Policy on the Administration of Controlled Drugs in the Community

Purpose

The purpose of this document is to describe the policy of Myhomecare in relation to medication management of controlled drugs.

A controlled medication is one whose use, storage and distribution are tightly controlled by the Misuse of Drugs Acts1977, 1984 and the Misuse of Drugs Regulations 1988 to 1993 and 2007. The legal term for these drugs is the abbreviation "MDA" followed by the appropriate Drug Schedule Number (1 to 5)

For the purpose of this policy, controlled medications refer to MDA Schedule 2 and 3 medications only (for a list of the more common MDA Schedule 2 and 3 medications see Appendix 3).

Scope

All management and staff at all grades employed by or working within Myhomecare services. It is acknowledged that local needs may dictate specific policies and protocols authorising the practices of individuals involved with medicines (An Bord Altranais, 2007).

Policy Statement

It is the Policy of Myhomecare that:

All people using Myhomecare services will be supported to manage their own medication. However, in circumstances where this is not possible, or the service user chooses not to, Myhomecare will provide support in line with a person centred approach.

It is important to note that the decision-making regarding responsibility for medication management and the ability to self-administer should be reviewed with the service user during their re-assessments, as a service user's views/opinions with respect to this issue may change over time.

- Records are kept to account for all medicines. This includes all medicines received, administered to the service user, given to the service user. A medicine administration record is maintained for each service user except those who take responsibility for their own medication.
- Documentation in the service user's care plan should detail all medications
- The service user's medicines should be stored in an appropriate, safe and secure storage and access should be limited to the service user/carer/nurse supporting the service user.
- Continual collaboration and communication should occur with the medical practitioner concerning the service user's medication management.
- Nursing staff managing medication will adhere to Myhomecare's standard procedures and guidelines in relation to medication management and outlined in the Myhomecare Medication Management policy.

- Only in exceptional circumstances, should the policy/procedures not be adhered to, for example if a staff member was of the opinion that by following the policy/procedure that a service user would be harmed. In these circumstances the staff member should consult immediately with the service user and his/her doctor and follow any advice given. All actions must be noted.

Specific Responsibilities

Myhomecare

Myhomecare is responsible for ensuring that all staff members involved in the administering of controlled medication receive appropriate training, supervision and support.

Managers

- The manager is responsible for ensuring that a copy of this document is available to all nursing and care staff, and is available to users of the service and family members.
- A structured and supportive supervision process in relation to clinical care should be put in place by management.
- Clear lines of communication and agreed arrangements must exist between the different healthcare professionals who may be required to provide care for the service user with medication management.
- It is the responsibility of the manager to ensure the nursing staff managing controlled medication have received training, certification and refreshers as necessary.
- In the event of an incident the manager must follow the standard procedure for reporting medication errors

Nursing Staff

- Nurses/midwives practising in the community who are administering MDA Schedule 2 drugs to a patient/service-user for whom they have been prescribed should communicate with the prescriber to ensure that the patient's/service-user's requirements for these drugs are regularly and frequently reviewed (An Bord Altranais, 2007).
- The nurse has an obligation to practice according to the legislation governing nursing and midwifery practice, and the current standards and policies of regulatory bodies and health service providers. Nurses and midwives should be aware of their legal and professional accountability with regard to medication management.
- The nurse should have knowledge of the relevant statutes and legislation regarding the practices of prescribing, dispensing, storing, supplying and administering scheduled medicinal products.

Relevant statutes and legislation relating to medication management.

- Each nurse/midwife is expected to develop and maintain competence with regard to all aspects of medication management, ensuring that her/his knowledge, skills and clinical practice are up to date. This relates to both actions and omissions.

- The nurse/midwife has a responsibility to ensure her/his continued professional development, which is necessary for the maintenance of competence, particularly with regard to controlled medication products.
- Acknowledgment of any limitations in competence, refusing in such cases, and accepting delegated or assigned functions.
- The nurse should seek support and assistance from Myhomecare or continued professional development, to maintain competence in medication management.

Service User Responsibilities

- An MDA Schedule 2 drug may be obtained on prescription and retained in the patient's/service-user's home. In the community, individually prescribed medicinal products, including controlled scheduled drugs, are the property and responsibility of the individual patient/service-user.

Medication Responsibilities

As well as compliance to medication management, nurses should have knowledge of the therapeutic objective of the drug, and responsibility for

- Checking all prescription scripts that are sent to each individual centre, as well as checking against the main prescription sheet from the GP.
- Judgment as to whether prescription is unclear, incomplete, inappropriate or difficult to read. The nurse should NOT PROCEED in this case, but should seek verification and amendment from G.P.
- Adherence to the Guidance to Nurses and Midwives on Medication Management (An Bord Altranais, 2007).
- Nurses need to demonstrate the ability to instruct the service user who takes responsibility for their own medication in purpose, which entails the ability to list their current medications.
- The expected mechanism of action of the medicinal product, potential side effects, signs and symptoms of potential adverse effects and actions to take if they occur.
- Awareness and observation for medication allergies
- Possible interactions of the medicinal product with other medications, particular foods or other substances.
- Precautions or instructions to follow, including time, route, a method of administration and storage of medicinal products.
- Recommendations for follow-up and reporting of potential side effects or adverse reactions.
- Education should be provided to the service user and family in relation to the use of controlled medicinal products. It should be explained to the person in a way that is accessible and understandable.

Transcribing

- The decision to transcribe a prescription should only be made in the best interests of the service user.
- Transcribing may only be carried out by a Myhomecare Nurse.
- A nurse who transcribes is professionally accountable for her/his decision to transcribe and the accuracy of the transcription.
- In Myhomecare we do not carry out transcribed prescriptions / orders

Controlled Medications

- Any MDA Schedule 2 or 3 medications may be administered by, or in accordance with, the direction of a Medical Practitioner. It is unlawful for a Medical Practitioner to issue, or for a pharmacist to dispense, a prescription for a MDA Schedule 2 or 3 medication unless it complies with the following requirements :
- The prescriber must be satisfied as to the identity of the client and check the client's name and date of birth.
- The prescription must:
    - Be in black ink (or otherwise indelible) and be signed by the Practitioner issuing it with her/his usual signature and dated by her/him.
    - Clearly indicate the name of the Medical Practitioner issuing it and, except in the case of a General Medical Services prescription (GMS), specify her/his address
    - Specify (in the prescriber's handwriting (the name and address of the person for whose treatment it is)
    - Specify a telephone number at which the prescriber may be contacted.
    - Specify :
        1. The dose to be taken,
        2. The form, in the case of medications ,
        3. The strength (when appropriate) and in both words and figures, either the total quantity of the medication or Medical Preparation or the number of dosage units to be supplied.
        4. Route

Community care involving MDA Schedule 2 drugs.

Registered Nurses must follow the guidelines given in the An Bord Altranais "Guidance to Nurses and Midwives on Medication Management", July 2007, p. 24.

Administration of controlled medications

When a MDA Schedule 2 controlled medication is administered, the following procedure applies:

1. MDA Schedule 2 controlled medication is administered by a Registered Nurse who conducts the procedure (including checking, preparation, administration and documentation) and a witness, who is deemed competent, observes the complete process

2. The prescription must be read carefully and the date and doctor's signature checked.
3. The time of last administration must be checked.
4. The controlled medication required must be selected and its label checked to ensure it corresponds with the prescription.
5. The controlled medication must be prepared for administration by a Registered Nurse in the presence of the witness who must verify the prescription, the controlled medication and its expiry date, the calculation, the measured dose, the name of the person receiving it and the route of administration.
6. The controlled medication must be taken to the person for whom it is prescribed and administered in the presence of the witness.
7. The details must then be entered in the medication record, together with the signatures of the person who has administered it and the witness
8. Any spillage of a controlled medication must be clearly documented and signed by the person administering the medication, and their signature witnessed in the medication record. An Incident Form must be completed and sent to the Nurse Manager
9. Should the amount of controlled medication present not equate to the amount that must be present according to the controlled medication record, the Clinical Nurse Manager must be contacted and informed. An Incident Form must be completed and sent to the Nurse Manager

Double – Checking Process (**GUIDANCE TO NURSES AND MIDWIVES ON MEDICATION MANAGEMENT - July 2007)**

Double-checking is the process/activity of having a second colleague independently check the preparation of a medication for administration. This may involve verification of the medication against the medication prescription order, performing calculations for dosing of the correct volume or quantity of medication and/or other aspects of medication administration as appropriate. Double-checking is a significant nursing/midwifery activity to facilitate good medication management practices and is a means of reducing medication errors.

Standard

The use of double-checking medications should be implemented purposefully in situations / indications that most require their use – particularly with high-alert medications

Supporting Guidance

Registered nurses/midwives are accountable for their professional decisions and do not need another professional colleague to routinely check their work. There is no legal or professional requirement that a nurse/midwife must double-check the preparation of a medication with a colleague prior to administration. However, a nurse/midwife may consider asking another nurse/midwife to double-check a medication preparation if she/he determines that assistance is needed.

For patient/service-user safety and risk management purposes health service providers may have a policy for double-checking preparations, particularly for those that are considered high-alert

medications (such as insulin, heparin and chemotherapy) or that require complex calculations in preparation for administration.
According to the Institute of Safe Medication Practice (ISMP) in the USA, double-checking should be performed independently, without knowledge of any prior calculations, as problems or errors can occur with sharing previous calculations or completing the double-check together (ISMP, 2003).
In determining whether or not double-checking of a medication is required, the following points should be considered by the nurse/midwife:

- Existence of a health service/employer policy for double-checking preparations
- Self-assessment of competence.

If it is identified by the nurse/midwife that a policy should be established, he/she should first examine the practice and patient/service user population. Consult with colleagues, nursing/midwifery managers, pharmacists and others as appropriate for this process.

References

- An Bord Altranais, (2000) Review of the Scope of Practice for Nursing and Midwifery - Final Report, An Bord Altranais, Dublin.
- An Bord Altranais (2007) Guidance to Nurses and Midwives on Medication Management. www.nursingboard.ie
- Doughtery, L & Lister, S, The Royal Marsden Hospital Manual of Clinical Nursing Procedures (ed), Blackwell, 2004.
- National Council for the Professional Development of Nursing and Midwifery (June, 2005) Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products, Dublin: National Council for the Professional Development of Nursing and Midwifery

Schedule of controlled MDA medicinal products

MDA Schedule 1

A special license is required for any activity in respect of these drugs. In practice, such activities are strictly limited to scientific research or forensic analysis. Examples of these drugs are: cannabis, coca leaf, raw opium and the major hallucinogenic drugs (LSD, Mescaline, and Psilocin).

MDA Schedule 2

A license is required for the import and export of these drugs and those entitled to produce, supply or possess them are listed. Possession without an appropriate authority is an offence. A pharmacist may supply to a patient only on the authority of a prescription written in the prescribed form. Record-keeping requirements (including CD register) apply in full. Destruction must be witnessed and safe custody maintained. Examples of Schedule 2 drugs are opiates (morphine and heroin), amphetamines and synthetic narcotics (pethidine, methadone, hydrocodone).

MDA Schedule 3

Less strict controls apply to this schedule of drugs. Record-keeping requirements in a CD register do not apply. Destruction of the drug does not need to be witnessed. The safe custody provisions are

applicable to these drugs as are the controlled drug prescription writing requirements. Most barbiturates, some potent analgesics, minor stimulants and two benzodiazepines – flunitrazepam and temazepam – are examples.

MDA Schedule 4

Control of these drugs is minimal and in practice they should be supplied in accordance with the Medicinal Products (Prescription and Control of Supply) Regulations, 2003. Record keeping in a controlled drugs register, the retention of invoices and the safe custody regulations do not pertain to drugs in this schedule. Most benzodiazepines, phenobarbitone, methylphenobarbitone preparations containing less than 100mg and Selegiline are examples.

MDA Schedule 5

This schedule lists medicinal products exempt from most restrictions under the Regulations. Invoices regarding these products must be retained for two years. The list includes:

A. Preparations (not injections) containing codeine, nicocodine, nicodicodine, norcodeine, acetyldihydrocodeine, ethylmorphine pholcodine mixed with other substances and containing less that 100mg per dosage unit or not more than 2.5% in undivided preparations
B. Preparations of dihydrocodeine (not being injections) containing not more than 10mg per dosage unit of dihydrocodeine as base and, in the case of undivided preparations, not more than 1.5% as base
C. Preparations of cocaine containing not more than 0.1% calculated as cocaine base
D. Preparations of medicinal opium or morphine, containing not more than 0.2 % ascalculated as anhydrous morphine base
E. Preparations of diphenoxylate containing not more than 2.5mg of diphenoxylate calculated as base and a quantity of atropine sulphate equivalent to at least 1% of the dose of diphenoxylate (e.g., Lomotil)
F. Preparations for oral administration containing not more than 135mg of dextropropoxyphene (e.g., Distalgesic, Doloxene Co.).

MDA Schedule 8

This schedule establishes which drugs registered nurse prescribers are legally entitled to prescribe within schedules 2 and 3