

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Injectable Medicines Policy

Effective from: April 2009

Review Date: April 2010

1. Introduction

This policy applies to all healthcare staff employed by the Trust on a substantive or temporary basis who are involved in the prescribing, supply and storage, preparation, administration and monitoring of injectable medicines.

This policy should be read in conjunction with the Medicines Policy and the Injectable Medicines Policy – Supporting Information, and other relevant documents including Training in the Safe Use of Medical Devices, Infection Control Policy, and the Cytotoxic Policy which will be referenced throughout the document. It closely follows the guidelines set out in the NPSA's Patient Safety Alert 20 – Promoting the Safer Use of Injectable Medicines.

This policy has been written to encompass, as much as possible, the range of practice within the Trust. It incorporates evidence based practice, recommendations of expert bodies, accepted best practice both locally, and at other UK Trusts, and the views of local practitioners. It is however recognised that healthcare practice constantly evolves due to the introduction of new and innovative techniques, the review of existing practices in the light of new evidence, and as the skill mix, and the responsibilities of different staff groups change. As a result certain areas may wish to define local guidelines to facilitate the implementation of new developments. Any such additional guidelines must define which of the local procedures vary from this existing Newcastle Injectable Medicines Policy and be produced in collaboration with appropriate staff groups (e.g. infection control). In all cases the Drug and Therapeutics Panel must approve and register these additional guidelines prior to their implementation, and they must be reviewed at least once every 2 years.

A series of standard statements is set out below. The policy is based upon these statements.

Standard Statements.

Injectable medicines should be prescribed, prepared, administered and monitored only by healthcare staff who understand the risks involved, have been trained to use safe procedures, and have demonstrated their competence for the task. Further information can be found in Injectable Medicines Policy – Supporting Information (section1)

1.1 Prescribing

- 1.1.1 Medicines should be given by injection only when the use of no other route is clinically appropriate, practically possible or acceptable to the patient. The necessity for repeated injections/infusions should be regularly reviewed in favour of switching to oral administration as soon as clinically appropriate.

1.1.2 All prescriptions for injectable medicines, including flushes, must specify the following:

- patient's name
- prescriber's signature
- the approved medicine name
- the dose and frequency of administration
- the date and route of administration.
- the allergy status of the patient

Further information which may be required includes the following items: The technical information can be found in the NHS Injectable Medicines Guide which is available on the intranet (web BNF / Medicines info tab from front page) or by clicking [Injectable Medicines Guide](#)

- brand name and formulation of the medicine
- concentration or total quantity of medicine in the final infusion container or syringe
- name and volume of diluent and/or infusion fluid
- rate and duration of administration
- type of rate-control pump or device(s) to be used
- the age and weight of any patient under 16 years of age.
- date on which treatment should be reviewed

1.1.3 When two or more prescription charts are in use it is essential that they are cross referenced so that practitioners are aware of all prescribed medicines.

1.2 Supply and Storage

1.2.1 New injectable medicines should be risk assessed to determine the safest presentation and location for storage and preparation in the clinical area. This is done as part of the drug and therapeutics approval process.

1.2.2 Injectable cytotoxics and parenteral nutrition must be supplied to clinical areas for use only as ready-to-administer products.

1.2.3 Ready-to-administer or ready-to-use products should be stocked in all clinical areas in preference to products needing preparation for use and classified as high-risk. Concentrates should only be supplied where safer alternatives are not available.

1.2.4 Multiple use of unpreserved injectable medicines should be eliminated. Most injectable medicines are licensed for "once-only" use. Unless the manufacturer's label specifically indicates that the injection contains a preservative, the container should be used to prepare a single dose for a single patient on one occasion only.

1.3 Preparation

1.3.1 Before beginning preparation staff* must have a prescription or Patient Group Direction, essential information about the product(s), and processes needed for safe preparation and administration.

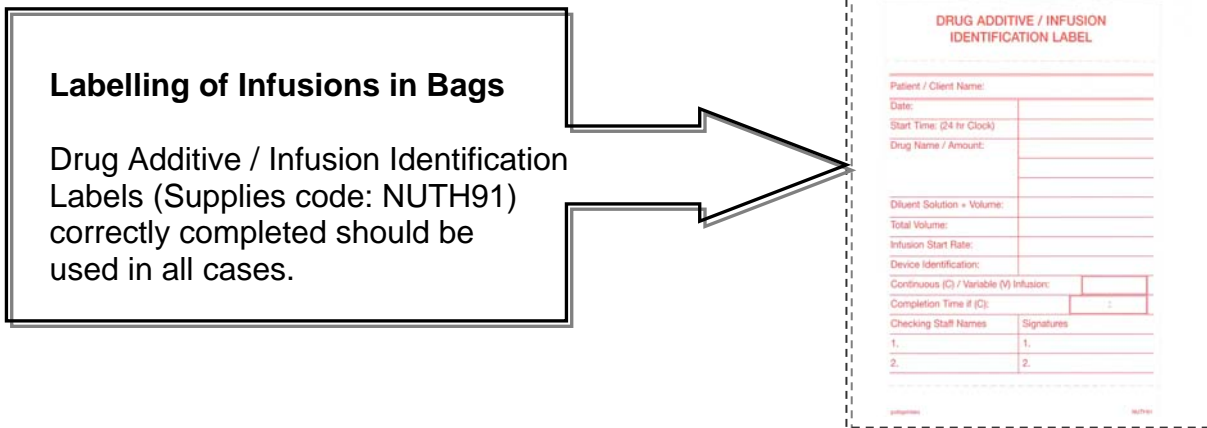
*In those circumstances where a doctor or dentist is preparing and administering the injectable medicine, a prescription is not required.

In the Perioperative & Critical Care and Cardiothoracic directorates, anaesthetic assistants may prepare items under the direction of an anaesthetist without a prescription or PGD. Technical information required is available in the electronic [Injectable Medicines Guide](#) which should be available on all clinical workstations in these areas. (This can also be accessed via the web bnf/medicines info tab on the front page of the intranet.)

1.3.2 “Non touch” technique should be used during preparation and administration. Injectable medicines prepared in clinical areas should always be administered immediately after preparation: they should not be stored before use. Administration of infusions prepared in clinical areas should be completed within 24 hours of preparation.

1.3.3 All syringes, including flushes and infusions, must be labelled immediately after preparation by the person who prepared them. “Flag labelling” should be used to make sure that volume graduations on syringes are not obscured. The only exception to this in general clinical areas is where preparation and bolus (push) administration is one uninterrupted process and the unlabelled product does not leave the hands of the person who prepared it. In theatres a scrubbed nurse drawing up and handing a syringe to a surgeon is also considered to be undertaking one uninterrupted process. Only one unlabelled medicine must be handled at one time.

The standard should be implemented in the Trust as follows:



DRUG ADDITIVE / INFUSION LABEL	DATE:	TIME:
PATIENT NAME:	DRUG:	
PATIENT ID:	AMOUNT:	
SIGNATURE 1:	DILUENT:	
SIGNATURE 2:	TOTAL VOLUME:	

Labelling of Infusions in Syringes

Syringe Labels (Supplies code: NUTH97) correctly completed should be used taking care not to obscure syringe markings.



Labelling of Bolus Injections

General wards and clinical areas to prepare blank labels as part of the preparation process and attach to the syringe for differentiation of preparations during transportation to the patient. (Supplies code: sls 14014)

Labelling of Bolus Injections

Critical Care and Theatres use the internationally recognised colour coded system. (Available from supplies)



Labelling of syringes for use during sterile procedures. In these circumstances a risk assessment should be undertaken by the directorate.. If the provision of sterile labels is deemed appropriate, contact the Supplies Department who will be able to assist with their procurement. If other methods of differentiating prepared injections are used, then a standard operating procedure should be developed and displayed in the area where the activity is undertaken.

- 1.3.4 Medical devices with Luer connectors must be used only for preparation and administration of injectable medicines. Medicines for oral/enteral use must be prepared and administered using only devices specified for the purpose with non-Luer connections.
- 1.3.5 When preparing infusions the number of additions to the infusion bag via the additive entry port should be minimised.

1.3.6 Risks associated with the route of administration should be considered when deciding the most appropriate location for preparation. Preparation of intrathecal injections (non cytotoxic only) is permitted in theatre and critical care areas, however preparation within the pharmacy is preferred whenever the stability of the medicine allows.

1.3.7 An independent second check should occur for preparation of injectable medicines except when a life threatening emergency prevents this. (The checker can be a doctor, registered nurse, anaesthetic assistant, pharmacist, radiographer or medical physicist who has undertaken training in drug administration). Where a doctor or dentist has prepared the injectable medicine, the second check is recommended but it is at the discretion of the individual practitioner.

1.3.8 Further Information

The general procedure for the preparation of injectable medicines in clinical areas can be found in section 7 of the Injectable Medicines Policy – Supporting Information

1.4 Administration

1.4.1 Before administering an injection, the following should be available†: a current prescription, or a Patient Group Direction or other written instructions, essential technical information and a prepared and labelled injectable medicine. The patient's identity should be confirmed (e.g. by the wristband if an inpatient.) An independent check from a second registered practitioner is required.

†In those circumstances where a doctor or dentist has prepared and is administering the injectable medicine, a prescription is not required. Similarly, where a doctor or dentist is administering the injectable medicine, the second check is recommended but not required; therefore it is at the discretion of the individual practitioner.

Where other members of staff are administering the injectable on behalf of the doctor or dentist, 1.4.1 does apply.

1.4.2 The person administering the medicine should **personally** make a record of administration as soon as possible after the event. This is extremely important in circumstances such as theatres or outpatient clinics where the person administering the injectable may also be the prescriber and there may be no written prescription.

1.4.3 Where products have been identified as representing the highest risk to patients at the time of administration, consideration should be given to the use of safer products and system or double checking systems and to the use of "smart" infusion pumps or controllers and similar technologies for these high-risk products.

1.4.4 Further Information

The general procedure for the administration of injectable medicines in clinical areas can be found in the Injectable Medicines Policy – Supporting Information (section 8). Considerations for intravenous, intramuscular and subcutaneous, epidural, intrathecal and other routes are also given.

2. Monitoring

2.1 Infusions should be monitored to ensure safe administration of prescribed treatment. A minimum standard for active infusions recommends monitoring of the patient, the cannula and infusion site, the administration set, and the infusion pump or device on an hourly basis.

2.2 Further Information

The minimum practice standard for the monitoring the administration of injectable medicines in clinical areas can be found in section 9 of the Injectable Medicines Policy – Supporting Information document.

3. Audit

3.1 An audit of injectable medicines practices should be included in annual directorate clinical governance reports. This should indicate a summary of risk assessment results, incident reports, compliance with NPSA Alert 20 recommendations and detail in-year actions

3.2 The report should be communicated to Clinical Effectiveness, Audit and Guidelines and the Drugs and Therapeutics Committees each year.

Further information on Practical Aspects and Complications of injectable therapy can be found in section 10 of the Injectable Medicines Policy – Supporting Information document.

This policy was produced by the multidisciplinary Safer Use of Injectables Group.

References:

1. NPSA. Promoting Safer Use of Injectable medicines. Patient Safety Alert 20. 2007.
2. NPSA. Patient Safety Alert 20. Exemplar standard operating procedure for prescribing, preparing and administering injectable medicines. March 2007.
3. NPSA. Patient Safety Alert 20. A multidisciplinary practice standard listing core principles of safe practice
4. NPSA. Infusion Device Training www.cjpu.nhs.uk

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST
IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Injectable Medicines Policy	Policy Author:	Anne Black
		Yes/No?	Please provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		This policy applies equally to all irrespective of race, ethnicity, nationality, gender, culture, religion/belief, sexual orientation, age or disability
	• Race	No	
	• Ethnic origins (including gypsies and travelers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Not Applicable	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	Not Applicable	
7.	Can we reduce the impact by taking different action?	No	

For advice on answering the above questions please contact Helen Lamont, Deputy Director Nursing & Patient Services, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) steven.stoker@nuth.nhs.uk together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation with relevant stakeholders to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker.

Name of Person responsible for completion of this form: Neil Watson Chief Pharmacist

Date of Completion: 21 April 2009 Action Plan due (or Not Applicable): Not Applicable
 (If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce