Policy Document Control Page

Title

Title: Policy for the Administration of Specified Discretionary Medicines for a Maximum of 3 Doses to Inpatients Aged 12 Years and Over

Version: Version 7

Reference Number: CL52

Supersedes

Supersedes: Version 6

Description of amendment(s):

- **Updated Sections 10 & 11**
- **Update to drug monographs in appendices as per Summary of Product Characteristics**

Originator

Originated by: Lesley Smith

Designation: Chief Pharmacist

Equality Impact Assessment (EIA) Process

Equality Relevance Assessment Undertaken by: Lesley Smith/ Robert Hallworth

ERA undertaken on: 14 November 2016

ERA approved by EIA Work group on: 9 December 2016

Where policy deemed relevant to equality-

EIA undertaken by

EIA undertaken on

EIA approved by EIA work group on

Approval and Ratification

Referred for approval by: Chief Pharmacist

Date of Referral: 12 December 2016

Approved by: Drugs and Therapeutics Committee

Approval Date: 4 November 2016

Date Ratified by Executive Directors: 19th December 2016

Executive Director Lead: Medical Director

Circulation

Issue Date: 12th January 2017

Circulated by: Performance and Information

Issued to: An e-copy of this policy is sent to all wards and departments

Policy to be uploaded to the Trust's External Website? YES / NO

Review

Review Date: 4 November 2019

Responsibility of: Lesley Smith

Designation: Chief Pharmacist

This policy is to be disseminated to all relevant staff.

This policy must be posted on the Intranet.

Date Posted: 12th January 2016

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1 INTRODUCTION

This policy allows the administration of specified medication, by Registered Nurses, to inpatients aged 12 years and over for a maximum of 3 doses without a prescription from a doctor, in situations where a delay in administration would be detrimental to the patient.

All Registered Nurses currently registered with the Nursing and Midwifery Council and employed by Pennine Care NHS Foundation Trust, are authorised to administer the listed medication on a discretionary basis, for the treatment of minor ailments.

Competency to administer the medicines is the professional responsibility of the individual Registered Nurse, this includes:

- Awareness of the Trust Medicines Policy (CL15)
- Appropriate recognition of symptoms and appropriate judgement as to when to seek medical assessment
- Understanding of this procedure including the limitations of use of any of the specified medicines
- Knowledge and use of the current edition of the BNF and BNF for Children.

The following medicines may be given for a maximum of three doses (unless otherwise stated) and documented on the relevant section of the in-patient prescription chart: -

Gaviscon Advance liquid
Paracetamol tablets/ soluble tablets/ oral suspension
Senna tablets/ liquid
Simple Linctus.

2 REFERRAL

All patients will be eligible to receive a specified medication subject to exclusion criteria and/or contra-indications for the individual medicines.

A medicine will be considered at the request of a patient and/ or as a response to symptoms assessed by the Registered Nurse.

If a patient declines to accept a recommended medicine then a medical officer/ prescriber should be contacted to assess the patient as soon as possible.

If a medicine is felt to be unsuitable for a patient, or if the nurse suspects the patient has a more serious underlying cause of their symptoms, then a medical officer / prescriber should be called to make an assessment as soon as possible.

3 INCLUSION CRITERIA

All inpatients aged 12 years and over.
See the individual drug monographs for indications and further details.

4 EXCLUSION CRITERIA

All inpatients under the age of 12 years.
Patients who are pregnant or breastfeeding.
See individual drug monographs for further details.

5 ASSESSMENT AND FOLLOW-UP

5.1 Prior to administration the Registered Nurse must check that the discretionary medicine is not prescribed in the regular or 'when required' (PRN) section of the in-patient prescription chart and that there are no contraindications to the administration of the medicine in the patient.

5.2 Assessment of the patient with respect to the treated symptoms should be ongoing.

5.3 When, or before, three doses have been administered, the patient should be assessed by a medical officer / prescriber and the medicine specifically prescribed if necessary.

6 ADMINISTRATION AND SUPPLY

6.1 Registered Nurses may administer up to a total of three doses of the specified discretionary medicines to an individual patient.

6.2 After three doses have been administered any subsequent doses can only be administered against a written prescription in the regular or when required sections of the inpatient prescription chart.

6.3 When any medicine listed in this policy is prescribed on the regular or when required sections of the inpatient prescription chart it is no longer a discretionary medicine and the written prescription must be followed.

6.4 Special care must be taken to ensure any discretionary medicine administered is not contraindicated against any regular or when required medicines already prescribed, for example, paracetamol may only be administered in addition to regular co-codamol 8/500mg tablets provided the maximum dose of paracetamol is not exceeded and within the prescribed dose time intervals.

6.5 The specified discretionary medicines will normally be available as ward stock. See the drug monographs (Appendix 1) for further details of the individual discretionary medicines.

6.6 The administration procedures will be the same as for all other medicines and in accordance with the Medicines Policy (CL15).

7 DOCUMENTATION

The administration of discretionary medicines must be recorded on the relevant section of the inpatient prescription.

8 WARNING AND ADVERSE REACTIONS/INTERACTIONS

Any adverse reactions experienced by the patient should be reported in accordance with the Trust Incident Reporting, Management and Investigation Policy (CO10) and also via the Yellow Card system for the reporting of Adverse Drug Reactions. Yellow Cards may be found in the back of the current edition of the British National Formulary (BNF) or at www.mhra.gov.uk/yellowcard

Refer to:

- **Guidelines for the reporting of Adverse Drug Reactions (MM038).**

9 INDIVIDUAL DRUG MONOGRAPHS

A drug monograph containing relevant information regarding each of the listed discretionary medicines for administration by Registered Nurses is available in Appendix 1.

The monographs should be used as a reference source together with the information contained in the current edition of the BNF and BNF for Children.

10 IMPLEMENTATION AND TRAINING

The Trust will ensure that this policy has been issued and implemented as follows:

10.1 Issue and Implementation

A variety of dissemination methods are in place to make sure that all staff are aware of, have access to and comply with, this policy.

Lists of all new policies are published in the Trust's Corporate Brief including a brief description and its intended audience.

All policies are held on the Trust's intranet to which all staff have access. Staff should always consult the intranet for the latest version.

Where a hard copy is kept on a ward/clinical area, it is the responsibility of the Ward Manager/Team Leader to ensure that the current version is on file.

Following approval, the Chief Pharmacist is responsible for cascading details of the latest version of all policies to all healthcare professionals.

Ward and service managers are responsible for ensuring staff in their area of managerial control are fully aware of the content of the policy.

All healthcare staff are responsible for ensuring they understand the content of this policy and to act accordingly.

10.2 Training

Training in medicines optimisation and in relation to the policy forms part of the Trust's essential to role training programme for identified staff groups.

The format of this medicines optimisation training is described as per the Trust Training Needs Analysis.

Where pharmacy staff provide additional training on medicines on an ad hoc basis or at the request of managers within the Trust, attendance records will be completed and forwarded to the Workforce and Organisation Development department for inclusion on the electronic training record.

Pharmacy staff input on an ongoing basis to the induction programme of junior medical staff.

Further training will be made available when necessary to support initiatives of the National Reporting and Learning System (NRLS) / NICE.

Medicines management training needs in relation to this policy should be identified through the Individual Performance and Development Review (IPDR) process and feed into the Trust Training Needs Analysis (TNA).

Training required for individual members of staff is identified through the Trust's IPDR process and arranged as appropriate.

11 AUDIT AND MONITORING OF COMPLIANCE

11.1 Audit

Audit in relation to this policy will be carried out as part of the Trust's clinical audit programme and in accordance with the annual audit calendar.

11.2 Monitoring

Compliance with this policy will be monitored by means of an analysis of incidents and complaints, by the Managing Prescribing Risk group on a quarterly basis, where there has been a failure to follow procedure.

Action plans to manage improvement in compliance will be developed by the Managing Prescribing Risk group on a quarterly basis, where necessary and key findings of both audit and monitoring of compliance will be reported to the Drugs and Therapeutics Committee.

12 RELATED POLICIES AND PROCEDURES

This policy should be read in conjunction with the following:

- **Medicines Policy (CL15)**

13 REVIEW

The Drugs and Therapeutics Committee will review this policy every three years or sooner should the need arise.

APPENDIX 1

Gaviscon Advance liquid

Indication	Indigestion / heartburn associated with reflux oesophagitis
Exclusion criteria	• Patients on a salt restricted diet • Hypercalcaemia • Patients passing stools containing blood or black stools • Patients coughing or vomiting blood ("coffee ground" vomit) • Vomiting or constipation alongside indigestion • Hypersensitivity to any of the ingredients
Licensing	Licensed for use in adults and children 12 years of age and over.
Cautions / Need for further advice	1) Can impair absorption of other medicines, avoid taking at the same time of day. 2) Non-steroidal anti-inflammatory drugs (NSAIDs) e.g. ibuprofen, diclofenac, may cause indigestion. Stop NSAID if this occurs, as may be NSAID induced ulcer. Gaviscon Advance can still be given and patient referred to doctor. Severe indigestion and blood in stools – refer to doctor immediately. 3) Symptoms should improve after seven days – if not reassess clinical situation.
Route / Method of administration	Oral
Dosage and frequency	5ml or 10ml after meals and at bedtime
Duration of treatment	Maximum of three doses under this policy
Quantity to supply / administer	One dose (5ml or 10ml)
Side effects	VERY RARE allergic reaction
Advice to patient	Best taken after meals and at bedtime

Paracetamol 500mg tablets/ soluble tablets/ oral suspension 250mg / 5ml

Indication	Mild to moderate headache Fever Mild aches and pains
Exclusion criteria	• Hepatic or renal impairment • Known alcohol dependence • Sudden intense headache • Headache after injury • Pain felt in the eye • Central nervous involvement e.g. drowsiness, irritability, numbness, 'pins and needles', muscle weakness – refer to doctor. • Hypersensitivity to paracetamol.
Licensing	All formulations are licensed for use in adults and children over 12 years.
Cautions / Need for further advice	1) Check that other medicines, prescribed or not, do not contain paracetamol 2) Treat pain promptly. Tablets may take up to 30 minutes to work. 3) In case of overdose refer to A&E department immediately
Route / Method of administration	Oral
Formulations	**Tablets 500mg** **Soluble tablets 500mg** **Oral suspension 250mg / 5ml**
Dosage and frequency	**12-16 years:** 480mg – 750mg every 4-6 hours Maximum of 4 doses in 24 hours **16 years and above:** 500mg – 1g every 4 - 6 hours. Maximum of 4g in 24 hours
Duration of treatment	Maximum of 3 doses under this policy
Quantity to supply / administer	One dose
Side effects	Rashes, blood disorders, acute Pancreatitis after prolonged use, liver damage following overdose.
Advice to patient	Avoid other paracetamol containing products. DO NOT exceed the stated dose.

Senna 7.5mg tablets / 7.5mg/5ml liquid

Indication	Constipation
Exclusion criteria	• Patients with acute gastrointestinal condition e.g. inflammatory bowel disease or gastrointestinal obstruction. • Patients with constipation alternating with diarrhoea, blood and/ or slime present in the stool, abdominal pain accompanied by nausea and/ or vomiting. • Acute constipation with no definable precipitating cause. • Impacted faeces (with or without diarrhoea) • Colonic atony • Irritable bowel syndrome (IBS) • Haemorrhoids **Not recommended in pregnancy / breastfeeding**
Licensing	Licensed for use in adults and children over 12 years
Cautions / Need for further advice	Risk of diarrhoea – if this occurs discontinue and reassess. May be overflow diarrhoea due to impaction – refer to doctor.
Route / Method of administration	Oral
Dosage and frequency	Initial dose should be low then gradually increased. **<u>7.5mg tablets</u>** 1-2 tablets at bedtime, max dose 30mg (4 tablets) Child 6 to 18 years: 1 to 4 tablets once daily, adjusted according to response. **<u>7.5mg/5ml liquid</u>** 10ml – 20ml at bedtime Child 4 to 18 years: 2.5 to 20ml once daily, adjusted according to response.
Duration of treatment	Maximum of 3 doses under this policy
Quantity to supply / administer	One dose
Side effects	Abdominal cramps
Advice to patient	Senna can take 8 – 12 hours for any effect. Avoid long-term use.

Simple Linctus

Indication	Cough (mild, non-specific)
Exclusion criteria	• Asthmatics • Blood stained sputum • Severe pain with coughing • Patients known to be diabetic (sugar-free preparation of simple linctus is available) **Avoid in pregnancy unless recommended by a doctor**
Licensing	Simple Linctus Sugar Free is licensed for use in adults. Simple Linctus Paediatric Sugar Free is licensed for use in children.
Cautions / Need for further advice	1) Patients taking an angiotensin converting enzyme (ACE) inhibitor – use may need to be reviewed if persistent dry cough. Simple linctus is used to control short-term symptoms. 2) Discoloured sputum may indicate infection connected with the cough. Treat short-term symptoms and refer to doctor.
Route / Method of administration	Oral
Dosage and frequency	5ml 3 - 4 times a day
Duration of treatment	Maximum of 3 doses under this policy
Quantity to supply / administer	One dose