Medicines Management:  
An aide-memoir for Nurses and Nurse Managers

This brief guide is designed to assist you in remembering key areas of medicines management and it provides direction to additional sources of information.

1. Information on Medication.
   1.1 Visit the Trust website; in particular:
      - The section on Medication-related Documents, which has sub-sections containing the Medicines Code, medication-related guidance and training etc. 
        http://www.sussexpartnership.nhs.uk/medication
      - The link to the Trust version of the Choice & Medication website for easy to read patient information leaflets: http://www.choiceandmedication.org/sussex/

   1.2 The ward / team pharmacy folder. Is it available? Do you know where it is kept?!

   1.3 Pre-printed Patient Information Leaflets should be made available on the ward / at the base.

2. Medicines Security
   2.1 The system of ward manager / team leader (or deputy) weekly checks on important medication security issues should be well embedded and staff should be familiar with the associated documentation. 
http://www.sussexpartnership.nhs.uk/node/1614/attachment
   - Similarly, the system of the manager’s quarterly checks to obtain assurance of the checking system should be in place and you should know where to access the associated documentation.
http://www.sussexpartnership.nhs.uk/node/1613/attachment

   2.2 Ward staff should be familiar with the system of the ward’s weekly and the unit pharmacists’ six-monthly Controlled Drug checks, how these are communicated and how any serious or unresolved concerns are followed up by the Trust’s Controlled Drugs Accountable Office (CDAO).

   2.3 The CD register must be kept securely and must be accurately completed and maintained. It should have Trust guidance for completion fixed inside the front cover.

   2.4 Accurate records must be maintained of stock medicines held by CRHTs and by other community teams and of patients own medicines received and dispensed.

   2.5 Medication incident reports should be timely and comprehensive. They are sent to the two chief pharmacists by the Health & Safety team. Those involving CDs are followed up by the CDAO and the others, if significant, by the Chief Pharmacist for Governance and Professional Practice. Key examples of learning from medication incidents are published in the quarterly Drugs & Therapeutics Newsletter and high
risk incidents are highlighted in the quarterly Quality & Safety Report that goes to the Trust Board. The Drugs & Therapeutics Newsletter is widely distributed to Trust units and clinicians and is also available via the Trust website. http://www.sussexpartnership.nhs.uk/gps/med-info/med-docs/viewcategory/2035

2.6 Note that actual and potential breaches of medicines security are followed up by one of the chief pharmacists with the local team. The Trust’s Counter Fraud Specialist is involved when fraud has or could have occurred.

(Be aware that there are some areas of medicines management for which the Trust may be criticised, but for which the chief pharmacists have decided the degree of risk does not justify taking nursing time away from patient care). For example:

- Unless absolutely necessary, we avoid immediately treating non-CD drugs with high abuse potential (e.g. diazepam), as a CD following unexplained loss.
- Nurses are not required to count and record every medicine returned to pharmacy

3. Governance Issues

3.1 The pharmacy team regularly undertake audits related to medicines use and the results of these are shared with clinical teams. For example:

- Pharmacy interventions audit
- Hypnotic & benzodiazepine audit
- Medicines adherence audit
- Anti-infective audit

3.2 Audits also examine completion of the Trust Drug Chart / Community Drug Chart and also, where appropriate, any supplementary charts in use, eg. anticoagulant chart, clozapine initiation chart etc. There is an e-learning module linked to use of the inpatient drug chart and all inpatient nursing staff are strongly encouraged to complete it.

3.4 Medicines Management training is “essential” for all nursing staff in clinical roles:

- One day workshop every two years for qualified nurses.
- Bespoke training in some clinical specialties, eg. CAMHS.
- Half day workshop for NAs and other non-nurses.
- E-learning module on RT. (Available from December 2014).

3.5 Community nursing staff should be familiar with Trust Core Standards for medication handling in community teams and have undertaken medicines dispensing and checking competency tests.

3.6 Medicines reconciliation should take place as soon as possible following a patient’s admission to an inpatient unit and preferably be within 24 hours. Wards should have established communication channels with GP surgeries.

3.7 Specialist pharmacists clinically screen all inpatient drug charts and attend ward rounds and multidisciplinary clinical meetings in most inpatient units. (This also extends to some community teams). If patient care is to be optimised, the pharmacist (and pharmacy technician) should be considered an integral member of the multi-disciplinary team.

3.8 Robust systems should be in place to check a patient’s own medication for use on the ward and nurses should be aware that there is an approved checklist to work from when the pharmacy team is not immediately available.
3.9 Many acute wards now use ‘one stop’ stocks to speed up patients leave and discharge. Nurses should be fully familiar with how this works on their particular ward, where in place, and how nurses’ competency is assured.

4. Patient experience

4.1 Remember to use the Choice & Medication website, plus other links to medicines information in other formats.
http://www.sussexpartnership.nhs.uk/medication-information

4.2 Be aware that members of the pharmacy team run one to one counselling sessions and also medication education groups on many inpatient units. If this isn’t happening on yours, would it be useful?

4.3 On a few inpatient units, pharmacy technicians undertake a drug round once a week and in doing so can address some patients’ medication educational needs. (This is quite innovative, but it may be possible to extend to more units).

4.4 Nurses should be familiar with the process and documentation to empower inpatients to self-administer their medication, where appropriate.
http://www.sussexpartnership.nhs.uk/node/1676/attachment

4.5 Also, with the process and associated documentation governing the covert administration of medicines.
http://www.sussexpartnership.nhs.uk/node/1676/attachment

4.6 Nurses should be aware that we have Patient Group Directions (PGDs) available in some teams to give patients quicker access to medication when medical staff are not readily available. Nurses must be trained and authorised before they can use these and training / competencies must be kept updated.
http://www.sussexpartnership.nhs.uk/gps/med-info/med-docs/viewcategory/2040

4.7 Similarly, nurses should be aware that we have Medicines Protocols (MAUPs) available on most inpatient units to allow nurses to provide quick response to patients’ minor ailments, where appropriate. They must be trained and authorised to use these.
http://www.sussexpartnership.nhs.uk/gps/med-info/med-docs/viewcategory/2041

4.8 During 2015, the Trust will start to deliver Adherence Therapy Training to large numbers of its clinical staff, which will put the patient at the centre of decisions about medication. It will be vital that nurses engage with this process and undertake training where available.

5. Emergency medication supply

5.1. Nurses must be familiar with the systems in place and the procedure to follow if medication needs to be obtained urgently and in advance of the next scheduled delivery from pharmacy:

5.2. Some inpatient units have access to an Emergency Drug Cupboard and/or to FP10 prescriptions. Do you know how these are accessed and what documentation needs to be completed?

5.3. There is an out-of hours-pharmacy service available from Worthing Hospital. Nurses should know when it is appropriate to use this service and how it is contacted.

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