



Mental Health Services

Standard Operating Procedure for the Administration of Medicines within In-patient Areas

Service Manager:	Andrew Walker, Lead Clinical Pharmacist, and Lorraine Cribbin, Acting Chief Nurse
Approved by:	Mental Health Clinical Governance Group
Date approved:	February 2023
Date for review:	February 2026
Version:	2

Mental Health Services

Standard Operating Procedure for the Administration of Medicines within Inpatient Areas

Objective

To describe the procedure required for administration of medicines within inpatient Mental Health Services. This Standard Operating Procedure has two streams. These describe the procedure for both a static and mobile medicines trolley.

This should be viewed in conjunction with the following documents:

- NHSGGC Safe and Secure Handling of Medicines in Hospital Wards, Theatres and Departments NHSGGC Procedure for the Use of Patients Own Drugs.
- NHSGGC Symptomatic Relief Policy
- SOP for The Administration of Control Drugs within Inpatient Mental Health Services

Please Note

Medicines may be administered by a sole Registered Nurse providing they have been authorised to do so by the Appointed Registered Nurse or Manager in Charge, except in the following circumstances when two practitioners are required, one as a witness and one to administer the medicine:

- Controlled Drugs
- Insulin
- Complex calculations involved (e.g. two or more separate calculations needed)
- Intravenous medicines (including IV potassium). N.B. a nurse MUST NOT give IV medicines unless they can produce evidence that they have successfully completed IV Administration Training and have been assessed as competent

Note: when two practitioners are involved they must independently check and verify all aspects of the process before jointly administering

The administration of medication (with regards to use of the static or mobile trolley) should be adaptable and responsive to conditions within the ward environment (**e.g. Patient need, resources available, ward environment**) on that day and not default to static as the primary location for administration. However on the main should reflect a patient centred approach to the task of medicine administration.

The use of a colleague or 'runner' to take medicine to a patient on behalf of the registered nurse undertaking the medicines administration round is not permitted. If patients are unable to attend the treatment room for medication the mobile medication trolley process described below should be followed or the registered nurse undertaking the medicines administration round should take the medicines to the patient themselves.

Distractions should be minimised while medicines are being selected, prepared and administered.

The administration of non-controlled drugs and controlled drugs should be undertaken separately and administered as consecutive ward rounds.

Student nurses undertaking medicines administration as part of their training must be closely supervised by a registered practitioner.

Patients may only self-administer medicines as part of an authorised self-medication programme and must be appropriately supervised.

All staff involved in the administration of medicines should have knowledge of the medicines involved. This should include normal dosage, side effects, precautions and contraindications.

Preparation for administration of medicines

1. Ensure Equipment required is prepared and ready for use where appropriate. This includes the following:
 - HEPMA system, any supplementary charts and any concurrent prescribing tool (including recording document)
 - Medicine trolley keys
 - Medicine Cups or appropriate receptacle
 - Water and appropriate receptacle
 - Purple apron and/or signage as per NHSGGC No Interruptions Policy
 - Medicine crusher for crushing/cutting tablets where appropriate
 - Current BNF
2. Ensure stock is sufficient prior to commencing medicine procedures

Checking HEPMA record

1. Read the appropriate patients electronic prescription on the HEPMA system carefully
2. For all prescriptions, ensure the following:
 - **Please note** there may be a concurrent prescription tool i.e. detoxification regime or reducing dose schedule
 - Start date
 - Medicine
 - Dose
 - Route
 - Time due
 - Prescriber
 - Allergies

Static Medicine Trolley Procedure

1. HCSW (or appropriate other i.e. student nurse or registered nurse) to escort patient to the treatment room as delegated by the registered nurse.
2. Confirm the identity of patient following process described in the [Safe identification of patients- Policy & procedure \(MHS 21\)](https://www.nhsggc.org.uk) ([nhsggc.org.uk](https://www.nhsggc.org.uk)).
3. Ensure the environment where administration is to take place is clean, tidy and free from interruptions.
4. Where appropriate check patients vital signs are within normal limits.
5. Confirm the patient's allergy status.
6. Unlock and open medicine trolley.
7. Check the prescription medicine label i.e. the name, form, dose and expiry date.
8. Check HEPMA administration history to ensure dose has not already been given.
9. Confirm medication with patient and verify verbal informed consent.
10. Dispense into appropriate receptacle and administer as prescribed.
11. Offer water as required.
12. Observe patient whilst medication is taken.
13. Record on the HEPMA system and (if required) concurrent prescription tool.
14. If prescribed medicine self-administered record clearly, including the time of administration.
15. If prescribed medicine refused or not given for any reason this must be documented HEPMA system and the responsible doctor informed, if necessary.
16. Close and secure medication trolley.
17. Ensure area is left clean and tidy.

Mobile Medicine Trolley Procedure

1. Registered Nurse to release medication trolley from wall if taking trolley out of treatment room.
2. The trolley should remain locked until patient is located and the process of administration begins.
3. Confirm the identity of patient following process described in the [Safe identification of patients- Policy & procedure \(MHS 21\)](https://www.nhs.uk/healthcare-professionals/clinical-practice/safe-identification-of-patients-policy-and-procedure-mhs-21) ([nhs.uk](https://www.nhs.uk/healthcare-professionals/clinical-practice/safe-identification-of-patients-policy-and-procedure-mhs-21)).
4. Where appropriate check patients vital signs are within normal limits.
5. Check for allergies.
6. Unlock and open medication trolley.
7. Check the prescription medicine label i.e. the name, form, dose and expiry date.
8. Check HEPMA administration history to ensure dose has not already been given.
9. Confirm medication with patient and verify verbal informed consent.
10. Dispense into appropriate receptacle and administer as prescribed.
11. Offer water as required.
12. Observe patient whilst medication is taken.
13. Record administration on HEPMA system and (if required) concurrent prescription tool.
14. If prescribed medicine self-administered record clearly, including the time of administration.
15. If prescribed medicine refused or not given for any reason this must be documented on HEPMA and the responsible doctor informed, if necessary.
16. Close and secure medication trolley.
17. Ensure area is left clean and tidy.