NMC standards for Medicine Management

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands.

- We exist to safeguard the health and wellbeing of the public.
- We set the standards of education, training and conduct that nurses and midwives need to deliver high quality healthcare consistently throughout their careers.
- We ensure that nurses and midwives keep their skills and knowledge up to date and uphold the standards of their professional code.
- We ensure that midwives are safe to practise by setting rules for their practice and supervision.
- We have fair processes to investigate allegations made against nurses and midwives who may not have followed the code.

Introduction

The Nursing and Midwifery Council (NMC) is the UK regulator for two professions: nursing and midwifery. The primary purpose of the NMC is protection of the public. It does this through maintaining a register of all nurses, midwives and specialist community public health nurses eligible to practise within the UK and by setting standards for their education, training and conduct. One of the most important ways of serving the public interest is through providing advice and guidance to registrants on professional issues. The purpose of this booklet is to set standards for safe practice in the management and administration of medicines by registered nurses, midwives and specialist community public health nurses.

Standards for medicine management replace the Guidelines for the administration of medicines 2004, although many of its principles remain relevant today, for example:

“The administration of medicines is an important aspect of the professional practice of persons whose names are on the Council’s register. It is not solely a mechanistic task to be performed in strict compliance with the written prescription of a medical practitioner (can now also be an independent and supplementary prescriber). It requires thought and the exercise of professional judgement...”

Many government and other agencies are involved in medicines management from manufacture, licensing, prescribing and dispensing, to administration. As the administration of a medicinal product is only part of the process, these standards reflect the process from prescribing through to dispensing, storage, administration and disposal. There exists an extensive range of guidance on medicines management from a range of relevant bodies. Sources of information are listed on pages 55–58. One of the best sources of advice locally is the pharmacist.

As with all NMC standards, this booklet provides the minimum standard by which practice should be conducted and will provide the benchmark by which practice is measured. Due to the complexity, speed and extent of change in contemporary health care, it is not intended to cover every single situation that you may encounter during your career. Instead, it sets out a series of standards that will enable you to think through issues and apply your professional expertise and judgement in the best interests of your patients. It will also be necessary to develop and refer to additional local and national policies and protocols to suit local needs.

Definitions

Medicinal products

“Any substance or combination of substances presented for treating or preventing disease in human beings or in animals. Any substance or combination of substances which may be administered to human beings or animals with a view to making a medical diagnosis or to restoring, correcting or modifying physiological functions in human beings or animals is likewise considered a medicinal product.” Council Directive

Medicines management

“The clinical, cost-effective and safe use of medicines to ensure patients get the maximum benefit from the medicines they need, while at the same time minimising potential harm.” (MHRA 2004).

Blood and blood products

Blood is not classified as a medicinal product although some blood components are. Products derived from the plasma component of blood such as blood clotting factors, antibodies and albumin are licensed and classified as considered to be medicinal products. For the purpose of the administration of medicinal products registrants would be expected to apply the standards for medicines management to all medicinal products but should consider additional guidance by the National Patient Safety Agency– guidance launched on 9 November 2006; Right patient, Right blood

(available at www.npsa.nhs.uk). A key requirement of this guidance is that all staff involved in blood transfusion undergo formal competency assessment on a three-yearly basis.

Use of the word 'patient' throughout the document

Throughout this document where the word 'patient' is used this refers to whoever the medication may be administered to, for example, patient, client, user or woman (midwifery).

Use of the word 'registrant' throughout the document

Throughout this document where the word 'registrant' is used this refers to nurses, midwives and specialist community public health nurses who are registered on the NMC register.

Summary of standards

This section provides a summary of the standards for easy reference. For further detail you should read, follow and adhere to the standards as detailed later in the document. It is essential that you read the full guidance.

Section 1

Methods of supplying and/or administration of medicines

Standard 1: Methods

Registrants must only supply and administer medicinal products in accordance with one or more of the following processes:

- Patient specific direction (PSD)
- Patient medicines administration chart (may be called medicines administration record MAR)
- Patient group direction (PGD)
- Medicines Act exemption
- Standing order
- Homely remedy protocol
- Prescription forms

Standard 2: Checking

Registrants must check any direction to administer a medicinal product.

Standard 3: Transcribing

As a registrant you may transcribe medication from one 'direction to supply or administer' to another form of 'direction to supply or administer'.

Section 2

Dispensing

Standard 4: Prescription medicines

Registrants may in exceptional circumstances label from stock and supply a clinically appropriate medicine to a patient, against a written prescription (not PGD), for self-administration or administration by another professional, and to advise on its safe and effective use.

Standard 5: Patients' own medicines

Registrants may use patients' own medicines in accordance with the guidance in this booklet Standards for medicines management.

Section 3

Storage and transportation

Standard 6: Storage

Registrants must ensure all medicinal products are stored in accordance with the patient information leaflet, summary of product characteristics document found in dispensed UK-licensed medication, and in accordance with any instruction on the label.

Standard 7: Transportation

Registrants may transport medication to patients including controlled drugs, where patients, their carers or representatives are unable to collect them, provided the registrant is conveying the medication to a patient for whom the medicinal product has been prescribed, (for example, from a pharmacy to the patient's home).

Section 4

Standards for practice of administration of medicines

Standard 8: Administration

As a registrant, in exercising your professional accountability in the best interests of your patients:

- You must be certain of the identity of the patient to whom the medicine is to be administered
- You must check that the patient is not allergic to the medicine before administering it
- You must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- You must be aware of the patient's plan of care (care plan or pathway)
- You must check that the prescription or the label on medicine dispensed is clearly written and unambiguous
- You must check the expiry date (where it exists) of the medicine to be administered
- You must have considered the dosage, weight where appropriate, method of administration, route and timing
- You must administer or withhold in the context of the patient's condition,

  (For example, Digoxin not usually to be given if pulse below 60) and co-existing therapies, for example, physiotherapy
- You must contact the prescriber or another authorised prescriber without delay where contra-indications to the prescribed medicine are discovered, where the patient develops a reaction to the medicine, or where assessment of the patient indicates that the medicine is no longer suitable (see Standard 25).
- You must make a clear, accurate and immediate record of all medicine administered intentionally withheld or refused by the patient, ensuring the signature is clear and legible. It is also your responsibility to ensure that a record is made when delegating the task of administering medicine.

  In addition:
- Where medication is not given, the reason for not doing so must be recorded.
- You may administer with a single signature any prescription only medicine (POM), general sales list (GSL) or pharmacy (P) medication.

  In respect of controlled drugs:

- These should be administered in line with relevant legislation and local standard operating procedures.
- It is recommended that for the administration of controlled drugs a secondary signatory is required within secondary care and similar healthcare settings.
- In a patient's home, where a registrant is administering a controlled drug that has already been prescribed and dispensed to that patient, obtaining a secondary signatory should be based on local risk assessment.
- Although normally the second signatory should be another registered health care professional (for example doctor, pharmacist, dentist) or student nurse or midwife, in the interest of patient care, where this is not possible, a second suitable person who has been assessed as competent may sign. It is good practice that the second signatory witnesses the whole administration process. For guidance, go to www.dh.gov.uk and search for safer management of controlled drugs: guidance on standard operating procedures.
- In cases of direct patient administration of oral medication from stock in a substance misuse clinic, it must be a registered nurse who administers, signed by a second signatory (assessed as competent), who is then supervised by the registrant as the patient receives and consumes the medication.
- You must clearly countersign the signature of the student when supervising a student in the administration of medicines.

Standard 9: Assessment

As a registrant, you are responsible for the initial and continued assessment of patients who are self-administering and have continuing responsibility for recognising and acting upon changes in a patient's condition with regards to safety of the patient and others.

Standard 10: Self-administration – children and young people

In the case of children, when arrangements have been made for parents or carers or patients to administer their own medicinal products prior to discharge or rehabilitation, the registrant should ascertain that the medicinal product has been taken as prescribed.

Standard 11: Remote prescription or direction to administer

In exceptional circumstances, where medication has been previously prescribed and the prescriber is unable to issue a new prescription, but where changes to the dose are considered necessary, the use

of information technology (such as fax, text message or email) may be used but must confirm any change to the original prescription.

Standard 12: Text messaging

As a registrant, you must ensure that there are protocols in place to ensure patient confidentiality and documentation of any text received including: complete text message, telephone number (it was sent from), the time sent, any response given, and the signature and date when received by the registrant.

Standard 13: Titration

Where medication has been prescribed within a range of dosages, it is acceptable for registrants to titrate dosages according to patient response and symptom control and to administer within the prescribed range.

Standard 14: Preparing medication in advance

Registrants must not prepare substances for injection in advance of their immediate use or administer medication drawn into a syringe or container by another practitioner when not in their presence.

Standard 15: Medication acquired over the internet

Registrants should never administer any medication that has not been prescribed, or that has been acquired over the internet without a valid prescription.

Standard 16: Aids to support compliance

Registrants must assess the patient's suitability and understanding of how to use an appropriate compliance aid safely.

Section 5

Delegation

Standard 17: Delegation

A registrant is responsible for the delegation of any aspects of the administration of medicinal products and they are accountable to ensure that the patient, carer or care assistant is competent to carry out the task.

Standard 18: Nursing and midwifery students

Students must never administer or supply medicinal products without direct supervision.

Standard 19: Unregistered practitioners

In delegating the administration of medicinal products to unregistered practitioners, it is the registrant who must apply the principles of administration of medicinal products as listed above. They may then delegate an unregistered practitioner to assist the patient in the ingestion or application of the medicinal product.

Standard 20: Intravenous medication

Wherever possible, two registrants should check medication to be administered intravenously, one of whom should also be the registrant who then administers the intravenous (IV) medication.

Section 6

Disposal of medicinal products

Standard 21: Disposal

A registrant must dispose of medicinal products in accordance with legislation.

Section 7

Unlicensed medicines

Standard 22: Unlicensed medicines

A registrant may administer an unlicensed medicinal product with the patient's informed consent against a patient-specific direction but NOT against a patient group direction.

Section 8

Complementary and alternative therapies

Standard 23: Complementary and alternative therapies

Registrants must have successfully undertaken training and be competent to practise the administration of complementary and alternative therapies.

Section 9

Management of adverse events (errors or incidents) in the administration of medicines

Standard 24: Management of adverse effects

As a registrant, if you make an error you must take any action to prevent any potential harm to the patient and report as soon as possible to the prescriber, your line manager or employer (according to local policy) and document your actions. Midwives should also inform their named supervisor of midwives.

Standard 25: Reporting adverse reactions

As a registrant, if a patient experiences an adverse drug reaction to a medication, you must take any action to remedy harm caused by the reaction. You must record this in the patient's notes, notify the prescriber (if you did not prescribe the drug) and notify via the Yellow Card Scheme immediately.

Section 10

Controlled drugs

Standard 26: Controlled drugs

Registrants should ensure that patients prescribed controlled drugs are administered these in a timely fashion in line with the standards for administering medication to patients. Registrants should comply with and follow the legal requirements and approved local standard operating procedures for controlled drugs that are appropriate for their area of work.

Contents

Standards

Standard 1: Methods

1 Registrants must only supply and administer medicinal products in accordance with one or more of the following processes:

1.1 Patient-specific direction (PSD)

1.2 Patient medicines administration chart (may be called a medicines administration record (MAR)

1.3 Patient group direction (PGD)

1.4 Medicines Act Exemption (where they apply to nurses)

1.5 Standing order

1.6 Homely remedy protocol

1.7 Prescription forms

2. Once a medicinal product has been prescribed and dispensed to an individual, the drug is the individual's own property. To use it for someone else is theft. Registrants should refer to DH (2006) Medicines Matters: A guide to mechanisms for the prescribing, supply and administration of medicines.

Patient-specific direction (PSD)

3 A patient-specific direction (PSD) is a written instruction from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient. In primary care, this might be a simple instruction in the patient's notes. Examples in secondary care include instructions on a patient's medicines administration chart. The direction would need to be specific as to the route of administration it cannot simply authorise a course of treatment to several patients. Where a PSD exists, there is no need for a patient group direction.

4 Each individual patient must be identified on the PSD. An example of using a PSD is in the administration of routine vaccine where a list of patients due a vaccine may be identified beforehand. In the case of controlled drugs, it is essential to comply with full prescription requirements. Go to www.dh.gov.uk and search for controlled drugs.

Patient medicines administration chart

5 The patient medicines administration chart is not a prescription but a direction to administer medication. It must be signed by a registered prescriber and authorises the delegation to administer

medication on the prescriber's behalf. However, in doing so the registrant is accountable for their actions and for raising any concerns about the direction with the prescriber, for example, in respect to clarity.

Patient group direction (PGD)

6 Patient group directions (PGDs) are specific written instructions for the supply or administration of a licensed named medicine including vaccines to specific groups of patients who may not be individually identified before presenting for treatment. Guidance on the use of PGDs is contained within Health Service Circular (HSC)

7 See Home Office circular 049/2003. Controlled Drugs Legislation – Nurse Prescribing And Patient Group Directions. Go to www.dh.gov.uk and search for controlled drugs.

8 Guidance has also been issued in Wales (WHC 2000/116), and in Scotland and Northern Ireland.

9 The circular also identifies the legal standing of PGDs plus additional guidance on drawing them up and operating within them. It is vital that anyone involved in the delivery of care within a PGD is aware of the legal requirements. PGDs are not a form of prescribing.

10 PGDs are drawn up locally by doctors, dentists, pharmacists, and other health professionals where relevant. They must be signed by a doctor or dentist and a pharmacist, both of whom should have been involved in developing the direction, and must be approved by the appropriate health care organisation. The NMC would consider it good practice that a lead practitioner from the professional group using the PGD and senior manager where possible, are also involved and sign off a PGD.

11 PGDs can be used by independent providers for NHS commissioned services. As medicines legislation does not apply outside the UK, a PGD would not be required

– For example – on cruise ships. However, the NMC would consider it good practice for such bodies to develop protocols using PGD templates that are signed off by a doctor, dentist, pharmacist, other health professionals where relevant and a senior manager where possible.

12 PGDs should only be used once the registrant has been assessed as competent and whose name is identified within each document. The administration of drugs via a PGD may not be delegated. Students cannot supply or administer under a PGD but would be expected to understand the principles and be involved in the process. Where medication is already subject to exemption order legislation there is no requirement for a PGD.

13 When supplying under PGD, this should be from the manufacturer's original packs or over-labelled pre-packs so that the patient details, date and additional instructions can be written on the

label at the time of supply. Registrants must not split packs. For more information on labelling see annexe 2.

14 See To PGD or not to PGD at:

www.portal.nelm.nhs.uk/PGD/viewRecord.aspx?recordID=422

15 PGDs in the NHS:

www.mhra.gov.uk/home/idcplg?IdcService=SS_GET_PAGE&nodeId=148

16 PGDs in the private sector:

www.mhra.gov.uk/home/idcplg?IdcService=SS_GET_PAGE&nodeId=147

Medicines Act Exemptions

17 Allow certain groups of healthcare professionals including occupational health nurses under occupational health schemes and midwives to sell, supply and administer specific medicines directly to patient and clients.

17.1 Provided the requirements of any conditions attached to those exemptions are met, a PGD is not required.

17.2 Registrants must work to locally agreed written protocols and procedures, and maintain auditable records.

17.3 Occupational health nurses that offer services, for example, open access travel clinics outside of occupational health schemes must comply with guidance from the appropriate regulator.

18 Registrants may only supply and administer under an exemption order where the order pertains to them. Where nurses are working as emergency care practitioners within an ambulance service they may not supply and administer under paramedic exemptions unless they are also registered as a paramedic with the Health Professions Council – to do so would contravene medicine legislation and the employer's vicarious liability would not apply.

19 Search for NMC Circular 1/2005 Medicine legislation: what it means for midwives at

www.nmc-uk.org

20 In the past, maternity service providers and occupational health schemes have produced local guidelines, often referred to as 'standing orders', to supplement the legislation on the medicinal products that practising midwives and occupational health nurses may supply and/or administer. These guidelines are not a prerequisite under any legislation. There is no legal definition for standing orders and this term does not exist in any medicines legislation. The NMC would consider it good practice where midwives and occupational health nurses are using standing orders for medicinal products that are not covered by Medicines Act Exemptions that these should be converted to PGDs.

Homely remedy protocols

21 Homely remedy protocols cannot be used for prescription only medicines including controlled drugs. These must be supplied and administered under a PSD, a prescription or a PGD.

Guidance

22 Homely remedy protocols are not prescriptions but protocols to enable administration of general sales list (GSL) and pharmacy only (P) listed medicines in settings, for example, care homes, children's homes and some educational institutions. Although they have no legal standing they are required for liability purposes. Any registrant using a homely remedy protocol must ensure there is a written instruction that has been drawn up and agreed in consultation with other relevant qualified professionals. (Where possible this should be a medical practitioner or pharmacist.) The protocol should clarify what medicinal product may be administered and for what indication it may be administered, the dose, frequency and time limitation before referral to a GP. An example of a homely remedy could be paracetamol for a headache. All registrants using the protocol should be named and they should sign to confirm they are competent to administer the medicinal product, acknowledging they will be accountable for their actions.

23 The NMC considers it good practice that the employing organisation signs off all protocols.

Prescription forms

24 NHS prescription forms are classified as secure stationery. Prescription forms are

Serially numbered and have ant counterfeiting and anti-forgery features. Within the NHS they are purchased by primary care trusts (PCTs), hospital boards and hospitals via a secure ordering system, and distributed free. The range of prescription forms used by registered prescribers can be found in each UK country government website.

25 Specific controlled drug prescription forms are available from the local health care organisation, for example, PCT, LHB, for use in the private healthcare sector. Specific controlled drug prescriptions are used for treatment of addiction and for private prescriptions for controlled drugs. Only the designated prescription form should be used. Detailed guidance on how to complete prescription forms, including special requirements when prescribing controlled drugs, is available from the Department of Health (DH), Health Care Commission (HCC), Home Office, the Prescription Prices Division of the NHS Business Services Authority website and

In the BNF. The Regulation and Quality Improvement Authority is equivalent to the HCC in Northern Ireland. Registrants in Northern Ireland should access their website for up-to-date information on their standards. www.npc.co.uk/controlled_drugs/CDGuide_2ndedition_February_2007.pdf

26 For the Welsh Health circular, go to:

www.wales.nhs.uk/documents/WHC_2006_018.pdf

27 Search for the Home Office Circular Controlled Drugs Legislation – Nurse Prescribing and Patient Group Directions at: www.knowledgenetwork.gov.uk/HO/circular.nsf

Who may write a prescription?

28 Any qualified and registered independent prescriber may prescribe all prescription only medicines for all medical conditions. In addition, nurse independent prescribers may also prescribe some controlled drugs.

29 Supplementary prescribers may prescribe in accordance with a clinical management plan (CMP) in a tripartite arrangement with a doctor or dentist, the patient and the supplementary prescriber. A supplementary prescriber, when acting under and in accordance with the terms of a CMP, may administer and supply or direct any person to administer controlled drugs in schedules 2, 3, 4 and 5, and can prescribe unlicensed medicinal products. Please see section 5 of this document on delegation.

Prescribing by nurses, midwives and specialist community public health nurses

30 The Medicinal Products: Prescription by Nurses Act 1992 and subsequent amendments to the pharmaceutical services regulations allow nurses and midwives, who have recorded their qualification on the NMC register, to become nurse or midwife prescribers. There are two levels of nurse and midwife prescribers:

Community practitioner nurse prescribers

30.1 These are registrants who have successfully undertaken a programme of preparation to prescribe from Community Practitioner Nurse Prescribers' Formulary. They can prescribe the majority of dressings and appliances, and a limited range of prescription only medicines. The Community Nurse Prescribers' Formulary can be found on the British National Formulary website. Go to: www.bnf.org

Independent and supplementary nurse and midwife prescribers

30.2 These are nurses and midwives who are trained to make a diagnosis and prescribe the appropriate treatment (independent prescribing). They may also, in cases where a doctor has made an initial diagnosis, go on to prescribe or review the medication, and change the drug, dosage, timing or frequency or route of administration of any medication as appropriate as part of a clinical management plan (supplementary prescribing).

31 Nurse or midwife independent prescribers can prescribe all prescription only medicines including some controlled drugs, and all medication that can be supplied by a pharmacist or bought over the counter. They must only prescribe drugs that are within their area of expertise and level of competence, and should only prescribe for children if they have the expertise and competence to do so.

32 Nurse, midwife and specialist community public health nurse prescribers must comply with current prescribing legislation and are accountable for their practice.

33 For Department of Health guidance go to www.dh.gov.uk and search: nurse independent prescribing.

Standard 2: Checking

1 Registrants (1st and 2nd level) must check any direction to administer a medicinal product.

2 As a registrant you are accountable for your actions and omissions. In administering any medication, or assisting or overseeing any self-administration of medication, you must exercise your professional judgement and apply your knowledge and skill in the given situation. As a registrant, before you administer a medicinal product you must always check that the prescription or other direction to administer is:

2.1 Not for a substance to which the patient is known to be allergic or otherwise unable to tolerate

2.2 Based, whenever possible, on the patient's informed consent and awareness of the purpose of the treatment

2.3 Clearly written, typed or computer-generated and indelible

2.4 specifies the substance to be administered, using its generic or brand name where appropriate and its stated form, together with the strength, dosage, timing, frequency of administration, start and finish dates, and route of administration

2.5 is signed and dated by the authorised prescriber

2.6 in the case of controlled drugs, specifies the dosage and the number of dosage units or total course; and is signed and dated by the prescriber using relevant documentation as introduced, for example, patient drug record cards.

3 And that you have:

3.1 Clearly identified the patient for whom the medication is intended

3.2 Recorded the weight of the patient on the prescription sheet for all children, and where the dosage of medication is related to weight or surface area (for example, cytotoxics) or where clinical condition dictates recorded the patient's weight.

Standard 3: Transcribing

1 As a registrant you may transcribe medication from one 'direction to supply or administer' to another form of 'direction to supply or administer'.

Guidance

2 This should only be undertaken in exceptional circumstances and should not be routine practice. However, in doing so you are accountable for your actions and omissions. Any medication that you have transcribed must be signed off by a registered prescriber. In exceptional circumstances this may be done in the form of an email, text or fax before it can be administered by a registrant.

3 Any act by which medicinal products are written from one form of direction to administer to another is transcribing. This includes, for example, discharge letters, transfer letters, copying illegible patient administrations charts onto new charts, whether hand-written or computer-generated.

4 When medicine administration records in a care home are hand-written by a registrant, they may be transcribed from the details included on the label attached to the dispensed medicine. However, in doing so the registrant must ensure that the charts are checked by

another registrant where possible, and where not, another competent health professional.

5 The registrant is accountable for what they have transcribed.

6 Managers and employers are responsible for ensuring there is a rigorous policy for transcribing that meets local clinical governance requirements.

7 As care is being increasingly provided in more 'closer to home' settings that are often nurse-led, managers and employers should undertake a risk assessment involving registrants, pharmacists and responsible independent prescribers to develop a management process to enable transcribing to be undertaken where necessary. It should not be routine practice. Any transcription must include the patient's full name, date of birth, drug, dosage, strength, timing, frequency and route of administration.

8 Transposing is the technical term used by pharmacists for transcribing.

9 Registrants are advised to read the Health Care Commission guidance for the transcribing of prescribed medicines for individuals on admission to children's hospices. The principles apply to all settings. Go to www.cqc.org.uk. Registrants in Northern Ireland should refer to the Regulation and Quality Improvement Authority website at www.rqia.org.uk

The standards: Section 2

Dispensing

Standard 4: Prescription medicines

1 Registrants may in exceptional circumstances label from stock and supply a clinically appropriate medicine to a patient, against a written prescription (not PGD), for self-administration or administration by another professional, and to advise on its safe and effective use.

Guidance

2 The definition of dispensing is "To label from stock and supply a clinically appropriate medicine to a patient, client or carer, usually against a written prescription, for self-administration or administration by another professional, and to advice on safe and effective use". (MHRA, 2006)

3 Dispensing includes such activities as checking the validity of the prescription, the appropriateness of the medicine for an individual patient, assembly of the product, labelling in accordance with legal requirements and providing information leaflets for the patient.

4 If under exceptional circumstances you, as a registrant, you are engaged in dispensing, this represents an extension to your professional practice. There is no legal barrier to this practice. However, this must be in the course of the business of a hospital, and in accordance with a registered prescriber's written instructions and covered by a standard operating procedure (SOP). In a dispensing doctor's practice, registrants may supply to patients under a particular doctor's care, when acting under the directions of a doctor from that practice. The patient has the legal right to expect that the dispensing will be carried out with the same reasonable skill and care that would be expected from a pharmacist.

Standard 5: Patients' own medicines

1 Registrants may use patients' own medicines in accordance with the guidance in this booklet Standards for medicines management.

2 The NMC welcomes and supports the self-administration of medicinal products and the administration of medication by carers wherever it is appropriate.

The use of patients' own medicinal products in any setting

3 Where patients have their own supply of medicinal products, whether prescribed, over the counter (from a pharmacy, supermarket or shop), complementary therapy, and herbal preparation or homely remedy such as paracetamol, the registrant has a responsibility to:

3.1 ask to see the medicinal products

3.2 check for suitability of use

3.3 explain how and why they will or won't be used

3.4 establish if they are prescribed

3.5 ascertain if they meet the criteria for use.

4 These medicinal products including controlled drugs remain the patient's property and must not be removed from the patient without their permission and must only be used for that named individual.

5 The registrant has a responsibility to document in the patient's notes when a patient refuses consent:

5.1 To use their own medicines

5.2 To dispose of their own medicinal products no longer required

5.3 To dispose of their own medicinal products not suitable for use

5.4 when in the hospital or care home setting to send their own medicinal products home with a relative or carer

Storage of patients' own medicinal products

6 As a registrant you have the following responsibilities:

6.1 To ensure that suitable facilities are provided to store patients' own medicinal products for their safe storage

6.2 To assess patients on a regular basis using local polices to ensure that the individual patient is still able to self-administer

6.3 To document issues relating to storage in their records

6.4 That the medicines cabinet or locker is kept locked and that the master key is kept secure

6.5 That if the patient is self-administering, consent is obtained from the patient to keep the individual medicines cabinet/locker locked and the key secure with the patient

6.6 That if a patient moves to another bed, to another ward or room or is discharged, the patient's medicinal products are transferred with the patient

6.7 In a hospital setting, best practice indicates that stock medicines should not be placed in the patient's locked cabinet or locker as they are not labelled for that individual patient.

Administering medicines using the patient's own supply in the hospital or care home setting

7 When administering medicines from the patient's own supply, the registrant must check the medicines in the locked cabinet or locker with the prescription chart and use only those medicines belonging to that named patient.

8 If a supply is not available, medicines belonging to another patient must not be used.

9 For further guidance on the use of patients' own medicinal products including discharge and checking medications to take home (TTOs) see annexe 3. For self-administration of medicines see standard 9 of this document

Self-administration of medicines.

One-stop dispensing

10 In some hospitals a system of one-stop dispensing is in operation and local policies should be developed for this using the guidance for patients' own medicinal products as stated under standard 5 of this document.

Guidance

11 One-stop dispensing is a system of administering and dispensing medicinal products adopted in hospitals throughout the UK (Audit Commission Report: A Spoonful of Sugar 2002 – The Right Medicine (Scottish Executive 2002). It involves using the patient's own medicinal products during their stay in hospital, either those dispensed by a community pharmacy or by the hospital pharmacy or both, providing they contain a patient information leaflet and are labelled with full instructions for use. Supplies are replenished should the supply run out whilst in hospital or when any new items are prescribed. Patients are discharged with a supply of medicinal products as agreed locally.

12 In one-stop dispensing, medicinal products are dispensed once only on or during admission ready for discharge. Registrants should check that the medication handed to the patient on discharge is as per the discharge prescription, as medicines may be altered or stopped during hospital admission. If a particular medicine has been stopped during admission and is not to be restarted on discharge, the patient must be informed. The ward pharmacist is a useful resource for advice.

The standards: Section 3

Storage and transportation

Standard 6: Storage

1 Registrants must ensure all medicinal products are stored in accordance with the patient information leaflet, summary of product characteristics document found in dispensed UK-licensed medication and in accordance with any instruction on the label.

Guidance

2 The patient information leaflet or summary of product characteristics document for UK-licensed medicinal products may be found at www.emc.medicines.org.uk. Policies should be in place to ensure all storage environments meet the required standards and it is the responsibility of the registrant to check such policies are in place and are being adhered to. This is particularly important for medicines requiring storage within a limited temperature range, for example, refrigeration of vaccines when maintenance of the cold chain has to be considered during transfer for school sessions or administration in the patient's home.

Go to www.the-shipman-inquiry.org.uk/4r_page.asp?id=3119

Standard 7: Transportation

1 Registrants may transport medication to patients including controlled drugs (CDs), where patients, their carers or representatives are unable to collect them, provided the registrant is conveying the medication to a patient for whom the medicine has been prescribed (for example, from a pharmacy to the patient's home).

Guidance

2 However, it is considered good practice that registrants should not routinely transport CDs in the course of their practice. This should only be undertaken in circumstances where there is no other reasonable mechanism available. All drugs should be kept out of sight during transportation.

3 When collecting CDs from a pharmacy, the registrant will be asked to sign for them and prove identity in the form of their professional identity badge or Pin (where self-employed). Midwives must be familiar with the use of midwives supply orders. Go to NMC Circular 25/2005 which you can find at www.nmc-uk.org/ publications. It is anticipated as a recommendation from the Shipman Inquiry Fourth Report that new documentary evidence will be required in the form of a patient drug record card. Registrants would be expected to be aware of and comply with any new legislation and guidance introduced.

The standards: Section 4

Standards for practice of administration of medicines

1 Having initially checked the direction to supply or administer that a medicinal product is appropriate for your patient or client (standard 2) you may then administer medication.

Standard 8: Administration

2 As a registrant, in exercising your professional accountability in the best interests of your patients:

2.1 You must be certain of the identity of the patient to whom the medicine is to be administered

2.2 You must check that the patient is not allergic to the medicine before administering it

2.3 You must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications

2.4 You must be aware of the patient's plan of care (care plan or pathway)

2.5 You must check that the prescription or the label on medicine dispensed is clearly written and unambiguous

2.6 You must check the expiry date (where it exists) of the medicine to be administered

2.7 You must have considered the dosage, weight where appropriate, method of administration, route and timing

2.8 You must administer or withhold in the context of the patient's condition (for example, Digoxin not usually to be given if pulse below 60) and co-existing therapies, for example, physiotherapy

2.9 You must contact the prescriber or another authorised prescriber without delay where contra-indications to the prescribed medicine are discovered, where the patient develops a reaction to the medicine, or where assessment of the patient indicates that the medicine is no longer suitable (see standard 25)

2.10 you must make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible; it is also your responsibility to ensure that a record is made when delegating the task of administering medicine.

In addition:

3 Where medication is not given, the reason for not doing so must be recorded.

4 You may administer with a single signature any prescription only medicine, general sales list or pharmacy medication.

In respect of controlled drugs:

5 These should be administered in line with relevant legislation and local standard operating procedures.

6 It is recommended that for the administration of controlled drugs, a secondary signatory is required within secondary care and similar healthcare settings.

7 In a patient's home, where a registrant is administering a controlled drug that has already been prescribed and dispensed to that patient, obtaining a secondary signatory should be based on local risk assessment.

8 Although normally the second signatory should be another registered health care professional (for example doctor, pharmacist, dentist) or student nurse or midwife, in the interest of patient care, where this is not possible a second suitable person who has been assessed as competent may sign. It is good practice that the second signatory witnesses the whole administration process. For guidance, go to www.dh.gov.uk and search for Safer Management of Controlled Drugs: Guidance on Standard Operating Procedures.

9 In cases of direct patient administration of oral medication, for example, from stock in a substance misuse clinic, it must be a registered nurse who administers, signed by a second signatory (assessed as competent), who is then supervised by the registrant as the patient receives and consumes the medication.

10 You must clearly countersign the signature of the student when supervising a student in the administration of medicines.

11 These standards apply to all medicinal products.

Guidance

Assessing competence to support a patient in taking their medication

12 A policy must be in place and adhered to in assessing the competence of an individual to support a patient in taking medication. A record of the individual's training and assessment should be kept, and all refresher or continuing education and training should also be routinely kept.

13 The registrant delegating should be satisfied that the individual has an appropriate level of education and training and has been assessed as competent. Where this is not the case, the registrant may refuse to delegate, even when requested to do so by another health professional. The registrant is accountable for her own actions including delegation.

Clarifying identity

14 Where there are difficulties in clarifying an individual's identity, for example, in some areas of learning disabilities, patients with dementia or confusional states, an up-to-date photograph should be attached to the prescription chart(s). For patients with burns where the wearing of a wristband is inappropriate and a photograph would not resemble the patient, local policies should be in place to ensure all staff are familiar with the patients and a system of identification is in place. Registrants are responsible for ensuring the photograph remains up to date.