

Practitioners authorised to administer medicines



Purpose of this procedure:

Practitioners authorised to administer or check and witness medicines administration must adhere to the medicines governance requirements as defined in NHS Lothian Safe Use of Medicines policies and procedures. All practitioners must be appropriately authorised, trained, and assessed as competent.

All registered healthcare professionals must also meet their own professional and regulatory standards and guidance.

All are responsible for practising within their own scope of competence, using their acquired knowledge, skills, and judgement.

All 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.

All registered healthcare professionals delegating responsibility for medicines administration to non-registered staff must be competent in the task they are delegating. Refer to sections 13 and 14 below for further information.

The following procedure refers to **registered** healthcare professionals unless otherwise stated.

The Procedure:

1.0 The following registered healthcare professionals are authorised to undertake single practitioner administration of medicines, except under the circumstances detailed in section 2 below.

- Registered doctors, including provisional registration for Foundation year 1 (FY1) doctors.
- Registered nurses (level 1 or level 2), midwives and operating department practitioners (ODP), who have completed induction and been assessed as competent.
- Non-medical prescribers who have received appropriate medicines administration training and assessed as competent.

2.0 Administration involving one or more of the following elements must be checked by a second registered professional who is authorised to administer the medicine. Section 8 describes situations where appropriately trained and competency assessed nurse, midwife, and ODP students can replace one of the registered professionals.

- Intravenous therapy including any changes to the rate of an infusion (except in ICU)
- Intrathecal therapy
- Patients under the age of sixteen

- Medicines administered without a written prescription
- Systemic Anti-Cancer Therapy (SACT) medicines given by any route of administration. See separate document – [Guidelines for the safe use of systemic anti-cancer therapies \(SACT\)](#)
- Medicines administered via electronic medical devices, for example infusion pumps, syringe drivers
- Doses requiring complex calculations, preparation, or administration.
- Schedule 2 controlled drugs. Refer to NHS Lothian Safe Use of Medicines Policy procedure for [Controlled Drugs](#)

- 3.0 Additional training and competencies are required for the administration and checking of intravenous injections, intrathecal injections (SACT) medicines by any route, medicines to children under the age of sixteen, medicines administered via electronic devices, and doses requiring complex calculations and preparation. 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 Policy procedure '[18. Intrathecal medicines](#)'.
- 4.0 The registered professional who acts as a checker is equally accountable and 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 administer and check medicines if they are appropriately trained and work within their assessed competence.
- 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.

For services where second checks are consistently not possible for operational reasons then a risk assessment must be approved by the Clinical Lead 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 actions taken to minimise the risk must be documented.

For services where second checks are consistently not possible for operational reasons then a risk assessment must be approved by the Clinical lead 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, student midwives and trainee operating department practitioners

- 8.1 May only be involved in the administration of certain medicines, under the direct supervision of a registered nurse, midwife or ODP. It is the responsibility of the registered nurse, midwife or ODP to determine that the student is safe in the activities required of them at that time.
- 8.2 Can prepare and administer **peripheral** IV medications under the direct supervision of a competent registered practitioner, provided they can demonstrate completion of online theoretical modules and simulated practice within their Approved Education Institution (AEI). **Exceptions are detailed in 8.3, 8.4, 8.5 AND 8.6 below.**
- 8.3 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 Are excluded from administering medicines using subcutaneous palliative care syringe drivers as this requires specialist training that is not incorporated in their AEI programme.
- 8.5 Cannot administer IV medicines requiring complex calculations.
- 8.6 Cannot administer IV medicines to children under 16 as all require complex calculations.

9.0 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, except for 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.

10.0 The approved education institutions will work in collaboration with NHS Lothian to provide training and student competencies on intravenous infusion devices.

11.0 Medical students may only be involved in the administration of medicines under the direct supervision of a registered doctor or registered nurse.

12.0 Other registered healthcare practitioners (excluding doctors, nurses, midwives and ODPs)

- 12.1 Other registered healthcare practitioners may be authorised to administer prescribed medicines in clearly defined circumstances. Medicine administration by the registered professional group or individual must be approved by their professional lead and operational manager. The professional lead for the registered profession group and operational manager must ensure that the registered professionals concerned have

been assessed as competent before undertaking administration of medicines and an ongoing competency assessment process is in place.

- 12.2 The nurse or registered practitioner in charge of the ward, theatre, or other clinical area where the medicines are administered, and the clinical lead must agree to medicines administration by the registered practitioner group. They must be assured that a written protocol is in place defining the circumstances and the persons authorised.
- 12.3 There must be a clear route of escalation for the registered practitioner administering the medicine in case there are any concerns in relation to the medicines administration process or the patient.
- 12.4 Chiropodists, podiatrists, orthoptists, and paramedics all have exemptions which allow them to sell, supply and / or administer certain medicines in particular scenarios. A useful summary is also available from their statutory regulatory body [Sale, supply and administration](#)
- 12.5 The registered practitioner who administers the medicine is accountable for their actions, non-actions and omissions and are expected to meet their own professional and regulatory standards as well as comply with medicines governance processes as per NHS Lothian '[Safe Use of Medicines Policy and Procedures](#)'.
- 12.6 Any requests for administration of medicines by registered healthcare practitioner (except doctors, nurses, midwives and ODPs) must be assessed against the following checklist by professional leads and line managers. [Checklist for administration of medicines by registered healthcare professionals \(excluding doctors, nurses, midwives, and operating department practitioners\)](#)

13.0 Non-registered healthcare professionals

13.1 Nursing healthcare support workers

- 13.1.1 The NHS Lothian [Authorised Framework for HCSW supporting people with medication March 25.pdf](#) details the circumstances under which registered Nurses and Midwives and other registered healthcare professionals can delegate medicines administration to non-registered healthcare support workers (HCSW 3 and 4) and band 4 assistant practitioners and describes how a service must seek approval for this from NHS Lothian HCSW medicine approval group.
- 13.1.2 The HCSW must have the relevant knowledge, skills, and role at Level 3 or above of the Career Framework for Health 2009/Skills for Health 2010/ NES Development and Education Framework for level 2-4 Nursing, Midwifery and Health Professionals Healthcare Support Workers (2023)
- 13.1.3 Delegation of medicines administration to a band 3 HCSW or band 4 Assistant Practitioner must only be undertaken where there is clear evidence that it will benefit the individual receiving the support and that the provision is safe for the patient and practitioner involved. If there is insufficient rationale for delegation of medicine administration to HCSWs and/or are not adequate safeguards in place, then administration must remain with the Registered HCP.

13.1.4 All HCSW must have attended the medicines management training delivered by the NHS Lothian clinical nurse education and training department.

13.1.5 All registered professionals delegating responsibility for medicines administration to non-registered staff must be competent in the task they are delegating.

13.2 **Other non-registered professionals**

13.2.1 All other non-registered healthcare professional leads must request approval for medicines administration by non-registered healthcare staff via NHS Lothian Medicines policy subcommittee.

Associated materials/references:

[Safe Use of Medicines Procedures](#)

[Safe Use of Medicines Policy](#)

[Controlled Drugs Procedures](#)

[Guidelines for the safe use of systemic anti-cancer therapies \(SACT\)](#)

[Checklist for administration of medicines by registered healthcare professionals \(excluding doctors, nurses, midwives, and operating department practitioners\)](#)

NHS Lothian Procedure for intrathecal injections [Safe Use of Medicines Procedures](#) (18)

[Sale, supply and administration | The HCPC](#)

[Authorised Framework for HCSW supporting people with medication March 25.pdf](#)