PROFESSIONAL STANDARDS

Guidance for **Registered Nurses and Midwives** on **Medication Administration** (2020)

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

Contents

Date of publication: 11/08/2020

Introduction

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

Medication administration is one component of medication management. Medicines management covers a number of tasks including prescribing, ordering, dispensing, receiving/transporting, storing, assessing, preparing, assisting, administering, disposing and reviewing individuals with their medicines (HIQA 2015). It also includes medicines reconciliation (see other publications from NMBI on medication management and nurse/midwife prescribing on the website).

While this document reflects the nurse's or midwife's specific role in relation to medication administration, the same principles apply under the *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* (NMBI 2014) for all aspects of medication management. The guiding principles for medication administration outlined in this document are in effect an extension of the Code. The guiding principles are designed to assist nurses and midwives to understand their roles and professional responsibilities to safely administer medication across all practice settings. They are written to enable nurses and midwives to reflect on key aspects of medication administration.

Due to the complex and ever-changing nature of healthcare the guiding principles outlined are not intended to cover every aspect of medication administration. They are intended to be used by nurses and midwives working in various practice settings in conjunction with relevant legislation, healthcare regulators' guidance, standards and audits on medicines management, and healthcare service provider's policies, procedures, protocols and guidelines (PPPGs) on medication management.

Background

The management of medication in Ireland is governed by legislation, regulations and standards, which are monitored by different regulatory bodies and agencies. In line with relevant national standards, service providers are expected to have arrangements in place to ensure the safe and effective use of medication which includes the following:

- Assessing
- Prescribing
- Supplying
- Administering
- Documenting
- Reconciling
- Reviewing
- Assisting people with their medications (HIQA 2014 and 2015).

For nurses and midwives to practise competently and to realise their potential, certain support structures such as policies, procedures, protocols and guidelines (PPPGs) must be in place in whatever practice setting they operate (NMBI 2015). These include local and national PPPGs that have been developed collaboratively with practising nurses and midwives referencing relevant legislation and current research-based literature where available.

As the professional regulator of nursing and midwifery in Ireland and under Section 2.9 of the Nurses and Midwives Act 2011, we have developed the guidance on medication administration to:

- affirm the conduct expected from the nurse or midwife on the administration of medication using the principles of the Code
- 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
- assist the nurse or midwife in determining their scope of practice in relation to medication administration
- outline the relevant legislation and professional guidance to support the nurse or midwife in medication administration
- 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 document the following words and phrases are explained.

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

Adverse event: a preventable failure at any stage of the medicines management process that leads 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 should 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' (European Directive 2010).

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

Clinical trial (clinical study): 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 effectiveness and safety.

Competence: the attainment of knowledge, intellectual capacities, practice skills, integrity and professional and ethical values required for safe, accountable and effective practice as a registered nurse or registered midwife (NMBI 2015).

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

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

High-alert medications: 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).

Medicines Management: Medicines management covers a number of tasks including prescribing, ordering, dispensing, receiving/transporting, storing, assessing, preparing, assisting, administering, disposing and reviewing individuals with their medicines (HIQA 2015).

Medication protocols: 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.

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 'client', 'consumer', 'person', 'resident', 'service user', 'mother', 'adolescent', 'child', 'infant' and 'neonate' described in nursing and midwifery practice are represented by the term 'patient'.[1]

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

Policy: a written statement that indicates clearly the position and values of the organisation on a given subject (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: the independent use of a medication by a patient in a manner that supports the management and administration of their medications.

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' (HSE 2014). Serious reportable events are a defined subset of incidents which are either serious or that should not occur if the available preventative measures have been effectively implemented by healthcare providers. Serious reportable events are mandatorily reportable by services to the Senior Accountable Officer (HSE 2018).

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

Standards: authoritative statements developed, monitored and enforced by a governing body that describe the responsibilities and conduct expected of nurses and midwives and their involvement with medications across all healthcare settings.

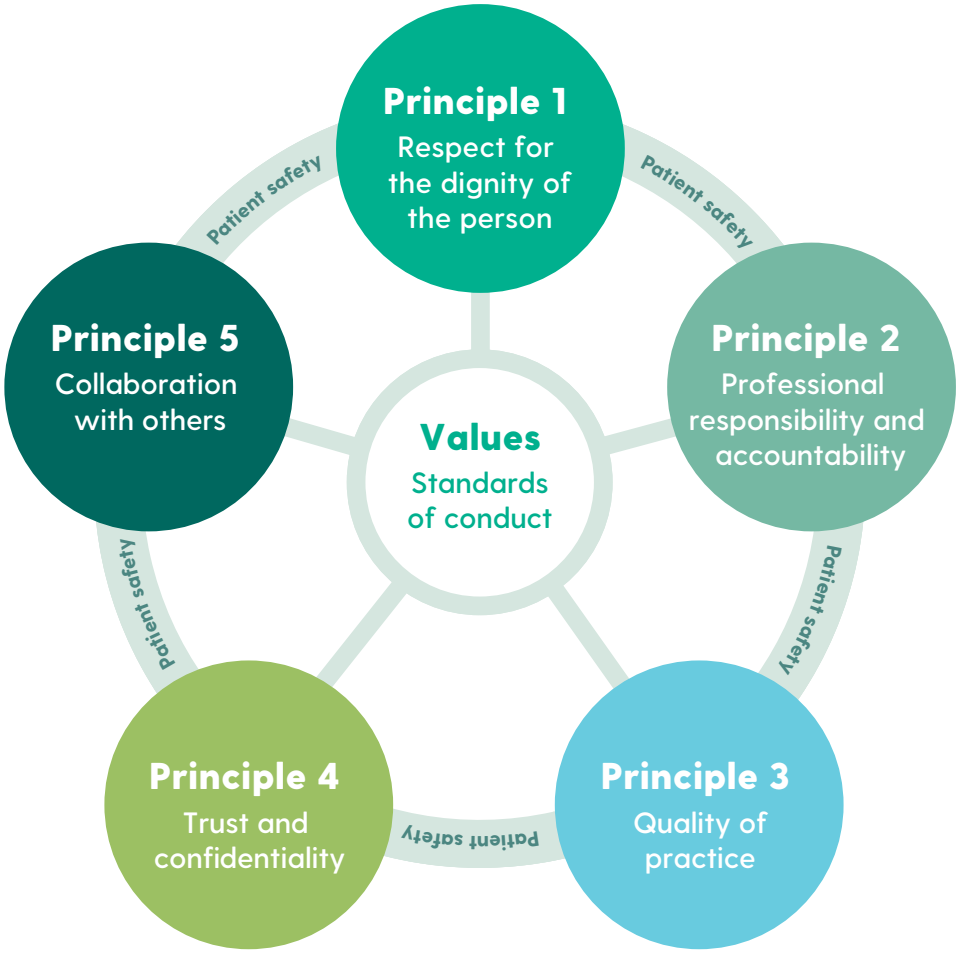
[1] The Mental Health Act 2001 refers to a 'patient' in a different context.

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

Nurses and midwives should adhere to the Code and related principles when administering medications 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 outlined 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 principles overview



Guiding principles overview

The seven guiding principles for medication administration outlined in this document are based on the five principles of the Code. The following illustrates the relationship between the relevant principles of the Code and the seven guiding principles in medication administration.

Principle 1
Respect for the dignity of the person

Guiding principle 1

Nurses and midwives should respect the rights and autonomy of patients in gaining informed consent and the rights and autonomy of patients to refuse medication. The nurse or midwife may decide to withhold a medication based on specific clinical rationale(s).

Principle 2
Professional responsibility and accountability

Guiding principle 2

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

Guiding principle 3

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

Principle 3
Quality of practice

Guiding principle 4

Nurses and midwives should adhere to the principles of the 10 rights of medication administration when administrating medications to patients.

Guiding principle 5

Nurses and midwives should recognise the high importance of monitoring the effectiveness of the medication they have administered. They should also understand the human and system factors that contribute and/or may lead to near misses or errors with medications.

Principle 4
Trust and confidentiality

Guiding principle 6

Nurses and midwives should create and maintain a trusting relationship with patients. They should report every medication-related error, whether actual or potential, and implement remedial action.

Principle 5
Collaboration with others

Guiding principle 7

Nurses and midwives may be required to supervise and communicate with members of the multidisciplinary team, the patients themselves and their families/legal guardians in the safe administration of medications.

Guidance to support nurses and midwives in medication administration

Published material

The following NMBI documents[2] 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)
- *Practice Standards for Midwive***s** (2015)
- *Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority* (2019)
- *Recording Clinical Practice Guidance to Nurses and Midwives* (2002)
- *Scope of Nursing and Midwifery Practice Framework* (2015)
- *Nurses and Midwives Values in Ireland* (2016)

Legislation

The following are key legislations[3] that guide the administration of medication:

- Assisted Decision-Making (Capacity) Act 2015
- Children Acts 2001 to 2016
- Cannabis for Medicinal Use Regulation Bill 2016
- Civil Liability (Amendment) Act 2017
- Clinical Trials Act 1987
- Control of Clinical Trials and Drugs Act 1990
- Data Protection Acts 1988 to 2018
- Data Sharing Governance Act 2019
- European Communities (Clinical Trials on Medicinal Products for Human Use) Regulations 2004 to 2009
- Freedom of Information Act 2004
- Governance Bill 2019
- Irish Medicines Board (Miscellaneous Provisions) Act 2006
- Medicinal Products (Control of Placing in the Market) Regulations 2018 (SI 529 of 2018)
- Medicinal Products (Prescription and Control of Supply) Regulations 2003, 2007 and 2009
- Misuse of Drugs Regulations (SI 173/2017)
- Misuse of Drugs Regulations (Amendment) Act 2019
- Mental Health Acts 2001 to 2015
- National Treasury Management Agency (Amendment) Act 2000
- Nurses Rules 2018
- Nurses and Midwives Act 2011
- National Treasury Management Agency Acts 1990 to 2014

[2] This list is not exhaustive and may be subject to revisions and amendments.

[3] This list is not exhaustive and may be subject to revisions and amendments.

Guiding principles for nurses and midwives in medication administration

Guiding principle 1

Nurses and midwives should respect the rights and autonomy of patients in gaining informed consent and the rights and autonomy of patients to refuse medication. The nurse or midwife may decide to withhold a medication based on specific clinical rationale(s).

Practice guidance

1.1 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 (Department of Health 2016). Therefore, the associated behaviours of respect, empathy, competence, professionalism, person-centred approach, and providing quality and safe practice should be respected when administrating medication safely to patients.

1.2 Nurses and midwives should not administer medications 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 multidisciplinary team should use existing legal and best practice frameworks for those who lack capacity. Examples include the HSE's National Consent Policy (2019), Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI 2014), Assisted Decision-Making Capacity Act (2015), Quality Framework for Mental Health Services in Ireland (National Mental Health Services Standards), HIQA's guidance on medicines management and relevant organisational policies.

1.3 In the treatment of a patient with a mental health disorder in an approved centre, nurses and midwives should adhere to Section 4 of the Mental Health Act 2001, *Judgement Support Framework* (Mental Health Commission 2018), *Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives* (NMBI 2014) and relevant organisational policy and associated capacity-assessment tools in relation to the administration and continued administration of medications.

1.4 A patient may indicate to the nurse or midwife that they do not wish to take a medication that has been prescribed or is part of their agreed plan of care. Because a patient has a legal right to refuse medications, the nurse or midwife can only recommend, advise or suggest that the patient takes their medication.

If the patient refuses the medication, the nurse or midwife should:

- ensure that the refusal of the medication is recorded in the patient's medication administration chart
- document the event in the patient's care plan stating the reason why the medication was refused by the patient

continued

- inform the patient's medical practitioner and/or the authorised prescriber as appropriate
- maintain a record of the patient's clinical status to ensure that their safety has not been/is not compromised
- document the discussion with the patient and the legal guardian as appropriate, outlining the potential health implications for refusing the medication and ensure that they are involved in the decision-making regarding the ongoing medications management plan
- refer to healthcare service provider's relevant PPPGs.

1.5 Withholding a medication 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 medication. If a nurse or midwife intentionally withholds the administration of a prescribed medication, the nurse or midwife should:

- discuss the reason for withholding the medication with the patient
- ensure that the decision to withhold the medication is recorded in the patient's medication administration chart
- document the event in the patient's care plan along with the reason why the medication was intentionally withheld
- inform the patient's medical practitioner and/or the authorised prescriber as appropriate
- maintain a record of the patient's clinical status to ensure that their safety is not compromised
- document that the patient has been informed why the medication has been intentionally withheld
- support the patient to remain involved in the decision-making regarding medications management
- refer to healthcare service provider's PPPGs.

Guiding principle 2

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

Practice guidance

2.1 Nurses and midwives should take accountability and responsibility when administering medications to patients. Nurses and midwives should keep up to date and be aware of changes in legislation that may direct or guide their practice. It is essential that all nurses and midwives are currently registered with NMBI.

2.2 Nurses and midwives should be aware of their own health and wellbeing. They should discuss any issues that may impact on the safe administration of medication with their line manager, occupational health department or human resource department.

continued

2.3 Prior to the administration of medications, nurses and midwives should:
- have knowledge of the patient's recent medications history, current medications regimen and whether the patient has been taking or receiving them as prescribed
- assess the general condition of the patient to confirm the appropriateness of the medication to be administered.

2.4 Nurses and midwives should administer a medication in a safe context. That is if:
- 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 medications
- they have received informed consent and participation of the patient
- they adhere to the principles of the 10 rights of medications management (*see page 16*)
- they are competent to do so and working within their scope of practice.

2.5 Nurses and midwives should:
- have access to medication information from a relevant source such as the Summary of Product Characteristics, Irish Medicines Formulary, British National Formulary, Health Products Regulatory Authority (HPRA), National Medicines Information Centre (NMIC)
- consult with the pharmacist and/or prescriber to determine the potential for interactions between:
  - » the prescribed medications
  - » the prescribed medications and dietary products
  - » the prescribed medications and any other additional non-prescribed medication.

2.6 Nurses and midwives should:
- understand the intended purpose of the medication being administered as well as the potential adverse events/reactions
- refer to the appropriate policies on consent such as the HSE's *National Consent Policy* (2019) or the healthcare service provider's PPPGs on consent.

2.7 Administration of a medication or a placebo medication to patients in the absence of informed consent is not an acceptable practice for nurses and midwives. Nurses and midwives must refer to appropriate consent policies such as the HSE's *National Consent Policy* (2019) or the healthcare service provider's PPPGs on consent.

2.8 Nurses and midwives may administer a non-prescribed medication in a situation that requires immediate intervention:
- In order to reduce the threat or potential threat to a patient's life, the patient requires the administration of a non-prescribed medication and there is no immediate access to a person with the appropriate prescribing authority.
- Nurses and midwives should adhere to their own scope of practice and refer to local PPPGs relating to the administration of a non-prescribed medication in the event of a threat or potential threat to a patient's life.

continued

2.9 Nurses and midwives who are registered prescribers and administering medications to patients should adhere to this guidance document and the *Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority* (2019) when administering medications to patients and should refer to local PPPGs.

Guiding principle 3

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

Practical guidance

3.1 Nurses and midwives should adhere to the *Scope of Nursing and Midwifery Practice Framework* (NMBI 2015) and decision-making flowchart (*see page 15*) in determining their competency, decision-making and actions in relation to medication administration.

3.2 Nurses and midwives should recognise their own abilities and level of competence in medication administration.

3.3 The individual nurse or midwife is responsible for undertaking relevant continuing professional development and education in order to develop and maintain their knowledge, skills and competency in medication administration. They should also provide evidence of continuing professional development should it be required by NMBI or their employer.

3.4 Nurses and midwives should 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 this with their line manager/healthcare service provider or with NMBI.

3.5 Nurses and midwives should ascertain that the healthcare service provider has the appropriate PPPGs in place to administer medications safely to patients. Should the nurse or midwife be unsure, they should check with their nurse/midwife line manager and/or other healthcare service provider and consider what actions are needed to implement same if needed.

3.6 Nurses and midwives must be competent in numeracy skills. The ability to perform simple and complex arithmetic such 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.

3.7 If a situation occurs where 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 their line manager and/or referral to or collaboration with another healthcare professional. They should also reflect on and consider the reasons why they feel unable to accept responsibility and accountability, and discuss these with a senior nurse or midwife, or line manager as appropriate and refer to local PPPGs.

continued

3.8 Nurses and midwives should adhere to the requirements of the Misuse of Drugs Acts (MDA) 1977 to 2016, the Misuse of Drugs Regulations 2017–2019, the Medicinal Product (Control of placing on the market) Regulations 2018 (SI 529 of 2018) and any subsequent legislation for the administration of MDA scheduled controlled drugs to patients across care settings. The nurse or midwife should refer to their Code and own scope of practice. Also, due to the serious nature of the drugs, local healthcare service providers must have strict and unambiguous PPPGs in place to guide the nurse or midwife to safely administer MDA scheduled controlled drugs to patients.

3.9 If the form of the medication has to be changed (crushing or mixing with food) for safe administration to the patient, nurses and midwives should consult with the medical practitioner, pharmacist and, if necessary, a speech and language therapist to discuss alternative preparations or forms of administration for the patient. A change in the form of the medication should also be documented in the patient's medications administration chart (or other document directing the administration of a medication).

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?

YES

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?

YES

Have you the necessary competence to carry out the role/activity?

YES

Is the role/activity supported in your practice setting?

For example through relevant legislation, national or local PPPGs* or evidence-based resources.

YES

Are you willing to accept responsibility and accountability for your role or activity?

YES

PROCEED
Carry out the role or activity and document the details.

NO

NO You are outside your scope of practice.

Ensure patient needs are met. This may be through collaboration or referral to other HCP.*

NO You are outside your scope of practice.

Discuss with senior nurse or midwife manager/ other HCP/NMBI and consider what measures you need to take to develop and maintain your competence.

UNSURE/NO You are outside your scope of practice.

Ensure patient needs are met. This may be through collaboration or referral to other HCP.

Discuss with senior nurse or midwife manager/ other HCP/NMBI.

If PPPGs are not available consider what needs to happen to put the necessary PPPGs/ supports in place.

NO

Ensure patient needs are met. This may be through collaboration or referral to other HCP.

Consider what measures you need to take to develop and maintain your competence.

Consider the reasons why you feel unable to accept responsibility and accountability and discuss with senior nurse or midwife manager/other HCP/NMBI.

Guiding principle 4

Nurses and midwives should adhere to the principles of the 10 rights of medication administration when administrating medications to patients.

Practical guidance

Nurses and midwives should adhere to the principles of the 10 'rights' of medication administration when administrating medications to patients.

The 10 'rights' of medication administration

1. **Right patient**
2. **Right reason**
3. **Right medication**
4. **Right route**
5. **Right time**
6. **Right dose**
7. **Right form**
8. **Right action**
9. **Right documentation**
10. **Right response**

Nurses and midwives who are administering the medication should:

4.1 be certain of the identity of the patient to whom the medication is being administered by identifying themselves if it is appropriate to do so, verifying the patient's identification wristband, photograph or name and date of birth on the medications administration chart (or other document directing the administration of a medication) (**right patient**).

4.2 understand the intended purpose of the medications to be administered (**right reason**).

4.3 confirm that the name of the supplied medication to be administered corresponds with the generic or brand name of the prescribed medication. Nurses and midwives should only administer a viable medication – that is, one that is properly packaged and within its expiry date. Nurses and midwives should also check, by both asking the patient and inspecting the medications administration chart, whether the patient has a known and recorded allergy to the prescribed drug or no known allergies (**right medication**).

4.4 administer the medication via the prescribed anatomical route and site (**right route**).

4.5 administer the medication at the prescribed time and at the prescribed intervals (**right time**).

4.6 confirm through arithmetical calculation that the dose of the medication being administered concurs exactly with the dose prescribed. High risk medications must be identified in local PPPGs and the prescribed dose must be independently verified by another person (**right dose**) before administration.

4.7 confirm that the form of medication that has been supplied matches the specified route of administration (**right form**).

4.8 explain the purpose of the medication to the patient and why it is prescribed (**right action**).

continued

4.9 sign, date and retain all documentation recording the administration of each medication in the medications administration chart. The chart should only be signed to record that a medication has been administered once the medication administration has been witnessed (**right documentation**).

4.10 monitor the patient for an adverse reaction, and assess the patient to determine that the desired effect of the medications has been achieved, in consultation with the medical practitioner and/or authorised prescriber (**right response**).

Guiding principle 5

Nurses and midwives should recognise the high importance of monitoring the effectiveness of the medication they have administered. They should also understand the human and system factors that contribute and/or may lead to near misses or errors with medications.

Practice guidance

5.1 Monitoring the effectiveness of any medication is an integral part of the nurses' and midwifes' role. In the event of the medication not achieving the desired effect or the patient having a reaction to the medication, the nurse or midwife should:

- maintain a record of the patient's clinical status to ensure that their safety has not been or will not be compromised
- record the reactions in the patient's care plan
- report to the authorised prescriber and inform patient's medical practitioner
- ensure that the patient is fully informed as appropriate about their progress and is involved in making decisions regarding their ongoing care
- refer to the healthcare service provider's PPPGs which should include the correct procedure to communicate the adverse reactions to the Health Products Regulatory Authority (HPRA).

5.2 If a medication 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 and HPRA regulations. For clinical research trials, the following is also available:

- Appropriate healthcare service provider PPPGs should be in place to support nurses and midwives in practice. Nurses and midwives should also adhere to the *Code and Scope of Nursing and Midwifery Practice Framework* (NMBI 2015).
- Legislation that supports clinical research trials includes the Clinical Trials Act 1987, Control of Clinical Trials and Drugs Act 1990 and European Communities (Clinical Trials on Medicinal Products for Human Use) Regulations 2004 to 2009.

continued

5.3 Nurses and midwives involved in the administration of **vaccines** should:

- have gained and maintained their knowledge, skills and competence in immunisation and vaccination practice, including the administration of vaccines using current evidence-based practice techniques
- monitor reactions and side effects, and be able to manage any adverse side effects
- be competent in the management of anaphylaxis including the administration of emergency medications if required
- have gained and maintained basic life support skills
- ensure emergency equipment and personal protective equipment are available
- have knowledge of the correct proper vaccine storage, handling and delivery systems.

The HSE National Immunisation Office's guidelines, protocols and programmes and the healthcare service provider's PPPGs should be available to support nurses and midwives in the administration of vaccines.

5.4 Environmental factors such as interruptions, distractions and increased cognitive load are known risks associated with medication errors (Thomas et al 2017). Therefore, nurses and midwives should refer to the healthcare service provider's supports and/or PPPGs that are in place to assist nurses and midwives while administering medications to patients.

5.5 **Omission** of medications is where a nurse or midwife either does not have access to the supply of or does not take steps to obtain the medication. This is an organisational rather than a professional issue that should be viewed as an untoward occurrence and documented as a medication error. The healthcare service provider should have appropriate PPPGs to support the nurse or midwife in the event of an omission of a medication (medication error).

Omission of a medication differs from withholding a medication. Please refer to *Practice Standard 1* on page 11 for withholding a medication.

5.6 **Double-checking** of medications prior to administration is not a statutory requirement. However, for the administration of high-alert medications, medications whose dosage can change, dosages based on weight or medication that requires complex arithmetical calculations, local PPPGs may require a system of independent verification.

5.7 Healthcare service providers are required to have appropriate structures in place for the prevention and control of healthcare-associated infections (HIQA 2017). Therefore, nurses and midwives should ensure that:

- they adhere to hand hygiene prior to and after the administration of medication to a patient
- 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 provider's systems and processes in place for safe and effective use of antibiotics.

continued

5.8 A medication 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).

5.9 Nurses and midwives should refer to HIQA's **Medication Management Guidance** (2015) for standards and regulations in relation to the administration of medications to older persons and people with disabilities.

5.10 Nurses and midwives involved in the checking and preparation of a medication should be the only one administering the medication to the patient. However, in certain circumstances where intravenous medications have been prepared by pharmacy or commenced in theatre, local PPPGs will guide practice.

Guiding principle 6

Nurses and midwives should create and maintain a trusting relationship with patients. They should report every medication-related error, whether actual or potential, and implement remedial action.

Practice guidance

6.1 Nurses and midwives should exercise their professional judgement and responsibility when asked to provide confidential information regarding the patient or the medication they are administering. The nurse's and midwife's role in safeguarding information extends to all forms of record management and appropriate use of technology and social media:

- The disclosure of information is directed by legislation such as the Children Acts 2001 to 2016, the Data Protection Acts 1988 to 2018 and the Freedom of Information Act 2014.
- Guidance on social media use is provided by our **Guidance to Nurses and Midwives on Social Media and Social Networking** (2013).
- Nurses and midwives should also refer to the healthcare service provider's PPPGs regarding confidentiality and information sharing for record management and electronic access.

6.2 Nurses and midwives should give honest and truthful information and guidance to patients and families/legal guardians in a manner that is suitable for their age and cognitive ability.

6.3 Upon noting an adverse event, nurses and midwives should 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 medication errors, but also those situations where no harm occurred and the patient was unaffected or unaware of a problem.
- Nurses and midwives should recognise and report all untoward occurrences using the local medication-error reporting system.

continued

- The causes of adverse events are complex and require that robust reporting systems are in place which will:
  - » capture relevant information
  - » investigate the circumstances and run-up to the event
  - » report to the patient, the prescriber, the medical practitioner and the line manager or employer
  - » 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, reduction and reporting of adverse events should be a collaborative process among the healthcare team, since errors may reflect a problem with the system and may involve other professions and departments.

6.4 Nurses and midwives should be aware of the open disclosure policy and training within their organisation. Further information and resources on the HSE's national **Open Disclosure Policy** (2019) 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.
- Section 4 of the Civil Liability (Amendment) Act 2017 supports the HSE's **Open Disclosure Policy** (2019) on open disclosure of patient safety incidences.

Guiding principle 7

Nurses and midwives may be required to supervise and communicate with members of the multidisciplinary team, the patients themselves and their families/legal guardians in the safe administration of medications.

Practice guidance

7.1 Nurses and midwives should provide information that is clear and understandable when communicating with each other, the multidisciplinary team, patients and their families/legal guardians on the safe administration of medications.

7.2 Nurses and midwives should communicate appropriately and effectively with patients and their families/legal guardians in a manner that is suitable for their age and cognitive ability.

7.3 If a patient is using **complementary and alternative therapies**, the nurse or midwife should:

- discuss this with the authorised prescriber, medical practitioner and pharmacist as appropriate
- ensure they have received training on the use of complementary and alternative therapies and are competent prior to administration of a prescribed therapy
- refer to appropriate PPPGs that are in place to underpin the safe use of complementary and alternative therapies.

continued

7.4 Section 4.5 of *The Scope of Nursing and Midwifery Practice Framework* (NMBI 2015) provides key guidance and consideration for nurses and midwives regarding delegation, supervision and education of **nursing or midwifery students** in providing safe patient care.

- A nursing or midwifery student should only administer a medication to a patient:
  - » under the direct supervision of a registered nurse or midwife
  - » when they the student, agrees to undertake the administration.
- Healthcare service providers in collaboration with the higher educational institutes must develop appropriate PPPGs to support nursing and midwifery students in the administration of medications to patients

7.5 Clear governance structures regarding medication administration must be in place within the services and detailed in the healthcare provider's PPPGs to guide and support nurses and midwives involved in medication administration.

- Clear PPPGs must be in place to guide and support nurses and midwives in the administration of MDA drugs.
- Nurses and midwives must be aware of their roles and responsibilities regarding medication administration, whether they are directly or indirectly involved with medication administration. These roles and responsibilities must be made explicit by the healthcare provider and detailed in their PPPGs.
- Nurses and midwives must be aware of their roles and responsibilities regarding any misgivings or concerns they have encountered. They must report these misgivings or concerns to the healthcare provider and relevant persons and as per PPPGs.

7.6 Where the patient consents to **self-administration** of medications and following a risk assessment, the nurse or midwife should continue to monitor, evaluate and document the self-administration of medications as per PPPGs. Where appropriate the patient's legal guardian/carer/parent may also administer medications to the patient once they have been deemed competent and following risk assessment. The practice of self-administration should be carefully controlled and healthcare service providers should have appropriate governance and PPPGs in place to support this practice.

7.7 Where appropriate and following risk assessment, patients or persons living in **residential care** should be encouraged to **self-administer** their own medications. The level of support and resulting roles and responsibilities of the nurses or midwives must be made explicit by the healthcare provider and detailed in the patient's/person's treatment and nursing care plan and PPPGs. This should also detail who is responsible for assessing, monitoring and evaluating patients/persons who are self-administering medications. Nurses and midwives should refer to HIQA's *Medicine Management Guidance* (2015) for standards and regulations in relation to the administration of medications to older persons and people with disabilities and to the healthcare service provider's PPPGs to support this practice.

Bibliography

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 at http://optimiz-sih-circ-med.fr/Documents/Council_of_Europe_Medication_Safety_Report_19-03-2007.pdf (accessed 18 September 2018).

Directive 2010/84/EU of the European 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.

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.

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 Instrument No. 200 of 2007. Dublin: Stationery Office.

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

Government of Ireland (2017) Civil Liability (Amendment) Act 2017. Dublin: Stationery Office.

Government of Ireland (2015) Children (Amendment) Act 2015. Dublin: Stationery Office.

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

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

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

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

Health Information and Quality Authority (2017) *National standards for the prevention and control of Health Care Associated Infections in acute healthcare services*. Available at www.hiqa.ie (accessed 30 September 2018).

Health Information and Quality Authority (2018) *Medication safety monitoring programme in public acute hospitals – An overview of findings*. Available at www.hiqa.ie (accessed 30 September 2019).

Health Information and Quality Authority (2019) *Guide to HIQA's Medication Safety Monitoring Programme against the National Standards for Safer, Better Healthcare in acute healthcare services in 2019*. Available at www.hiqa.ie (accessed 30 September 2019).

Health Products Regulatory Authority (2014) Safety Information. Available at 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 at https://www.hse.ie/eng/about/who/qid/use-of-improvement-methods/nationalframeworkdevelopingpolicies/ (accessed 30 September 2017).

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

Health Service Executive (2019) *National Consent Policy*. Dublin: Health Service Executive. Available at https://www.hse.ie/eng/about/who/qid/other-quality-improvement-programmes/consent/national-consent-policy-hse-v1-3-june-2019.pdf (accessed 18 October 2019).

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

Health Service Executive (2016) *HSE National Framework for developing PPPGs*. Dublin: Health Service Executive.

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

Mental Health Commission (2018) *Judgment Support Framework*. Version 5. Dublin: Mental Health Commission.

National Quality Forum (2011) *Serious Reportable Events in Healthcare – 2011 Update: A Consensus Report*. Washington, DC: NQF. Available at http://www.qualityforum.org/Publications/2011/12/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) *Practise Standards for 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 (2019) *Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority*. Dublin: Nursing and Midwifery Board of Ireland.

Royal College of Physicians of Ireland (2013–17) *Immunisation Guidelines for Ireland*. Available at https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/ (accessed 30 September 2017).

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

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

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

World Health Organization (WHO) (2017) *Medication Without Harm – Global Patient Safety Challenge on Medication Safety*. Geneva: WHO.

Nursing and Midwifery Board of Ireland
18/20 Carysfort Avenue, Blackrock,
County Dublin,
A94 R299.
Tel: (01) 639 8500
Email: education@nmbi.ie
Web: www.nmbi.ie

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

Design by www.penhouse.ie