

Belmont
Private Hospital

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Internal Memo

To	All Staff
CC	VMOs
From	<input type="text"/>
Date	September 17, 2013
Subject	Medications – verbal orders

Dear All,

Re: Medications - verbal orders

We have recently reviewed our policy and procedure regarding the management of verbal orders.

Direction was sought and received from the Private Health Regulation Health Protection Unit, Queensland Health, which is the hospitals' licensing body. Our current Policy (attached) complies with relevant legislation and safe medication practice regarding verbal medication orders.

To clarify any confusion, the verbal order must be taken by a Registered Nurse and be witnessed by a second member of our nursing staff. The order is valid for 24 hours and can therefore be administered by a nurse during that 24 hour period.

The order must be signed within 24 hours by the Doctor issuing the order.

This memo will be posted in all clinical staff areas, tearoom and be tabled at staff meetings. The Policy is accessible via LOTI.

Thank you for your co-operation in this matter.

Regards,

Hospital Director

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MEDICATION - ADMINISTRATION

PURPOSE AND SCOPE

The purpose of this procedure is to provide guidelines for the safe and legal administration of medications to patients at Belmont Private Hospital.

TO WHOM DOES THIS PROCEDURE APPLY?

This procedure applies to all Registered Nurses, Endorsed Enrolled Nurses and Medical Practitioners accredited to work at Belmont Private Hospital.

DEFINITION OF TERMS

Medication error – any incorrect or wrongful administration of a medication, such as a mistake in dosage or route of administration, failure to prescribe or administer the correct drug or formulation for a particular disease or condition, use of outdated drugs, failure to observe the correct time for administration of the drug, or lack of awareness of adverse effects of certain drug combinations.

Drug allergy - an adverse reaction to a drug has been defined as any noxious or unintended reaction to a drug that is administered in standard doses by the proper route for the purpose of prophylaxis, diagnosis, or treatment. Some drug reactions may occur in everyone, whereas others occur only in susceptible patients. A drug allergy is an immunologically mediated reaction that exhibits specificity and recurrence on re-exposure to the offending drug.

BACKGROUND INFORMATION

Safe medication administration to patients requires collaboration between medical practitioners, nurses and pharmacists and the participation of patients.

Administration of medications is one of the activities undertaken by a nurse that is associated with considerable risk. Medication errors can have devastating consequences for patients and for the nurses. The consequences for the patients can range from minor inconvenience to temporary or permanent disability or death. The nurse may experience guilt, lowered self-confidence and, in serious cases, disciplinary action by an employer or regulatory authority and civil and/or criminal legal action.

The Australian Council for Safety and Quality in Health Care has identified medication safety as a priority area for action and is developing national strategies to reduce medication adverse events. It is essential that nurses administering medications are well informed about potential medication errors or adverse events so they can adopt strategies and processes which limit the potential for these to occur.

Recent studies of medication errors by nurses in Australia (Deans, 2005) identified common types of medication errors. The most common errors found in the study were:

- Missed medication doses
- Wrong administration times (1 hour before or after the prescribed time)
- Wrong IV rates
- Wrong dosage/strength

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- Wrong medications delivered due to the mis-identification of the patient
- Wrong medications administered, including name confusion.
- Wrong duration (continued beyond the period ordered by the prescriber)

SUPPORTING POLICY

National Standards for Mental Health Services – Standard 1 Rights and responsibilities

National Standards for Mental Health Services – Standard 2 Safety

National Standards for Mental Health Services – Standard 6 Consumers

National Standards for Mental Health Services – Standard 10 Delivery of Care

Support Policy 1 – Quality and Risk Management

PROCEDURE

Medication staff allocation

Only Registered Nurses, Endorsed Enrolled Nurses and Doctors, accredited to practice in Belmont Private Hospital, may administer medications

The Manager on duty will be responsible for the allocation of nursing staff to the main medication administration rounds on both morning and afternoon shifts. This allocation in the main admissions unit will also include medication folder allocation.

All Registered and Endorsed Enrolled Nurses employed by Belmont Private Hospital are required to demonstrate on an annual basis their competency to administer medications. A score of 100% must be achieved on the annual assessment; failure to achieve this will result in medication administration privileges being withdrawn until the nurse is deemed competent.

Medication room security

The door to the medication room must remain locked at all times.

The door to the medication room must never be wedged open.

Only allocated medication administration staff are to access the medication room during peak medication administration times.

Medication administration

All medications must be administered in accordance with the Health (Drugs and Poisons) Regulation 1996.

Medications are not to be administered from instructions on medication packaging or transcribed notes.

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Medications must only be administered by the nurse or doctor who prepared them.

The nurse must remain with the patient whilst an oral medication is taken. Under no circumstances are medications to be left with a patient for consumption at a later time.

The Registered/Endorsed Enrolled Nurse must only administer medications which have been ordered in accordance with Belmont Private Hospitals *Medication Ordering Procedure*.

The Registered/Endorsed Enrolled Nurse must be aware of:

- The storage characteristics of the medication they are administering.
- The indications for the medication
- The contraindications for the medication
- The side effects of the medication
- The general dosage of the medication
- How to recognise an unusual dose, over dose, under dose or sensitivity.

Medication cross-checks

Two staff, one of whom must be a Registered Nurse accredited to administer medications at Belmont Private Hospital must check and sign for the following medications:

- All parenteral medications (including infusions and injections)
- Warfarin
- All Schedule 8 medications regardless of route of administration
- Verbal orders of parenteral and S8 and S4 medications.

The Registered Nurse and the second person checking the medication must always:

- Must ensure that the medication order complies with *Medication Ordering Procedure*.
- Cross reference the medication order
- Complete an additive label when a medication is to be infused. This must state:
 - patient's name
 - identification number
 - the name of the drug additive
 - the dose of the medication additive
 - the name of the diluent and volume
 - date and time of preparation
 - signatures of the administrator of the medication and the individual checking the preparation.

An Endorsed Enrolled Nurse cannot check medication with another Endorsed Enrolled Nurse or Enrolled Nurse.

Telephone and verbal orders

All verbal and telephone medication orders must be provided by a doctor who is accredited to practice in Belmont Private Hospital.

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Two members of nursing staff, one of whom must be a Registered Nurse must hear the verbal order provided by the doctor. The doctor must identify themselves, the patients name and communicate the medication order including:

- drug name
- route of administration
- drug dose
- frequency of administration
- indication for administration

The medication order must be immediately documented on the patients medication chart. The following information must be documented:

- date and time of the order
- drug name
- route of administration
- drug dose
- frequency of administration
- indication for administration
- name of the doctor prescribing the verbal order
- signature and names of both staff taking the verbal order

The medication order must be repeated back to the accredited doctor as confirmation of the order. This must include:

- patient name
- drug name
- route of administration
- drug dose
- frequency of administration
- indication for administration

Verbal medication orders are valid for 24 hours from the time of receipt.

The accredited doctor is responsible for ensuring that the verbal order is countersigned within 24 hours (or as soon as possible) after communicating the order.

In the event that the accredited doctor does not sign the verbal order within the specified 24 hour timeframe the Manager on duty is to be notified and contact with the doctor initiated.

A Riskman Incident report is to be completed in the event that the order is not signed within the specified timeframe.

Patient identification prior to medication administration

The Registered/Endorsed Enrolled Nurse is responsible for confirming the patient's identity prior to the administration of medications.

- The patients' identification must be confirmed by asking patient to state their name and date of birth. This information is to be cross referenced with the medication chart.

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- Visual identification is also required by checking patient against the photograph in the medication folder.

Allergy alerts

The Registered/Endorsed Enrolled Nurse is responsible for confirming the patient's allergy status prior to the administration of medications.

- The patient's allergy status must be confirmed by asking the patient to state any allergies. This information is to be cross referenced with the medication chart.

Rights of medication administration

- Right **PERSON**
- Right **TIME**
- Right **DRUG**
- Right **DOSE**
- Right **ROUTE**
- Right **DOCUMENTATION**
- Right of the patient to **REFUSE** (with some exceptions for patients detailed under the Mental Health Act 2000)

Post administration observation

Observe patient following each administration for side effects / adverse drug reactions.

Follow up on any side effect or adverse drug reaction with a Riskman incident report and notification to the treating Psychiatrist and Hospital Pharmacist.

Documentation

The Registered/Endorsed Enrolled Nurse must not write on the medication chart except in the following circumstances:

- To sign that a medication has been administered or a variance.
- To document nurse initiated medications. *Refer to Medication –Nurse Initiated Medication Procedure.*
- To document verbal orders. *Refer to Medication – Ordering Procedure.*

The Registered/Endorsed Nurse must never alter an order to improve legibility.

The Registered/Endorsed Enrolled Nurse must never alter the frequency of a drug. Any changes

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The Registered/Endorsed Enrolled Nurse must only sign for medications that they have administered or witnessed.

Patient medication refusal

If a patient refuses medication an @ code is to be documented in the signage block on the medication chart for the allocated administration time.

Explore with the patient their reasons for medication refusal.

Record the reason for refusal in the medical record.

Notify the Doctor of the refusal.

Refer also to *Refusal of Treatment*

Operational management

The Registered/Endorsed Enrolled Nurse must never leave an unlocked cupboard containing medications or an unlocked medication trolley unattended.

Medications must never be decanted from one container to another.

The Registered Nurse or Endorsed Enrolled Nurse administering the medication is responsible for returning the medications to their original packaging and location in the trolley.

In the event that the medication prescribed for the patient is not available refer to *Medication – No Stock Procedure*.

Medication Errors

In the event of a medication error the treating Psychiatrist is to be notified.

Instructions for monitoring and observation are to be adhered to.

The patient is to be advised that a medication error has occurred in accordance with the principles of open disclosure

Notification of the Area Manager during business hours and the After Hours Manager outside these times is to occur.

Completion of a Riskman Incident Report.

EVALUATION AND REVISION OF PROCEDURE

This procedure will be review every two years. Additional reviews will be undertaken were there are substantial changes in medication safety best practice or changes to legislation.

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EXPECTED OUTCOMES

Safe administration of medications to patients.

KEY PERFORMANCE INDICATORS

Monitoring and review of Riskman Incident reports

ACHS Clinical Indicator – Major Critical Incidents.

REFERENCES

Queensland Nursing Council – Reducing the risk of medication errors.

Queensland Nursing Council – The Enrolled Nurse and medication administration.

Health (Drugs and Poisons) Regulation 1996.

REVIEW / CONSULTATION

Medical Advisory Committee

Executive Committee

Clinical Services Committee

Quality and Risk Committee

Pharmacy Committee

National Quality and Risk Manager

Director Private Health Regulation - Health Protection Unit

Queensland Health Medicines Regulation team

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VERSION CONTROL AND HISTORY CHANGES

Version	Date from	Date to	Amendment
V1	March 2002	March 2004	Original document
V2	March 2004	March 2006	Inclusion of section on medication errors
V3	March 2006	March 2010	Review of 7 Rights of Medication Administration
V4	March 2010	March 2012	Review of medication cross checks Medication staff allocation
V5	March 2012	September 2013	Medication cross checks Telephone and verbal orders
V6	September 2013		Telephone and verbal orders

RTI Release

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