#

**Save Face**

**Medicines Management Policy**

# **Introduction**

# Practitioners and clinics will use a vast array of internal policies and procedures, but the most appropriate policies will always depend on the size and nature of the individual organisation. The policies are more effective if they are developed and reviewed on an ongoing basis with the involvement of staff, and are tailored to suit the specific needs ofa clinic and its activities. However, some guidance and examples mean that you don’t have to start from scratch.

# Save Face has developed a number of example generic policies which can be used as a basis for your own policies, where relevant these policies should be tailored to suit the needs and requirements of each individual practitioner and clinic.

# **Disclaimer**

# Save Face accepts no responsibility for any third party loss or consequences arising from the use of these example policies.

**Template Medicines Management Policy**

**Policy Statement**

Medicines management and prescribing in the UK are governed by a complex framework, comprised of legislation, policy and professional standards.

Many government and other agencies are involved in medicines management from manufacture, licensing, prescribing and dispensing, to administration. This policy reflects 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.

**Responsibilities**

Adam Bowen shall be responsible for ensuring safe and secure handling of medications at AB Advanced practice Ltd, 8 Ludlow Close, Padgate, Warrington, Cheshire, WA1 4LX.

All medications are administered on the aforementioned premises(s) are administered on the personal authority of the treating medical practitioner or prescribing nurse.

Adam Bowen NMC 10e0003e

Purchasing, use, recording and disposal of medicines is the responsibility of Adam Bowen.

**Storage**

* All medicinal products must be 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.
* Medicines will only be stored in locked cupboards or a locked pharmacy fridge in a secure location, without public access.
* Keys to medicines stores will be kept in a locked key cupboard when not in use.
* Only members of the nursing and medical team will have access to medicines.

**Pharmacy Fridge**

* A daily record of fridge temperature is made in a logbook kept next to the fridge.
* Date and time
* Current temperature at time of recording
* Maximum temperature
* Minimum temperature
* Signature of the person making the record
* The fridge recording device will then be reset
* No medicines shall at any time be stored in a domestic refrigerator used for the storage of food
* The fridge temperature, unless otherwise stated, should be maintained between 2 and 8 degrees centigrade.
* Should the fridge temperature fall outside the stated range without obvious reason, the products from the fridge may be used until the fault is investigated

**Storage and Supply of Medical Gasses**

Adam Bowen shall be responsible for the control of medical gas cylinders where used, including:

* Ordering of supplies
* Ensuring contract is in place for maintenance and refilling with named supplier.
* Safe storage, including chaining and appropriate warning signs where necessary.
* Use of medical gases shall be restricted for use by or on the order of a treating clinician with prescribing qualifications, or a registered nurse, under the emergency oxygen protocol.

**Prescribing**

* A prescriber is legally permitted and qualified to prescribe and takes the responsibility for the clinical assessment of the patient or client, establishing a diagnosis and the clinical management required, as well as the responsibility for prescribing, and the appropriateness of any prescribing.
* Prescribers will have access to The British National Formulary to provide information about medicines and possible interactions.
* Where appropriate medicines will be used as specified within the published manufacturers data sheets.
* Where products are used outside licensed indications, patients will be informed this is the case.
* Unlicensed medicines are not used for cosmetic indications (MHRA)
* Patient group Directions are not used for cosmetic indications (MHRA).

Clinics that do not hold stock (nurse led- without a Clinical Director registered with the GMC or GDC).

* The patient will be seen, assessed and consented by a qualified prescriber (name and registration number)
* The prescriber will write a prescription
* The prescription must include the following information;
* Date
* Name and address of the patient (date of birth is under 18)
* Name, dose, form, strength, frequency and route of administration of the medicine
* Details of any known allergies
* Any special requirements
* The prescription will be faxed or scanned to the dispensing pharmacy. The original shall be posted to the dispensing pharmacy. A copy shall be retained for the patient record. or prescribed electronically if this service is available.
* On receipt of the patient specific medicine (appropriately labelled)
* The medicine will be stored according to the policy, on behalf of the patient, until it can be administered
* The medicine will be administered according to a patient specific direction recorded in the patient record.
* The medicine will only be administered to whom it has been dispensed.

Clinics that hold stock- Have a Clinical Director registered with The GMC or GDC

* Medicines may only be administered against a patient specific direction recorded in the patient record.
* Patient specific direction definition:Written instructions from a doctor, dentist or nurse prescriber for a medicine to be supplied or administered to a named person. This could be demonstrated by a simple request in the patient or client’s notes
* A patient specific direction may only be written by a qualified prescriber following a face to face consultation.

**Administration of Medicines**

Medicines shall only be administered by the prescriber or delegated to an appropriately qualified, trained nurse who is judged competent in the administration of that medicine.

Medicines shall only be administered against a properly completed, legible, patient specific direction, signed by the qualified prescriber.

The clinician administering must;

* Check the identity of the patient to whom the medicine is to be administered
* Check that the patient is not allergic to the medicine before administering it
* Know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contraindications
* Check that the prescription or the label on medicine dispensed is clearly written and unambiguous
* Check the expiry date (where it exists) of the medicine to be administered
* Have considered the dosage, volume where appropriate, method of administration, route and timing
* Must administer or withhold in the context of the patient’s condition e.g. if the patient is unwell on the day, or their medicines or medical history has changed.
* Contact the prescriber or another authorised prescriber without delay where contraindications 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
* Where medication is not given, the reason for not doing so must be recorded

**Record Keeping - The patient record**

A record of the patient specific direction must include;

* Date
* Drug name
* Dose/volume
* Formulation
* Route of administration
* Reconstitution drug if relevant and volume.
* Site or indication for administration
* Signature and name printed, of prescriber
* Any special instructions

**A record of administration**

* Date
* Lot number and expiry date
* Detail of administration
* Signature of administering clinician

**Procedure Log Book - ATool for Audit**

* Date
* Patient name
* Drug/device used
* Dose/volume
* Site of or indication for administration
* Administrator's signature
* Prescribers signature

**Disposal of Pharmaceutical Waste**

* Pharmaceutical waste is disposed of in accordance with legislation.
* Pharmaceutical waste is disposed of in designated sharps bins.
* A contract is in place with Initial, a provider approved by The Environment Agency for the disposal of group D- pharmaceutical waste. All duty of care transfer notes will be retained for a period of 8 years from the date of issue.

**Adverse Incidents**

In the event of any suspected adverse drug reaction related to any medicines or medical devices administered to a patient or used to treat a patient, it shall be the responsibility of the treating clinician to submit a report to The MHRA under the yellow card scheme where appropriate.

Reports can be made online at [www.mhra.gov.uk](http://www.mhra.gov.uk)

**Incident Book**

* A record of any adverse events
* A record of any errors in drug administration

**Drug Safety Updates**

* AB advanced Practice Ltd is registered with the MHRA at www.mhra.gov.uk- online services, for email receipt of drug safety updates.
* Updates will be reviewed by Adam Bowen who will take action to ensure patient safety is maintained in response to relevant updates.
* Where appropriate all clinicians will be made aware of relevant updates.

**Errors of Administration**

Errors of administration could include;

* Medicine given to the wrong patient
* The wrong medicine given
* An incorrect dose being given
* The wrong route of administration
* Failure to record an omission of administration

In the event of an error of administration, the following actions will be taken;

* Any necessary first aid or medical treatment will be given in accordance with instructions from the treating clinician.
* The registered manager will be informed
* A record of the incident will be recorded in the patient record
* In all cases an incident report will be completed.
* An investigation will be conducted and an action plan formulated to introduce necessary measures to prevent recurrence.

**Audit**

* On a (monthly) basis an audit of the medicines stored in the clinic will be recorded and retained to ensure correct balances remain.
* If any losses or discrepancies are identified an investigation will be undertaken and a report written. If necessary procedure protocols will be reviewed and amended.

**Review Date: 11/03/2020**

**References and Further Reading**

* Medicines Matters, (DoH,July 2006)
* Standards for Dental Practitioners (GDC,2013)
* Responsible Prescribing, (GDC, 2008)
* Good Medical Practice (GMC,2013)
* A Single Competency Framework for all Prescribers (NICE, 2012)
* Standards of Proficiency for Nurse and Midwife Prescribers (NMC, 2006)
* Standards for Medicines Management (NMC, 2007)
* Medicines Act 1968
* The Yellow Card Scheme (MHRA, 2012)