CHECKED BY
15/2	PARACETAMOL	1g	PO	11.20	Alice Nurse bleep No	Homely med	15/2	11.20	AN	
					bleep No					
					bleep No					
					bleep No					
					bleep No					
					bleep No					
					bleep No					
					bleep No					
					bleep No					

Treatment Length

The treatment length is indicated for each medicine in the tables below, but in all cases clinical judgement should be exercised and if within the time period, there are any concerns the doctor should be contacted. Where further treatment is required, beyond the lengths stated, a doctor must be contacted to reassess the patient's condition and prescribe as appropriate.

Authorisation to use this Policy

Authorisation to use this policy should be made by individual Registered Nurses completing the approved form (appendix 1)

LIST OF APPROVED MEDICATIONS

Administration of Paracetamol Tablets or Suspension

Name of Medication:	PARACETAMOL
Clinical situation in which medicine may be used:	For the relief of occasional mild to moderate pain or pyrexia
Criteria for Inclusion:	• Adult inpatient giving verbal consent • Mild to moderate pain • Pyrexia – temperature greater than 37^{o}C
Criteria for Exclusion:	• Allergy or hypersensitivity to paracetamol or any excipients ○ Note some brands of paracetamol suspension should not be taken by patients with rare hereditary problems of fructose intolerance due to the presence of maltitol liquid (E965) and sorbitol liquid (E420). Check current brand in use. • Patient has received a dose of paracetamol or a paracetamol containing product e.g. co-codamol within the previous four hours. • Patient has received the maximum dose of paracetamol or a paracetamol-containing product within the previous 24 hours. • Alcohol dependence • Suppositories - a digital rectal examination (DRE) should be carried out to check for faecal loading and for abnormalities including blood, pain and obstruction. Only proceed if satisfied with this examination
Cautions, seek medical advice as appropriate:	• Current moderate to severe hepatic or renal impairment – seek medical advice and document. • Adults weighing less than 39kg – consider reducing dose to 500mg.
Form and strength	Tablets/Capsules/Caplets 500mg Suspension 250mg/5ml Suppositories 500mg
Route of administration	Oral or rectal
Dose:	Oral - 500mg to 1g Rectal – 500mg
Frequency of Administration:	Every 6 hours
Max total dose in 24 hours:	4g

Max duration of treatment:	48 hours for pain 24 hours for pyrexia
Information for Administration	• Soluble tablets have a high sodium content and are therefore not included in this protocol. Ordinary paracetamol tablets can be broken up if necessary or the suspension used. • May be given as an alternative to or in combination with ibuprofen if appropriate.
Adverse Reactions:	• Side effects are rare; but rashes and blood disorders have been reported. • Allergic reactions (possibly delayed) have been reported due to excipients in some brands of suspension. • Liver damage (and less frequently renal damage) can occur following overdose.
Verbal advice for patient:	• The tablets may take 30 minutes to work • Inform nurse if symptoms persist or worsen

Administration of Ibuprofen Tablets or Liquid

Name of Medication:	Ibuprofen
Clinical situation in which medicine may be used:	For the relief of occasional mild to moderate pain or pyrexia
Criteria for Inclusion:	• Adult inpatient giving verbal consent • Mild to moderate pain including muscular pain, neuralgia, migraine, headache, dental pain, sprains or strains. • Feverish symptoms associated with colds and influenza or post vaccination
Criteria for Exclusion:	• Patients taking other NSAIDs (including low dose aspirin). • Patients who have taken any drug listed as interacting with ibuprofen in the current BNF- see Appendix 1 under NSAIDs, if in doubt seek advice from a doctor or pharmacist and document advice. Ibuprofen must be avoid in patients receiving:- o Anti-platelet drugs (e.g. low dose aspirin, clopidogrel) o Ciclosporin o Corticosteroids (e.g. prednisolone) o Erlotinib o Lithium o Methotrexate o Quinolone antibiotics (e.g. ciprofloxacin) o SSRI antidepressants (e.g. citalopram, fluoxetine, paroxetine) o Sulfonylureas (e.g. gliclazide, glipizide) o Tacrolimus o Venlafaxine • Patients taking oral anticoagulatns such as warfarin, dabigatran, apixiban, rivaroxaban, phenidione or with bleeding disorders • History of active GI disease e.g. peptic ulcer, bleeding, Crohn's disease or colitis • Liver or renal impairment • Heart failure or hypertension • Asthmatics (unless they know they can tolerate NSAIDs) • Hypersensitivity to any ingredients of the preparation or other NSAIDs or aspirin
Cautions, seek medical advice as appropriate:	• Check the BNF Appendix 1, under NSAIDs for cautions on interacting drugs

Form and strength	• Tablets 200mg or 400mg • Liquid (oral suspension) 100mg/5ml
Route of administration	Oral
Dose:	200mg or 400mg
Frequency of administration:	Up to three times a day
Max total dose in 24 hours:	Maximum 1.2g in 24 hours (three 400mg tablets or six 200mg tablets)
Max duration of treatment:	48 hours for pain 24 hours for pyrexia
Information for Administration	• Administer with or after food • May be given as an alternative to or in combination with paracetamol if appropriate.
Adverse Reactions:	**Common side effects:** • Gastrointestinal disorders including nausea, vomiting, diarrhoea, dyspepsia, abdominal pain, ulceration and gastrointestinal haemorrhage • Hypersensitivity reactions including asthma, bronchospasm, rashes and angioedema • Fluid retention **Less common side effects** • Headache, dizziness, depression, insomnia, hearing disturbances, insomnia, vertigo, nephrotoxicity (especially in patients prescribed diuretics), renal failure (especially with pre existing renal impairment), abnormal liver function, blood disorders and photosensistivity.
Verbal advice for patient:	• The medication may take 30 minutes to work • Inform nurse if symptoms persist or worsen

Administration of Aliginate Containing Antacid

Name of Medication:	Gaviscon Advance or Peptac Liquid
Clinical situation in which medicine may be used:	For symptomatic relief of acid indigestion (dyspepsia) or gastric reflux
Criteria for Inclusion:	• Adult inpatient giving verbal consent • Mild symptoms of heart burn, acid indigestion or reflux
Criteria for Exclusion:	• Severe gastric pain • Rectal bleeding or haematemesis • Patients on a low sodium diet e.g. hypernatraemia, heart failure or hypertension (peptac and gaviscon contain significant levels of sodium) • Moderate to severe renal impairment or hyperkalaemia (contain potassium) • Hypercalcaemia or recurrent renal calculi (contain calcium carbonate) • Hypersensitivity to any ingredients of the preparation
Cautions, seek medical advice as appropriate:	• History of angina or myocardial infarction – consider differential diagnosis. • Receiving medications known to cause GI ulceration e.g. aspirin, NSAIDs and corticosteroids.
Form and strength	Liquid/suspension
Route of administration	Oral
Dose:	Peptac – 10 to 20ml Gaviscon Advance – 5 to 10ml
Frequency of administration:	Up to four times a day – after meals and at bedtime
Max total dose in 24 hours:	Peptac – max 80ml in 24 hours Gaviscon Advance – max 40ml in 24 hours
Max duration of treatment:	Maximum of 8 doses over 48 hours

Information for Administration	• Shake bottle well before use • Do not administer at the same time as enteric coated tablets – leave at least 2 hours either side of administration.
Adverse Reactions:	• Occasionally patients may experience constipation or gastrointestinal upset
Verbal advice for patient:	• Usually symptoms improve after 15 minutes • Inform nurse if symptoms persist or worsen • Lifestyle advice may be useful e.g. avoid aggravating foods such as fats, weight reduction if appropriate. • Raising the head of the bed may help

Administration of Senna Tablets or Liquid

Name of Medication:	Senna
Clinical situation in which medicine may be used:	Management of uncomplicated, simple constipation, including drug induced constipation. Constipation being defined as passage of hard stools less frequently than the patient's own normal pattern.
Criteria for Inclusion:	• Adult inpatient giving verbal consent • Patient has had no bowel action for 2 – 3 days **or** • Passage of painful/hard stools or need to strain
Criteria for Exclusion:	• Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stools • Have or suspected to have intestinal obstruction, inflammatory or ulcerative bowel disease • Abdominal distension • Patients with a colostomy or ileostomy • Hypersensitivity to any ingredients of the preparation
Cautions, seek medical advice as appropriate:	• Patients with a history of laxative abuse • History of irritable bowel disease • Presence of haemorrhoids • For drug induced constipation a medical review should be sought at the earliest opportunity.
Form and strength	Tablets 7.5mg Liquid (syrup) 7.5mg/5ml
Route of administration	Oral
Dose:	Tablets – one or two tablets Liquid – 5 or 10ml
Frequency of administration:	Once daily at night
Max total dose in 24 hours:	One dose in 24 hours – max two tablets or 10ml
Max duration of treatment:	Two days i.e. two nighttime doses.
Information for Administration	• Document bowel movements; be cautious for overflow diarrhoea due to high impaction. • Lactulose is an osmotic laxative which softens the stool and may be more appropriate than senna to use in patients with hard

	stools or with haemorrhoids. • For drug induced constipation lactulose and senna can be used together.
Adverse Reactions:	• May cause abdominal cramps due to the increase in intestinal motility
Verbal advice for patient:	• Will take 8 to 12 hours to work • Urine may be discoloured a yellow/brown colour • Encourage patient to take plenty of fluids and give dietary advice where appropriate • Inform nurse if symptoms persist or worsen

Administration of Lactulose Solution

Name of Medication:	Lactulose solution
Clinical situation in which medicine may be used:	Management of uncomplicated, simple constipation, including drug induced constipation. Constipation being defined as passage of hard stools less frequently than the patient's own normal pattern.
Criteria for Inclusion:	• Adult inpatient giving verbal consent • Patient has had no bowel action for 2 – 3 days **or** • Passage of painful/hard stools or need to strain
Criteria for Exclusion:	• Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stools • Have or suspected to have intestinal obstruction, inflammatory or ulcerative bowel disease • Abdominal distension • Patients with a colostomy or ileostomy • Hypersensitivity to any ingredients of the preparation including lactose intolerance or galactosaemia
Cautions, seek medical advice as appropriate:	• Patients with a history of laxative abuse • For drug induced constipation a medical review should be sought at the earliest opportunity.
Form and strength	Solution containing lactulose 3.1 – 3.7g per 5ml
Route of administration	Oral
Dose:	15ml
Frequency of administration:	Twice daily
Max total dose in 24 hours:	30ml
Max duration of treatment:	Two days i.e 4 doses
Information for Administration	• Document bowel movements; be cautious for overflow diarrhoea due to high impaction. • Lactulose is an osmotic laxative which softens the stool and may be more appropriate than senna to use in patients with hard stools or with haemorrhoids.

	• For drug induced constipation lactulose and senna can be used together.
Adverse Reactions:	• May cause nausea (which can be reduced by administering with water, fruit juice or meals), vomiting, cramps and abdominal discomfort
Verbal advice for patient:	• Will take 1 to 2 days to work • Encourage patient to take plenty of fluids and give dietary advice where appropriate • Inform nurse if symptoms persist or worsen

Administration of Sodium Citrate Enema

Name of Medication:	Sodium Citrate Enema – brands include – Micolette Micro-enema, Micralax Micro-enema or Relaxit Micro-enema
Clinical situation in which medicine may be used:	Constipation with evidence of faecal impaction. Constipation being defined as passage of hard stools less frequently than the patient's own normal pattern.
Criteria for Inclusion:	• Adult inpatient giving verbal consent • Acute impacted constipation with no other new symptoms • A digital rectal examination (DRE) should be carried out to check for faecal loading and for abnormalities including blood, pain and obstruction. Only proceed if satisfied with this examination
Criteria for Exclusion:	• Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stools • Have or suspected to have intestinal obstruction, inflammatory or ulcerative bowel disease • Have a rectal fissure or haemorrhoids. • Hypersensitivity to any ingredients of the preparation
Cautions, seek medical advice as appropriate:	• Patients with a history of laxative abuse • For drug induced constipation a medical review should be sought at the earliest opportunity.
Form and strength	Micro-enema containing 450mg sodium citrate
Route of administration	Rectal
Dose:	Contents of one enema (5ml)
Frequency of administration:	Once daily
Max total dose in 24 hours:	One dose
Max duration of treatment:	Two days i.e. two doses
Information for Administration	• Toilet/commode must be within easy reach of the patient prior to the treatment being administered • Lubricate the nozzle with one drop of the contents; insert full length of nozzle into the rectum and squeeze tube until total

	contents have been administered. • Document bowel movements.
Adverse Reactions:	• May cause diarrhoea in the short term • Very occasionally, a slight cramp may occur
Verbal advice for patient:	• The enema should take between 5 and 15 minutes to work • Inform nurse if symptoms persist or worsen • Encourage patient to take plenty of fluids and give dietary advice where appropriate

Administration of Glycerol (Glycerin) Suppositories

Name of Medication:	Glycerol (Glycerin) suppositories
Clinical situation in which medicine may be used:	Constipation where there is no evidence of faecal impaction and oral medication has been ineffective or would be inappropriate. Constipation being defined as passage of hard stools less frequently than the patient's own normal pattern.
Criteria for Inclusion:	• Adult inpatient giving verbal consent • Patient has had no bowel action for 2 – 3 days **or** • Passage of painful/hard stools or need to strain • No evidence of faecal impaction • Oral laxatives have been ineffective, would be inappropriate or where rapid relief is required. • A digital rectal examination (DRE) should be carried out to check for faecal loading and for abnormalities including blood, pain and obstruction. Only proceed if satisfied with this examination
Criteria for Exclusion:	• Have acute gastrointestinal symptoms including abdominal pain, nausea, vomiting or blood or mucus in their stools • Have or suspected to have intestinal obstruction, inflammatory or ulcerative bowel disease • Have a rectal fissure or haemorrhoids. • Hypersensitivity to any ingredients of the preparation
Cautions, seek medical advice as appropriate:	• Patients with a history of laxative abuse • For drug induced constipation a medical review should be sought at the earliest opportunity.
Form and strength	Suppositories containing Glycerol (Glycerin) 4g
Route of administration	Rectal
Dose:	One suppository
Frequency of administration:	Once daily preferably in the morning
Max total dose in 24 hours:	One suppository in 24 hours

Max duration of treatment:	Two days i.e. two suppositories
Information for Administration	• Toilet/commode must be within easy reach of the patient prior to the treatment being administered • The suppository should be removed from its foil or plastic packaging and moistened with water before insertion. • Document bowel movements.
Adverse Reactions:	• Rectal soreness or irritation is possible.
Verbal advice for patient:	• Glycerol (Glycerin) Suppositories act within 1 hour. • Inform nurse if symptoms persist or worsen • Encourage patient to take plenty of fluids and give dietary advice where appropriate

Administration of Simple Linctus

Name of Medication:	Simple Linctus BP or Simple Linctus Sugar Free – citric acid monohydrate
Clinical situation in which medicine may be used:	Management of irritating dry cough
Criteria for Inclusion:	• Adult inpatient giving verbal consent • Irritating dry, tickly, non-productive cough without any other respiratory symptoms
Criteria for Exclusion:	• Patients who appear unwell, with shortness of breath or wheeziness. • Hypersensitivity to any ingredients of the preparation
Cautions, seek medical advice as appropriate:	• **Patients with diabetes mellitus must be given the sugar free preparation.** • Patients presenting with a dry persistent cough who are receiving angiotensin-converting enzyme inhibitors (e.g. ramipril, perindopril or lisinopril) should be referred to medical staff for review at the earliest opportunity. • All coughs that have persisted for more than 3 weeks must be referred to the doctor for review
Form and strength	Liquid (linctus) containing citric acid monohydrate 2.5%
Route of administration	Oral
Dose:	5ml
Frequency of administration:	Up to four times a day
Max total dose in 24 hours:	4 doses (20ml) in 24 hours
Max duration of treatment:	2 days (8 doses)
Information for Administration	No specific advice

Adverse Reactions:	Unlikely at normal doses, although rarely hypersensitivity reactions to ingredients may occur.

Appendix 1 Ward Name_____

Registered Nurses eligible use this Discretionary Medicines Policy				
Name printed	Signature	Designation	Date	Ward Sister/Charge Nurse Signature & Date