Medicines Management in Marie Curie Nursing Service policy

Version 3

Audience

MCNS staff who prescribe, handle, supply, store or support with medicines.

Summary

This policy provides an overview of legislation, regulation and national guidance relating to Medicines Management. It provides detailed guidance to ensure safe and effective management of medicines within Marie Curie (MC) Nursing Service.

Supporting documents

Waste Management policy

Health & Safety policy

Incident Management policy

Verification of death policy

Consent policy

Drug and Alcohol guidelines

Non-medical prescribing policy

Safeguarding policy (England, Northern Ireland & Wales)

Safeguarding policy (Scotland)

Safe Sharps Handling and Sharps Injury policy

Clinical Records Policy

Central Alert Policy

Date of first issue	Date of last revision	Next planned review
January 2013	November 2018	November 2021

1. Objective

This policy is designed to:

- Ensure all aspects of medicines management medicines comply with current legislation.
- Ensure the safety of all patients and staff.
- Promote the safe, secure and effective handling of all medicines.
- Define the standards for the development of local Standard Operating Procedures for medicine management.
- Ensure all elements of the medicine trail (ordering – levels of support - disposal) are linked by defined controlled processes making it possible to audit the safe and secure handling of medicines.

This policy covers professional accountability of the multidisciplinary groups involved in medicine management and applies to all healthcare workers who prescribe, handle, supply, store, support with medicines in the course of their duties. This includes but is not exclusive to, doctors, pharmacists, RN, HCA, pharmacy technicians/assistant technical officers, healthcare care assistants, and delivery drivers.

Marie Curie

Care and support through terminal illness

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2. Glossary of Terms

Controlled Drugs (CD) - Schedule 2, 3, 4, 5: Controlled drugs are defined and governed by the Misuse of Drugs Act (MDA) 1971 and associated regulations (Misuse of Drugs Regulations [MDR] 2001) which fall within the remit of the Home Office. The Health Act 2006 and its associated regulations (Controlled Drugs - Supervision Management and Use) Regulations 2006, set out requirements for the governance and monitoring of CDs. The schedule in which a controlled drug is placed is legislated and depends upon its medicinal or therapeutic benefit balanced against its harm when misused.

CD Record Card: For the purpose of this policy this refers to any local PCO document approved used within the community to record the individual patient's stock of injectable CDs dispensed for use in the home and record administration of the doses.

Controlled Stationery: Controlled Drug requisition pads, prescriptions and registers which, in the wrong hands, could be open to abuse such as fraudulently obtaining CDs.

Cytotoxic and cytostatic medicines: Cytotoxic medicines cause disturbance to cellular structure or function often leading to cell death. Cytostatic medicines work by stopping the cancer cells from multiplying and growing e.g. hormone therapies used to treat breast cancer, which block particular receptors of the cancer cells.

Emergency: An unexpected and difficult or dangerous situation, especially an accident, which happens suddenly and which requires quick action to deal with it

Exceptional circumstances: The healthcare professional bodies (e.g. GPhC, NMC) have not clarified their understanding of 'exceptional circumstances' however for the purposes of this document they pertain to events that are neither planned for or predicted by service providers or commissioners.

Healthcare Practitioner: A healthcare practitioner is a registered practitioner in an occupation which requires specialist health care education and training in practical skills. These professions are self-regulating and individuals are expected to uphold their professions accepted standards of practice and conduct. Within the context of medication management within MC they include RNs, doctors, pharmacists and registered pharmacy technicians.

Level 2 support (previously defined as administering medicines): Preparing, giving, and evaluating the effectiveness of prescribed medication

Level 1 support (previously defined as assisting with medication): Physically helping a patient with the self-administration of routine, regularly prescribed medications and as required (PRN) that are intended to be self-administered. The patient must have mental capacity and the ability to tell the healthcare assistant (HCA) or RN what they require.

Medicine Administration Record (MAR): For the purpose of this policy MAR denotes any document/s approved by MC or aligned to a PCO which list the medications prescribed and record those administered. MC does not have a standard MAR chart. These documents may be called 'authorisation to administer' charts and various other names.

Multidisciplinary Health Record (MDHR): A paper or electronic patient record maintained for the purpose of managing patient healthcare which may include care plans, MAR chart, medical, nursing and allied health professionals' records, district team records, laboratory and other results. There is currently no standard MC MDHR and each MCNS may use MDHRs aligned to local PCOs. These MDHR may be called care plans, kardex, community patient held record etc.

Patient-specific direction (PSD): A written instruction from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient. Examples may include instructions on administration records (MAR); Infusion therapy charts, pre-printed therapy specific charts e.g. care pathway, IV heparin or insulin; patient's medicines administration chart.

Prescription: A prescription is an order for the dispensing of a medicinal product. The order is presented to a professional who is legally authorised to dispense, in writing, in a legally prescribed format and signed by the person authorised by law to prescribe.

Primary Healthcare Organisation (PCO) a generic term used to refer to a Health and Social Care Trust, Clinical Commissioning Group, NHS Board or Local Health Board

Standard operating procedure (SOP) A standard operating procedure specifies in writing what should be done, when, where and by whom in order to manage safely and accountably of any set of processes. For example, the management of controlled drugs.

Transcribing: The action of copying details of prescribed medication from a prescription originally written by an independent prescriber, a record provided by the patient's GP, or the pharmacy label on the medicine container onto a healthcare organisation 's PSD/MPAR. This is not recommended in MCNS and should only be undertaken in exceptional circumstances by a senior nurse or RN and an IR1 completed.

3. Responsibilities

All responsibilities are detailed in the MC policy for the development and management of clinical policy, standards, procedure and guidelines

4. Medicines Management in MCNS

4.1. Prescribing

All prescribers must be qualified as prescribers with a recognised regulatory body and must complete local induction programs. They must have access to the current British National Formulary (BNF), electronic and/or paper version, and local PCO and/or local area formularies. All medicines, including medical gases, must be prescribed.

Prescription writing requirements

Prescribers must comply with current prescribing legislation and are accountable for their practice.

Prescribing Controlled Drugs (CDs)

The requirements of the Misuse of Drugs Act 1971 and the Medicines Act 1968 and relevant National regulatory requirement must be satisfied for all controlled drug prescriptions. Full guidance is available in the BNF. CD Prescriptions no longer need to be hand written however the signature must be hand written.

Self-Prescribing

In line with the General Medical Council (GMC) and other professional bodies MC does not support self-prescribing.

Medical Gases

Must be prescribed. The prescription must include details of rate, duration, monitoring and advice. Where the prescription is not available the RN/HCA should follow the instructions in the home either on a care plan that must be written by the DN / registered community nurse, or on oxygen company's delivery note, or on the actual device itself. The instructions should include the indications for use, percentage required, flow rate, frequency of administration, delivery method, e.g. nasal cannula, monitoring and what to do if there is a problem.
The RN/HCA must clearly document any support given with medical gases in line with section 'support with medications' below.
Oxygen can be administered in an emergency situation before a prescription is written.

Antimicrobial Prescribing

When prescribing antimicrobial drugs, the relevant policies, drug therapy guidelines or SOP of a nominated local Primary Care Organisation (PCO) should be followed. Consideration should be given to review dates and a clear rationale for the route of administration, indication and aims of treatment.

Unlicensed and Off Licence Medicines

Unlicensed medicines should only be used if there is no suitable licensed product. In the first instance a licensed product should be used for its licensed indication; in the second instance for an unlicensed indication, route, dose, group of patients; and lastly an unlicensed product for any indication. In all instances the prescriber should make a judgement about informing the patient and make a record in the MDHR. Local PCO guidelines should be followed.

Medicines may be prescribed for purposes for which they are not licensed, and are frequently used in palliative care. When prescribing a medicine for use outside the terms of its license prescribers must be satisfied that it would better serve the patient's needs than an appropriately licensed alternative and that there is a sufficient evidence base and/or experience of using the medicine to demonstrate its safety and efficacy. Where common practice is not being followed, note the reasons for prescribing the medicine.

Total Parenteral Nutrition (TPN)

TPN may be prescribed by specialist nutritional support teams on a daily basis for MCNS patients. TPN in the home is administered by specialist nurses and not MCNS staff.

Fluid / Food thickening agent

Fluid / food thickening agent must be prescribed. The patient's care plan and / or MAR chart should be reviewed to ensure it clearly documents the consistencies the patient is able to manage, with the directions for use, based on the recommended consistency and duration of treatment, as dysphagia can be a temporary condition. This plan should be in line with the International Dysphagia Diet Standardisation Initiative (IDDSI) framework. The patient's other medications should be reviewed to ensure they are suitable for a patient with dysphagia and discontinuation, alternative formulations or routes of administration should be considered. Liquid formulations may not appropriate as they may also require thickening to enable the patient to take them. Any HCA who has completed mandatory training that included training on thickening agents may use food / fluid thickeners for any patient in line with the care plan, pharmacy label and/or MAR chart. Any support given must be clearly documented in the patient's record.
The use of thickening agent to thicken oral liquid medication would be an off license use of the medicine, and therefore is not routinely recommended. The decision to prepare medicines in this way must be made on an individual patient basis, taking into consideration all therapeutic options. Where it is considered to be absolutely necessary to thicken oral liquid medicines with thickening agents, this must be clearly prescribed and the decision-making process documented by the in the patients care plan or record. This would not be the role of the MC RN or HCA.

Nutritional Supplements

Nutritional supplements must be prescribed. The patient's care plan and / or MAR chart should be reviewed to ensure it clearly documents the directions for use. Any HCA or RN may support any patient with nutritional supplements in line with the care plan/ pharmacy label / MAR chart. Any support given should be clearly documented.

Topical products

Any MCNS HCA who has completed mandatory training that included the application of topical products may support any patient with creams, lotions and ointments that are for skin care or the prevention of skin breakdown such as emollients and barrier creams, as long as the product does not contain a medicinal product such as an anti-inflammatory, steroid etc. The product must be applied in line with the care plan/ pharmacy label and / or MAR chart which must stipulate the product name, where and how frequently the product should be applied.

Cosmetic products that cannot be prescribed such as moisturisers, lip salve etc. are not considered to be medical products and may be applied as part of the patient's hygiene requirements.

Support with any cream, lotion or ointment containing a medicinal product must be undertaken in line with section 'support with medicines' of this policy.

Remote Prescribing (Verbal Orders)

Remote prescribing is not permitted within the MCNS with the exception of the rapid response teams.

RN's in the rapid response service may accept remote prescriptions (verbal orders):

- In exceptional circumstances, where medication has previously been prescribed and the prescriber is unable to issue a new prescription, but where changes to dose are considered necessary and there is a need to prescribe remotely.

The prescription must be signed within 24 hours.

Remote prescriptions are never permitted for Schedule 1 – 5 CDs.

Under no circumstance should a RN, or pharmacist feel obliged to participate in accepting remote prescriptions. If an RN declines to take a verbal order an incident form (IR1) must be completed and a note made in the MDHR.

Prior to undertaking remote prescribing the prescriber must:

- Be satisfied that he / she can make an adequate assessment, establish a dialogue and obtain the patient's consent (in line with the MC consent policy)
- Only prescribe when he/she has adequate knowledge of the patient's health, and is satisfied that the medicines serve the patient's needs.
- Consider:
  a) the limitations of the medium of communication used
  b) the need for physical examination or other assessments
  c) whether he/she has access to the patient's medical records.
  d) communicate with the patient (or, if that is not practicable, the person caring for them) to make an assessment and to provide the necessary information and advice.

Local SOP should define conditions under which verbal orders may be accepted for non-controlled drugs and make prescription alterations or additions and take into consideration local PCO guidance.

In emergency situations medication may be administered in line with the MC resuscitation policy.

4.2. Ordering, Storage, Transport and Security of Medicines Standards for Practice

In general, medical supplies and medicines are obtained by the patient, or their representative, from community or PCO pharmacies.

Ordering and Transport of Controlled Drugs

Patient's should collect or receive CDs in person or authorise a representative to collect them. MCNS do not hold stock CDs. RRS may obtain CDs for a specific patient from a pharmacy or Out of Hours (OOH) GP service stock generally this is supplied in single doses. MCNS staff do not routinely transport CDs from a community pharmacy.

In exceptional circumstances, MCNS staff may be authorised to carry CDs prescribed for named patients under local SLA, SOP or authorized by a clinical nurse manager or regional manager out of hours.

Rapid Response Service may routinely collect a supply of medicine including CDs from a community pharmacy or out of hour's service, when a prescription has been provided by the OOHs GP service.

Safe Storage of Medicine

Medication including CDs prescribed are the property of the individual patient.
MCNS staff should provide the patient/carer/family with support and advice on appropriate and secure storage of medications and CDs in the home including:

- Increasing awareness that packaging of different drugs and doses can be very similar.

- Extreme care should be taken where different strengths of CDs for injection are available.
- Maintaining packages of each medication and dose separately.
- Storage in an appropriate safe place particularly for limiting access to children.
- Limiting access only to those with the responsibility for administration or assistance.
- Maintaining appropriate quantities of medications in particular CDs.
- Recording doses of CD's given /taken.
- Appropriate storage including advice for room temperature and items requiring refrigeration in line with the manufacturers guidance
- Ensure appropriate storage of thickening agent to avoid accidental ingestion, particularly with patients without capacity / adults with incapacity.

4.3. Dispensing

Dispensing is not undertaken by MC staff for MCNS patients.

4.4. Support with Medicines

Medication administration records (MAR)

MAR charts are the formal records of administration of medication and must be maintained clearly and accurately. The MAR chart should include:

- the medicines that are prescribed for the person
- when they must be given
- the dose
- the route
- the formulation
- any special information, such as giving the medicines with food

In addition to recording medications administered it is also important to keep a record when a prescribed medicine has not been given. Codes may be used to record this information but the MAR must explain what the codes mean.

Information on the MAR may be supplemented by the person's care plan. The care plan should include any specific details relating to the administration e.g. specific areas for the applications of topical treatments.

MAR charts must only be prepared or changed by staff who are trained and competent to do so. These may include GP's, pharmacists, DN's, registered community nurses, non-medical prescribers and other specific persons who have been trained to do so. A GP does not have to sign a MAR chart and pharmacy services may produce printed MAR charts. However, MC staff should be vigilant to the fact that more than one MAR chart may be issued if medications are prescribed and dispensed at different times or from different pharmacies.

Each MCNS region must work with community nursing teams and other providers to facilitate robust and effective methods for maintaining up to date MAR charts

Support with Medicines

Where the patient is unable to be fully independent for self-administration of medicines, the level of support to be provided by the MCNS RN / HCA should be identified by the referrer or DN/ registered community nurse. The MC RN/HCA must undertake a risk assessment at each visit to ensure that the level of support has not changed. Where it is considered that a higher level of support is required the DN / registered community nurse must be informed and the Community Nursing service / DN / OOH should be contacted for advice.

The care plan / MAR chart should indicate if any medicines are to be administered by specialised techniques e.g. IV, PR, enteral. RN's or HCA's must not provide support with intrathecal medications.

MCNS RN or HCA may only provide support to MC patients with medication:

- That have been prescribed and dispensed to the patient and are appropriately labelled by a pharmacist or dispensing doctor.

- That are in the original container in which they were dispensed, clearly labelled with patient's name, product, name and strength, dispensing date, route and frequency for administration.
- That have not passed the expiry dates

They may not administer medicines to staff or family except in emergency situations as per MC resuscitation policy.

Where a care plan/MAR chart is required in line with this policy (e.g. for level 2 support, thickening agents, topical products) but is unavailable in the home this must be reported as an incident in line with the incident management policy and the MCNS RN/HCA should contact the relevant OOH teams for guidance
Any support with medication must only be undertaken with the informed consent of the patient or their carer, relative or representative who may give consent on the patient's behalf in line with the MC consent policy.

Prior to undertaking any form of support the MCNS HCA must have completed specific mandatory training, assessment and updates as defined in the MC Schedule of Mandatory Training and had competence assessed and recorded for level 1 and / or 2 support and/or specific route of administration for level 3 support. The level to which HCA's can provide support may differ and should be agreed by the commissioner through local service level agreements.

Levels of support
With respect to the administration of or assistance with medication, different levels of care provision have been identified. It is important to differentiate between providing level 1 and level 2 support.

The level of support that a patient requires may vary, with the person taking more or less responsibility over time depending on their health and capability, and with the medicine itself. For example, a person may self-administer an inhaler but require staff to support with tablets

Level 1 Support
The patient takes responsibility for their own medication, but may need some additional support. In effect the MC RN/HCA is acting only as the patient's hands, or as a prompt

- Cognitive – the patient may require the MCNS RN /HCA to remind them to take their medication, but when prompted is able to manage to take medications safely. If MCNS RN/HCA's are expected to prompt a person to take medicines, it is important that they know what time(s) of the day to do this. This should be consistent with the pharmacy label, care plan and/or (but is not a requirement) on a MAR chart.
- Dexterity – the patient may require the MC RN/HCA to help carry out certain tasks but is able to give full instructions as to the support they require i.e. which package / bottle etc. they require assistance with and what assistance they need (opened / closed / placed in mouth / stored). All tasks must be completed within sight of the patient who must be able to see the medication at all stages during the process of assistance.

In each of the above scenarios the patient and not the MC RN or HCA retains sole responsibility for their medicines management. A MAR chart is not required but the MCNS RN or HCA must carefully record all details of the assistance process in the patient's record.
The MCNS RN or HCA must only provide level 1 support with medications that are prescribed to the patient, in line with the prescription. Therefore, the medication must be in the original container in which they were dispensed, or a pharmacy filled monitored dosage system (MDS), clearly labelled with patient's name, product, name and strength, dispensing date, route and frequency for administration. If the patient requests level 1 support for medication that does not fulfil these requirements, or if the MCNS RN or HCA is concerned that the patient is not taking medication as prescribed then the MCNS RN or HCA should seek advice from the DN / OOH or their on-call manager.

Level 2 support
A MAR chart must be available and the MCNS RN or HCA must complete the record accurately.

The patient is unable to retain control for his / her medication and relies on the MCNS RN or HCA to manage his / her medication and administer medicines and / or medical gases.

RNs must have access to appropriate reference sources to support safe administration, including local pharmacists, doctors, the BNF (available via MC library URL, http://www.bnf.org/bnf/, Palliative Care Formulary http://www.palliativedrugs.com/; the Marsden Manual and package inserts. HCAs should seek advice from DN/registered community nurse/OOHs if have any concerns

MCNS HCAs may only administer as required (PRN) medication if the indication, dose and frequency is clearly documented. If there is any doubt or uncertainty, or a decision needs to be made regarding dose, frequency or preparation then the HCA must contact the DN/registered community nurse/OOHs for advice.

If there is any reason to be uncertain about the prescription, such as if a patient reports the GP has verbally instructed dose changes, the prescription should be verified with the DN, registered community nurse/ GP or out of hours prescriber and there must be written authorisation of that change to administer.

Level 3 support
Invasive clinical and nursing procedures. These include intravenous medication, and the administration of medication via enteral feeding tubes. These can only be administered by MCNS staff who have had the appropriate training and who are assessed as competent and confident to undertake such tasks. A MAR chart must be available and the MCNS RN or HCA must complete the record accurately.

Medicines to Be Checked by Two Practitioners Prior to Administration

MC has identified the following procedures as requiring double checking during preparation and administration by two practitioners (two RN or one RN and one other practitioner):
- Intravenous medicines (including infusion, pump and syringe set up).
- Chemotherapy except prednisolone and dexamethasone.
- Injectable insulin.

RN's may administer controlled drugs independently in line with local SOP's. HCA's who have completed the appropriate training may also provide level 1 and 2 support with CDs independently in line with local SOP's. All staff should ask for advice from another health professional if they do not feel entirely confident about the administration of any medication, or should arrange for another health professional to carry out a second check of dose calculations and route for administration if they are unsure

Covert Administration of Medicine

The covert administration of medicines should only be used in exceptional circumstances when such a means of administration is judged necessary, in accordance with the Mental Capacity Act 2005. (NICE 2015)

A decision to covertly administer a particular medicine should only be made following an assessment of the capacity of the patient to make a decision regarding their medicines and a best interests meeting. A plan of care should be agreed that includes how the medicine can be covertly administered, whether it is safe to do so. There must be a regular review of the plan and the need for continued covert administration. Medicines should not be administered covertly until after a best interests meeting has been held. If the situation is urgent, a discussion should take place between the nursing staff, prescriber and family (or advocate) to make an urgent decision. A formal meeting should be arranged as soon as possible.

Staff involved in decisions relating to administration of medicines in this way must act within his / her professional code. A decision to undertake covert administration must not be made in isolation and must be discussed and agreed with the wider team, referring to local and national policies and applying the requirements of the law, particularly in relation to capacity. Consideration also needs to be given to the potential that covert administration may have on the therapeutic properties of the medication which may render them ineffective and not covered by their product licence. This should be discussed with the pharmacist as part of the decision-making process.

Providing support from a compliance aid

There are two types of monitored dosage system (MDS) used within the community, a pharmacy dispensed and labelled tamper evident blister pack and a multi sectioned compliance aid (dosette box) which can be filled by patient / carers / healthcare staff. MCNS RNs and HCAs must only provide support with pharmacy filled MDS. If the patient requests level 1 or 2 support for medication from a non-tamper proof MDS then the MCNS RN or HCA should seek advice from the DN / registered community nurse or OOH.

Timeliness of Medicine Administration and Missed Doses

If a dose is missed or refused the dose administration field on the MAR chart is filled with an appropriate code number (code numbers may differ according to the local MAR in use).

An IR1 must be completed for all unintentionally omitted medicine doses during the MCNS shift or for doses missed for which another MCNS RN / HCA was responsible for supporting with and where no reason for omission is recorded on the MAR. In addition, an IR1 must be completed for all medicines where support was provided outside the following timeframes:

Critical - must be administered between half an hour before or after prescribed time. The MC list of 'critical' medicines includes:

- Medications with a dosing schedule more frequent than every 4 hours
- Scheduled (not prn) opioids
- Immunosuppressive agents
- Medications that must be administered apart from other medications (e.g., antacids)
- Medications that require administration within a specified period of time before, after, or with meals—for example, rapid-, short-, or ultra-short-acting insulins, certain oral antidiabetic agents
- Adrenaline injection for anaphylaxis
- Chlorphenamine injection for anaphylaxis
- Flumazenil injection
- Glucagon injection
- Glyceryl trinitrate sub-lingual
- Hydrocortisone injection for anaphylaxis
- Quick acting oral carbohydrate e.g. Hypostop
- Midazolam for seizures
- Naloxone injection
- Procyclidine injection
- Short-acting anti-Parkinsonian medicines

The list is not exhaustive and a clinical decision should be made on the potential harm, to a patient, if any medication is omitted or delayed. If in doubt, a pharmacist or doctor should be contacted for advice.

Medications prescribed more frequently than daily but not more frequently than every 4 hours - these medications should be taken within 1 hour before or after the prescribed time.

Daily, weekly, or monthly medications - these medications should be taken within 2 hours before or after the scheduled time.

Missed doses must be reported to the DN /registered community nurse or GP, and escalated to a senior manager if harm to the patient or if controlled drugs are involved and medical advice sought on when to give the next dose.

Monitoring Medicines Previously Checked by Other Practitioners

RN/HCA's may assume responsibility for care for the monitoring of medicines previously checked by other practitioners such as medicines mixed in syringe pumps already in progress when the patient's care is transferred to them on a patient visit.

The receiving RN /HCA must be satisfied that an established subcutaneous infusion is 'in-situ' if required and a valid prescription exists. The label, signed by a registered healthcare professional, must clearly state the contents and set up date.

Emergency support

In an emergency support may be given with medication before the prescription is written in line with the resuscitation policy. The prescription must be completed as soon as the emergency is over.

Personal use of medication

MC staff are not permitted to use or take patient medication for their own personal use or to give it to another person or member of staff. This constitutes theft and can lead to disciplinary and/or legal action being taken.

4.5. Disposal of Medicinal Waste

Staff must ensure medicines are disposed of safely in line with waste and CoSHH regulations and that the Marie Curie waste policy is followed at all times.

In MCNS when a patient no longer requires a medication (including dressings, creams etc.) they should be directed to return them to the dispensing pharmacy for safe disposal. If this is not possible the PCO RN/case holder should be informed.

Following the death of a patient the family/ NoK should take responsibility for disposing of the medication

Disposal of Controlled Drugs

In MCNS CDs should not be disposed of in the domestic waste.

CDs prescribed for an individual patient for use at home are the property and responsibility of the patient and family /carer even after the patient's death. It is illegal for any person to possess CDs not prescribed for them. Therefore family/carers should be informed in a sensitive manner of the disposal process and should make suitable arrangements for returning them to a community pharmacy as soon as possible. It should not normally be the responsibility of MCNS RN/HCA to become involved in disposal of unwanted CDs. If a death occurs during an MCNS visit and there is no responsible family / carer, MCNS staff should carefully document the names and quantities of unwanted CDs (ampoules, liquids, tablets /capsules) and ensure the drugs are stored securely. They should inform the District nursing service and request they make arrangements for safe disposal.

In exceptional circumstances (risk of misuse, or children) MCNS staff may return the drugs to a pharmacy only after discussing the risk and seeking advice from the clinical nurse manager or regional manager out of hours. In such a case MCNS staff would act as messenger and do not take possession of the CDs. An IR1 is completed.

Clinical nurse /regional managers should ensure there are clear processes for managing unwanted CDs and syringe pump medication and that all staff are fully informed of these.

Individual doses prepared but not administered or portions of CD wastage e.g. in syringe pumps, should be disposed of into a tamper proof sharps container labeled 'Non-hazardous pharmaceutical waste' for amounts up to 10mls. Lone workers MCNS staff may rely on patient/family/carers as witnesses if available. In the unlikely event of the need to dispose of doses above 10mls local procedures and waste policies should be followed. The MCNS RN/HCA should contact the DN or on call manager for advice.

All part CD doses disposed of must be documented in the MDHR, PSD/MPAR or local CD Record Card.

In the event of a patient death with a syringe pump in progress, it must be left in place until verification of death is completed (Verification of Death policy). In the case of an expected death, once a verification of death has been completed, the medicines and equipment can be removed and disposed of in line with locally agreed procedures.

Following the death of a patient under suspicious circumstances, or a case where a coroner or the police may become involved, all medicines including partly used syringe pumps should be retained in the patient's home until such time as a death certificate is issued. The syringe pump, cannula, infusions and catheters must be left in place. All medicines should be secured and the community nursing team informed.

4.6. Risk Management

Medication Incidents

Medication incidents must be managed in line with the MC incidents management policy. An MC Incident Reporting Form (IR1) must be completed and guidance regarding the process of investigation, escalation and involvement of senior managers and the Quality Assurance Department followed in line with the policy. A guide to grading of severity of medicine incidents is attached in the Appendix 2.

As soon as it is realised that an adverse incident involving any element of the medicine management process has occurred, the patient's condition must be assessed and any necessary action/ monitoring taken immediately. Appropriate medical advice (GP / On Call), must be sought and the correct clinical counter-measures taken, under medical guidance.

CD medicines incidents should be reported to the Regional CD Accountable Officer in the event of an incident or discrepancy. Each region must ensure that they have a process and relevant connections in place. See also Appendix 1

Adverse Drug Reaction (ADR) Reporting

A 'yellow card' should be completed for adverse drug reaction. Available online at https://yellowcard.mhra.gov.uk/. Alternatively, prepaid Yellow Cards for reporting are available:

- upon request by mail: "FREEPOST YELLOW CARD"
- at the back of the British National Formulary (BNF)
- by telephoning the Commission of Human Medicines (CHM) free phone line: 0800 731 6789
- by electronic download through the Yellow Card section of the MHRA website https://yellowcard.mhra.gov.uk/downloadable-information/
- smartphone app. https://www.gov.uk/drug-safety-update/new-yellow-card-app-for-reporting-suspected-side-effects

When reporting, as much information as possible should be detailed, including information about medical history, any concomitant medication, onset and treatment dates. They may be submitted by a doctor, pharmacist, RN/HCA or patient. An Incident Reporting Form (IR1) must also be completed.

Defective Product Reporting

All defective or suspected products (medicinal products, devices, medical gases, clinical disposables) must be removed from service/ use. The MCNS RN or HCA should document the exact circumstances, mark the device unsuitable for use, secure it and notify the district nursing team who take responsibility and return the equipment it to the supplier or manufacturer as appropriate.

Drug Abuse Vigilance

All staff should be alert to the possibility of drug abuse in any of their colleagues. They should look out for signs and patterns of unusual behaviour that may point to possible drug abuse. These may include: actual physical symptoms; changes in a person's mood or personality; unusual tiredness or irritability, suspicious absences from their usual working area and suspicious patterns of absence. They should also be alert for clues that could indicate the possibility of theft of drugs, for example changes in ordering patterns or in usage of certain medicines. In such cases, staff should approach a MC colleague (preferably their line manager) and discuss the matter in confidence. The priority of managers will be the welfare and support of their staff.

Safety Guidance
National medicines safety guidance, such as patient safety alerts, should be addressed in line with the MC Central Alert Policy

4.7. Safeguarding

A safeguarding issue in relation to managing medicines could include the deliberate withholding of a medicine(s) without a valid reason, the incorrect use of a medicine(s) for reasons other than the benefit of a patient, deliberate attempt to harm through use of a medicine(s), or accidental harm caused by incorrect administration or a medication error (NICE 2014). Any suspected or confirmed medicines-related safeguarding issue must be addressed in line with the MC safeguarding adults at risk and children policy and incident management policy.

4.8. Guidance for Persons Travelling Overseas or into the UK Carrying CDs

Patients travelling abroad for a period of over three months will need to have a personal licence for carrying controlled drugs.

For further information and enquiries contact the Home Office, Drugs Branch (telephone number: 020 7035 4848, or they can visit https://www.gov.uk/travelling-controlled-drugs.

4.9. Dealing with the Suspected Possession of Illegal Substances by Patients/Family

It is not acceptable for illicit substances to be kept or used by patients. If there is any doubt as to the legality of the substance it should be treated as if it were illegal.

Suspicion of possession of illegal substances

The DN/ registered community nurse, GP, and CNM must be informed.

Small amounts of illegal substances likely to be for personal use should not be reported to the police as, on balance, the duty of confidentiality outweighs the misdemeanour of possession. A dynamic risk assessment should be undertaken and contact made to the OOHs on call manager for guidance and support.

If there is a suspicion of possession of large quantities of illegal substances and / or suspicion of / intent to supply do not approach without the support of the police. The DN/ registered community nurse / GP /CNM must inform the police as this is a criminal offence that warrants over-riding the patient's confidentiality in the public interest. A police incident number should be obtained and recorded. The patient should not be informed about the action taken. If the police are called in, they usually accept responsibility for the illegal substance and any subsequent action. Police officers would only be expected to remove substances where they have an incident number.

To maintain the continuity of evidence, staff may be asked to make witness statements.

5. Access, dissemination, implementation

This policy and procedure will be stored on the Marie Curie intranet. It is expected that line managers will ensure that all new employees are made aware of this policy and procedure during their induction.

6. Training

All healthcare professionals who are involved in any part of the medicines management process are responsible for demonstrating and maintaining their competence. All staff must adhere to the MC requirements for induction and mandatory training in respect to medicines management.

7. References and related documents

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8. Governance

Consultation

MCNS Managers, Director of Nursing, Head of Clinical Quality, Clinical Reference Group, Health and Safety Manager, Practice Development Facilitators, Head of L+D

Monitoring

Adherence to the MC medicines management policy will be monitored in line with responsibilities stipulated in this policy.

Applicable legislation

The Human Medicines Regulations 2012
Care Act 2014
Health and Social Care Act 2012.
Misuse of Drugs (safe custody) Regulations 1973.
Misuse of Drugs Act 1971.
Misuse of Drugs Regulations 2001.
Controlled Drugs (Supervision and Management and Use) Regulations 2006.

Version history

V 1.1 August 2013 - Frequency for medical practitioners to complete the opioid test has been changed from one to three years; Wording in section 7.2 'Prescription writing requirements' amended by D Oxenham'; Wording changes in relation to discontinuing or retaining medicine running added to correspond with the recently ratified VOED policy.

V1.2 July 2014 - Removal of Liverpool Care Pathway references; All PCO replaced Clinical Lead Nurse replaced with Clinical Nurse Manager.

V2 November 2015 - Reviewed by Head of Clinical Effectiveness and procedure sections removed, CD and medicines management policies combined and split into a policy for MCNS.

V2.1 June 2016 – Reviewed by Head of Clinical Effectiveness, MC Regional Managers, South West and Central, MCNS Quality Lead, South West, CNM's South West and London and the South East, Senior Nurse, South West, Practice Educator South West, external community pharmacists.

V2.2 March 2017 Updated by Head of Quality Improvement in consultation with MC regional managers, CNM's, PDF's, Senior nurse SW, to include safeguarding and accountable office requirements. Removal of the need for a care plan for level 1support, inclusion of updated references, clarity on level 1 support

V2.3 June 2017 Updated to remove 'All epidural and intrathecal medicine preparations subject to a two-nurse check' as MCNS nurses are not permitted to check medication via these routes. In addition, cross referenced to resuscitation policy for emergency administration

V2.4 January 2018 Wording in medical gases section changed to include following instructions written on the device itself, when a prescription or care plan is not available. Requirements for double checking amended to be in line with Hospice requirements.

V3 November 2018: Complete review incorporating NICE guidance

9. Support

If you have questions about the application of this policy contact your line manager, or a member of the Quality Assurance Team.

10. Equality Impact Assessment

This policy has been assessed using an equality impact assessment initial screening template and is deemed to meet current equality requirements.

Date undertaken: 22/08/18

		Y/N	Comment
1	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	N	
	Ethnic origins (including gypsies and travellers)	N	
	Nationality	N	
	Gender	N	
	Culture	N	
	Religion or belief	N	
	Sexual orientation including lesbian, gay and bisexual people	N	
	Age	N	
	Disability - learning, physical, sensory impairment and mental health problems	N	
2	Is there any evidence that some groups are affected differently?	N	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4	Is the impact of the policy/guidance likely to be negative?	N	
5	If so can the impact be avoided?	N/A	
6	What alternatives are there to achieving the policy/ guidance without the impact?	N/A	
7	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Head of Clinical Policies and Standards together with any suggestions as to the action required to avoid/reduce this impact.

Author	Head of Clinical Effectiveness	June 2015
Reviewed by	Head of Quality Improvement	September 2018
Approved by	Clinical Reference Group	October 2018
Ratified by	Clinical Governance Executive Committee	November 2018
Document owner	Director of Nursing, Allied Health Professionals and Quality	

11. Appendix 1: Guidance on information sharing with Local Intelligence Networks

(LIN)Regulations place a statutory duty of co-operation on MC to share information about concerns with respect to the management of CDs. Responsibility for establishing Local Intelligence Networks (LIN) lies with NHS England and Scotland but each organisation is separately accountable for action within its own remit. The LIN network facilitates sharing of concerns related to CD use / abuse with other local agencies who may be affected or who may have complementary information.

The controlled drug regulations place a statutory duty of collaboration on healthcare organisations, police services, social service authorities, and the relevant inspection and regulatory bodies to share information about controlled drugs offences and potential or actual system failures.

- Whilst there is a duty of care to co-operate, that duty does not automatically override legislation relating to the control of personal data.
- In order to ensure the safer management of controlled drugs (CDs) in accordance with regulations and best practice, it is necessary to share information, including personal information, with other designated and responsible working within the LIN.
- Where concerns are serious (e.g. if patient safety is at risk or the professional's fitness to practice may be impaired) the concern(s) should be passed on to the appropriate Responsible Body at the earliest opportunity. Where concerns appear to be minor, further local investigation may be appropriate.
- If there is an urgent need to share information prior to the completion of an investigation then it should be classed as a serious untoward incident and the Incident Management and Caring Services & Marie Curie Helper Incident reporting procedure/flowchart followed.
- Initially it is recommended that the broad nature of the concern is disclosed if there is judged to be sufficient risk to patients. Personal/ confidential information should ideally only be shared with the LIN after an investigation has been completed. The sharing of any information must be within the Marie Curie (MC) Data and Information policy.
- Sharing of information must always be done in confidence and the individual informed of the transfer of any information. However, in some circumstances, even if the information is personal/private, there may be a justification for not informing the individual where it is likely to prejudice the discharge of functions, including those to protect the public against dishonesty, malpractice or other serious improper conduct. If the person is not told that information is being shared the public protection issues must be recorded.
- The Director for Quality Governance is responsible for any information that is shared with any LIN and external agencies. The Director for Quality Governance will ensure an appropriate assessment has taken place before sharing any information.

12. Appendix 2: MC Guide to Incident Grading

MARIE CURIE GUIDE TO MEDICINE INCIDENT GRADING IN THE MCNS

All incidents should be graded initially according to the Incident Risk Matrix at the time of the incident and not after interventions have been made.
This guide should be used to assist in deciding the Appropriate level of impact/severity/consequence of medicine incidents for patient, staff and the organisation.

RED	**SI # Death or impaired vital organ function results.** **SI # Any medicine error which requires medical intervention (transfer to higher level of care, resuscitation medication, invasive procedure, antidote required) to stabilise patient** # Omission or unintentional delay of more than 1 hour (NPSA) on any of the following medicines: any medicine on MC critical timing list. # Wrong medicine given to a patient or medicine given to the wrong patient. # Any medicine administered when known allergy or hypersensitivity exists which requires more than 4 hours increased nursing and medical observation/intervention # Incorrect medicine dose, formulation, rate, route or time which requires more than 4 hours increased nursing and medical observation / intervention # Prescription error resulting in wrong dose/route/frequency at administration
AMBER	# Repeated incidents involving the same staff member (prescribing, administration, disposal) indicating a need for retraining (this may not be recognised at the point of escalation and may require a CNM or RM to regrade to amber during investigation) # Repeated medicine errors when the same error is repeated over time e.g. wrong or omitted dose on more than one drug round. # Policy contravention e.g. Verbal orders for CD taken # Any medicine administration error which requires medical intervention (transfer to higher level of care, increased nursing monitoring (less than 4 hours) #Omission or unintentional delay of more than 2 hour on any medicine (excluding those on MCCC critical timing list) and no reason noted on the MPAR. # Recording error or failure to record # Administration error by non-MCNS staff, noted by MCNS and reported to District Nursing Service # Incorrect medicine dose formulation, rate, route or time which requires increased nursing observation for a short period (< 4 hours) # RN or HCA administering outside of role boundary or without supporting MPAR
YELLOW	# CD incidents not covered above including errors in subtraction resolved immediately but excluding witnessed spillage of CD's # Ambiguous, illegible, confusing prescription or authorisation to administer which requires prescriber contact and clarification or requiring GP, OOH, District Nursing service intervention
GREEN	# Prescribing error noted and acted upon before administration

ACTIONS	SUI	Red	Amber	Yellow/ Green
Escalate to Exec on call	X			
IR1 completed by person involved before the end of the shift & manager immediately	X	X	X	X
CNM to request statement on receipt of Ir1	X	X	X	
Upload IR1 onto Sentinel within two working days	X	X	X	X
Update Sentinel in a timely fashion	X	X	X	X
Local resolution				X

13. Appendix 3: List of SOPs for the MCNS

It is recognised that each region will have different requirements for the development of standard operating procedures. These may need to be developed on a regional or area basis and may be MCNS specific or shared with other local health care providers. Each region should therefore give consideration as to whether it is appropriate to develop SOP's in respect to the following areas:

1. Prescribing
Prescribing medicines (including controlled drugs)
Range of prescribing
Emergency situations
Unlicensed medicines
Oral and parenteral chemotherapy
Medical gases
Verbal Orders
2. Transport and Receipt
Transport of medicines and controlled drugs by MCNS
3. Administration
Administration of medicines including schedule 2 drugs (checks, documentation, disposal,
Omission of doses
Use of oral syringes
Emergency administration
'when required' doses
Intravenous medicines
Clinical trial medicines
Unlicensed medicines
Use of syringe pumps
Preparation of medicines
Oral & Parenteral chemotherapy
Spinal and intrathecal medicines
Safety measures to minimise the risk of error
4. Disposal / Destruction
Destruction of waste medicines including schedule 2 CDs
Cytotoxic medicines
Medicines other than schedule 2 controlled and cytotoxic medicines
5. Incidents
Action to be taken when schedule 2 controlled drugs are missing (tablets, vials, liquids)
Monitoring the use of medicines that are not schedule 2 drug
Measures to be taken when these drugs are missing or being ordered excessively
Reporting adverse incidents
Measures to be taken following a medicines recall by MHRA
Advice given to patients on discharge for disposal of unwanted schedule 2 controlled drugs