

# Practitioners authorised to administer medicines



## Purpose of this procedure:

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Persons authorised to administer and check medicines must have sufficient knowledge of the medicine being administered, and of the patient to whom the medicine is being administered, to be able to intervene in circumstances where administration is not appropriate.

## The Procedure:

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- 1.0 The following practitioners are authorised to undertake single practitioner drug administration:
  - Registered doctors, including provisional registration for Foundation year 1 (FY1) doctors
  - Registered nurses (level 1 or level 2) and midwives, who have completed induction and been assessed as competent
  - Non-medical prescribers
- 2.0 Additional training and competencies are required for the administration and checking of intravenous injections, intrathecal injections, Systemic Anti-Cancer Therapy (SACT) medicines by any route, medicines to children under the age of sixteen, medicines administered via electronic devices, and doses requiring complex calculations. All staff involved in the administration of intrathecal therapy must have undergone appropriate training, and will be named on the register of personnel authorised to do so. *Refer to Safe Use of Medicines Procedure for intrathecal medicines.*
- 3.0 Administration involving one or more of the following elements must be checked by a registered professional who is authorised to administer the medicine:
  - Intravenous therapy including any changes to the rate of an infusion (except in ITU)
  - Intrathecal therapy
  - Patients under the age of sixteen
  - Medicines administered without a written prescription
  - SACT medicines given by any route of administration. *See separate document – Guidelines for the safe use of systemic anti-cancer therapies (SACT).*

<http://intranet.lothian.scot.nhs.uk/Directory/oogs-theoncologyonlinequalitysystem/Chemotherapy/Documents/Guidelines%20for%20the%20safe%20use%20of%20SACT.pdf>

  - Medicines administered via electronic medical devices, for example infusion pumps, syringe drivers.
  - Doses requiring complex calculations
- 4.0 The registered professional who acts as a checker must observe preparation and that administration has taken place and document that they have witnessed the administration. Any required calculations must be independently calculated by the checker.
- 5.0 Registered nurses or midwives employed through an agency may check administration of medicines if within their competence.

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- 6.0 In circumstances where it is not possible for a second person to check, for example administration takes place in the patient's home, or where it is not feasible for operational reasons, for example, in theatres, a risk assessment must be undertaken, and the actions taken to minimise the risk must be documented.

This risk assessment for hospital specialities must be approved by the Clinical Director for the service (for doctors) and the Clinical Nurse Manager (for nurses) and be submitted to the Medicines Policy Subcommittee for review. The chair of the Medicines Policy Subcommittee will present the document to the Area Drug and Therapeutics committee for final approval.

- 7.0 Administration involving Schedule 2 controlled drugs must be witnessed, except in circumstances where it is not possible for example, administration takes place in the patient's home, or where it is not feasible for operational reasons, for example, in theatres. In such circumstances, a risk assessment must be undertaken, and the action taken to minimise the risk must be documented.

This risk assessment for hospital specialities must be approved by the Clinical Director for the service (for doctors) and the Clinical Nurse Manager (for nurses) and be submitted to the Medicines Policy Subcommittee for review. The chair of the Medicines Policy Subcommittee will present the document to the Area Drug and Therapeutics committee for final approval.

- 8.0 Student nurses and midwives may only be involved in the administration of certain medicines, under the direct supervision of a registered nurse or midwife. It is the responsibility of the registered nurse or midwife to determine that the student is safe in the activities required of them at that time.

- 8.1 Student Nurses and Midwives and Return to Practice Student Nurses and Midwives can prepare and administer **peripheral** IV medications under the direct supervision of a competent registered practitioner, provided they have completed the online theoretical modules and simulated practice within their Approved Education Institution (AEI). The theory and simulation should then be followed by a period of placement based direct supervised practice and assessment before achievement is signed off in the students' Practice Assessment Document (PAD) or Midwifery Practice Assessment Document (MPAD). **Exceptions are detailed in 8.3, 8.4, 8.5 AND 8.6 below.**

- 8.2 With regards to medicines listed under the exemption in the Prescription Only Medicine (Human Use Order) 1997 SI No 1830, student midwives can administer any of the parenteral medicines on the midwives' list (NMC exemptions within the NHSL midwifery formulary) under the direct supervision of a registered midwife, with the exception of controlled drugs. Student midwives may only administer controlled drugs parenterally if prescribed by a doctor or an appropriate practitioner, and under the direct supervision of a competent registered midwife.

- 8.3 Student Nurses and Midwives are excluded from administering Systemic Anti-Cancer Therapy (SACT) and cytotoxic medicines or medication via intrathecal route as these require specialist training that is not incorporated in their AEI programme.

- 8.4 Student Nurses and Midwives are excluded from administering medicines using subcutaneous palliative care syringe drivers as this requires specialist training that is not incorporated in their AEI programme.

# Practitioners authorised to administer medicines



- 8.5 Student Nurses and Midwives and Return to Practice Student Nurses and Midwives cannot administer IV medicines requiring complex calculations.
- 8.6. Student Nurses and Midwives and Return to Practice Student Nurses and Midwives cannot administer IV medicines to children under 16 as all require complex calculations.
- 8.7. The approved education institutions will work in collaboration with NHS Lothian to provide training and competencies on intravenous infusion devices.
- 9.0 Medical students may only be involved in the administration of medicines under the direct supervision of a registered doctor or registered nurse.
- 10.0 Other suitably qualified and experienced persons may be authorised to administer prescribed medicines in clearly defined circumstances, for example, non-registered nurses, radiology staff and physiotherapists. The charge nurse for the ward, theatre or other clinical area, or the manager of the area where the medicines are administered, is responsible for ensuring that a written protocol is in place defining the circumstances and the persons authorised. The charge nurse or manager must ensure that the person concerned has been assessed as competent before undertaking administration of medicines.
- 11.0 Assisting patients to take medication can be performed by Band 3 staff who possess a National Vocational Qualification Level 3 or appropriate equivalent. These staff must have successfully completed the Health and Social Care training package 'Management of Medicines Provided in People's Homes – Training Programme for Unregistered Staff '

## Associated materials/references:

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Guidelines for the safe use of systemic anti-cancer therapies (SACT)

Procedure for intrathecal injections

NHS Lothian Framework for Healthcare Support workers to support people with their medication