
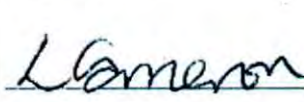



Procedure for Medicines Administration Rounds using Hospital Electronic Prescribing and Medicines Administration (HEPMA) System and Equipment in in-patient areas

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Executive Sign-Off

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

Signature:  _____

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* Changes marked should detail the section(s) of the document that have been amended, i.e. page number and section heading.

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Procedure for Medicines Administration Rounds using Hospital Electronic Prescribing and Medicines Administration (HEPMA) System and Equipment in in-patient areas

1. Introduction

Medicines administration is one of the most common interventions within healthcare. The incorrect administration of a medicine (wrong drug, wrong dose or wrong route) can result in significant harm to the patient. To ensure patients' safety when receiving medicines in hospital it is essential that Health Boards have clear processes for staff to follow. The Royal Pharmaceutical Society and Royal College of Nursing joint document [Professional Guidance on the Administration of Medicines in Healthcare Settings](#) states that there should be “organisational policies and procedures in use for the medicines administration process” and goes on to detail what the procedure should include, the principles of which have been included in this document.

1.1 Objectives

To provide a procedure for NHS Grampian staff to follow when administering medicines using Hospital Electronic Prescribing and Medicines Administration (HEPMA) system and equipment.

1.2 Definitions

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

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

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

1.3 Clinical Situations

This document applies to all NHS Grampian staff who administer medicines **and** are using HEPMA in their clinical areas.

1.4 Areas to Which This Document Applies

This document applies to all clinical areas within NHS Grampian using HEPMA in line with [Regional HEPMA SOPs](#).

1.5 Areas to Which This Document Does Not Apply

This document does not apply to clinical areas within NHS Grampian who are not using HEPMA. Staff in areas not using HEPMA should refer to the [Instructions for NHS Grampian Staff on the Prescribing and Administration of Medicines using the NHS Grampian Prescription and Administration Record](#).

2. Procedure

General Guidance

Medicines must be administered in accordance with a:

- Prescription
- Patient Specific Direction (PSD)
- Patient Group Direction (PGD)

Recording administration of intravenous (IV) drugs and controlled drugs (CDs) will be within HEPMA following [Regional HEPMA SOPs](#) but the relevant NHS Grampian policies and procedures should also be followed:

- [Policy and Procedures for the Prescribing, Preparation and Administration of Injectable Medicine and Infusions in Near Patient Areas](#)
- [NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics](#)

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

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

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

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

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

Check all aspects of the prescription before commencing medicine administration. If any aspects of the prescription are unclear, check with the prescriber.

Some medicines will continue to require a supplementary prescription chart e.g. Subcutaneous Insulin Prescription and Administration Record (SIPAR), warfarin,

gentamicin and vancomycin. When additional charts are in use a placeholder in HEPMA will highlight this, both HEPMA and the supplementary chart must be completed on administration.

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

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

In areas where self-administration of medicine has been implemented staff must follow the [NHS Grampian Policy for Self-Administration of Medicines \(SAM\) in Hospital](#) and local SOP for Self-Administration of Medicine. See [Self Administration](#) for instructions on how to record in HEPMA.

Staff should follow the advice in the [Prevention of Omitted Doses Poster](#) if the potential for an omitted dose is identified. For further details see the [NHS Grampian Management of Omitted or Delayed Medicines Policy](#).

Routine Medicines Administration Round

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

1. Qualified practitioner obtains SV40 (see image in [appendix](#)) for use and secures "as required" medicines in the large locked drawer of the SV40.
2. Qualified practitioner takes SV40 to patient bed side and accesses HEPMA administration round to checks all patient details and information are complete.
3. Each medicine due should be administered by following these steps:

Right Patient

Identify the patient by:

- Asking the patient to state their full name and date of birth, where possible.
- Checking their identification bracelet:
 - Check that the patient's full name, date of birth and CHI on their identification bracelet corresponds with their details in HEPMA.
 - Extreme care must be exercised with highly dependent patients and in locations where there is an agreed policy not to use identification bracelets.
 - Where the identification bracelet is not used, the patient's identity must be confirmed by another appropriate means as per local procedure.

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

Right Drug

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

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

Identify the medicines due to be given, if there is any doubt about the prescription, an appropriate senior colleague should be consulted.

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

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

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

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

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

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

Right Dose

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

Right Route

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

Right Time

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

Check that the dose has not already been administered by following [Administration History for PRN and Regular Medication](#).

Once the 5 rights of medicines administration has been checked place the required dose in an appropriate container for the patient to take the medicine. Witness the patient taking the medication and record administration in HEPMA.

4. Return medicines to individual POD locker and/or the locked drawer of SV40 as appropriate.
5. Move to next patient and repeat process. For cleaning instructions follow [NHS Grampian Infection Prevention and Control \(IPC\)](#) and specific guidance; [HP PCs - How to Clean Your Computer](#) and [SV40 Cleaning Instructions](#).
6. After last patient, return as required medicines to locked cupboard in drug storage room.
7. Leave SV40 in a safe place, available for next task.
8. Good practice would be to restock/order PODs and medicines after each regular medicines administration round.

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

Medicine administration out with routine drug round

Qualified practitioner must access the inpatient record on HEPMA using a device. Following the 5 rights of medication administration, medicine can be dispensed from the designated safe storage space and taken to patient bed side with the HEPMA device. Once medication has been administered, HEPMA chart should be completed.

3. References

All accessed 31/05/23

- (a) The Royal Pharmaceutical Society and Royal College of Nursing [Professional Guidance on the Administration of Medicines in Healthcare Settings](#) (2019)
- (b) Regional HEPMA Standard Operating Procedures [SOP/Guides/Forms Library \(sharepoint.com\)](#)
- (c) [Instructions for NHS Grampian Staff on the Prescribing and Administration of Medicines using the NHS Grampian Prescription and Administration Record](#) (2021)
- (d) [Policy and Procedures for the Prescribing, Preparation and Administration of Injectable Medicines and Infusions in Near Patient Areas \(nhsgrampian.org\)](#) (2021)
- (e) [NHS Grampian Policy and Procedure for the Safe Management of Controlled Drugs in Hospitals and Clinics](#) (2022)
- (f) [Policy For The Covert Administration Of Medication In Adults For Staff Working Within NHS Grampian](#) (2021)
- (g) [NHS Grampian Policy For Self Administration Of Medicines \(SAM\) In Hospital](#) (2022)
- (h) [NHS Grampian Prevention of Omitted Doses Poster](#) (2023)
- (i) [NHS Grampian Management of Omitted or Delayed Medicines Policy](#) (2023)
- (j) [NHS Grampian Storage of Medicines Within Clinical Areas Policy](#) (2020)
- (k) [NHS Grampian Infection Prevention and Control](#)
- (l) [HP PCs - How to Clean Your Computer](#)
- (m) [SV40 Cleaning Instructions](#)

4. Distribution list

Chief Nurses/Midwives
Clinical Nurse/Midwifery Managers
Senior Charge Nurses/Midwives

Appendix

Photo of SV40

