Standards for Registered
Nurses and Midwives on
Medication Administration
(2018)
DRAFT



Bord Altranais agus Cnáimhseachais na hÉireann Nursing and Midwifery Board of Ireland

Contents

Introduction	2
Background	2
Glossary	2
Guidance to support Nurses and Midwives in Medication Administration	
Practice Standards for Nurses and Midwives in Medication Administration	2
Practice Standard 1	9
Practice Standard 2	. 10
Practice Standard 3	. 11
Practice Standard 4	. 13
Practice Standard 5	. 15
Practice Standard 6	. 17
Reference and Recommended Reading	18

Introduction

The Nursing and Midwifery Board of Ireland (NMBI) is an independent, statutory organisation which regulates the nursing and midwifery professions in Ireland. The legal obligation of the Board is to protect the public in its dealing with nurses and midwives and the integrity of the practice of nursing and midwifery through the promotion of high standards of professional education, training and practice and professional conduct among nurses and midwives.

The term 'medication administration' is used to describe the administration of a medical product onto or into the human body, to a patient or by a patient for therapeutic, diagnostic, preventative or research purposes. Medication administration is one component of medication management.

The practice standards for medication administration outlined in this document are based on the principles of the *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014)* (Code). The practice standards describe the professional responsibilities and conduct expected of registered nurses and midwives to safely administer medicines across all care settings. The practice standards are intended to support, guide and signpost the registered nurse or midwife on best practice when administering medicines. They are intended for use in conjunction with relevant legislation, Health Information and Quality Authority's (HIQA) guidance, standards and audits on medicines management and health care provider's policies, procedures, protocols and guidelines (PPPGs).

Background

The management of medicines in Ireland is governed by legislation, regulation, and professional standards which are monitored and enforced by different regulatory bodies. In line with relevant national standards, service providers are expected to have arrangements in place to ensure the safe and effective use of medicines, including assessing, prescribing, dispensing, administering, documenting, reconciling, reviewing and assisting people with their medications (HIQA 2014 and 2015). Health care service providers must also ensure that policies, procedures, protocols and guidelines (PPPGs) and clinical governance structures are in place to support and guide the nurse or midwife in practice (NMBI 2015).

As the professional regulator of nursing and midwifery in Ireland and under the Nurses and Midwives Act 2011, NMBI has developed these standards for medication administration to:

- I. affirm the conduct expected from the nurse or midwife on the administration of medicines using the principles of the Code.
- II. support, guide and signpost the nurse or midwife on their role, responsibility and accountability in relation to the administration of medication to patients across care settings
- III. assist the nurse or midwife in determining their scope of practice in relation to medication administration
- IV. outline the relevant legislation and professional guidance to support the nurse or midwife in medication administration
- V. outline the healthcare providers responsibility to ensure relevant PPPGs are in place to support and guide the nurse or midwife in practice.

Glossary

For the purposes of this guidance document the following words and phrases are explained.

Administration of medicines: the administration to a patient or by a patient of a medicinal product (medicine) onto or into their body for therapeutic, diagnostic, prophylactic or research purposes.

Adverse event: is a preventable failure at any stage of the medicines management process that leads to, or has the potential to lead to, harm to the patient. Since adverse drug events are the most frequent type of preventable adverse event, patient safety must be a key component of the culture and quality of medicines management (Expert Group on Safe Medicines Practice, Council of Europe 2006)

Adverse reaction: "...a response to a medicinal product which is noxious and unintended" (p 74 European Directive 2010).

Adverse reaction – suspected: is when "... there is at least a reasonable possibility of there being a causal relationship between a medicinal product and an adverse event." (p 74 European Directive 2010)

Authorised medicine prescribed for an unauthorised indication: is a medicine which is prescribed outside the terms of its marketing authorisation, and which is not specified in the summary of product characteristics. This was previously known as 'off-label prescribing'.

Clinical trial (Clinical study): is any systematic study on pharmaceutical products in human subjects whether in patients or other volunteers, in order to discover or verify the effects of and identify any adverse reaction to, investigational products, and to study the absorption, distribution, metabolism and excretion of the products with the aim of ascertaining their efficacy and safety.

Complementary and alternative therapies: are "...a group of diverse medical and healthcare systems, practices and products that are not generally considered part of the conventional medicine."

Crushing medicine: involves rendering if from a solid in the form of a tablet or pill to a powder form in order to assist with administration to the patient.

Guideline: defined as a principle or criterion that guides or directs action. Guideline development emphasizes using clear evidence from the existing literature, rather than expert opinion alone, as the basis for advisor materials (HSE 2011).

High-Alert medications: are medications that bear a heightened risk of causing significant patient harm when they are used in error.(Institute of Safe Medication Practices, 2014)

Immunisation: the process whereby a person is made immune or resistant to an infectious disease (RCPI 2013).

Medicine administration compliance aids/monitored dosage systems: different names are used to describe medication administration compliance aids, such as monitored dosage systems, blister packs, medication systems, unit dose packages and multi-dose packages, and dose administration aids.

Medication protocols: are written directions that allow for the supply and administration of a named medicinal product by a registered nurse or midwife in identified clinical situations. A medication protocol involves the authorisation of the nurse or midwife to supply and administer a medication to groups of patients in a defined situation meeting specific criteria and who may not be individually identified before presentation for treatment.

Must: commands the action a nurse or midwife is obliged to take from which no deviation whatsoever is allowed.

Omission: failure to do something, especially something that a person has a moral or legal obligation to do.

Patient: a person who uses health and social care services. Similar terms of 'client', 'consumer', 'person', 'resident', 'service user', 'mother', 'adolescence' 'child', 'infant' and 'neonate' described in nursing and midwifery practice are represented by the term patient.

Placebo: a pharmacologically inert substance that has no physiological effect.

Policy: is a written statement that indicates clearly the position and values of the organisation on a given subject. (HSE 2011)

Procedure: a written set of instructions that describe the approved and recommended steps for a particular act or sequence of events. (HSE 2011)

Protocol: a written plan that specifies procedures to be followed in defined situations. It represents a standard of care that describes an intervention or set of interventions. Protocols are more explicit and specific in their detail than guidelines, in that they specify who does what, when and how. (HSE 2012)

Self-administration: hospital and residential care: involves the independent use of a medication by patient in a manner that supports the management and administration of their medicines.

Serious reportable events: "patient death or serious disability associated with a medication error by the healthcare provider but excluding reasonable differences in clinical judgement involving drug selection and dose." (p 29, HSE 2014)

Should: indicates a strong recommendation to perform a particular action from which deviation in particular circumstances must be justified.

Standards: are authoritative statements developed, monitored and enforced by the NMBI that describe the responsibilities and conduct expected of nurses and midwives and their involvement with medicines across all healthcare settings.

Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014)

Nurses and midwives must adhere to the Code and related principles when administrating medicines to patients. The purpose of the Code is to guide nurses and midwives in their day-to-day practice and help them to understand their professional responsibilities in caring for patients in a safe, ethical and effective way.

The Code is based on **five principles** as outlines below. Each principle underpins the Code's ethical values and related standards of conduct and practice and guides the relationships between nurses, midwives, patients and colleagues. Professional accountability, competency, professional decision-making and the quality of professional practice are based on the Code.

Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives



The practice standards (1-6) for medication administration outlined in this document are based on the principles of the *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014)* (Code). The table below illustrates the relationship between the relevant principles of the Code and the six practice standards.

Principle I Respect for the Dignity of the Person

Practice Standard 1:

Nurses and midwives must respect the rights and autonomy of patients in gaining informed consent, to refuse medication and may decide to withhold a medicine based on specific clinical rationale.

Principle 2

Professional
Responsibility and
Accountability

Practice Standard 2:

Nurses and midwives are responsible for the administration of medicines within their scope of practice.

Practice Standard 3:

Nurses and midwives must recognise their own level of competence in relation to medication administration and take measures to develop own competence.

Principle 3 Quality of Practice

Practice Standard 4:

Nurses and midwives must adhere to the ten rights of medicine administration when administrating medications to patients.

Practice Standard 5:

The nurse or midwife must recognise the high importance of monitoring the efficiency of medication they have administered. They must also understand the human and system factors that increase near misses and medication errors and take measures to prevent them.

Principle 4 Trust and Confidentiality

Practice Standard 6:

Nurses and midwives must create and maintain a trusting relationship with patients. Therefore, they must respect the patient's confidentiality and report every medicine-related error, whether actual or potential, and implement remedial action.

Principle 5 Collaboration with Others

Practice Standard 7:

Nurses and midwives are responsible for delegation, supervision and effective communication with each other, members of the multi-disciplinary team, the patients themselves and their families/legal guardians in the safe administration of medications.

Guidance to support Nurses and Midwives in Medication Administration

The following professional documents will support and guide the nurse or midwife when administering medications to patients.

- Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014)
- Scope of Nursing and Midwifery Practice Framework (2015)
- Practice Standards for Midwives (2015)
- Values for Nurses and Midwives (2016)
- Recording Clinical Practice Guidance to Nurses and Midwives (2002)
- Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority Draft (2017)

The following are key pieces of legislation that guide the administration of medication:

- Irish Medicines Board (Miscellaneous Provisions) Act 2006
- Medicinal Products (Prescription and Control of Supply) Regulations 2003
- Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2005 and 2007
- Children's Act 2001
- Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2007
- Nurses and Midwifes Act 2011
- National Treasury Management Agency (Amendment) Act (2000)
- Freedom of Information Act 1997
- Freedom of Information Amendment Act 2003
- Misuse of Drugs Acts 1977 to 2016
- Cannabis for Medicinal Use Regulation Bill 2016
- Misuse of Drugs Regulation 2017
- Mental Health Act 2001
- Assisted Decision Making (Capacity) Act 2013

Practice Standards for Nurses and Midwives in Medication Administration

Practice Standard 1

Nurses and midwives must respect the rights and autonomy of patients in gaining informed consent, to refuse medication and may decide to withhold a medicine based on specific clinical rationale.

Practice Guidance

- Nurses and midwives should not administer medicines to a patient without their knowledge or informed consent (covert administration) if the patient has capacity to make decisions about their treatment and care. Nurses and midwives in consultation with the multi-disciplinary team should use existing legal and best practice frameworks for those who lack capacity. Examples include, the HSE National Consent Policy (2014), Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014), Assisted Decision-Making Capacity Bill (2013), Quality Framework for Mental Health Services in Ireland (National Mental Health Services Standards), (HIQA 2015) Medicines Management Guidance and relevant organisational policies.
- In the treatment of a patient with a mental disorder, Nurses and midwives must adhere to the Mental Health Act, 2001, Assisted Decision-Making Capacity Bill (2013), the HSE National Consent Policy (2014), Quality Framework for Mental Health Services in Ireland (2007), Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (2014) and relevant organisational policy and associated capacity assessment tools in relation to the administration and continued administration of medicines.
- A patient may indicate to the nurse or midwife that they do not wish to take a medicine that
 is being offered on foot of a prescription as part of their agreed plan of care. Because a
 patient has a legal right to refuse medicines, the nurse or midwife can only recommend,
 advise, or suggest that the patient takes their medicine.

If the patient refuses the medicine, the nurse or midwife must:

- ensure that the refusal of the medicine is recorded in the patient's medicine administration chart
- o document the event in the patient's care plan stating the reason why the medicine was refused by the patient
- o inform the patient's medical practitioner in addition to the authorised prescriber
- maintain a record of the patient's clinical status to ensure that their safety has not been/is not compromised
- document that the patient and/or family/carers understand potential health implications for refusing the medicine and are involved in the decision-making regarding the ongoing medicines management plan.
- o refer to health care service provider's PPPGs

- Withholding a medicine is when the nurse or midwife makes a professional decision that there is a clinical reason(s) why they should not proceed with administering a specific medicine. In the event that the nurse or midwife intentionally withholds the administration of a prescribed medicine, the nurse or midwife must:
 - ensure that the decision to withhold the medicine is recorded in the patient's medicine administration chart
 - document the event in the patient's care plan along with the reason why the medicine was intentionally withheld
 - inform the patient's medical practitioner in addition to the authorised prescriber
 - o maintain a record of the patient's clinical status to ensure that their safety has not been compromised
 - o document that the patient has been informed why the medicine has been intentionally withheld
 - support the patient to remain involved in the decision-making regarding medicines management
 - o refer to health care service provider's PPPGs
 - The nurse or midwife must be aware of their own health and wellbeing and discuss any issues that may impact on the safe administration of medication with their line manager, occupational health department or human resource department.
- Nurses and midwives should reflect on the core values of compassion, care and commitment to inform their decision making and actions to provide safe quality patient care (DoH 2016). Therefore, the associated behaviours of respect, empathy, competence, professionalism, person centred approach, providing quality and safe practice should be respected when administrating medication safely to patients.

Nurses and midwives are responsible for the administration of medicines within their scope of practice.

Practice Guidance

- The nurse or midwife must act within the law and adhere to NMBI standards and professional guidance when administering medicines to patients. It is expected that all nurses and midwives have current NMBI registration.
- Prior to the administration of medicines, the nurse and midwife must:
 - have knowledge of the patient's medicines history, current medicines regimen and whether the patient has been taking or receiving them
 - assess the general condition of the patient to confirm the appropriateness of the medicine to be administered.
- The nurse or midwife must only administer a medicine in a safe context. That is if:
 - o they have knowledge of the patient's current health status and plan of care
 - the prescription is clear, legible and unambiguous and they have access to information on medicines
 - o they have the consent and participation of the patient
 - o they comply with the Ten Rights of Medicines Management (as detailed below)
 - o they are competent to do so and working within their scope of practice
- The nurse or midwife must also:
 - have access to medicines information from the Summary of Product Characteristics, Irish Medicines Formulary, British National Formulary, Health Protection Regulatory Authority (HPRA) a mobile assist drug interaction tool, the pharmacist or the prescriber
 - o determine the potential for interactions between:
 - > the prescribed medicines
 - ➤ the prescribed medicines and dietary products
 - the prescribed medicine and any other additional non-prescribed medicine
- The nurse or midwife must communicate with the patient to:
 - o ensure that the patient is aware of the intended purpose of the medicine being administered as well as the potential adverse events/reactions
 - o ensure that the patient consents to the prescribed medicines.
- Administration of a medication or a placebo medication to patients in the absence of
 informed consent is not an acceptable practice for nurses or midwives. The nurse or midwife
 should refer to an appropriate consent policies such as, the the HSE National Consent Policy
 (2014) or the health care service provider's PPPGs on consent.
- A nurse/midwife may administer a non-prescribed medicine in an emergency:
 - in order to reduce the threat or potential threat to a patient's life, the patient requires the administration of a non-prescribed medicine and there is no immediate access to a person with the appropriate prescribing authority.
 - the nurse or midwife adhere to their own scope of practice and refer to local PPPGs relating to the administration of a non-prescribed medicine in the event of an emergency.
- Nurses and midwives who are registered prescribers and administering medicines to patients
 must adhere to this guidance document and the *Practice Standards and Guidelines for Nurses*and Midwives with Prescriptive Authority Draft (2017) when administering medicines to
 patients.

• The nurse or midwife must be aware of their own health and wellbeing and discuss any issues that may impact on the safe administration of medication with their line manager, occupational health department or human resource department.



Nurses and midwives must recognise their own level of competence in relation to medication administration and take measures to develop own competence.

Practice guidance

- Nurses and midwives must adhere to *Scope of Nursing and Midwifery Practice Framework* (NMBI 2015) and decision making flowchart (see below) in determining their competency, decision making and actions in relation to medication administration.
- The nurse or midwife must recognise their own abilities and level of competence in medication administration.
- The individual nurse or midwife is responsible for undertaking relevant continuing professional development in order to develop and maintain their knowledge, skills and competency in medicine administration and provide evidence of continuing professional development should it be required by the NMBI or their employer.
- The nurse or midwife must consider if they are willing to accept responsibility and accountability for their decisions and actions (including inactions and omissions) in medication administration. If unsure they must discuss with their line manager/ health care service provider or NMBI.
- The nurse or midwife should ascertain that the health care provider has the appropriate PPPGs Policies, Procedures, Protocols and Guidelines in place to administer medicines safely to patients. If not, they must consider what actions are needed to implement same if needed. Should the nurse or midwife be unsure they must check with their nurse/midwife line manager and/or other health care provider.
- The nurse and midwife needs to be competent in numeracy skills and the ability to perform simple and complex arithmetic as calculating and checking medication dosages is an important part of medication administration. It is the responsibility of the nurse or midwife to bring and discuss any knowledge/skill deficits to their line manager.
- If the individual nurse or midwife feels they cannot accept responsibility and accountability for the administration of medication they must ensure that the patient needs are met. This can be done through discussion with line manager and/or referral, collaboration with another health care professional. They must also reflect and consider the reasons that they feel unable to accept responsibility and accountability and discuss with a senior nurse or midwife, line manager and other healthcare professional.
- The nurse or midwife must adhere to the requirements of the *Misuse of Drugs Acts, 1977* and 1984 and *Misuse of Drugs Regulations, 2017* for the administration of MDA scheduled controlled drugs to patients across care settings. The nurse or midwife should refer to their Code, own scope of practice and due to the serious nature of the drugs, local health care providers should have strict and unambiguous PPPGs in place to guide the nurse or midwife to safely administer MDA scheduled controlled drugs to patients.
- If the nurse or midwife determines that a change in the form (crushing or mixing with food) of the medicine is necessary for safe administration to the patient, they should consult with the medical practitioner, pharmacist and if necessary a speech therapist to discuss alternative preparations or forms of administration for the patient. The Irish Medicines Formulary, British National Formulary and organisation policies may offer alternative solutions (such as liquid forms) of a medicine.

Scope of Practice Decision-Making Flowchart

Think about Your Nursing or Midwifery Role or Activity
PATIENT SAFETY FIRST

Is the role/activity you plan to undertake respectful of the patients' rights and will they derive an overall benefit from your actions? NO You are outside your scope of practice. Does the role/activity fit in with definitions and values that underpin nursing and midwifery as outlined in the Code of Professional Conduct and Ethics and Scope of Practice? Ensure patient needs are met. This may be through collaboration or referral to /ES other HCP.* Discuss with senior nurse or midwife manager/other Have you the necessary competence HCP/NMBI and consider to carry out the role/activity? what measures you need to take to develop and maintain You are outside your your competence. Ensure patient needs are met. This may be through collaboration or referral to other HCP Is the role/activity supported in your practice setting? Discuss with senior nurse or You are outside your midwife manager/other UNSURE/NO For example through relevant HCP/NMBI legislation, national or local PPPGs* or evidence based resources. If PPPGs are not available consider what needs to happen to put the necessary PPPGs/supports in place Are you willing to accept Ensure patient needs Consider what Consider the reasons why NO responsibility and accountability for you feel unable to accept are met. This may be measures you need your role or activity? through collaboration to take to develop responsibility and or referral to other and maintain your accountability and discuss HCP. competence. with senior nurse or midwife manager/other HCP/NMBI. Proceed Carry out the role or activity and document the details.

HCP - Healthcare Professional PPPGs - Policies, Procedures, Protocols and Guidelines

Nurses and midwives must adhere to the ten rights of medicine administration when administrating medications to patients.

Practice Guidance

5. Right time

Nurses and midwives must adhere to the ten rights of medicine administration when administrating medications to patients.

The Ten 'Rights' of Medicine Administration





The ten rights of medicine administration adapted from Elliot and Liu (2014) *The nine rights of medication administration*.

The nurse or midwife who is administering the medicines must:

- Be certain of the identity of the patient to whom the medicine is being administered by verifying the identification wristband, photograph or name and date of birth on the medicine chart (Right Patient).
- 2. Understand the intended purpose of the medicines to be administered (Right Reason).
- 3. Confirm that the name of the dispensed medicine to be administered corresponds with the generic or brand name of the prescribed medicine, and they must only administer a viable medicinal product that is, properly packaged and within its expiry date. The nurse or midwife must also check, both by asking the patient and inspecting the allergy status box on the medicines chart, whether the patient has a known and recorded allergy to the prescribed drug or no known allergies. The allergy box must be completed (Right Drug).
- Administer the medicine via the prescribed anatomical route and site (Right Route).
- 5. Administer the medicine at the prescribed time and prescribed intervals (Right Time).
- 6. Confirm, through arithmetical calculation that the dose of the medicine being administered concurs exactly with the dose prescribed. Where the local PPPGs identify this process for high risk medicines, the dose must be independently verified (**Right Dose**).
- 7. Confirm that the form of medicine that has been dispensed matches with the specified route of administration (Right Form).
- 8. Ensure the medicine is prescribed for the appropriate reason and state to the patient the action of the medicine and why it is prescribed (**Right Action**).
- Sign, date and retain all documentation recording the administration of each medicine in the medicines administration chart (or other document directing the administration of a medicine). The chart must only be signed to record a medicine has been administered once the medicine administration has been witnessed (Right Documentation).
- 10. Observe the patient for adverse effects, and assess the patient to determine that the desired effect of the medicines has been achieved (**Right Response**).

The nurse or midwife must recognise the high importance of monitoring the efficiency of medication they have administered. They must also understand the human and system factors that increase near misses and medication errors and take measures to prevent them.

Practice Guidance

- Monitoring the efficacy of any medication is an integral part of the nurse or midwife's role.
 If the medicine does not achieve the desired effect or the patient has a reaction to the medication, the nurse or midwife must:
 - o maintain a record of the patient's clinical status to ensure that their safety has not been or will not be compromised
 - o record the reactions in the patient's care plan
 - o report to the authorised prescriber and inform patients medical practitioner
 - ensure that the patient is fully informed about their progress and are involved in making decisions regarding their ongoing care
 - o report suspected adverse reactions to Health Products Regulatory Authority (HPRA) The health care service provider should have appropriate PPPGs in place to support the nurse or midwife in the event of a medicine not achieving the desired effect or the patient has a reaction to the medication.
- If a medicine is prescribed and to be administered to a patient as part of a **clinical research trial**, guidance and information should be sought from the clinical investigator or the associated clinical research nurse or midwife. This should include the monitoring and reporting of adverse events or reactions in accordance with the clinical trial protocol. Appropriate PPPGs should in in place by the healthcare service provider. The Nurse or midwife must also adhere to the *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014)*.
- The nurse or midwife who is involved in the administration of vaccinations must:
 - have gained and maintained their knowledge, skills and competence in immunisation and vaccination practice, including the administration of vaccines using current evidenced based practice techniques.
 - o monitor reactions, side effects, and be able to manage any adverse side effects
 - o be competent in the management of anaphylaxis including the administration of emergency medicines if required
 - have gained and maintained basic life support skills
 - o ensure emergency equipment is available
 - have knowledge of the correct proper vaccine storage, handling and delivery systems

The HSE National Immunisation Office/Guidelines/Protocals/Programmes and healthcare service providers PPPGs should be available to support the nurse or midwife in the administration of vaccinations.

- Environmental factors such as interruptions, distractions and increased cognitive load are known risks associated with medication errors. Therefore, the nurse or midwife must ensure that they are free from interruptions, distractions and able to concentrate effectively for the administration of medication to a patient (Thomas *et al* 2017). The health care service provider should have appropriate PPPGs and strategies in place to support the nurse or midwife while undertaking medication administration.
- Omission of medicines is where a nurse or midwife either does not have access to the

supply or does not take steps to obtain the drug. This is an organisational rather than a professional issue that should be viewed as an untoward occurrence and documented as a medication error. The health care service provider should have appropriate PPPGs to support the nurse or midwife in the event of an omission of a medicine (medication error). Omission of a medicine differs from withholding a medicine. Please refer to *Practice Standard 1* for withholding a medicine.

- **Double-checking** of medicines prior to administration is not a statutory requirement. However, for the administration of high-risk medicines, medicines whose dosage can change, dosages based on weight or requires complex arithmetical calculations, local PPPGs may require a system of independent verification.
- Healthcare service providers are required to have appropriate structures in place for the prevention and control of healthcare associated infections (HIQA 2016). Therefore, the nurse or midwife must ensure that:
 - o they wash their hands prior to and after administration of medication to a patient
 - o the equipment they are using to administer medication is appropriate, clean, in date, stored correctly and in good working order
 - they follow the healthcare service providers systems and processes in place for safe and effective antimicrobial use of antibiotics.
- A medicine should only be prepared for administration immediately before its prescribed administration time and not in advance unless required (e.g. except when a dose administration appliance is being used).
 - The nurse or midwife must refer to HIQA (2015) Medicine Management Guidance for standards and regulations in relation to the administration of medicines to older persons and people with disabilities.
- A nurse or midwife should **not** administer any medicine which has been prepared by another practitioner.

Nurses and midwives must create and maintain a trusting relationship with patients. Therefore, they must respect the patient's confidentiality and report every medicine-related error, whether actual or potential, and implement remedial action.

Practice Guidance

- Nurse and midwives must exercise their professional judgement and responsibility when asked to provide confidential information regarding the patient or the medicine they are administering.
 - The nurse's role in safe guarding information extends to all forms of record management and appropriate use of technology and social media. The disclosure of information is directed by legislation Children's Act 2001, Data Protection Acts (1988 and 2003) and the Freedom of Information Acts (1997 and 2003) and national policy.
 - All healthcare service providers should have PPPGs to support confidentiality and information sharing for record management and electronic access. Guidance on social media use is provided by the Board in its publication Guidance to Nurses and Midwives on Social Media and Social Networking.
- The nurse or midwife should give honest and truthful information and guidance to the patient and families/legal guardians in a manner that is suitable for their age and cognitive ability.
- Upon noting an **adverse event**, the nurse or midwife must immediately give priority to the safety of the patient and monitor their health status to limit or prevent further harm.
 - Nurses and midwives have a duty to report all adverse events, not only medicine errors, but also those situations where no harm occurred and the patient was unaffected or unaware of a problem.
 - Nurses and midwives must recognise and report all untoward occurrences using the local medicine error reporting system
 - The causes of adverse events are complex and require that robust reporting systems are in place which will:
 - o capture relevant information
 - o investigate the circumstances and run-up to the event
 - o report to the patient, the prescriber, medical practitioner and the line manager or employer
 - o instigate remedial action plans for all events
 - All healthcare service providers should have PPPGs to support adverse event reporting and dissemination of findings. The prevention, detection and reduction of adverse events should be a collaborative process amongst the healthcare team, since errors may reflect a problem with the system and may involve other professions and departments.
- Nurses and midwives must be aware of the open disclosure policy and training within their organisation. Further information and resources on open disclosure can be located on www.hse.ie/opendisclosure.
 - State Authorities are obliged to report adverse incidents promptly to the State Claims
 Agency under the National Treasury Management Agency (Amendment) Act (2000).

Nurses and midwives are responsible for delegation, supervision and effective communication with each other, members of the multi-disciplinary team, the patients themselves and their families/legal guardians in the safe administration of medications.

Practice Guidance

- The nurse or midwife should provide information that is clear and comprehensible when communicating with each other, the multidisciplinary team, patients and their families/legal guardians on the safe administration of medications.
- The nurse or midwife should communicate appropriately and effectively with the patient in a manner that is suitable for their age and cognitive ability.
- If the nurse or midwife is aware that the patient is using complementary and alternative therapies they should:
 - discuss this with the authorised prescriber, medical practitioner and pharmacist.
 - ensure they are competent in the specific therapy prior to administration of a prescribed therapy.
 - o ensure that the appropriate PPPGs are in place to underpin the safe use of complementary and or alternative therapies.
- The Scope of Nursing and Midwifery Practice Framework (NMBI 2015) section 4.5, provides key guidance and consideration for nurses and midwives about delegation and supervision.
 - O The health service provider must have appropriate PPPGs and accompanying governance arrangements in place which authorise and support nurses and midwives in the delegation and supervision of any aspect of medicines administration.
- A nursing or midwifery **student** should only administer a medicine to a patient:
 - o under the supervision of a registered nurse or midwife
 - o when they the student, agrees to undertake the administration
 - o on gaining the patient's consent
- Where appropriate and following risk assessment, patients or persons living in residential care should be encouraged to self-administer their own medicines. Nurses and midwives remain responsible for the assessment, monitoring and evaluation of patients/persons who are self-administering medications. The nurse or midwife should refer to *Medicine Management Guidance* (HIQA 2015) for standards and regulations in relation to the administration of medicines to older persons and people with disabilities and to healthcare service provider's PPPGs to support this practice.
- Medication protocols are written directions that allow for the supply and administration of a
 named medicinal product by a nurse or midwife in identified clinical situations. A medication
 protocol involves the authorisation of the nurse or midwife to supply and administer a
 medication to groups of patients in a defined situation meeting specific criteria and who may
 not be individually identified before presentation for treatment. The health care service
 provider with the multidisciplinary team is responsible for the development and quality
 assurance of medication protocols with the appropriate PPPGs in place to support their
 development.

References and Recommended Reading

An Bord Altranais (2007) *Guidance to Nurses and Midwives on Medication Management*. Dublin: An Bord Altranais.

Council of Europe (2006) *Creation of a better medicine safety culture in Europe: Building up safe medicine practices.* Available online http://www.coe.int/t/e/social_cohesion/soc-sp/Medicine%20safety%20culture%20report%20E.pdf. Accessed 18 September 2014.

Doran, D.M. and Pringle, D. (2011). *Patient outcomes as an accountability. In D.M. Doran (Ed.). Nursing outcomes: The state of the science* (pp. 1-28). Sudbury, MA: Jones and Bartlett.

DIRECTIVE 2010/84/EU OF THE EURPOEAN PARLIAMENT AND OF THE COUNCIL of 15 December 2010 amending, as regards pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use. Amended 2004/27/EC.

Elliot M and Liu Y. (2010) *The nine rights of medication administration: an overview.* British Journal of Nursing. (19) (5) 300-305.

European Communities (*Clinical Trials on Medicinal Products for Human Use*) (Amendment No 2). European Parliament (2010) Directive 2010/84/EU amending, as regards Pharmacovigilance, Directive 2001/83/EC on the Community code relating to medicinal products for human use.

Government of Ireland (2006) *Irish Medicines Board (Miscellaneous Provisions) Act 2006* Dublin: Stationery Office.

Government of Ireland (2007) *Misuse of Drugs* (Amendment) Regulations (2007) Statutory Instruments No. 200 of (2007) Dublin: Stationery Office. 79

Government of Ireland (2014) *Misuse of Drugs* (Amendment) Regulations (2014) Statutory Instruments No. 323 of (2014) Dublin: Stationery Office.

Health Information and Quality Authority (2013) *National Quality Standards for Residential Care Settings for Older People in Ireland*. Available online: www.hiqa.ie. Accessed on: 30 September 2017.

Health Information and Quality Authority (2013) *National Quality Standards for Residential Care Services for Children and Adults with Disabilities in Ireland*. Available online: www.hiqa.ie. Accessed on: 30 September 2017.

Health Information and Quality Authority (2015) *Medicines Management Guidance*. Dublin: Health Information and Quality Authority.

Health Information and Quality Authority (2014) *Guidance for Health and Social Care Providers:*Principles of Good Practice in Medication Reconciliation. Available on line: www.hiqa.ie. Accessed on: 30 September 2017.

Health Information and Quality Authority (2016) *Draft revision of the national standards for the prevention and control of Health Care Associated Infections in acute healthcare services*. Available on line: www.hiqa.ie. Accessed on: 30 September 2017.

Health Products Regulatory Authority. (2014) *Safety Information*. Available online http://www.hpra.ie/homepage/medicines/safety-information. Accessed 18 September 2017

Health Service Executive (revised 2011). *HSE Procedure for Developing Policies, Procedures, Protocols and Guidelines*. Available online:

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Quality_and_Patient_Documents/pppgs.pdf. Accessed 30 September 2017

Health Service Executive National Incident Management Team. (2014) *Safety Incident Management Policy.* Health Service Executive. Dublin. Available http://www.hse.ie/eng/about/Who/qualityandpatientsafety/incidentrisk/Riskmanagement/SafetyIncidentMgtPolicy2014.pdf. Accessed 30 September 2017

Health Service Executive (2013) *HSE National Consent Policy*. Health Service Executive. Dublin. Available http://www.hse.ie/eng/services/list/3/nas/news/National_Consent_Policy.pdf. Accessed 30 September 2017

Health Service Executive (2013) *National policy for administration of intravenous medication by registered nurses and midwives.* Health Service Executive. Dublin. Available http://hdl.handle.net/10147/304777. Accessed 30 September 2017

Institute for Safe Medication Practices (2014) *ISMP List of High-Alert Medications* in Acute Care Settings. Available online: https://www.ismp.org/Tools/highalertmedications.pdf. Accessed 30 September 2017

Medicines and Healthcare Products Regulatory Agency. Available online: http://www.mhra.gov.uk/#page=DynamicListMedicines. Accessed 30 September 2017

National Quality Forum. *Serious Reportable Events in Healthcare*-2011 Update: A Consensus Report, Washington, DC: NQF; 2011. Available online:

http://www.qualityforum.org/.../Serious_Reportable_Events_in_Healthcare_2011.aspx Accessed 30 September 2017

Nursing and Midwifery Board of Ireland (2014) *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives*. Dublin: Nursing and Midwifery Board of Ireland.

Nursing and Midwifery Board of Ireland (2015) *Scope of Nursing and Midwifery Practice Framework.* Dublin: Nursing and Midwifery Board of Ireland.

Nursing and Midwifery Board of Ireland (2017) *Draft Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority*. Dublin: Nursing and Midwifery Board of Ireland.

Royal College of Physicians of Ireland (2013-2017) Immunisation Guidelines for Ireland. Available on line: http://hse.ie/eng/health/immunisation/hcpinfo/guidelines/.pdf. Accessed 30 September 2017

SARI Prevention of Intravascular Catheter related Infection SubCommittee. *Health Protection Surveillance Centre December 2009 Updated February (2010).* Published on behalf of SARI by Health Protection Surveillance Centre.

Singer J, Adams J. (2014) *Integrating Complementary and alternative medicine into mainstream healthcare service: the perspective of health service managers*. BMC Complimentary & Alternative Medicine, 14:167, 2-11.

Thomas L, Donohue-Porter and Stein Fishbein (2017) *Impact of Interruptions, Distractions, and Cognitive Load on Procedure Failures and Medication Administration Errors.* Journal of Nursing Care Quality, 32: 4, 309-317.