Trust Policy

University Hospitals Plymouth NHS Trust

Policy to Support Administration of Selected Medications by Assistant Practitioners and Clinical Technologists

Issue Date	Review Date	Version
October 2018	October 2020	6

Purpose

The purpose of this document is to provide a formal policy to cover those Assistant Practitioners (APs) and Clinical Technologists (CTs) who have been approved by UHP to administer or second-check selected oral and parenteral medications to adult patients, and those Assistant Practitioners who have been trained and approved by UHP to second-check the administration of selected medications by registered nurses and midwives to infants and neonates, so that administration of these medications is performed correctly and safely.

Who should read this document?

Assistant Practitioners and Clinical Technologists working within UHP who have received the necessary additional local training on medicines provided by UHP, and who have been assessed as competent to administer or second-check selected oral and parenteral medications, or assessed as competent to second-check administration selected medications to infants and neonates by registered nurses and midwives.

Core accountabilities	
Owner	Peter Gray, Senior Pharmacist
Review	Lyndsey Box, Learning & Development Facilitator Sarah Hockey, Learning & Development Manager Peter Gray, Senior Pharmacist
Ratification	Medicines Utilisation & Assurance Committee
Dissemination	Peter Gray, Senior Pharmacist
Compliance	Medicines Utilisation & Assurance Committee

Links to other policies and procedures

- UHP Medicines Management Policy
- UHP Procedures For Administering Injectable Medicines
- NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives
- NMC (2008) Standards for Medicines Management

Version History

Version 2 (June 2017):

- The drug monographs which simply reproduce information from other readily available sources such as the BNF and the UHP Procedures for Administering Injectable Drugs, have been removed from the document.
- An instruction has been added that Assistant Practitioners (APs) and the responsible registered practitioners checking the APs must ensure that the drugs approved in this document are given in accordance with the BNF and the UHP Procedures for Administering Injectable Drugs.
- Statement included to cover APs preparing or drawing up medication which is then given by another member of staff (eg. nurse, doctor or surgeon).
- Inclusion of the second-checking by APs of selected medications administered to infants and neonates by registered nurses and midwives.

Version 3 (November 2017):

- Version 2 had separate lists of approved medications for APs working in different departments in which many of the medications were duplicated. Version 3 of this policy document contains a single alphabetical list of medications which have been approved for APs to prepare and administer or prepare for a second registered practitioner to administer.

Version 4 (February 2018):

- Inclusion of Clinical Technologists as a group of staff to whom this policy applies.
- Addition of alfacalcidol and cinacalcet to the approved list of medications.
- Addition of intravenous and oral radiopharmaceuticals, thyrotrophin alfa (rTSH) and potassium iodide to the approved list of medications - to be administered or second-checked by Clinical Technologists in the Nuclear Medicine Department.
- CTs are allowed to double check and administer without the involvement of a registered member of staff in accordance with practice detailed in the Nuclear Medicine Department's protocols.
- Ranitidine and Chloramphenicol 1% eye ointment added to the list of medicines permitted to be second checked by APs on the Neonatal ICU and on the Transitional Care Ward.

Version 5 (May 2018):

- Mifepristone removed from the list of medicines which APs can administer.
- Azithromycin eye drops and Sodium Phosphate 17.9%oral solution added to the medication list for APs on the Neonatal ICU and the Transitional Care Ward.

Version 6 (October 2018):

- Hepatitis A Vaccine (Avaxim®), Hepatitis A and B Vaccine (Twinrix Adult®) and Human Papillomavirus Vaccine (Types 6,11,16 & 18) – Gardasil® added to the list of medications which APs can administer.

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.

Contents

1 Policy Statement for Assistant Practitioners and Clinical Technologists Administering or Second-Checking Selected Medications

For areas other than Neonatal ICU and the Transitional Care Ward

- Assistant Practitioners (APs) and Clinical Technologists (CTs) may only administer the medications listed in this policy document.
- APs and CTs can only draw up, prepare, administer or dispense medication which has been **prescribed** by a doctor or an independent non-medical prescriber. The exception to this is in Cardiac Catheter Labs, Theatres and the Endoscopy Unit, where the attending doctor, surgeon or nurse-prescriber must make a record of the medication administered before the end of the case.
- For all routes of administration (including oral, subcutaneous, intramuscular, infiltration and via haemodialysis machines), administration of these medications by APs must be second checked by a registered member of staff (nurse, doctor or operating department practitioner).
- CTs are allowed to double check and administer without the involvement of a registered member of staff in accordance with practice detailed in the Nuclear Medicine Department's protocols.
- APs, CTs and the responsible registered practitioners checking the APs/CTs must ensure that the drugs approved in this document are given in accordance with the BNF and the UHP Procedures for Administering Injectable Drugs.
- Standard accepted practice dictates that the AP or CT who draws up or prepares the medication should administer the medication. However, the AP or CT may draw up or prepare the medication for a doctor, surgeon or nurse to administer, but this practice is reserved for situations where the doctor, surgeon or nurse requires an extra pair of hands.
- APs and CTs preparing and administering the medications listed in this policy document must have completed the relevant training, which must include IV pump training as required.
- These protocols may only be used to support administration of the selected medications to adult patients aged 18 years or older.
- New areas wishing to utilize their APs for administration or preparation of medications must submit a proposal (see Appendix 1) which includes a limited list of medications to the Medicines Utilisation & Assurance Committee (MUAC).
- Existing areas utilizing their APs or CTs for administration of medications, who wish to add further medications to the approved list for Aps or CTs, must submit the additional list of medications to MUAC for approval.

Neonatal ICU and Transitional Care Ward

- In order to be a second-checker on NICU or TCW, the AP must have completed the necessary training and have been assessed as competent.
- APs working on NICU or TCW may only second-check administration of the medications listed in this policy document. These medications will be administered by the registered nurse or midwife to infants and neonates.
- The AP must second-check all aspects of the medication's selection, preparation and administration, including any dosage calculation and patient identification.

2 Responsibility for Administration and Second-Checking

- As with any activity delegated to an unregistered member of staff, the delegating registrant (e.g. staff nurse or doctor) remains accountable for the delegation.
- The Nursing and Midwifery Code (2015) point No.11 states that registrants must be accountable for their decisions to delegate tasks and duties to other people. To achieve this, they must:
    - Only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand your instructions
    - Make sure that everyone to whom they delegate tasks is adequately supervised and supported so they can provide safe and compassionate care, and
    - Confirm that the outcome of any task they have delegated to someone else meets the required standard.

- Non-registered staff, which includes Assistant Practitioners and Clinical Technologists are accountable as individuals, through their contract of employment, to only undertake activities that fall within the responsibilities of their Job Description, that they have been trained and assessed as competent to perform.

3 Approved medications	Permitted routes of administration
Acetylcholine (Miochol®)	Intra-ocular irrigation (REI Theatres)
Adenosine	IV
Adrenaline 1:1,000	IM to treat anaphylaxis
Adrenaline for haemostasis (Endoscopy)	Intramucosal
Alfacalcidol	IV or PO
Amethocaine (Ametop®)	Topically
Aqueous Cream	Topically
Aspirin	PO
Atropine	IV
Bupivacaine 0.25% with adrenaline 1:200,000	Subcutaneous infiltration, peripheral nerve block and central neural block
Bupivacaine 0.5% with adrenaline 1:200,000	Subcutaneous infiltration, peripheral nerve block and central neural block
Calcium folinate	IV
Ceftriaxone	IM
Cefuroxime intracameral injection	Intracameral injection (REI Theatres)
Cefuroxime subconjunctival injection	Subconjunctival injection (REI Theatres)
Chloramphenicol 0.5% eye drops	Eyes
Chloramphenicol 1% eye ointment	To the eyes, or topically as substitute for Polyfax
Chlorphenamine	IV or PO
Cinacalcet	PO
Clopidogrel	PO
Co-amoxiclav	IV or PO
Codeine phosphate	PO

Approved medications	Permitted routes of administration
Cryotherapy for genital warts	Topically
Cyclizine	PO or IV
Darbepoetin	Inject into the venous port on the haemodialysis machine. For patients not on haemodialysis, administer by SC injection.
Denosumab	SC
Dermol® 500 emollient	Topical
Dexamethasone	IV or PO. Subconjunctival injection (REI Theatres)
Diazepam (Diazemuls®)	IV
Diclofenac	PR
Dispensing of TTA packs	PO
Dobutamine	IV
Doxycycline	PO
Prilocaine with lidocaine cream (Emla®)	topically
Polyp Lifting Mixture	Intramucosal (Endoscopy)
Enoxaparin	SC injection. On Mayflower Ward & the Haemodialysis Unit, enoxaparin is injected into the arterial port on the dialysis machine for preventing thrombus in the haemodialysis circuit.
Entonox®	Inhalation
Erythropoetin (Eprex®)	Inject into the venous port on the haemodialysis machine. For patients not on HD, administer by SC injection.
Fentanyl	IV
Ferric Carboxymaltose (Ferinject®)	IV
Filgrastim (Zarzio®)	For drug-induced neutropenia (eg. Post-chemo or caused by mycophenolate) or neutropenia caused by CMV infection: SC injection. For mobilisation of peripheral blood progenitor cells: IV infusion over 30 minutes, or continuous IV or SC infusion over 24 hours.
Flecainide	IV
Flumazenil	IV
Furosemide	IV
Gentamicin	IV. Subconjunctival injection (REI Theatres)
Glucose 5%	IV
Glucose gel	PO
Glucose tablets	PO
Glyceryl trinitrate	Intra-arterial(Cardiac Catheter Labs), IV or sublingual
Granisetron	IV or PO
Hartmann's solution	IV
Heparin (including diluted in saline)	IV bolus or infusion. Intra-arterial (Cardiac Catheter Labs.)

Approved medications	Permitted routes of administration
Hepatitis A vaccine (Avaxim®)	IM into the deltoid region
Hepatitis A and B vaccine (Twinrix Adult®)	IM into the deltoid region
Hepatitis B vaccine (EngerixB®)	IM into the deltoid region
Hepatitis B vaccine (HBvaxPRO®)	IM into the deltoid region
Human Papillomavirus vaccine (Gardasil®)	IM into the deltoid region
Hydrocortisone	IV, PO or topically(cream)
Hyoscine butylbromide	IV
Ibandronic acid	IV
Ibuprofen	PO
Insulin	SC
Iohexol (Omnipaque®)	IV, intra-arterial or diluted with sodium chloride 0.9% and used to inflate the balloon catheter
Iopamidol (Niopam®)	Diluted with sodium chloride 0.9% and used to inflate the balloon catheter
Iron sucrose (Venofer®)	IV
Isoprenaline	IV (Cardiac Catheter Labs.)
Kenacomb OTIC® ear ointment	Intra-aural
Lacrilube® eye gel	To the eyes
Levobupivacaine 2.5mg/ml and 5mg/ml	Intra-capsular (orthopaedic theatres), SC infiltration, paravertebral
Levonorgestrel 1500mcg	PO
Lidocaine 1% and 2%	SC infiltration, regional infiltration
Lidocaine 1% with adrenaline 1:200,000	Regional infiltration
Lidocaine 2% with adrenaline 1:200,000	Regional infiltration
Lidocaine 2% with adrenaline 1:80,000 (Lignospan®)	Regional infiltration
Magnesium added to sodium chloride 0.9% with potassium	IV infusion
Metaraminol	IV (Cardiac Catheter Labs.)
Metoclopramide	PO or IV
Midazolam	IV
Morphine sulphate 10mg/5ml oral solution	PO
Naloxone	IV
Neomycin with chlorhexidine nasal cream (Naseptin®)	Nasally
Nimodipine	Intra-arterial (Interventional Radiology)
Ondansetron	IV or PO
Oxygen	Inhaled
Papaverine	Infuse into cerebral artery (Neurotheatres)
Paracetamol	IV, PO/NG or rectal
PegFilgrastim (Neulasta®)	SC
Phenylephrine 2.5%	Eyes

Approved medications	Permitted routes of administration
Podophyllotoxin 0.15% cream	Topically
Podophyllotoxin 0.5% solution	Topically
Polyfax Ointment (Discontinued product)	Topically
Potassium 20mmol in 1L 0.9% sodium chloride	IV infusion
Potassium iodide	PO
Prasugrel	PO
Prochlorperazine buccal tablets	Buccal
Protamine sulphate	IV
Proxymetacaine 0.5% eye drops	Eyes
Radiopharmaceuticals	IV or PO (Only by Nuclear Medicine Clinical Technologists)
Ranitidine	IV or PO
Salbutamol	Inhaled or nebulised
Sodium chloride 0.9%	IV infusion or flush, paravertebral administration or intra-operative irrigation
Sodium tetradecyl sulphate (Fibrovein®)	IV
Sulphur hexafluoride (Sonovue®)	IV
Teicoplanin	IV
Thyrotrophin alfa (rTSH)	IM
Ticagrelor	PO
Tinzaparin	Injected into the arterial port on the dialysis machine (after the circuit is primed with sodium chloride 0.9%).
Tranexamic acid	IV or local administration
Triamcinolone	Intramuscular or intra-articular injection
Ulipristal acetate 30mg	PO
Urokinase	Line lock
Verapamil	IV (Cardiac Catheter Labs.)
Water, sterile	Intra-operative irrigation
Yellow soft paraffin	Topical
Zoledonic acid 4mg in 5ml	IV
Zoledronic acid 5mg in 100ml	IV

4 List of medications permitted to be second-checked by APs on the Neonatal ICU and on the Transitional Care Ward

Approved medications	Permitted routes of administration
Abidec®	PO/NG
Azithromycin eye drops	Eyes
Caffeine	PO/NG
Cavilon®	Topically
Chloramphenicol 0.5% drops	Eyes
Chloramphenicol 1% eye ointment	Eyes
Chlorothiazide	PO/NG
Cyclopentolate drops	Eyes
Gaviscon®	PO/NG
Glucose gel/solution	PO/NG
Glycerin	PR
Lactulose	PO/NG
Metanium®	Topically
Miconazole	Oro-mucosal or topical
Mixed phosphates	PO/NG
Morphine sulphate	PO/NG
Nystatin	Oro-mucosal
Paracetamol	PO/NG or PR
Potassium chloride syrup	PO/NG
Ranitidine	PO/NG
Sodium chloride 30% or 29.2%	PO/NG
Sodium iron feredetate (Sytron®)	PO/NG
Sodium phosphate 17.9% oral solution	PO/NG
Spironolactone	PO/NG
Sucrose 24% solution	PO/NG

19 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

Lyndsey Box and Sarah Hockey will be responsible for agreeing the training requirements associated with the newly ratified document and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

Proposal form for adding additional areas or drugs | Appendix 1

Please complete and email a scanned copy to plh-tr.pharmacygovernance@nhs.net

Proposal for Assistant Practitioners or Clinical Technologists to be able to prepare and administer additional prescribed medicines	Plymouth Hospitals NHS NHS Trust
Department	New request being made by (name and position)

Description of clinical situation(s) and of other members of nursing or medical staff available or not available

Reason for the request. Include how the request will benefit the patients and the department

Describe the training which your Assistant Practitioners or Clinical Technologists have been given in order to safely prepare and administer the additional medicines listed below

Provide assurance that the Assistant Practitioners or Clinical Technologists will be suitably competent

Will the Assistant Practitioners or Clinical Technologists be administering each of these medicines themselves or preparing/drawing up for someone else (eg. doctor) to administer?

What are the arrangements for recording who prepared, who checked and who administered the medication, and where will these records be kept?

Name of medication	Dose	Route	Indication	Comments by MUAC Date:	Drug Approved Yes/No

Name of medication	Dose	Route	Indication	Comments by MUAC Date:	Drug Approved Yes/No

Dissemination Plan and Review Checklist | Appendix 2

Dissemination Plan	
Document Title	Policy to Support Administration of Selected Medications by Assistant Practitioners and Clinical Technologists
Date Finalised	July 2017
Previous Documents	
Action to retrieve old copies	Remove previous version from Pharmacy page of StaffNet

Dissemination Plan			
Recipient(s)	**When**	**How**	**Responsibility**
All Trust staff		Vital Signs	Information Governance Team
Lyndsey Box, Sarah Hockey, Kerry Richardson, Melane Gandy, Karen Elbrow, Jessica Groves, Victoria Brotherton, Anca Ichim, Angela Newton, Sarah wellington, Victor Sanchez-Castrillon, Carol Pollard, Tracey Jones		e-mail	Peter Gray
Upload document onto Trust Folders			Information Governance Team
Upload onto the Pharmacy page of StaffNet			Peter Gray

Review Checklist		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	
	Are key references cited and in full?	
	Are supporting documents referenced?	
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	
	Does the document identify which Executive Director will ratify it?	
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been	Yes

	addressed?	
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	
	Is there a plan to review or audit compliance with the document?	
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Equalities and Human Rights Impact Assessment | Appendix 3

Core Information	
Date	10th July 2017
Title	Policy to Support Administration of Selected Medications by Assistant Practitioners
What are the aims, objectives & projected outcomes?	The purpose of this document is to provide a formal policy to cover those Assistant Practitioners (APs) who have been approved by UHP to administer selected oral and parenteral medications to adult patients, and those Assistant Practitioners who have been trained and approved by UHP to second-check the administration of selected medications by registered nurses and midwives to infants and neonates, so that administration of these medications is performed correctly and safely.
Scope of the assessment	
Collecting data	
Race	There is no evidence to suggest that there is an impact on race regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Religion	There is no evidence to suggest that there is an impact on religion regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Disability	There is no evidence to suggest that there is an impact on disability regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Sex	There is no evidence to suggest that there is an impact on sex regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Gender Identity	There is no evidence to suggest that there is an impact on gender identity regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Sexual Orientation	There is no evidence to suggest that there is an impact on sexual orientation regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Age	There is no evidence to suggest that there is an impact on age regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.

Socio-Economic	There is no evidence to suggest that there is an impact on socio-economic status regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
Human Rights	There is no evidence to suggest that there is an impact on human rights regarding this policy. Data collected from Datix incident reporting and complaints will ensure this is monitored.
What are the overall trends/patterns in the above data?	Nothing of concern.

Involving and consulting stakeholders				
Internal involvement and consultation	The senior nurses who manage the education and training of Band 4 Assistant Practitioners (APs), and the nurse managers of each department who's APs will make use of this policy, have been involved in the development of the policy. The policy has been reviewed and ratified by the Medicines Utilisation and Assurance Committee.			
External involvement and consultation	Not required.			
Impact Assessment				
Overall assessment and analysis of the evidence	Approved			
Action Plan				
Action	**Owner**	**Risks**	**Completion Date**	**Progress update**
Specific issues and data gaps that may need to be addressed through consultation or further research	None			