Medication Management Guideline for Registered Nurses working in COVID-19 Community Assessment HUBs

Policy [ ] Procedure [ ] Protocol [ ] Guideline [x]

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1 Introduction

1.1 Context

The Community Assessment Hubs (CAH) were designed as part of the national HSE response to build capacity within the community setting to clinically manage with the increasing number of patients presenting with mild symptoms of Covid-19.

The Community Assessment Hubs are designed for the cohort of patients 16 years and over who are COVID-19 positive or presumptive COVID-19 positive **and** whose symptoms are worsening and they require urgent assessment.

The MDT staffing model for the CAH includes Doctors, (General Practitioners (GP), trainee GP), Nursing, Physiotherapist, Paramedic, clerical and domestic staff. The CAH Service is committed to providing best practice in the area of Medication Management.

1.2 Purpose and Objectives

The purpose of this document is to provide clear guidance to registered nurses regarding their role and responsibility in relation to Medication Management in the COVID-19 CAH including; ordering, storing and administration

The objective of this guidance is to facilitate safe practice in all aspects of medicine management in CAH. Clinicians are professionally and legally accountable and responsible for the standards of practice they contribute to and be prepared to justify and make explicit the rationale for decisions made in the course of professional practice in the context of legislation, professional standards and guidelines, evidence based practice and professional and ethical conduct (NMBI, 2015).

Registered Nurses working in CAHs need to be aware of the professional accountability and work within their scope of practice at all times. This document has also been developed considering the An Bord Altranais document 'Guidance to Nurses and Midwives on Medication Management July 2007' and the Misuse of Drugs (amendment) Act 2016.

This document is to be read in conjunction with other medication management guidelines for other professions.

1.3 Scope

This guideline applies to Registered Nurses working in the COVID -19 CAH

1.4 Definitions

Medication Management

The facilitation of safe and effective use of prescription and over-the-counter medicinal products (Bulechek and McCloskely, 1999). It is a comprehensive intervention which encompasses the nurse's/midwife's knowledge and the activities that are preformed to assist the patient/service-user in achieving the greatest benefit and best outcomes involving

medications (Naegle, 1999). Responsibilities of medication management incorporate the assessment, planning, implementation and evaluation of the nursing and midwifery process in collaboration with other health care professionals in providing care. (An Bord Altranais, Guidance to Nurses and Midwives on Medication Management, July 2007)

Medicinal Product

Any substance of combination of substances presented for treating or preventing disease in human beings. Any substance or combination of substances which may be administered to human beings with a view to making a medical diagnosis or to restoring, correcting or modifying physiological functions in human beings is likewise considered a medicinal product (EEC directive of 2001 [2001/83/EC]).

Medication errors

Any preventable event that may cause or lead to inappropriate medication use or patient/service-user harm while the medication is in control of the health care professional, patient/service-user or consumer. These events may be associated with professional practice, health care products procedures and systems. This includes prescribing; order communication; product labelling, packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring and use (National Coordinating Council for Medication Error Reporting and Preventing 1998). In the Irish health care context, the activity of supply should be included in this definition. (An Bord Altranais (ABA), Guidance to Nurses and Midwives on Medication Management, July 2007)

Controlled Drugs

Medications which are governed under schedule 2 and 3 of the Misuse of Drugs Act 1977 and 1984 and the Misuse of Drugs Amendment Act 2016.

Double Checking Medications

Double-checking is the process/activity of having a second colleague independently check the preparation of a medication for administration. Double-checking is a significant nursing/midwifery activity to facilitate good medication management practices and is a means of reducing medication errors.

The use of double-checking medications should be implemented purposefully in situations/indications that most require their use – particularly with high-alert medications. Registered nurses/midwives are accountable for their professional decisions and do not need another professional colleague to routinely check their work. There is no legal or professional requirement that a nurse/midwife must double-check the preparation of a medication with a colleague prior to administration. However, a nurse/midwife may consider asking another nurse/midwife to double-check a medication preparation if she/he determines that assistance is needed, particularly for those that are considered high-alert medications (such as insulin, heparin and chemotherapy) or that require complex calculations in preparation for administration. (NMBI 2007)

The second checker must independently check all aspects of the medication itself and verify it against a valid prescription, performing calculations for dosing of correct volume or quantity of medication and/ or other aspects of medication as appropriate.

Adverse Drug Reaction (ADRs)
Any clinical manifestation that is undesired unintended or unexpected that is consequent to and caused by the administration of medication.
A response to a medicinal product which is noxious and unintended [DIR 2001/83/EC Art 1 (11)].

3. Responsibilities

1. The Registered Nurse in Charge for each CAH is responsible for ensuring that all registered nurses working in the CAH have read and understand this document, and sign the "guideline/procedure read and understood" sheet to illustrate this.

2. All clinical staff working in the community assessment hubs are accountable for her/his practice including identifying any learning and education needs to her/his line manager in relation to this guideline (NMBI 2014; 2015).

3. Registered Nurses involved in any aspect of medication management are responsible for adhering to this guidance. In the event where a staff member considers that by adhering to this policy they are placing the patient or themselves at risk, they exercise their own professional judgement and seek immediate advice from the Senior Nurse on duty. Any deviation from this guidance must be clearly documented including the rationale for deviation in the COVID Care Tracker System

4. **Pharmacy Stock**

The National CAH Requisition Form is used for ordering the stock from nominated pharmacy and contains a list of medicines which routinely is stocked in the CAH.

Emergency Trolley List – contains a list of the medicines stocked on the emergency trolley.

The National CAH Requisition Form when completed is approved by the GP onsite

4.1. Guidelines for Pharmacy Stock Check

1. A medication stock check is carried out on a daily basis by the Registered Nursein Charge.
2. Emergency Trolley stock is checked on a daily basis.
3. A check for all medication expiry dates is carried out on a monthly basis at the time of the complete stock count.
4. Please note where an item states Exp March 2020, it is not out of date until the last day of March 2020.
5. Out of date stock is clearly marked as ‘out of date’ and stored safely in a locked cabinet and away from Public access while awaiting collection.
6. Controlled Drugs stock is addressed separately in Section 6.

4.2. Guidelines for Ordering Pharmacy Stock

1. The Registered Nurse in charge records a daily stock take of medications and where there are deficits, the National CAH Requisition Form is completed as required. Enter "needed"/"Please supply".
2. The National CAH requisition form is brought to the attention of the Lead GP on duty for signing.
3. The National CAH Requisition Form is emailed via healthmail to the local identified Community Pharmacy and a copy is sent to the local HSE Pharmacist. Any requests for additions to the stock list must be submitted in writing by the GP and will be considered in consultation with the General Manager and the HSE Primary Care Pharmacist and may be escalated nationally for approval.
4. If additional stock items are identified by the Registered Nurse in Charge they bring this request to the attention of the GP who will consider the request and if necessary discusses it with the Community Pharmacist, General Manager and the HSE Primary Care Pharmacist and may be escalated nationally for approval

4.3. Guidelines for Delivery of Stock from Pharmacy

1. Delivery of pharmacy items are made as required.

2. The pharmacy order should always be received by the Registered Nurse on duty and the delivery record is signed by the Registered Nurse on duty and the Community Pharmacist in the designated place for signing on the requisition form

3. On delivery of stock from local Community Pharmacist, the Registered Nurse on duty checks that the delivery note is complete and report any shortages to the dispensing pharmacy, the HSE Primary Care Pharmacist and the GP on duty

4.4. Guidelines for Storage of Medicinal Products

1. All medicinal products are stored in a secure manner in a locked cupboard.

2. Medicinal products are stored in the appropriate environment as indicated on the label/packaging of the product or as directed by the pharmacist.

3. Scheduled controlled drugs are locked in a locked cupboard within a locked cupboard.

4. Medicinal products requiring refrigeration to ensure stability are stored in a designated fridge that is not used for any other purpose. This fridge is locked and secure and a daily log of fridge temperatures is maintained. In order to allow cold air to circulate do not over stock refrigerator. If the refrigerator is accidentally switched off
    - Keep door closed
    - Check temperature

5. Mobile trolleys/emergency boxes are secured.

6. Medicinal products are stored in a separate locked cupboard from antiseptics, disinfectants and other cleaning products.

4.5. Guidelines for Drug Cupboard Keys

1. All Drug Cupboard Keys are held by a Registered Nurse on their person**.**

2. Drug cupboards are locked at all times.

3. The drug keys are locked in a secure press when the CAH is not in use

4. Under no circumstances, are keys to be left in the drug cupboard doors.

5. Medication Administration

5.1. Guidelines for Medication Administration by Nurses

It is the responsibility of each Registered Nursein the CAH to maintain competence in medication management within their individual scope of professional practice.

1. GP must clearly record the drug order to be administered by the Registered Nurse in the COVID tracker to be administered, dosage, date, time, route and method of administration on the individual patient's record.

2. The clinical record must contain patient's name, address and date of birth for checking purposes.

3. The Registered Nurse and/or GP concerned must sign the drug order stating the time and date the medication was given and include their Professional Body registration number.

4. The prescription should be verified (with the GP) that it is correct, prior to Registered Nurse administrating same. Clarification of any questions regarding the medication order should be conducted at this time.

5. The use of double checking medications should be considered best practice. Double checking is the process/activity of having a second healthcare professional independently check the preparation of a medication for administration.

6. The Five Rights of Medication Administration should be applied for each patient.

    - The right medication
    - The right patient (nurse must be certain of identity of the patient)
    - The right dosage

- The correct form of medication, route and administration method, as prescribed
- The right time and/or duration of prescribed order

7. Patient allergies must be checked prior to administration and document same the appropriate section of the COVID Care Tracker System for the patient, in order to ensure safe practice. If a patient states they have no allergies, this must also be recorded and signed by the GP. This should also be verified with the patient prior to administration.

8. Expiration date of medication must be checked prior to administration.

9. As evidenced by best practice, the preparation and administration of a medicinal product should be performed by the same nurse.

10. Principles of Infection prevention and control technique should be observed during preparation and administration of medication.

11. Educational information on the prescribed medication should be provided to the patient/carer, this should include –
    Mechanism of action of the prescribed medication; and desired effect of the medication; possible side effects, interaction with other medications/substances that the patient may be taking, to include over the counter medication; the significance of adherence/non adherence to prescribed therapy and the safe storage of medicine.

12. The decision by a patient to decline a medicinal product (after having been provided with the information and the consequences of not taking the medicinal product) should be respected and documented on the patient's record on the COVID Care Tracker System. This should include the reason for declining the medicinal product.

13. The details of all medication administered by the Registered Nurse including date, time, route must be recorded on the COVID Tracking sheet and signed.

14. Should the Registered Nurse have any query, s/he should at all times refer to the prescribing GP. The Registered Nurse must be mindful of his/her responsibility at all times to adhere to their scope of practice.

15. The only acceptable time a verbal medication order should be taken from a medication practitioner is in an emergency situation where there is an immediate unplanned patient / service-user. *Guidance to Nurses and Midwives on Medication Management (June 2007) An Bord Altranais. (page 15*)

5.2. Nursing Administration of Intravenous Medications is outside the scope of the Registered Nurse's role working in the Community Assessment Hub.

6. Controlled Drugs

6.1. Guidelines for Controlled Drugs in the Community Assessment Hubs

1. **Storage**

- Controlled drugs must be stored under lock and key in a locked cupboard within a locked cupboard
- Stock should be kept to a minimum and nothing should be displayed outside to indicate that controlled drugs are kept within that receptacle.
- During the CAH operational hours the Controlled Drug keys must be in the possession of the nurse in charge on their person at all times or designated Registered Nurse
- When the HUB is not in use the keys should be stored in a separate room in a locked cupboard.

6.2 Register

A register must be kept of all Controlled Drugs.

The register should be:

- A bound register (not loose-leaf version). For the purpose of the HUBs a loose page system will be used until bound books can be sourced (see appendix 1)
- Written in indelible ink
- In chronological order
- Have separate pages for each drug
- Show the class of drug at the head of each page
- Be made on the day of transaction
- Have no cancellations or obliterations or alterations (corrections must be made in indelible ink in the margin or as a footnote and must be signed and dated.)
- Kept on the premises to which the register relates and be available for inspection at any time
- Stock levels should be checked at the beginning and end of each shift by the Registered Nurse on duty and another member of staff. Signatures and PIN/IMC numbers as relevant must be recorded legibly in black ink in the controlled drug register
- During this check the actual stock must be compared with the centre register.

2. ***Administration of Controlled Drugs is outside the scope of the Registered Nurse's role working in the Community Assessment Hub.***

- If a Registered Nurse is checking out a controlled drug with the GP on duty both must go to the patient bedside with the prepared medication.
- Both must verify that the patient's identification and they correspond exactly with the details on the drug prescription.
- If possible ask the patient to state their name, address and date of birth.
- Both members of staff must check the drug prescription again to ensure they have the correct medication and dosage and that the prescription is valid for the patient.

- The GP will administer the controlled drug; however the two members of staff must witness the administration of the controlled drug to the patient.
- Both members of staff must sign the drug prescription chart and the controlled drug register as soon as the medication has been administered

3. **Drugs received or administered**

The entries must:

- Show the date received / administered
- Show the name of the pharmacy from where they are received or the patient receiving the medicinal product
- Show the amount received or administered and strength.
- Show the name of the two staff involved in either process.
- Show any waste if applicable
- Show the time of the event
- Show the running stock balance
- The response of the patient where it applies on site to the medication is recorded in the notes in COVID Care Tracker System.

4. **Procedure for Disposing of Controlled Drugs**

Controlled drugs must only be discarded in the following manner:

- By returning any unused full dose units, split tablets and oral liquids to the community pharmacy for appropriate disposal.
- By dispersing of partial units of injectable liquid medication into the base of a leak proof bin with an absorbent pad at the base in rigid drug bins.
- The amount of drug discarded must be witnessed and recorded in the Controlled Drug Register. Both members of staff who witnessed the discarding of the drug must sign the Controlled Drug Register.
- Medication must not be left unattended in open ampoules or syringes.

5. **Procedure for a broken vial**

- If a vial of Controlled drug is accidentally broken, it should be entered into the Controlled Drug Register as with the procedure for giving the drug.
- The entry should be signed by the clinical member of staff who broke the vial and another staff member.
- Both staff must then proceed to discard the broken vial into a sharps container.

6. **Procedure for Disposing of Out-of-date or Unused Controlled Drugs**

The expired or unused controlled drugs should be returned to the pharmacy in accordance with best practice guidelines. The HSE Primary Care Pharmacist will advise accordingly.

7. **Procedure for a missing or unaccounted for controlled drug**

- All staff should be made aware that there is a controlled drug missing or unaccounted for.
- The GP and Registered Nurse in Charge should repeat the stock count
- Following the stock count if the controlled drug still cannot be accounted for, each controlled drug dispensed during that shift must been accounted for. This will be done by conducting an investigation among staff identifying each drug dispensed during the shift, and reviewing all patient prescriptions.
- The Primary Care Pharmacist should be notified at the earliest opportunity.
- The time and date of the discovery of the missing drug should be entered into the register on the appropriate page.
- An Incident Report Form should be completed within 24 hours and reviewed by the Registered Nurse in Charge and sent to the relevant local contact for entering onto NIMS.
- It may be necessary to inform An Garda Síochána of the missing controlled drug. This must be confirmed with the Hub Lead

7. Medication Error

7.1. Guidelines for Dealing with Medication Error

1. The first priority is patient safety.

2. Once a medication error is noted, begin monitoring the patient's health immediately to limit potential adverse effects related to the error. Alert GP on duty of the medication error.

3. Inform the patient of the error and any potential adverse effects

4. The error should be documented in the COVID Tracker patient record. Adhere to Guidance to Nurses and Midwives on Medication Management (ABA 2007).

5. An Incident Report Form giving details of events and outcome should be completed as soon as possible and returned to Registered Nurse in Charge for review and sign off.

6. The medication error should be sent the relevant local contact for entering onto NIMS.

8. Adverse Reaction

If an adverse reaction or suspected adverse reaction is observed, then immediate priority is given to the patient's safety and monitoring of their health status to limit or prevent further harm.

- The suspected adverse reaction is brought to the immediate attention of the GP who takes any action needed
- The patient is informed of the adverse reaction and any subsequent action they may need to take

- Any adverse reaction should be documented in the COVID Tracker patient record. Adhere to Guidance to Nurses and Midwives on Medication Management (ABA 2007).
- The signs and symptoms of adverse reaction should be outlined and reported to the GP on duty and to the Health Products Regulatory Authority and sent to the relevant local contact for entering onto NIMS. Adverse drug reaction reporting should be carried out in line with the Guidance to Nurses and Midwives on Medication Management (ABA 2007).

References

An Bord Altranais (2007), Guidance to Nurses and Midwives on Medication Management. https://www.nmbi.ie/nmbi/media/NMBI/Publications/Guidance-Medicines-Management.pdf?ext=.pdf. Accessed 21/04/2020

COVID Community Assessment HUBs **Location: _____**

MDA Register

Drug Name _____

Date	Patients Name / Stock Received	Drug Name	Dose Prescribed	Administer By	Witnessed By	Drug Wasted	Time	Running Stock Balance