Rapid Response Report NPSA/2010/RRR009
Reducing harm from omitted and delayed medicines in hospital

Medicine doses are often omitted or delayed in hospital for a variety of reasons e.g.:
- Medication not available
- Administration overlooked
- In-patient chart lost or unavailable

Whilst these events may not seem serious, for some critical medicines or conditions delays or omissions can cause serious harm or death.

In February 2010 The National Patient Safety Agency (NPSA) issued recommendations on reducing harm from Omitted and Delayed Medicines in Hospital. [http://www.nrls.npsa.nhs.uk/alerts/?entryid45=66720](http://www.nrls.npsa.nhs.uk/alerts/?entryid45=66720)

It is important that nursing staff follow Trust policies and procedures when any drug is going to be omitted or delayed for whatever reason, or if it is discovered that a dose or several doses of a drug have already inadvertently been omitted and seek advice from pharmacy and/or medical staff as necessary.

Below is a list of medicines used within the Trust for which timely administration is important or crucial. All staff are asked to ensure that their local procedures support the safe, reliable and timely administration of these drugs at the prescribed time.

Unintended omissions or delays (>2hours) in administration of medicines on the critical list below should be recorded as a medication incident via the Datix system

**Critical medicines list**

- Anticoagulants e.g. Warfarin, low molecular weight heparins, new anticoagulants (e.g. dabigatran, rivaroxaban)
- Anti-infective medications (antibacterials, antifungals and antivirals)
- Medications use in the treatment of HIV (antiretrovirals)
- Anti-convulsant medications (this includes use of these drugs as mood stabilisers)
- Insulin
- Medicines used for Parkinson’s disease (eg ropinirole or L-dopa containing products such as Sinemet)
- Clozapine
- Lithium
- Monoamine oxidase inhibitors (MAOI’s)
- Resuscitation/emergency drugs including flumazenil
- Eye drops for glaucoma
- Immunosuppressant medication (used post organ transplant)
- Symptom control medicines at the end of life
- Desmopressin when used for cranial diabetes insipidus

The above list is not exhaustive and staff should always seek advice if they are uncertain of the impact of omitting or delaying a dose of any medication.

Staff must ensure that orders for all medication are placed in a timely fashion to prevent delay or omission of doses taking into consideration the time that will be needed to deliver items from pharmacy. Where a patient is admitted out of hours and requires medication not held on the ward and included on the critical medicines list,
staff should check with the patient whether they have brought a supply in from home which could be used until further supplies can be obtained from pharmacy.

If it is out of hours and the medication cannot be brought in from home then:

For out of hours advice on medicines supply and clinical queries, between the hours of 6.00pm to 9.00pm Monday to Friday and 9.00am to 9.00pm Saturday and Sunday please call the Lloyd’s Pharmacist on-call on.

07702 108219.

For CLINICAL ADVICE only, between 9:00pm to 9:00am Monday to Sunday, please call 01604 685 409 for details on how to contact the emergency duty pharmacist at the Royal Free Hospital.

If you require an urgent supply of medication between 9.00pm to 9.00am, please contact other wards and units as they may hold the medicines required.

Prepared by Medicines Management Committee Reviewed April 2018