



# MEDICATION ADMINISTRATION FRAMEWORK FOR NURSES

<b>Guideline No &amp; Category</b>	M 02	Miscellaneous
<b>Version No</b>	2	
<b>Formulated Via</b>	<b>Medicines Safety Group, Pharmaceutical Therapeutic Committee and Nurse Advisory Council</b>	
<b>Ratifying Committee</b>	Trust Clinical Governance Committee	
<b>Date Ratified</b>	April 2021	
<b>Next Review Date</b>	April 2024	
<b>Guideline Author</b>	XXXXX, Lead for Professional Development	

## Guideline Context

It has been recognised that there are areas of concern that have contributed to medication administration errors. Firstly, nurse drug calculation skills have become a national concern DoH (2004) Therefore, BSMHFT have designed these guidelines which can be used for Nurses to receive a comprehensive assessment on the range of factors for safe and effective medication administration and develop an action plan with a view to examine and review their competency, have time to reflect on current practice issues and receive standardised training and assessment within an agreed time period to carry out medication administration procedures and demonstrate an understanding of the rationale behind their practice. These guidelines also provide information and expert references to support all nurses in maintaining a high standard of practice.

## Guideline Requirement

All registered nursing staff that have a responsibility for and who are involved in the administration of medications.

On recruitment to permanent or bank nurse role via interview questions.

During appraisal through reflection and evidence of continuing professional development (e.g. Nurse prescribing course). Mandatory every three years and should be included as part of the practitioners' development review.

Where fitness to practice concerns have been raised or self-reported, a supportive action plan and further assessment.

## CONTENTS

<b>1. Rationale</b> .....	3
<b>2. Scope</b> .....	5
<b>3. Aim</b> .....	5
<b>4. Objectives</b> .....	5
<b>5. Standards and Implementation</b> .....	6
<b>6. Formal methods of assessing skills, knowledge and practice</b> .....	7
<b>7. Training Resources</b> .....	7
<b>8. Appendices</b> .....	8
1. Equality Impact Assessment	
2. Flowchart Illustrating Guidelines	
3. Incident Decision Tree	
4. Principles for the safe administration of medicines	
5. Assessment criteria and process of assessing competency	
a. Preparing medicine for administration	
b. Administering medicines injections	
c. Administering medicines - oral medication	
d. The management of Controlled Drugs.	
5. Record of supervised medicines rounds.	

## 1. Rationale

Medication management defined as “The Clinical cost effective and safe use of medicines to ensure patients get the maximum benefit from the medicines they need, whilst at the same time minimising potential harm” (MHRA2004). Is a term that incorporates a number of steps including prescribing, storing, dispensing, and administration (BSMHFT Medicines Code – Clinical Policy). These guidelines focus on the knowledge and skills required for the safe and effective administration of medicines but Nurses have a key role within other areas of medication management, such as storage and secondary dispensing, and should refer to the BSMHFT Medicines Code for the correct procedures for these.

It has been recognised by both the National Patient Safety Agency (2008/2009) and the Nursing and Midwifery Council (2007/2009) that errors may be made in clinical practice in respect of the Administration and Management of Medicines. Birmingham and Solihull Mental Health NHS Foundation Trust prides itself on its operation of a “no blame culture” and encourages practitioners to openly acknowledge where errors have occurred in order to obtain appropriate support and/or retraining to reduce the risk of human error and potential harm to service users. It is anticipated that where training needs has been identified the individual practitioner will further develop their skills and knowledge, that they can improve their professional practice whilst improving safety outcomes for those who use services. Staff have a responsibility under Duty of candour to ensure we are transparent in disclosing any error or omission in care that has caused harm to service users and have a duty put right any shortfalls in standards of care. It is recommended that nurses and Nursing associates follow The Royal Pharmaceutical Society guidelines- Professional guidance on the safe and secure handling of medicines ([Medicines Management: Professional resources](#)).

In addition to this, nurses must adhere to up-to-date NICE recommendations and refer to the most current BNF. There is also advisory guidance from Health Education England on the administration of medicines by Nursing Associates ([Advisory Guidance: Administration of Medicines by Nursing Associates](#)).

It has been recognised that there are areas of concern that have contributed to medication administration errors. Firstly, nurse drug calculation skills have become a national concern DoH (2004) Therefore, BSMHFT have designed these guidelines which can be used for Nurses to receive a comprehensive assessment on the range of factors for safe and effective medication administration and develop an action plan with a view to examine and review their competency, have time to reflect on current practice issues and receive standardised training and assessment within an agreed time period to carry out medication administration procedures and demonstrate an understanding of the rationale behind their practice. These guidelines also provide information and expert references to support all nurses in maintaining a high standard of practice.



## 2. Scope

All registered nursing staff that have a responsibility for and who are involved in the administration of medications.

On recruitment as part of the probation period.

During appraisal as an enabler to support conversations about safe use of medicines through reflection and evidence of continuing professional development (e.g. Nurse prescribing course). and should be included as part of the practitioners' development review.

Where fitness to practice concerns have been raised or self-reported, a supportive action plan and further assessment.

Where issues have been raised and reported regarding a Nurse's competence – investigation and identification of the issue and supportive action plan to address concerns with formal assessment and outcomes.

## 3. Aim

- To establish a robust process for Nurses which assesses and will maintain competency in relation to the administration of medications.
- To promote patient safety.
- To provide a standardised measure where registrants can demonstrate their competence to undertake their role in the administration of medicines.
- To provide a clear and consistent framework across the Trust in which nurses are able to review and exercise their professional accountability in the administration of medications.
- To evidence lessons learnt following medication errors.

## 4. Objectives

Following a period of training and assessment the facilitator/assessor will be able to assess the registrant's fitness to practice in the area of medication safety. That the nurse is able to:

- Administer all medication safely, effectively and proficiently,
- Display a knowledge and understanding of current legislation (including the MHA and MCA) and Trust policies and procedures which underpin the administration of medicines,
- Explore with understanding, legal, professional and policy issues perspectives which underpin the storage and administration of medications including legal and professional status,

- Outline the usage of commonly used medications within their area of work and articulate the purposes, potential side effects and contraindications of commonly used medications in their area of practice.
- Identify a process of continuous professional development (CPD) and ensure they keep up to date with best practice.

## 5. Standards and Implementation

The standards and consistency for the use of this assessment tool must be of a high quality and must be maintained. Assessors will be identified and agreed by Clinical Nurse and Service Managers who are registrants on the Nursing and Midwifery Council's Register; Matrons or nursing staff in clinical roles comparable to matron's equivalent and will have a suitable level of knowledge and training to assess others.

Implementation of this framework can be 'in part' or 'as a whole' depending on the purpose of the appraisal.

The framework is mainly aimed at nursing staff.

Within the framework any reference to 'the nurse' will refer to the person who is expected to meet the requirements of the competence appraisal.

Having established the requirements to implement this process, the Framework can be utilised as a self-assessment tool or as a formal assessment tool.

If used as a formal assessment tool, an 'assessor' will be nominated. The 'Nurse' will be involved in a series of supervised sessions of medicines administration practice and face-to-face discussions regarding the theoretical parts of this competency document.

These sessions may include an agreed number of safe administrations of medicines, medicines used intra-muscularly, orally, subcutaneously, rectally, and Controlled Drugs. This list is not exhaustive, the guidelines includes all routes for medication administration.

For each of the criteria the nurse is required to demonstrate competence by the end of the sessions.

The following groups must undertake a formal assessment:

- Practitioners following a medicines incident or related to practitioners' fitness to practice where capability of the practitioner requires further assessment
- Practitioners as part of a three-year competency assessment.

### Recording Progress:

As a record of supervision, the assessor will maintain a separate copy of the framework.

The supervisor's copy will be the definitive statement of the nurse's competence. A final record of competence must be kept within the nurse's personnel file, for reference. A

copy must also be returned to the **Trust professional lead for standards:**  
[bsmhft.professionalnursingstand@nhs.net](mailto:bsmhft.professionalnursingstand@nhs.net)

If the nurse consistently finds difficulty in fulfilling the requirements of the performance criteria a review will be undertaken with the relevant senior nurse manager.

If any further work is required before the next session this must be agreed by the nurse and assessor.

If any decision is made that performance criteria are NOT going to be met a clear rationale must be given for this by the assessor.

## **6. Formal methods of assessing skills, knowledge and practice**

The appendices with these guidelines include agreed formal tests for assessing skills, knowledge and practice. These can also be used by Nurses to test themselves and maintain safe practice.

## **7. Training Resources**

This guideline contains a number of training resources and references for further reading to:

- Provide Nurses with guidance on the safe and legal administration of medicines to patients
- Maximise safety associated with the administration of medicines
- Support Nurses to carry out all aspects of medicine administration within Trust policy and procedure and legislation
- Understand the principles of safe practice and reinforce factors within their professional judgement and reasoned clinical decision making
- E-learning (development of resources) e.g. Info Med UK (Assist) (test and calculation)
- Medication Management
- Injection training
- Virtual drug trolley
- Updates on new drugs/significant changes – systems development (how does the organisation keep nurses informed of changes)
- Medication chat room on connect – skills swap-shop to support out of hours staff especially. (These initiatives would be helpful resources to offer additional advice and resources for staff working non-traditional hours and in remote sites and lone working.)

### **eLearning for insulin administration**

## 8. Appendices



## Appendix 1 – Equality Impact Assessment

### Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect  
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

<b>Title of Proposal</b>			
<b>Person Completing this proposal</b>	XXXXXX	<b>Role or title</b>	Lead for professional development
<b>Division</b>	corporate	<b>Service Area</b>	Nurse education
<b>Date Started</b>	27.01.2021	<b>Date completed</b>	27.01.2021
<b>Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.</b>			
<b>Who will benefit from the proposal?</b>			
All staff who administer medication and service users who receive the medication.			
<b>Impacts on different Personal Protected Characteristics – <i>Helpful Questions:</i></b>			

*Does this proposal promote equality of opportunity? The assessment can be adjusted for different needs in the format it is taken e.g font size etc. Time adjustments can be made for staff needs.*

*If expected for all staff will be applied equally to all groups*

**Please click in the relevant impact box or leave blank if you feel there is no particular impact.**

<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
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<b>Age</b>				
<p>Including children and people over 65</p> <p>Is it easy for someone of any age to find out about your service or access your proposal?</p> <p>Are you able to justify the legal or lawful reasons when your service excludes certain age groups</p>				

<b>Disability</b>				
<p>Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?</p> <p>Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?</p>				

<b>Gender</b>				
<p>This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex?</p>				

Is it easier for either men or women to access your proposal?				
<b>Marriage or Civil Partnerships</b>				
<p>People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters</p> <p>Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?</p>				
<b>Pregnancy or Maternity</b>				
<p>This includes women having a baby and women just after they have had a baby</p> <p>Does your service accommodate the needs of expectant and post natal mothers both as staff and service users?</p> <p>Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?</p>				
<b>Race or Ethnicity</b>				
<p>Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees</p> <p>What training does staff have to respond to the cultural needs of different ethnic groups?</p> <p>What arrangements are in place to communicate with people who do not have English as a first language?</p>				
<b>Religion or Belief</b>				

Including humanists and non-believers

Is there easy access to a prayer or quiet room to your service delivery area?

When organising events – Do you take necessary steps to make sure that spiritual requirements are met?

<b>Sexual Orientation</b>				
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Including gay men, lesbians and bisexual people				
Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?				
Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
<b>Transgender or Gender Reassignment</b>				
This will include people who are in the process of or in a care pathway changing from one gender to another				
Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
<b>Human Rights</b>				
Affecting someone's right to Life, Dignity and Respect?				
Caring for other people or protecting them from danger?				
The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
<b>If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)</b>				
	<b>Yes</b>	<b>No</b>		
	<b>High Impact</b>	<b>Medium Impact</b>	<b>Low Impact</b>	<b>No Impact</b>

<b>What do you consider the level of negative impact to be?</b>				
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If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

**Action Planning:**

How could you minimise or remove any negative impact identified even if this is of low significance?

Apply the assessment in a format relevant to the individual

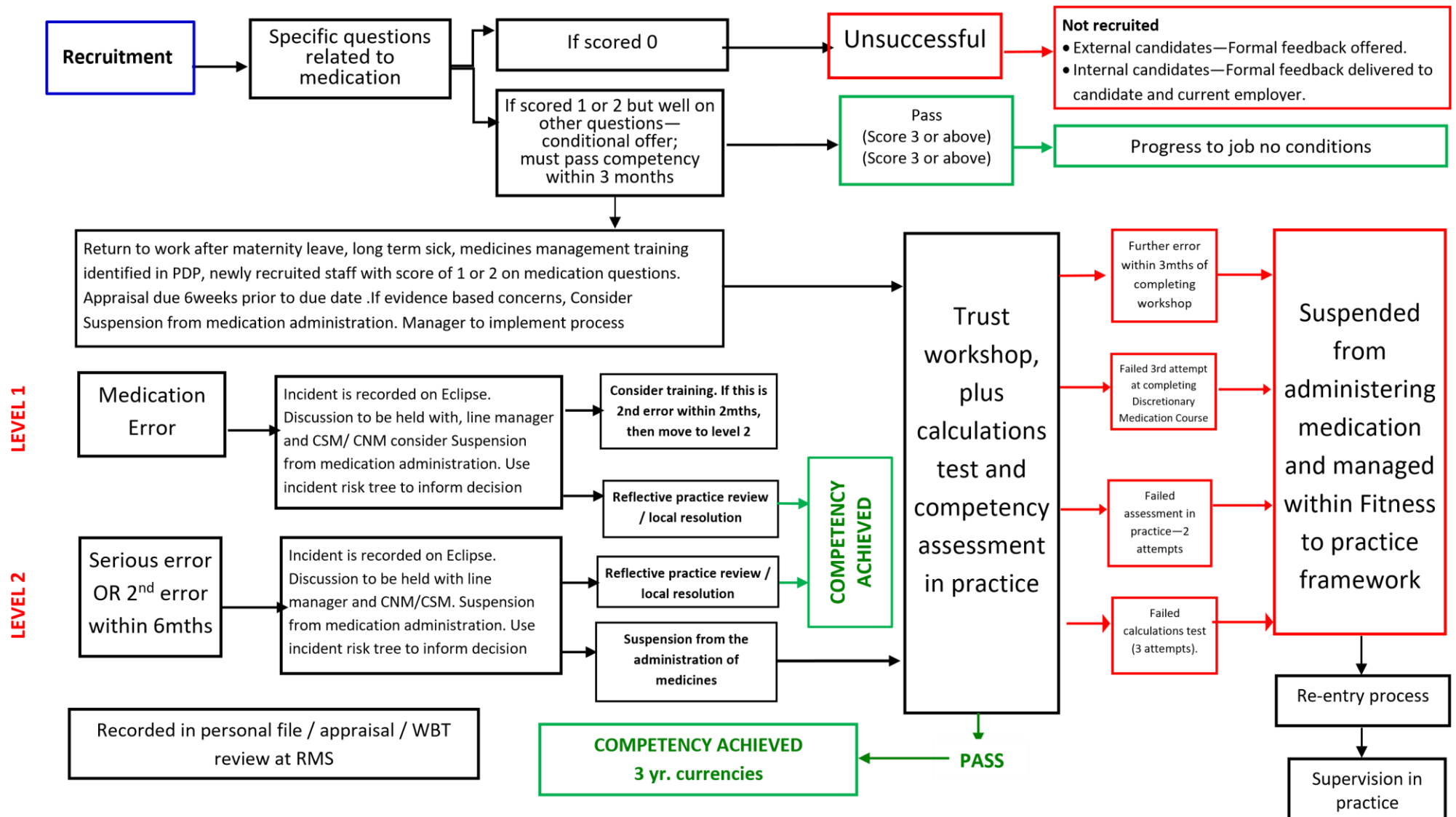
How will any impact or planned actions be monitored and reviewed?

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at [bsmhft.hr@nhs.net](mailto:bsmhft.hr@nhs.net) . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

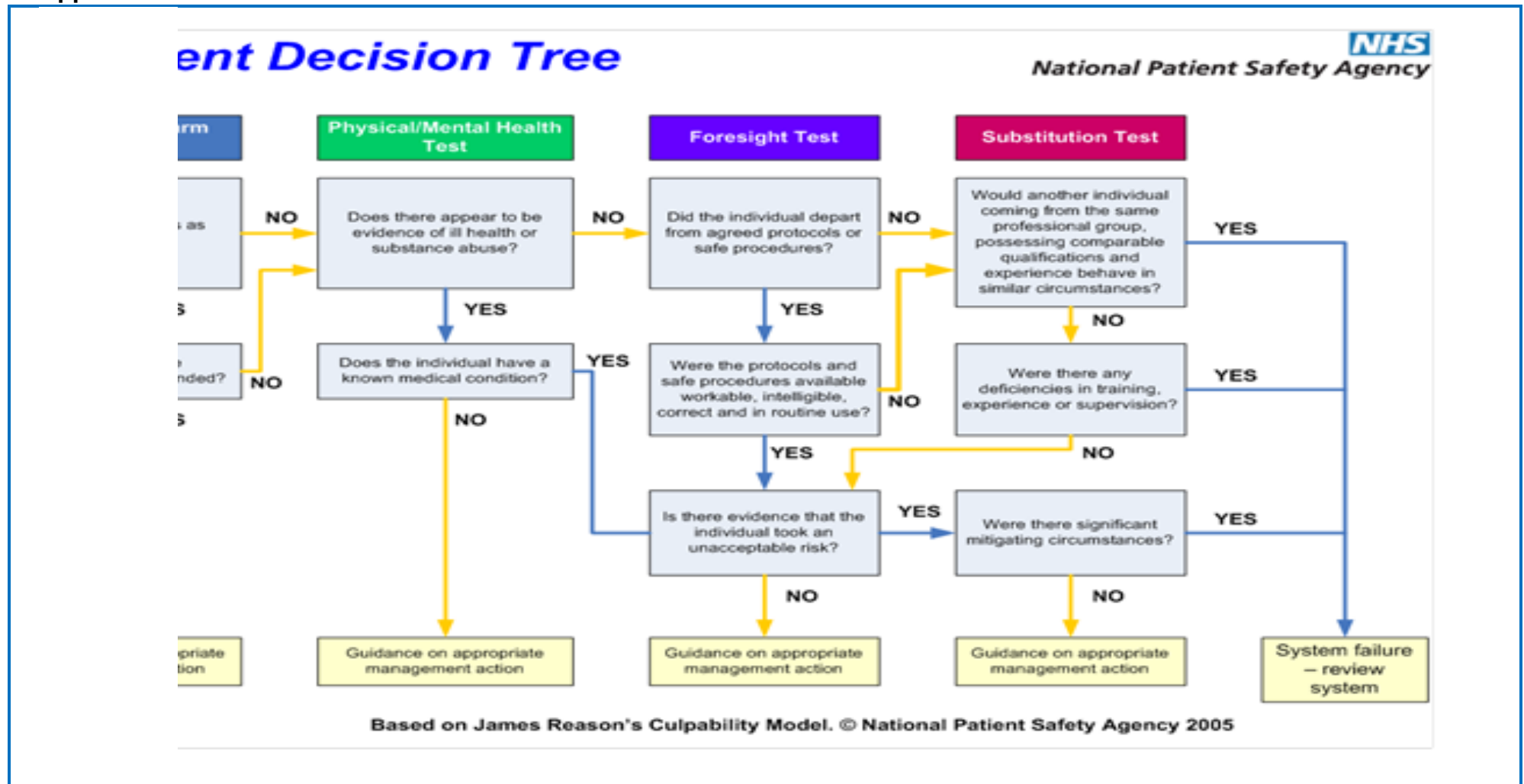
## Appendix 2

## FLOWCHART ILLUSTRATING GUIDELINES for MEDICATION ASSESSMENT





Appendix 3



## Appendix 4

### Principles for the safe administration of medicines

In exercising your professional accountability in the best interests of your patients you must:

- Know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
- Be certain of the identity of the patient to whom the medicine is to be administered
- Be aware of the patient's care plan
- Check that the prescription, or the label on medicine dispensed by a pharmacist, is clearly written and unambiguous
- Have considered the dosage, method of administration, route and timing of the administration in the context of the condition of the patient and co-existing therapies
- Check the expiry date of the medicine to be administered
- Check that the patient is not allergic to the medicine before administering it
- Contact the prescriber or another authorised prescriber without delay where contraindications to the prescribed medicine are discovered, where the patient develops a reaction to the medicine, or where assessment of the patient indicates that the medicine is no longer suitable
- Make a clear, accurate and immediate record of all medication administered, intentionally withheld or refused by the patient, ensuring that any written entries and the signature are clear and legible; or documented within the electronic record correctly it is also your responsibility to ensure that a record is made when delegating the task of administering medicine
- Where supervising a student in the administration of medicines, clearly countersign the signature of the student

Some medication administrations may require complex calculations to ensure that the correct volume or quantity of medication is administered. In these situations, it is best practice that a second practitioner checks the calculation in order to minimise the risk of error. The use of calculators to determine the volume or quantity of medication should not act as a substitute for arithmetical knowledge and skill.

It is unacceptable to prepare substances for injection in advance of their immediate use or to administer medication drawn into a syringe or container by another practitioner when not in their presence. NMC (2009)

## Appendix 5

## Assessment criteria and process for Assessment

### Section A) Preparing medication for administration

Is able to demonstrate adequate preparation for the administration of medicines

To be completed by **all nurses** involved in the administration and monitoring of medicines

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#### Range Statement

Preparation has been addressed on two specific levels, the nurse preparing him / herself ensuring adequate understanding and knowledge around the preparation of equipment.

Within the ward or department the performance criteria should be established. Meeting the criteria will require specific discussion and activity involving the assessor, nurse and patient where necessary. These criteria should be satisfied within four sessions of commencing assessment.

#### Performance Criteria

The nurse must be able to discuss all of the principles detailed on page 10 and demonstrate an application in practice. The nurse must fully apply or simulate the activities listed to demonstrate full knowledge, awareness and overall competence. Whenever specific knowledge is required about medicines this should be sought from a current BNF prior to involvement in actual medicine administration. BNF online is the best option to ensure most current information <https://bnf.nice.org.uk/>

#### Knowledge Evidence

Knowledge of each aspect of medicine administration must include an understanding of the role and involvement of individual practitioners i.e. prescriber (prescription), nursing (administration) and pharmacist (dispensing). The nurse must know and understand the nature of each medicine, its indications, contra-indications and side effects.

The following groups must undertake a formal assessment:

- Preceptors
- Practitioners following a medicines incident

For further information about issues related to the Management of Medicines please refer to the following:

- Nursing Midwifery Standards (NMC) for medicines management ●
- National Patient Safety Agency (NPSA)

The following Trust approved policies and procedures:

- ✦ Medicines Code Policy
- ✦ Rapid Tranquillisation Policy

- ✦ Consent to Treatment Policy
- ✦ Infection Prevention & Control Policy
- ✦ Advance Statement

### Recording Progress

- As a record of supervision the assessor will maintain a separate copy of the framework. **The assessors copy will be the definitive statement of the nurse's competence**
- A final record of competency must be kept within the nurse's personnel file, for referenced. A copy must also be returned to the: **Professional Nursing Standards** [bsmhft.professionalnursingstand@nhs.net](mailto:bsmhft.professionalnursingstand@nhs.net)
- If any further work is required before the next session this must be agreed by the nurse and assessor
- If any decision is made that a performance criteria is NOT going to be met a clear rationale must be given for this, by the assessor

### Self-preparation

Performance Criteria		Practitioner Signature and Date	Assessor/ Mentor/ Supervisor Signature and Date
1.1	Understands the role of nursing related to medicines particularly avoiding the act of dispensing (transferring medicines from one container to another)		
1.2	Has been able to discuss and accept the concept of individual accountability related to the administration of medicines		
1.3	Had been able to discuss Trust policy related to the administration of medicines		
1.4	Understood their personal accountabilities related to patients in their care involved in the self-administration of medicines		
1.5	Understood the dangers of completing the administration of medicines prepared by others and refused to participate		
1.6	Acknowledged their role in maintaining the security of the medicines storage i.e. trolley or cupboard at all times		
1.7	Had been able to demonstrate calculations required if particular prescriptions i.e. ml/mg		
1.8	Prior to administration the nurse had been able to discuss the patients' current assessment and planned programme of care		

Comments by Assessor:

### Equipment preparation prior to administration

Performance Criteria		Practitioner Signature and Date	Assessor Signature and Date
1.9	Checked current ward occupancy and ensured that all patients had a prescription chart.		
1.10	Any prescription charts that were missing have been accounted for within the nursing record and the nurse in charge notified.		
1.11	For detained patients (Mental Health Act (MHA) 07 a copy of the consent document (Form T2) was with the prescription		
1.12	Where consent had not been evident the nurse ensured that a copy of the consent document (Form T3) had been completed by a Second Opinion Appointed Doctor (SOAD) was with the prescription		
1.13	Respective forms T2 and T3 reflected the details of the prescription chart accurately		
1.14	Only currently prescribed medicines were contained in the medicines trolley.		
1.15	A watch with second hand was on the trolley for assessing patients pulse or breathing when required		
1.16	A sphygmomanometer is easily accessible for assessing the patient Blood Pressure (BP) when required		
1.17	Ensured that a current copy of the British National Formulary (BNF) is available or electronic access		
1.18	That the trolley equipment included:	Jug of fresh drinking water (not juice)	
1.19		Clean tumblers	
1.20		Medicines cups for dispensing tablets and liquids	
1.21		Oral dose syringes	

1.22	That the trolley equipment included:	Paper towels		
1.23				
1.24		Suitable measuring device for liquid medication		
1.25		Tablet cutter		
Comments by Assessor:				

## Assessment Question Section A







## Section B) Administering medication - Injections

Can safely and competently fulfil the requirements of the procedure for the administration of intramuscular and subcutaneous injections

To be completed by **all nurses** involved in the administration and monitoring of medicines

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### Range Statement

Ward / department-based discussion and activity involving the assessor, nurse and patient where necessary, within agreed timescales of commencing assessment.

### Performance Criteria

The nurse must be able to discuss all of the areas described on pages 12 and 13 and demonstrate an application in practice. The nurse must first simulate the process of medicine administration to demonstrate full knowledge, awareness and overall competence of the activities involved. Whenever specific knowledge is required about medications this should be sought from the current BNF.

Particular attention should be paid to the management of sharps and the issue of Health and Safety. Safe practice is the target with particular attention being paid towards the physiology of the injection site.

Furthermore, the administrative aspects of providing the patient with information about his or her progress with the medicine and the next due date for receiving the medicine should also be performed in an effective and considerate manner.

### Knowledge Evidence

Knowledge of the requirements for each aspect of medicine administration must include and understanding of the role of medicines that are given at intervals and are long acting in nature. The nurse must know and understand the nature of each medicine, its indications and contra-indications and side effects. The nurse should be able to articulate a sound knowledge of the physiology of the injection site.

### **Patient**

Performance Criteria		Practitioner Signature and Date	Assessor Signature and Date
2.1	Confirms the patients identity and ensures it is identical to the name on the prescription chart/ depot injection card		
2.2	Confirm with the patient that they understand the benefits of receiving the injection		
2.3	Time is allowed for any concerns the patient may have and the nurse addresses these in a timely and courteous responsive manner		

2.4	Ensure that patients' weight is current and the dose and needle size is correct for that weight- where applicable		
Comments by Assessor:			

## Prescription

Performance Criteria			Practitioner Signature and Date	Assessor/ Mentor/ Supervisor Signature and Date
2.5	Prescription checked for:	Drug		
2.6		Dose		
2.7		Frequency		
2.8		Due Date		
2.9		Location of injection		
2.10	Dose chart is consulted where applicable (relating to dose/weight)			
Comments by Assessor:				

## Preparation of Injection

Performance Criteria		Practitioner Signature and Date	Assessor/ Mentor/ Supervisor Signature and Date
2.11	Relevant information around the prescribed injectable is consulted		
2.12	Deploy good hand washing technique		
2.13	Select the correct drug from the medicines cupboard. Where the item is not stock check the dispensing label for the correct patient		
2.14	Obtain second check of items selected.		

	From witnessing nurse- where applicable.		
2.15	Expiry date is checked and ensured that is currently in date		
<b>The following section should be completed if the injection is <u>NOT</u> a pre-filled syringe injection</b>			
2.16	Where two or more ampoules are required for the dose, compatibility is checked. i.e. same manufacturer		
2.17	Collects the relevant equipment required – where applicable	Ampoule(s) of drug	
2.18		Injection Tray	
2.19		Appropriate syringe	
2.20		21G needle	
2.21		Injection swabs	
2.22		Gloves	
2.23		Ensure that the entire content of the ampoule is in the base before the top is broken off	
2.24	The needle is attached onto the syringe		
2.25	The coloured dot on the neck of the vial is found and aligned to face self at chest height		
2.26	A piece of gauze is used around the ampoule whilst the top is broken off		
2.27	The needle is unsheathed		
2.28	Care is taken not to touch the side of the ampoule, or any other surface, with the shaft of the needle		
2.29	The correct volume of the drug is drawn up from the ampoule into the syringe		
2.30	With the drug in the syringe the air bubbles are removed		
2.31	The dead space in the syringe is taken into account and the volume in the syringe is checked for the correct dose		
2.32	A second check of dose in the syringe against the prescription and drug selected is requested of a witnessing nurse		
2.33	Needle is removed as per correct procedure and a new needle is firmly attached to administer the dose		
Comments by Assessor:			

#### ✦ Administration

The nurse is aware of the current guidelines for individual injection techniques

Performance Criteria		Practitioner Signature and Date	Assessor/ Mentor/ Supervisor Signature and Date
2.34	Explain the procedure to the patient in a confident and reassuring manner, ensure that they are happy with the procedure before processing		
2.35	Check the injection site – upper quadrant of the buttock on the correct side as indicated or the ventrogluteal site on the prescription chart or depot/injection card <b>OR</b> deltoid muscle for vaccinations		
2.36	Clean the area with, if necessary, before administration. Use soap and water if not socially clean and ensure area is dry before administration.		
2.37	<b>Intra-Muscular Injections:</b> Ask patient to lie down and bend at the knee on the side to be injected to relax the muscle to be injected (not relevant if vaccination)		
2.38	<b>Intra-Muscular Injections:</b> Has full understanding of the Z-track technique		
2.39	<b>Intra-Muscular Injections:</b> If no blood is aspirated by slightly withdrawing the plunger, the injection is given slowly according to correct technique and procedure		
2.40	<b>Intra-Muscular Injections:</b> If blood is aspirated the needle is withdrawn and the process if recommenced		
2.41	Injection site is rubbed briefly with an injection swab and then cotton wool applied until bleeding stops and the plaster applied		
2.42	Syringe and needle are disposed of in the sharps bin. Do not re-sheath needle		
Comments by Assessor:			



## Assessment Question Section B







## **Section C) Administering Medicines – Oral Medication**

*Can safely and competently fulfil the requirements of the procedure for administering medicines*

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### **Range Statement**

Medicine administration ward rounds should be conducted within the safety of the ward clinic and the full assistance of the ward team.

The performance criteria should be realised within ward / department-based discussion and activity involving the assessor, nurse and patient where necessary.

All elements should be satisfactorily completed before the end of the assessment period.

### **Performance Criteria**

The nurse must be able to discuss all of the above areas and demonstrate an application in practice. The nurse must fully apply or simulate the process of medicine administration to demonstrate full knowledge, awareness and overall competence. Whenever specific knowledge is required about medications this should be proactively sought from the current BNF. The emphasis is upon safe practice. Performance criteria can be accounted for individually over a period of several administration events. The assessor should be fully satisfied of the nurse's competence in each area.

### **Knowledge Evidence**

Knowledge of the requirements for each aspect of medicine administration must include an understanding of the role and involvement of individual practitioners i.e. prescriber (prescription), nursing (administration) and pharmacist (dispensing). The nurse must know and understand the nature of each medicine, its indications, contra-indications and side effects. The nurse should know what to do in the event of medicine refusal, omission, side effects in evidence and poor presentation of the prescription.

### **Preparation**

Performance Criteria		Practitioner Signature and Date	Assessor/ Mentor/ Supervisor Signature and Date
3.1	Demonstrate correct hand washing technique		
3.2	Ensure administration area and surrounding environment is clean and tidy		

Comments by Assessor:
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## Patient

Performance Criteria		Practitioner Signature and Date	Assessor Signature and Date
3.3	Identify patient to be treated		
3.4	Select the correct medicine card/ EPMA prescription for the patient		
3.5	Ensure all relevant checks are carried out on the patient before the dose is selected and given. Blood Pressure / Blood Glucose / U & E's / Pulse / Drug Testing / Alco Meter etc. And relevant action is taken		
3.6	Establish that the medication for the administration is still appropriate for the patient at the current time		
3.7	Assess for any side effect and alerts the prescriber if needed		
Comments by Assessor:			

## Prescription

Performance Criteria		Practitioner Signature and Date	Assessor Signature and Date
3.8	Check details of prescription:	Date	
3.9		Time of Dose	
3.10		Frequency	
3.11		Route	
3.12		Drug Name	
3.13		Form of drug	
3.14		STOP date	
3.15		Signature of prescriber	

3.16	Ensure the entry is legible, unambiguous and complete, if not refer back to the prescriber for clarification or re-writing		
3.17	Any calculations made are noted and included for reference with the medicine card		
3.18	Any queries are directed to pharmacy or the prescriber for advice		
Comments by Assessor:			

### Indications / Contra-Indications

Performance Criteria		Practitioner Signature and Date	Assessor Signature and Date
3.19	Discuss any indications and contraindications associated with the selected drug within the prescription		
3.20	Review and where necessary alert the prescriber to any possible dangerous interactions and avoid administration		
Comments by Assessor:			

### Selection of Medicine

Performance Criteria		Practitioner Signature and Date	Assessor Signature and Date
3.21	Select the medication from the trolley or cupboard. Where the item is not stock check the dispensing label for the correct patient name		
3.22	Check the package for:	Expiry Date	
3.23		Correct Name	
3.24		Correct dose	

3.25	Compare the labelling on the package of medication against the prescription and against the patient details (if patient labelled pack) Be sure that they match		
3.26	Collect any equipment needed to administer the medicine – for injection, oral syringe if needed for liquid oral medication, medicine cup to decant liquid oral medication or solid dose medication		
Comments by Assessor:			

### Administration to patient

Performance Criteria		Practitioner Signature and Date	Assessor Signature and Date
3.27	The medicine is administered to the patient in the correct way according to the direction on the prescription and the relevant details from the information leaflet provided with the medicine		
3.28	Relays to the patient that positive effects of the medicine and answers any queries that the patient may have, reassures the patient if necessary		
3.29	Observes the patient taking the correct dose of medication and records the administration in the relevant manner on the medicine card- or EPMA system sign the correct time and date columns		
3.30	As necessary/ when required medication – actual time and date of the administration must be documented and demonstrate review of previous doses administered.		
3.31	After administration the patient is observed for any side effects and interactions – any occurrences are documented, and the relevant prescriber alerted		
Comments by Assessor:			

## Refusal / Omission

Performance Criteria		Practitioner Signature and Date	Assessor Signature and Date
3.32	On refusal or omission of a medicine the nurse records the event, reason and time and signs the card or EPMA system and makes an entry into the patients' medical notes		
3.33	The prescriber is alerted to the refusal or omission		
3.34	Persistent refusals or omissions are referred to the prescriber		
Comments by Assessor:			

## Assessment Question Section C







## **Section D) The Management of Controlled Drugs**

**The nurse understands the systems and processes involved in the management and administration of Controlled Drugs.**

**To be completed by all nursing staff involved with the administration and monitoring of Controlled Drugs (including Substance Misuse Service nurses).**

Refer to: -The Controlled Drugs section of the Medicines Code Policy

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### **Range Statement**

Ward / department-based discussion and activity involving the assessor and nurse at the start of commencing assessment. The knowledge required to meet this aspect of medicine administration must be within the context of Trust policy and guidelines available. All Registered Nurses must be able to demonstrate capable practice regarding the management of Controlled Drugs.

### **Performance Criteria**

The nurse must be able to describe the requirements of and discuss all of the above areas of practice. The nurse must also conduct or simulate the process of medicines administration to demonstrate full knowledge, awareness and overall competence within the management of Controlled Drugs. Competence must be achieved in the administration role as well as the witnessing role in order to achieve each respective outcome.

Whenever specific knowledge is required about medications this should be proactively sought from the current BNF.

Particular attention should be paid to the management of sharps and the issue of Health and Safety.

This element of the overall competence framework cannot be seen in isolation from other elements including the procedural aspects of medicine administration for both oral and injectable medicines and the administrative aspects of providing the patient with information about his or her progress with the medicine.

### **Knowledge Evidence**

Knowledge of the requirements for each aspect of medicine administration must include and understanding of the role of Controlled Drugs and the security requirements concerning their management. The nurse must know and understand the nature of each medicine, its indications, contra-indications and side effects. The nurse must know and be able to articulate the various groupings of Controlled Drugs as understood within the law.

In respect of patient safety the nurse must be able to articulate the role of the witness nurse and demonstrate assertiveness in challenging any episode of unsafe practice.

**Controlled Drug Policy**

Performance Criteria		Practitioner Signature and Date	Assessor/ Mentor/ Supervisor Signature and Date
4.1	Can locate the current copy of the Trust Policy for Controlled Drugs and the relevant section		
Comments by Assessor:			

**Administration**

Performance Criteria		Practitioner Signature and Date	Assessor Signature and Date
4.2	Deploy good hand washing technique		
4.3	Administering nurse ensures area for dispensing is clean, distraction and risk free		
4.4	A witnessing nurse is present		
4.5	Check prescription card and controlled drug register are to hand		
4.6	Retrieve controlled drug cupboard keys, open the cupboard		
4.7	Administering nurse reads aloud the medication and dose to be given from the prescription		
4.8	Administering nurse selects the correct drug from the cupboard		
4.9	Witnessing nurse checks and reads aloud he details of the selected drug while the administering nurse double checks the details against the prescription		
4.10	Witnessing nurse checks drug against the prescription		
4.11	Administering nurse makes appropriate entry in controlled drug register with patients name/ time/ date and remaining stock balance which tallies with the balance in the cupboard		
4.12	Witnessing nurse check the entry and balance in book against the cupboard balance and signs against entry		
4.13	Administering nurse prepares the drug as directed by the prescription		
4.14	Witnessing nurse checks the preparation against the prescription		
4.15	Witnessing nurse retrieved patient or both nurses attend the patient's bedside		

4.16	Administering nurse checks the patients and assesses them for the pending administration of medicines		
4.17	The medicine is administered in the appropriate manner according to the prescription		

Guidelines for the safe and effective administration of medicines for Version 2 January 2021 Nurses

Birmingham & Solihull Mental Health NHS Foundation Trust

Page 30 of 37

4.18	Both nurses endorse the entry for the administration in the Controlled Drugs Record Book and check the balance in the book tallies with the balance in the cupboard and signs balance check		
4.19	Administering nurse acknowledges any concerns if the witnessing nurse and time is taken to respond to these		
4.20	Administering nurse continues to assess the patient following administration of the drug		
Comments by Assessor:			





## Assessment Question Section D









## Record of Competency

Self – Assessment	<input type="checkbox"/>
Formal Assessment (Please tick)	<input type="checkbox"/>

Name of Nurse \_\_\_\_\_

Designation \_\_\_\_\_

Location of Work \_\_\_\_\_

Dates of Assessment from: \_\_\_\_\_

To: \_\_\_\_\_

If formally assessed :

Name of Assessor \_\_\_\_\_

Designation \_\_\_\_\_

Signature \_\_\_\_\_

### **To be completed by Assessor**

The above named candidate has achieved the required competency for the Safe Administration of Medicines in the following sections of the Competency Assessment Framework to correspond with their area of work (e.g. Ward Based/Secure Service/ CMHT).

Specify areas that have been assessed:

### **To be completed by the Nurse Registrant**

I, \_\_\_\_\_ confirm that I am competent in Safe administration of Medicines. I understand that I must not act beyond my professional competence and will ensure my knowledge is kept up to date.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**A copy of this record must be held in the Nurses personal file. Please forward a copy to:**

**Professional Lead Nurse for Standards Trust Professional Lead for Standards: -**  
[bsmhft.professionalnursingstand@nhs.net](mailto:bsmhft.professionalnursingstand@nhs.net)

### **Personal Development Plan**

Date \_\_\_\_\_

Name: \_\_\_\_\_

Date \_\_\_\_\_

List the development needs and learning needed to achieve the completion of the Safe Administration of Medicine Competency Assessment:

<b>Development Need</b>	<b>Planned Action</b>	<b>Target Date</b>	<b>Code</b> (Training Dept. Use Only)

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**REVIEW OF ASSESSMENT**

**I have conducted the above assessment within 2 weeks of error**

**(Name)..... Competent / Not Competent**

**In their knowledge in the administration of medicines**

**Assessors overall comments: (Please use this space to record all issues highlighting good practice or issues of concern and reason for referral). (Service Manager)**

\_\_\_\_\_  
\_\_\_\_\_  
**Nurse Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Liaison with and referral to Service Manager (within set time-scale agreed by the assessor and manager)**

\_\_\_\_\_  
\_\_\_\_\_

**Agreed Action Plan / Training:** \_\_\_\_\_  
\_\_\_\_\_

**Training to be arranged by:** \_\_\_\_\_

**Date by which training will be completed:** \_\_\_\_\_

**Further assessment required after training? YES / NO** \_\_\_\_\_ **(Please circle)**

**Agreed and signed by Nurse:** \_\_\_\_\_

**Assessor (1)** \_\_\_\_\_

**Assessor (2)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Copy: Personal file Copy: Nurse**  
**Copy: [ProfessionalNursingStandards@bsmhft.nhs.uk](mailto:ProfessionalNursingStandards@bsmhft.nhs.uk)**

**Definitions:**

**Nurse:** A Registered Nurse currently registered with the Nurse and Midwifery Council (NMC)

Nursing Associate

**Prescriber:** A person authorised to prescribe medicines – Doctor, Non-Medical Prescriber, medical staff.

**Assessor:** A suitably trained Registered Nurse currently registered with the NMC.

**Pharmacist:** A pharmaceutical chemist currently registered to practise with the General Pharmaceutical Council (GPhC).