



**Northamptonshire Healthcare**  
NHS Foundation Trust

**MMPR002 URGENT CARE AND ASSESSMENT TEAM PROCEDURE  
FOR ORDERING, STORAGE, TRANSPORTATION AND  
ADMINISTRATION OF MEDICINES**

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## **Why we need this Procedure**

This document is produced to provide a framework and guidance for UCAT teams involved in the management of clients/patients and their medication. It must be read in conjunction with the MMP001 - Control of Medicines Policy. To ensure NHFT patients living at home/ in the community managed by mental health services receive medication to the same standards of safety and legality and best practice as expected for patient on in-patient wards

The guidance complements the following documents:

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- Record Keeping Guidance for nurses and Midwives NMC July 2009 – updated 2015  
NMC code of conduct 2015

## **What the Procedure is trying to do**

To support the UCAT team with the processes involved in ordering, storing, transporting and administering medication. To supplement MMP001 Control of medicines policy and associated medicine related SOPs to ensure staff working in urgent care and assessment teams are handling medicines safely and legally at all stages in the medication handling process

## **Which stakeholders have been involved in the creation of this Procedure**

Medicines Management Committee

## **Any required definitions/explanations**

UCAT – Urgent Care and Assessment Team

NHFT - Northamptonshire Healthcare NHS Foundation Trust

## **Key duties**

### **Medicines Management Committee**

Will approve and review these guidelines

### **Heads of Hospitals**

Are responsible for the dissemination and implementation of the guideline in their service areas

### **Doctors**

Are responsible for reviewing the patient, prescribing medication transporting and administering medication in line with this procedure and MMP001-Control of medicines policy

### **Nursing staff**

For each team base where medicines are stored, a suitably qualified practitioner must be designated as the person who will be accountable for the management of all medicines held, ensuring that the procedures are followed correctly and the security of medicines is maintained at all times. This will usually be the team manager. In a situation where the team

manager is from a non-nursing background a senior nursing member of the team will be allocated to perform this duty.

All nursing staff are responsible for ordering, storing, transporting and administering medication in line with this procedure and MMP001-Control of medicines policy

## Procedure detail

### Obtaining Medication

Medication can be obtained from the following sources:

- **Patient's own drugs**

Medicines belonging to the patient can be used provided the patient gives their consent and the medication has been assessed by a qualified nurse as suitable for use.

- **GP**

Provided the GP is in agreement a request for a prescription and notification of changes to current prescription can be communicated to the GP via fax or electronically as per local practice. The prescription can be collected either by the patient or member of the team and taken to a community pharmacy for dispensing.

- **FP10HNC**

A prescription can be written and taken to a community pharmacy for dispensing

Refer to MMP005 Policy for the use of FP10 Prescription Forms

- **Pharmacy**

A prescription can be written as a TTO on the prescription chart and either delivered or faxed to pharmacy.

- **UCAT stock**

UCAT team do not hold a stock list of core drugs within the team base. If medication is required urgently, outside of normal office hours, the stock on the admissions units can be accessed. It is to be used for administration at the time of visit; **a supply must not be left for the patient to take at a later**. This medication must be prescribed on the drug chart.

### Method of Prescribing

All medicines to be administered to the patient must be prescribed by an authorised prescriber only, using the Trust prescription and administration card. FP10HNC forms may be used to obtain supplies of medicines where appropriate but these items must still be recorded on the prescription and administration chart. All of the medicines a patient is currently taking, including medicines for pre-existing physical conditions, must be prescribed by an authorised prescriber using the Trust prescription and administration card. Medication

for pre-existing physical conditions should not be supplied by UCAT as the patient should continue to obtain supplies from their GP

**There should only be one drug card in use at any given time**

### Receipt of medication

When medication requests are made by faxing the drug charts to Berrywood Hospital dispensary, the original drug chart must be annotated as 'faxed', with the signature of the person and the date of faxing.

Where medication is delivered by or collected from pharmacy, it should be received by a registered nurse that will complete a named patient medication log (Appendix 6) and store the medication in a clinic cupboard.

Where a registered nurse is not available, a Support Worker or Allied Health Professional who has received the appropriate training may receive the medication from pharmacy, complete the medication log and store it in the clinic cupboard. Delivery of patients' medication may be delegated, by a registered nurse or Doctor, to a trained Support Worker or Allied Health Professional. ***All activities regarding patient medication should be clearly recorded on the patient's medication record sheet.***

### Administration

See MMP001 - Control of Medicines Policy. Section 6.9

When medication is to be administered, whether orally, topically or by injection, the person administering the medication must be a nurse whose registration is recorded on the NMC professional register. **The medication chart must be signed by the qualified nurse.**

In the event of medicines being refused, wasted or not administered for any other reason, this must be clearly recorded immediately on the patient's electronic record on return to the team base.

This is different to observation.

Where named patient supplies are used for administration accurate records must be kept on SystemOne of what has been left with the patient. Where it is not deemed clinically safe to leave such supplies with an individual whether these are patient's own medicines, removed for safekeeping or individually labelled medicines dispensed by the pharmacy, a record should be made to this effect on SystemOne and these items must be returned to base and the appropriate records made.

A record should be made of any medication not to be left with the patient

### Observation

Where there are concerns about patients' compliance with prescribed medication, a registered nurse can delegate responsibility for observing compliance to trained Senior

Support Workers or Allied Health Professionals who will observe patients taking their medication to ensure compliance. The observing member of staff is not required to handle medication in this instance. The patient's drug chart should be used during observation to ensure that the patient is taking their medication as prescribed. Support Workers and Allied Health Professionals may annotate the drug chart with the number 6 (self-medication as reference on front of chart) however an entry should be made in SystemOne to show what medication the patient took during observation.

### Storage and Custody of Medicines

See Control of Medicines Policy MMP001; Storage of Medication section

Drug keys are the responsibility of the Registered Nurse in charge of the shift or the shift coordinator and should be kept in a key safe with a specific code that only authorised members of staff will have access to. Loss of any keys should be immediately reported to the duty Nurse Manager/Manager, if they are not available, the next appropriate person. All paperwork needs to be completed and relevant and accurate records need to be made. A spare set of keys must be kept in another location for emergency use only and this must be locked. .

Accurate records must be kept when safe keeping medication for patients or in the exceptional circumstance that these drugs are used for administration to the patient by UCAT. The patient's own drugs assessment checklist should be used to ascertain the suitability of the drugs, when using the patient's own supply of medication and also for return to the patient at discharge. Any medication not suitable for use or no longer needed should be disposed of as described in disposal section below (see Appendix 3 and appendix 4)

Patient's medication sometimes needs to be stored temporarily at the community team base. On receipt, the details of the medication, the patient's name, the practitioner's name and date are logged in the medication log, after which it is immediately stored in a locked cupboard, specific for the purpose, which is secured to the wall. Where a non-clinical staff member is undertaking this activity, then a second of member of staff should be present to double check

Some medication may require cold storage (usually between 2- 8<sup>0</sup>C) and upon receipt should be placed immediately into a specialised lockable refrigerator (For south of County there is a fridge available within Campbell House, for the north the fridge on Kingfisher should be used .

### Carriage

See Control of Medicines Policy MMP001; Management of Medication by Urgent Care and Assessment Teams

Medicines issued to, or accepted by, an employee are the responsibility of the person to whom they are issued.

All staff required to carry medication must have a valid identification card issued by the Trust. This should be shown if requested by a client or other person having reason to check the identity of the employee.

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Medication carried by staff will be either for;

- direct administration by a nurse to an identified client
- delivery to an identified client for self-administration over a specified period
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All medication carried by staff must be prescribed by an authorised prescriber and be accompanied by a written prescription on an approved medicine chart,

Staff who are not registered nurses may deliver medication for self-administration by the client. However where medication is to be administered, whether orally, topically or by injection, the person administering the medication must be a nurse whose registration is recorded on the NMC professional register.

When carrying medication, the following requirements must be adhered to:

- Medicines must be carried securely. It is acknowledged that issues of personal safety and security for the individual employees in certain circumstances may require medicines to be carried in a fashion that does not draw attention either to the individual, or to the medicines being transported.
- Any cases or bags used for transporting medicines must lock effectively and be of a design that will not draw attention to staff carrying the cases.
- When transporting medication by car, the employee will ensure that the medication is in a locked bag and locked in the car boot.
- Medication for self-administration must be handed to the client for whom they have been prescribed, or to a responsible adult nominated to receive the medicines by the client/patient. Under no circumstances should medication be delivered through a letterbox.
- Staff will normally return to base at the end of the working shift and will ensure any medication not delivered or administered as planned will be returned to the medicine cupboard before they leave the work place. Accurate records need to be made within relevant medication log forms and client/patient records.
- **In exceptional circumstances**, it may be appropriate for the employee not to return to their base prior to finishing their span of duty; this will normally be agreed with the team manager beforehand. In these circumstances, the employee will ensure that any medication or equipment, is taken into their home overnight and not left in

their vehicle. The medication should be stored out of sight, preferably in a locked cupboard, and returned to the base on the next day.

- Medicines can only be carried where they are prescribed for a named individual, accompanied by a written prescription card and in a specific dosage,.

### **Disposal of Unwanted/Excess Medication**

See MMP001 - Control of Medicines Policy; Storage of medicines – disposal of medicines no longer required

All medication must be disposed of carefully to protect patients, staff, the Trust and the environment. unused/unwanted named patient supplies dispensed by NHFT Lloyds Pharmacy Berrywood should be disposed of by the UCAT teams in a Pharmaceutical waste bin (blue lid). Any unwanted patients own supplies should be returned to a community pharmacy for disposal.

When removing medicines from a patients home, it is essential to obtain the patients consent and make a record within SystemOne that medication has been removed and returned to the community pharmacy for disposal.

### **Disposal of Sharps**

The Trust provides sharps boxes (carry discretely on visits). Reference must be made to ICP014 Sharps management and needlestick injuries and blood borne viruses guidelines.

### **Action on Identification of a Medication Error (Near Miss).**

See CRM002 - Incident Policy (covering near miss and serious incidents)

### **Verbal messages / orders**

See MMP001 - Control of Medicines Policy

## **Training requirements associated with this Procedure**

### **Mandatory Training**

There is no mandatory training associated with this protocol however staff that handle medication must attend the Trusts Medicines Management courses in line with MMP001 Control of medicines policy.

### **Specific Training not covered by Mandatory Training**

Ad hoc training sessions based on an individual's training needs as defined within their annual appraisal or job description.

Staff will receive training to ensure all staff working within the UCAT team understand these procedures and how to complete relevant documentation. The team manager will keep a record of who has received this training

## How this Procedure will be monitored for compliance and effectiveness

The table below outlines the Trusts' monitoring arrangements for this document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness being monitored	Method of monitoring	Individual responsible for the monitoring	Monitoring frequency	Group or committee who receive the findings or report	Group or committee or individual responsible for completing any actions
Duties	To be addressed by the monitoring activities below.				
Record keeping in relation to Patient's own medicines (taken for safe-keeping); and named patient medication record	Quarterly checks	Operations Managers	Ad hoc but to be reported formally, minimum quarterly	MMC	MMC
Where a lack of compliance is found, the identified group, committee or individual will identify required actions, allocate responsible leads, target completion dates and ensure an assurance report is represented showing how any gaps have been addressed.					

### Equality considerations

Refer to MMP001

### Reference Guide

There are no references or bibliography associated with this document

## Document control details

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<b>Approved by and date:</b>	20.11.18
<b>Responsible committee:</b>	Medicines Management Committee
<b>Any other linked Policies:</b>	MMP001 – Control of Medicines Policy CRM002 - Incident Policy (covering near miss and serious incidents)
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Version No.	Date Ratified/ Amended	Date of Implementation	Next Review Date	Reason for Change (e.g. full rewrite, amendment to reflect new legislation, updated flowchart, minor amendments, etc.)
1	15.11.16	15.11.16	30.11.18	Review
2	20.11.18	20.11.18	30.11.20	Review

## Appendix 1 - Procedure for Medication Observation

### Introduction:

Medication Observation is the process whereby any member of the Urgent Care and Assessment Team can observe a patient taking their medication. This can be done where there is risk of non-compliance. This process is not to be confused with the administration of medication process. During observation the medication is not handled by the member of staff other than to hand it to the patient who will then take their medication in accordance with their prescription.

### Procedure:

1. Before leaving the office check that the medication you are taking is for the correct patient and that the label on the medication corresponds with the dosage instructions stated on the drug chart
2. Before handing the box or bottle of medication to the patient confirm the patient's name and address. This ensures that the correct medication is being given against the correct drug chart
3. Hand the box/bottle of medication to the patient and ensure that they read the label before taking the medication
4. The patient should then administer their own medication and take it whilst a member of the team is there to witness this
5. Repeat this process for all applicable medication on the drug chart
6. The medication should then be returned to base
7. The team member should record what medication was taken by the patient in the patients contact notes on System1
8. Complete named patient record sheet



### Appendix 3 - Assessment checklist for patient's own drugs

1. Check that the label on the medication container has the patient's name on it.
2. Is the drug prescribed on the Prescription and administration chart?
3. Does the label state the name of the drug, strength and form?
4. Does the label give the same instructions as the prescription card?
5. Is the label intact and readable?
6. Was the medicine dispensed within the last 6 months?
7. Is it in date: check the manufacturer's expiry if a blister pack?
8. Is the condition of the medicine satisfactory?
9. Are all the tablets/capsules in container the same?
10. Can you satisfy yourself that the medicine in the container is correct?
11. Has it been stored correctly?

**If you can answer yes to all the above, the drug is in a satisfactory condition to use.**

**If you answer no to any of these questions then the drug should be disposed of with the permission of the patient.**

