

Marie Curie Hospice, Newcastle

Controlled Drugs competency Assessment



Name : _____

You will have already undertaken your 2 yearly online drug calculation test and portfolio. The purpose of this competency assessment is to safeguard practice and underpin knowledge and understanding around single nurse administration of controlled medication.

Your competency will be assessed against a limited range of medications but as an accountable practitioner you will need to ensure you have the knowledge and skills around all controlled drugs you will be administering under a single nurse check.

To undertake this competency assessment you will be set up in a private room with;

- Calculator
- Conversion chart
- Pre written Medication Kardex

You will have 1 – 2 hours to complete this assessment which will be marked and discussed by the PDF/ward sister/lead Nurse.

You may keep this assessment and include it in your revalidation portfolio. A copy of your certificate must be given to your PDF which will be held in your training file.

Single nurse administration is only applicable if you feel confident and competent at the time of administration. If there are any complex calculations or any other variances to consider always seek a second nurse check.

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).
- All epidural and intrathecal medicine preparations.
- Schedule 2 CDs (unless otherwise agreed through local governance arrangements)*
- Oncologist/haematologist prescribed cancer chemotherapy except prednisolone and dexamethasone.
- When complex mathematical calculations are required to determine dosage, volume or rate.
- Injectible insulin.

1. List at least 4 key principles in the safe administration of any drug.

1.	3.
2.	4.

2. List 3 opioid drugs commonly used within your Hospice.

1.
2.
3.

3. List 2 symptoms a patient may have which require an opioid drug.

1.
2.

4. List 4 non – opioid controlled drugs commonly used at the Hospice.

1.
2.
3.
4.

5. Can you list 10 preparations that controlled medication can come in

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

6. Where could you find information about dose conversions of controlled drugs?

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7. Your patient requires a controlled drug that is unfamiliar to you, what action would you take?

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8. Look at prescriptions 1-6

Can you identify the preparation of the drug and what you would use to make up the dose prescribed?

Drug	
1.	
2.	
3.	
4.	
5.	
6.	

9. Look at prescriptions 7-11

Can you identify any issues with the prescriptions?

7	
8	
9	
10	
11	

10. List at least 4 side effects of opioid drugs.

1.	3.
2.	4.

11. How would you detect if a patient is opioid toxic?

1.	3.
2.	4.

12. What is the drug treatment for this and what action would you take as a RN?

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13. List 3 reasons why you would consider using the transdermal route rather than any other route?

1.
2.
3.

14. List two types of opioid patch and how often each patch is changed?

	Change every:
	Change every:

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15. List at least 3 things you would do when administering an opioid patch to a patient?

1.
2.
3.

16. How do you dispose of an opioid patch?

17. A patient is being converted to a fentanyl transdermal patch from a subcutaneous infusion (CSCI); when would you stop the CSCI and when would you apply the patch?

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18. What type of pain would you use sublingual or buccal fentanyl for?

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19. What are the strengths of sublingual or buccal fentanyl?

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20. Fentanyl lozenge is not widely used but patient may still be prescribed them.

What is the starting dose of a fentanyl lozenge?

(Regardless of patch strength)

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21. On the 9pm drug round you discover a patient has missed their dose of long acting MST the night before, what are the implications of this and what action would you take?

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22. On the 9pm drug round your patient is too drowsy to take their regular dose of long acting Oxycodone 200mg, what are the implications of this and what action would you take?

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23. Look at the syringe driver prescription on the kardex, which 12 hourly oral prescription correlates to which syringe driver prescription and why?

CSCI Prescription 1	
CSCI Prescription 2	

24. On the PRN Chart find the PRN prescriptions you would use for prescriptions

CSCI 1	
CSCI 2	
Fentanyl patch 225mcg Prescription no.6	

25. Can you identify at least 3 PRN medications that are not prescribed correctly and why?

1.
2.
3.

26. A patient is taking controlled release morphine 300mg BD, despite this they require several extra doses of instant release morphine per day. What is the dose and possible preparations of instant release morphine you would administer? (From concentrations stocked in the Hospice).

27. You give your patient analgesia for breakthrough pain, an hour later they continue to complain of pain, what do you do and why?

28. You are applying a transdermal patch when you notice that there is an extra patch found on the patient, what are the implications of this and what action would you take?

29. You notice a patient is vomiting and feeling nauseous secondary to their oral opioids :
What antiemetic would you consider and why?
What would you consider regarding the route of their opioids and why?

30. Alfentanil is an analgesia used at the hospice. Can you indicate why we would use this drug and what the benefits are to using it?

31. What ratio would you use to convert morphine sulphate IR liquid to Alfentanil?

32. What is the drug ratio for:
Tramadol to morphine sulphate
Codeine phosphate to morphine sulphate

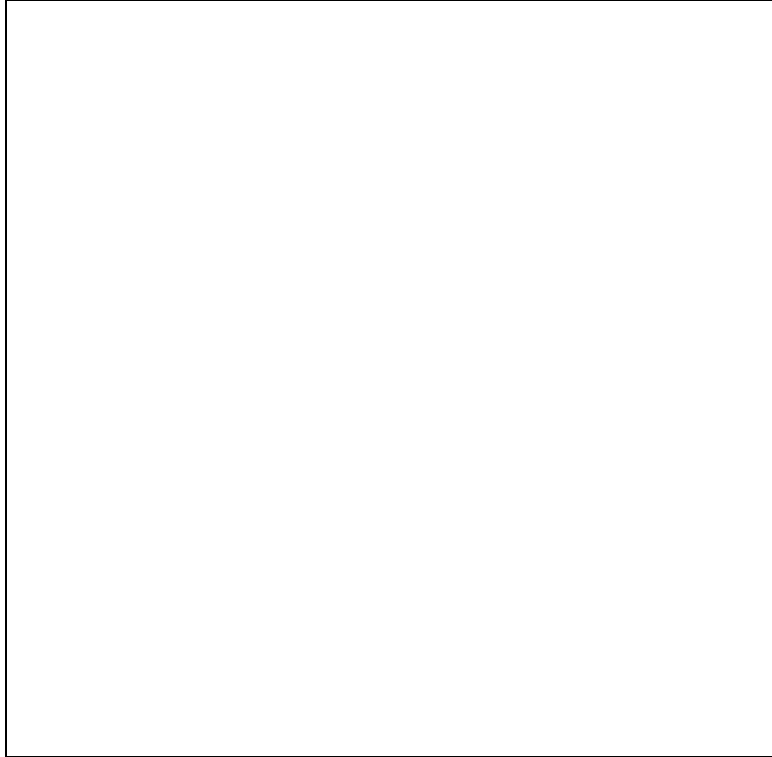
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33. If a patient was commenced on Methadone or Ketamine at the hospice what do you understand about any special requirements on discharge?

34. If a patient is taking Methadone in the IPU how often can they have a 'as required' dose

35. Communication, safe handling, storage, understanding how the controlled drug works and knowledge of side effects are fundamental when involving the patient and improving concordance in their plan of care.

How would you promote this within in your practice?



SAFE STORAGE AND HANDLING OF CONTROLLED DRUGS

1:1 Pharmacy discussion to be signed off regarding concise documentation. Please use the space below for notes of discussion:

Date	RGN sign	Pharmacist sign

COMPLETION OF AN OBSERVED PRACTICE OF SINGLE NURSE ADMINISTRATION

Date	RGN sign	Senior nurse / PDF sign

COMPLETION OF CONTROLLED DRUG COMPETENCY ASSESSMENT

Date	RGN sign	Senior nurse / PDF sign

COMPLETION OF SINGLE NURSE ADMINISTRATION REFRESHER WORKBOOK

Date	RGN sign	Senior nurse / PDF sign

DATE OF ONLINE DRUG CALCULATION TEST & PORTFOLIO

Date	RGN sign	Senior nurse / PDF sign

DISCUSSION REGARDING INCIDENTS, COMPETENCY AND INDIVIDUALISED CAPABILITIES IN PRACTICE

Date	RGN sign	Senior nurse / PDF sign



CERTIFICATE OF COMPETENCE

This is to certify that

**Has successfully completed the single nurse
assessment for the administration of controlled drugs**

Signature :

Date :

