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**Policy Applies to:**

All employees of Mercy Hospital; compliance by contracted providers of pharmacy services and credentialed specialists will be facilitated by Mercy Hospital staff.

**Related Standards:**

- Nga Paerewa Standard 3.4
- EQuIP standard 1.5 - The organisation provides safe care and services, Criterion 1.5.1 - Medications are managed to ensure safe and effective practice.

**Cultural Considerations:**

Ensuring that each individual patient and their whanau fully understand their medications and the use of these. Specific health literacy, cultural needs, values, and beliefs are considered, implemented as appropriate and documented.

**Rationale:**

The purpose of this policy is to ensure safe and effective medication management that complies with legislation, organisational policy and process and cultural requirements.

Medication errors can result in patient harm or even death. Medication errors can potentially occur at any phase in the provision of care, including transition from home to hospital and back, prescribing, documenting, dispensing and/or administering medication including discharge prescriptions.

**Objectives:**

To ensure that:

- All patients' medications are managed safely and efficiently.
- Patients understand their medication, what to take and when to take at time of discharge.
- Safe & appropriate practices are adhered to, for the introduction of new medications, medicines reconciliation, the prescribing, dispensing, administration, review, storage, and disposal of medications.
- Every health professional recognises their responsibility to act to prevent a potential medicine error occurring.
- All staff has access to up-to-date relevant medication information.

**Evaluation:**

- Pharmacy report completed four times annually.
- Nurse Practitioner reports as appropriate e.g. full incident reports include medications.
- Patient feedback.
- NZPSHA & ACHS benchmarking data
- Trends seen in errors and near misses reporting system, provided by Quality Manager to Medications Management Committee for review and (area specific or hospital wide) action.
- Area specific orientation booklets signed off within 6 weeks.
- Medication management audit as agreed by Q&R and Medicines Committee.

### Implementation:

- Medication Certification includes Clinical Calculations, Oral Medication, Medication Safety and is assigned to all RN EN and AT for completion within 6 weeks of starting in Mercy Hospital, then repeated 3 yearly.
- Intravenous Certification is completed via healthLearn by all RN & AT within 6 weeks of starting in Mercy Hospital as a once off requirement.
- **Enrolled Nurses in any area**  
Intravenous certification for Enrolled Nurses in Mercy Hospital is restricted to removal of Cannula and Cannulation course completion. Courses are accessed in Tautoko.  
Upon agreement with relevant area Manager, the Enrolled Nurse will enrol in the competency, and will have an appropriate senior nurse assigned by the relevant area manager for the purpose of practical sign off.
- **New Clinical Staff**  
As appropriate to their role, proper discharge process is demonstrated to new clinical staff during orientation period of 6 weeks. Preceptors work with area Medicines Committee Representatives to ensure area specific processes have been covered during orientation e.g. discharge process, transfer of patients, walk to blood fridge, ordering drugs, patients own medication.  
Pain or medicines management competency relevant to each area of practice are available in Tautoko. Preceptors will ensure new staff are aware of area specific requirements.  
Area specific competencies are listed in area orientation booklets.  
Associate Charge Nurse or Educator will ensure area orientation booklets are relevant.  
The full list of available competencies is found in SharePoint, Clinical Staff Training folder, Clinical Competency Pathway.  
Quick link to [Clinical Competency Pathway here](#)
- Opioid Induced Ventilatory Impairment (OIVI) forms part of the 12-month education plan (via simulation or Anaesthetist forum).

## PROCESS

### 2. Medicines Reconciliation (MR)

- Prior to admission, patients are asked to obtain a printed list of all prescription medicines from their General Practitioner (GP) or pharmacist and to return this with their admission forms, prior to admission. (request in online information and at pre-admission phone call)
- Pre- admission clinic or day of admission- Patients are asked to bring in medications in the original packaging and to avoid bringing in blister packs. If blister packs are currently used by the patient, ward stock is used until drugs can be received from Knox pharmacy. Nurse will inform ward of this need.
- Ward nurse – on patient’s medication chart, places asterix beside medications required, scans and emails this to Knox Pharmacy. Knox Pharmacy will supply several days’ supply of the medication with patient name and NHI on label.
- Patients are asked to identify any rakau rongoā / herbal or non-pharmacological remedies they are taking.
- At pre-admission clinic or on admission, the prescriber charts the medication including topical & inhaled medicines (or other routes) on the Mercy Hospital Medication Chart.
- Each weekday, the pharmacist will perform medicines reconciliation process for inpatients with complex health care needs and /or multiple or complex medications.
- In the event of a discrepancy, the pharmacist will communicate with the prescriber to determine whether the discrepancy is intentional or unintentional. Minor discrepancies (very low risk of harm to patient) will be communicated in green writing via the medication chart or the clinical notes. Discrepancies which may lead to patient harm will be communicated both in writing and verbally to the patient’s nurse and prescriber as soon as possible.
- Pharmacists in direct consultation with the prescriber may alter the drug chart to correct an unintentional discrepancy. The pharmacist must sign and date the alteration and write the name of the prescriber with whom they have communicated. The prescriber will need to initial the change within 48 hours (Pharmacist will affix a ‘Sign Here’ flag to the chart). An annotation by the Pharmacist on the medication chart, clarifying a prescribed medication does not require Prescriber communication/sign off.
- The pharmacist will complete the Medicine Reconciliation Form (Appendix Four) and sign off the medicine reconciliation process as being complete. This indicates that the chart is a true representation of the medicines that the patient was taking prior to admission, and that where there have been intentional changes to pre-admission medicines, these changes have been documented.
- On discharge, nursing staff shall ensure that patients own medications are returned together with any discharge medications or prescriptions.

### 3. Prescribing of Medications

#### 3.1 In-patient medication charts (including anaesthetic chart):

- Prescriptions shall be written on the Mercy Hospital Medication Chart by a Credentialed Specialist; this shall include any prescription, pharmacy only and general medicines which the patient is to continue taking whilst in hospital.
- On the front page of the medication chart, a prescriber shall print their full name and provide a specimen signature and initial.
- The medication chart shall correctly identify the patient for whom the medication is intended by a patient label which includes full name, date of birth or NHI.
- The patient shall be asked about any allergy &/or adverse reaction to medicines and these shall be documented in red pen on the front of the medication chart. Where the patient has no known allergies, this must be documented also as NKDA (No known drug allergies).
- All medications shall be prescribed individually i.e. one line on the medication chart for each medication.
- Each entry shall include the date, medication, dose, route, frequency or times of administration and the signature of the prescriber written legibly and indelibly in blue or black ink.
- Use the generic name of medicines. Where possible, Tall Man lettering of similar drugs should be employed e.g. oxyNORM.
- To minimise the risk of medication error:
  - “Units” or “International Units” must be written in full and must not be abbreviated.
  - Do not abbreviate chemical names e.g. write Magnesium Sulphate not MgSO<sub>4</sub>.
  - Use Hindu-Arabic numbers (1,2,3) not Roman numerals.
  - Write ‘daily’, ‘mane’, ‘nocte’ or a specific time, **not** ‘od’ or ‘d’ or ‘qd’ which are easily misinterpreted.
  - Write microgram not ‘µg’ or ‘mcg’.
  - Trailing zeros (e.g. 1.0) must **not** be used.
  - Leading zeros (e.g. 0.5) must be used.
  - Do not use dittos or downward arrows to indicate same date or signature.
- Where the same medication is to be administered in different doses and/or frequency, each shall be prescribed on a separate line as above.
- Where a medication is prescribed and dated to commence on the day following surgery (e.g. initial dose given intraoperative), the prescriber will draw a line through the record of administration for the operative day.

- In the event of a verbal order being required, it shall be signed by the prescriber as soon as possible but ideally within 48 hrs. After the verbal order was given.
- Bracketing of signatures for multiple drugs or dates is NOT acceptable.
- Where 'PRN' meds are prescribed, indications for use shall be provided.
- The prescribing of Morphine or Fentanyl "as per protocol" is acceptable, so long as there is a standing order protocol linked to the prescriber.
- Where 2 or more medication charts are in use the prescriber must identify the existence of another chart by a notation e.g. '1 of 2' on the front of the chart
- Oxygen will be prescribed on the Anaesthetic chart, by the anaesthetist. Once the patient is transferred for post-operative care, the prescription is valid for up to 2 hours. If Oxygen is required beyond 2 hours, a new prescription with clear, patient specific, parameters will be entered by the prescriber.

### 3.2 Discontinuation / Alteration of dose:

- The prescriber must draw a line through the medication and sign & record the date it was discontinued or altered.
- Re-prescribe the medication if altering a regimen e.g. 6 hourly to 4 hourly. Alterations must be made on a new line.
- Notify nursing staff of changes made to medication regime.

### 3.3 Re-prescribing medications on a new medication chart:

- When re-prescribing, the prescriber must draw a diagonal line through the original medication chart; print "Recharted" along the line and date and sign the chart.
- On the front of the chart write 'Recharted dd/mm/yy' and write the original dates of prescribing against each item re-prescribed.

3.4 Mercy Hospital accepts that there are times when the prescriber is unable to write a prescription in person. Verbal orders **shall not** be taken for **any high-risk medication**. In this case the prescriber shall:

- State the name of the patient.
- Verify if the patient has any allergies or adverse reactions to medications.
- Clearly state the name of the drug, the dose, route, and frequency.
- Ask that the order be repeated back and listen carefully to ensure it is correct.
- Specialist must sign the verbal order within 48 hours.

The receiver shall:

- Be a Registered Nurse (RN), Enrolled Nurse (EN) or pharmacist.
- Receive the order in hearing of a second person unless the receiver is a pharmacist. If the receiver is an EN, the second person must be a RN.
- Record the order for the drug in red ink directly on to the appropriate medication chart; enter the medical practitioner's name.

- The receiver and second checker shall both sign their names and initials on the medication chart *Example: 22.4.09: 1600hrs verbal order Dr Blank /RN Jones & EN Smith*
- Clarify any ambiguity.
- Repeat the order back in full giving the name of the patient, medication, dose, route, and frequency.
- Be personally responsible for giving the drug to the patient (within scope of practice).
- Place a "Sign Here" flag on the patient's medication chart that requires a counter signature and ensure the verbal order is counter-signed by the prescriber within 48 hours.

Please refer to 7.2 for exception to verbal orders

### 3.5 Change of Pre-Medication Time:

- When a change in pre-medication time is notified by a Credentialed Specialist or a nurse in theatre, it is the responsibility of the Registered Nurse caring for the patient to sign the change of time. This includes notification of "on call" pre-meds.

### 3.6 Allergy & Adverse Reactions

- Before prescribing and/or administering a medication the prescriber /person administering must check:
  - With the patient / caregiver and the patient's medication list, to identify any known allergy / adverse reaction.
  - The "Allergies / Drug Reaction" section on page 2 of the medication chart, to confirm presence or otherwise of any allergy.
  - Drug allergy alerts (and unanticipated previous responses to a drug) are also highlighted on the patient's electronic record (Trak Care)
  - Any medic-alert bracelet or neck chain worn by the patient.
- If an adverse reaction / allergy occurs during the patient's hospital stay, the prescriber must do the following post the event:
  - Inform the patient of the reaction and explain how to manage it.
  - Ensure bloods are taken as appropriate.
  - Ensure the patient knows to inform any future care providers.
  - An allergy must be confirmed prior to advising the patient to obtain a medic alert bracelet.
  - Notify the New Zealand Pharmacovigilance Centre
  - Using a standard CARM form (copies in each department and on-line). If the patient's condition requires transfer to Dunedin Hospital the form should be completed by Mercy Hospital.
  - Record the event in the patient's medical record.
  - Record the allergy / adverse reaction in red in the "Allergies / Drug Reaction" section of the medication chart.
  - Document the allergy / reaction on the patient's discharge summary and in any correspondence with the patient's GP (notify the GP by phone when the patient is discharged)
  - Notify Mercy Hospital's Booking Coordinator of change in allergy status to enable an alert to be added to the patient's electronic record.

- Outside of office hours, clinical staff shall record the drug allergy / alert on the patient's Trak Care record (ref Clinical record Policy)
- Proven drug reactions / anaphylaxis shall be added to the patient's NHI record by the Nurse Practitioner on the electronic record (Trak Care) under 'NHI Notification Alert' which updates the NHI database.

### 3.7 Emergency Situations:

- All staff members have a duty of care to maintain safety when prescribing or administering medications during an emergency.
- Documentation of all medicines prescribed and administered during an emergency must be recorded as soon as possible after the event.

### 3.8 Discharge prescriptions:

The prescription must be "legibly and indelibly printed" and state:

- a) The date
- b) The surname, initials, and physical address (not PO Box) of the patient (date of birth & weight for a child under 13 years old)
- c) The generic name of the drug unless you specifically require a branded medicine.
- d) Drug Strength
- e) Quantity to be supplied and an annotation for close control if required. For close control or repeats indicate
  - a. Number of occasions to be supplied.
  - b. Interval between each supply
  - c. Period of treatment
- f) Adequate directions for use i.e. the dose, frequency for medicines intended for internal use; the frequency and method of use for medicines intended for external use. If a dose more than normal therapeutic dose is ordered, it must be underlined and initialled by the prescriber.
- g) The usual signature of the prescriber in prescribers own handwriting.
- h) The prescription codes.
- i) Knox Pharmacy supply 'my medication information' leaflet on discharge or individual patients.
- j) Discharge Prescriptions cannot be replicated in any form. Where a nurse contributes to discharge paperwork this may only be basic information such as when a medication was last taken on the ward. The patient should be directed to read the medication box or bottle to ascertain the actual dose / time that medication is to be taken next.  
Writing the dose / time due constitutes prescribing and must only be undertaken by a Credentialed Specialist or a Clinical Pharmacist."



**3.8.1 Controlled Drug (CD) prescriptions:** in addition, must be.

- Written on the Ministry of Health (MOH) Controlled Drug prescription form (H572) in pen and in the prescribers own handwriting. No labels should be used.
- State the name, professional qualification & address of the prescriber.
- For children less than 12 years of age the patient's age in years and months must be written in words.
- Only two items can be prescribed on each form.
- A total quantity of not more than 30 days' supply.
- The controlled drug prescription pads are stored in the CD safe and prescription numbers are recorded on a designated page in the CD register.
- When these forms are issued the Registered Nurse must record the date, the patient's name, the surgeon who wrote the script, the number of the script and the Registered Nurse who oversaw the process on the designated page in the controlled drug register.
- Ensure all 3 copies of the prescription are sent to the pharmacy or are given to the patient (see below)

**3.8.2 Scanned and Emailed Prescriptions -**

All prescriptions must have the Mercy Hospital patient label affixed, so that Knox can determine the invoicing requirements.

- all prescriptions are scanned and emailed to Knox Pharmacy for delivery of medications to the ward prior to patient discharge.
- Prescriptions that are scanned to Knox Pharmacy for delivery to the ward shall identify the ward e.g. McAuley /Callaghan/ DSU / Manaaki/ Cancer Care and the expected discharge time.
- The original prescription is placed in the pharmacy collection box at McAuley reception or in the Knox Pharmacy mailbox at main reception where they will be collected by a Knox team member.

**3.8.3 Issuing discharge prescriptions or medications**

- Rationalisation of the location of blank prescription pads at Mercy Hospital is paramount. Blank pads are issued by Executive Assistant to an identified person in each clinical area. They are stored securely, and individual pads can be tracked to clinical areas.
- The mandatory checks for drug administration (see 5.2) must be undertaken prior to issuing a prescription to a patient or giving a patient discharge medication that has been dispensed by a pharmacist.
- The pharmacist should be called upon to counsel patients who.
  - Are being discharged on warfarin or amiodarone (Note, the patient's GP must be notified if patients are being discharged home on warfarin)
  - Have had cardiac surgery.
  - Have had a change in their regular medicines while admitted.
  - Are going home on a particularly complicated regimen of medicines.

### 3.9 Opioid Substitution Treatment (OST)

- This group of patients requires pro-active and collaborative pain management by the responsible Anaesthetist to ensure adequate management of their ACUTE pain. With patients' permission the Preadmission nurse should ascertain that the Community Alcohol and Drug Service (CADS) team is made aware of the patient's planned admission (contact details in alcohol withdrawal guidelines)
- Thereafter, throughout admission, nursing staff should maintain contact with CADS to ensure optimal treatment and planning for the patient.
- The inpatient requiring OST will either bring this with them (for lock up in the CD cupboard) or arrangements will be made between the CADS and Knox Pharmacy, for the supply of OST.
- Suboxone (Buprenorphine + Naloxone) is an emerging addiction treatment in Australasia, with implications for pain management post operatively due to the drug's long half-life.
- Methadone and suboxone treat the addiction but do **NOT** relieve **acute pain**. Acute pain must be managed with additional analgesia (often several times a 'normal' opioid dose). Vigilant patient monitoring for any signs of respiratory depression or cardiovascular effects is essential.
- Nursing staff are given information regarding risks of Opioid Induced Ventilatory Impairment (OIVI) during clinical orientation. ANZCA Statement on Principles for identifying and preventing opioid induced ventilatory impairment.
- Dosing is complex and may require Prescriber advice from our pharmacist or CADS Psychiatrists. Pharmacist Prescribers may prescribe Controlled Drugs for the purposes of treating addiction.
- With patient's permission and prior to discharge, staff should inform the CADS of the patient's pending discharge.

### 4. Dispensing Medicines (Credentialed Specialist / Pharmacist)

- Prescription medicines may only be dispensed by someone with the legal authority to do so. At Mercy Hospital this is restricted to credentialed specialists and registered pharmacists.
- Registered and Enrolled Nurses are **not** permitted to dispense medicines.
- Registered and Enrolled Nurses are **not** permitted to repackage or relabel or give out unlabelled medicines to patients to take home.
- Knox pharmacy staff will issue a medication chart to Cardiac patients, patients who have had regular medications changed and patient identified by nursing staff as having multiple discharge medications.

#### Transcribing

- Nurses or Anaesthetic Technicians are **not** permitted to transcribe or replicate a patient prescription or medicines instruction, from a medication chart, prescription, or medication box/bottle. This includes making a schedule of which medicines are due, in what strength and when. These actions constitute prescribing and must only be undertaken by a Credentialed Specialist or a Clinical Pharmacist. The exception to the transcribing rule is the Warfarin Discharge Guideline, allowing for the transcribing of warfarin for discharge patients.

## 5. Administration of Medicines and associated documentation requirements

- The medication chart is a legal document and must be written in a clear, legible, and unambiguous form by an appropriately qualified prescriber.
- Every health professional who has a role in the administration of medicines, has a responsibility to ensure they can clearly read and understand the order before administering any medicines.

For all incomplete or unclear orders, the prescriber should be contacted to clarify.

- Every medication chart shall have the patient's identification details completed.
- Every medication order shall include:
  - date
  - route
  - generic drug name
  - dose ordered in metric units & Hindu-Arabic numbers.
  - frequency (using only accepted abbreviations) or administration times (must be entered by the prescriber)
  - prescriber's signature

- Medicines shall be administered exactly as charted.

If the person responsible for administration, believes **the intention** of the prescriber to be different to what has been prescribed, they must **contact the prescriber to clarify their understanding**.

- Where the prescriber gives a choice as to route or dose, the **route or dose used must be recorded** on the administration record in each instance.
- It is appropriate to withhold the medicine if there is a known adverse drug reaction (ADR) to the prescribed medicine.
- If the medication chart is full (i.e. there is no appropriate space to sign for administration) then the medication order is not valid.

The medicine must be re charted as soon as possible.

- Generally, medicines should not be withheld if the patient is pre-operative or nil by mouth (NBM)/fasting **unless specified** by the prescriber.
- Standard oral/rectal medication administration Health professionals who have completed the Mercy Hospital Medication Certification, are responsible for standard oral/rectal medication administration and are required to be knowledgeable about the actions and side effects of medicines they are administering. As standard practice health professionals responsible for medication administration, will adhere to the standards of medication administration outlined in this policy.
- Intravenous medication shall only be administered by health professionals with an IV certification in Mercy Hospital. All Registered Nurses and Anaesthetic Technicians are required to complete the IV certification upon commencement of work in Mercy Hospital. In Mercy Hospital, Enrolled Nurses may progress to cannulation and IV certification only through clear discussion and planning with their manager in Mercy Hospital after employment.

## 5.1 High Risk Situations

### Transitions in Care

Transitions in care are a high-risk situation where medicine related detail can be lost due to noise, distraction, lack of proper framework, and lack of patient involvement.

During transitions in care between two health care professionals, the medicine chart must be checked as up to date and complete for that episode of care with any special observations or requirements being discussed.

### High Risk Medications

High risk medicines include those with a narrow therapeutic index.

High Risk Medicines include but are not limited to.

- All Medication where calculation of a dose is required.
- All Medication and/or fluids administered intravenously.
- Potassium Chloride infusions
- Anticoagulants
- Insulins
- Blood Transfusions
- Controlled drugs

#### NOTE –

**IV Opioid Protocol** – 2 registered health professionals (one of whom must be an RN where an EN is involved) will check the initial dose including the 5 rights and patient ID at the bedside. In PACU, subsequent doses of IV opioid protocol for the SAME patient may be administered from the pre-checked syringe, with one RN performing bedside checks and titrating to pain.

For disposal of Controlled Drugs – see section 7.7.

**High-risk medicines** must be **independently checked** by two registered health professionals, one of whom must be an RN where an EN is the second checker.

The check begins in the medication preparation area.

The check continues to the patient's bedside and is not complete until the medication has been administered, signed for by both health professionals, and any left-over medicine has been discarded whilst witnessed by both.

It must be clear on documentation who the two checkers are.

**Two checkers require two signatures.** If there is no dividing line in the box provided on the paper chart, for legibility, a line will manually be drawn to divide the signatures.

An EN will not administer nor make decisions regarding high-risk medicines.

All nurses must adhere to the Mercy Hospital Standards of Medicine Administration for nurses (Appendix 1) summarised in 5.2.

## 5.2 Summary of Mandatory Checks

Right drug

Right dose

Right patient (name; date of birth; NHI)

Right date and time

Right route

Right diluent

Right rate

When last given

No allergy

Correct charting - medications are administered using the patient's chart with entries made and authorised by a credentialed specialist and verification of charting sought where there is lack of clarity or any concerns.

## 5.3 Dose Omitted Codes

If a "dose omitted" code is used as per the Record of Administration Form, the nurse must initial alongside the code. If the drug has been withheld, the reason shall be documented in the clinical notes, and if necessary, the Prescriber informed.

## 5.4 Accountability for administration of medicines:

- If there is an error in prescribing, the nurse should contact the prescriber and discuss the change required. A suitable plan should be confirmed that achieves optimal patient and nurse safety. The health professionals checking medicines, verifying patient identity, and administering medicines are directly accountable if there is an error when the prescription is not clearly understood or followed and/or when the checking procedures have not been followed.

## 5.5 Patients own medications.

- Patients own medications may be used if the medications are correctly labelled, in their original packaging and packaging is intact. Blister packs are not acceptable.
- Medications must be correctly prescribed on the medication chart by a credentialed specialist.
- Patient's medications are removed from the patient on admission to the ward and are stored in the locked treatment room with the patient's label, in either individual bags or drawer depending on the room the patient is in. The exceptions are inhalers and topical preparations, which may remain with the patient.
- Patients may administer their own medications under direct observation of a Registered or Enrolled Nurse, who has completed the **Medication Safety Certification** in Mercy Hospital, where **the nurse is satisfied that the patient:**
  - Is self-medicating at home.
  - Does not display signs or have a history of confusion.
  - Has knowledge of the drugs, dosage, and reason for taking the medication.
  - Is physically able to complete the task.**the nurse understands the drug:**
  - cause and effect
  - when to withhold the drug
  - when to seek advice

- When the medications are due, the nurse will bring the patient's medications to the bedside, check the patient's identity, check the prescription matches the patient's medication and observe the patient is taking the correct medication.  
The nurse will enter the date, time and the letter "S" on the medication administration record, to signify that patients own medication was used, and will initial the entry.

#### 5.6 Use of medicines by staff for minor ailments

- Staff in clinical areas may, with permission from the Clinical Shift Leaders or Manager, access non-prescription medicines for immediate use for the treatment of minor ailments, to enable them to continue work until the end of a shift.
- Staff in non-clinical areas shall contact their area Manager.

#### 5.7 Herbal remedies / Rakau rongoā & non-pharmacological remedies

- Patients should be asked to identify any herbal/rakau rongoā or Complementary and Alternative Medicines (CAM) that they are taking.
- The above should be recorded on the nursing assessment form.
- Preadmission staff will ask patients to discontinue taking these remedies preoperatively as they may interact with other medicines or affect bleeding. Patients will be instructed to leave herbal medicines at home.
- Where a patient insists on taking herbal medicines, this will be documented in the clinical record and the patient's Credentialed Specialist / Pharmacist notified.

#### 5.8 Use of Section 29 Medicines

It is the responsibility of the Credentialed Specialist to gain consent prior to the administration of the Medication.

If a section 29 medication is administered in an emergency, the administering Credentialed Specialist will discuss this retrospectively with the patient.

Use of unapproved / unregistered medicines obtained under section 29 of the Medicines Act 1981 is accepted provided that: the use is clearly justified, there is good evidence for the medicine use and use is well supported in New Zealand, and the clinical benefits are considered to outweigh the risks involved.

#### Process

Knox Pharmacy provides a 2-3 monthly updated list.

Finance team leader updates section 29 medicines whenever provided with a list from pharmacy.

Clinical IT will provide a yearly or as required report on the usage of all section 29 medications.

The Chief Operating officer will delegate a person to conduct ad hoc retrospective audits of consent for section 29 medicines. Patient/TRAK records to have received section 29 medications are accessed & records checked for confirmation that a conversation has taken place. This should be noted on the consent form or clinical record.

### 5.9 Student Nurses / Enrolled Nurse saline flushing

Student nurses shall ONLY administer fluid / medications under the direct (shoulder to shoulder) supervision of an IV Certificated Registered Nurse (RN).

- **Student preceptors** will access and use the documents provided by the student's organisation e.g. Clinical Skills of Students and Fluid and Medication Preparation. This is available in the emails shared before placement as well as SharePoint.

The RN must actively supervise all student nurses and is accountable if there are any errors. The student can perform independent double checking.

**Exceptions to the student as second checker** are –

- Transfusion of blood / blood products or administration
- High risk medications (see section 5.1)

In these situations, the student may be actively **involved in the checking process** (as a third checker) under the **direct supervision** of two IV Certificated RNs.

- Clinical Skills of Students and Fluid and Medication Preparation
- Enrolled Nurses (EN) will **not** automatically be assigned IV related competency until Charge Nurse Manager has authorised progression as part of a professional development plan discussion. EN will complete phlebitis score training within 6 weeks of starting in Mercy. Further progression to IV related competency e.g. cannula removal, flushing cannula with prescribed saline (no drugs), change of dressing, will be planned through Charge Nurse Manager professional development discussion, and will be planned on an individual basis. Implementation of support is provided by area Professional Development Committee members and appropriate senior staff.

### 6. Standing Orders:

The use of standing orders is discouraged, however if a credentialed specialist requests a standing order be used, they are obliged to ensure that it complies with the Medicines (Standing Order) Regulations 2011 and the Ministry of Health Standing Order Guidelines (2012) (Appendix 6).

- A hard copy of the most recent, signed Standing Orders will be held in McAuley ward.
- A master copy of standing orders is available online.
- Annual review, update and sign-off of standing orders will be undertaken by Credentialed Specialists.
- Updated standing orders are circulated as per the Standing Orders Policy.

All staff who are required to use Standing Orders in practice will have read and understood the.

- Mercy Hospital Standing Orders Policy
- Standing orders required for their areas.

The person administering the medicine will ensure that.

- The medicine is administered in accordance with the standing order.
- They document the assessment and treatment of the patient including any adverse reactions and any monitoring or follow up necessary.

The Prescriber will ensure that.

- the standing order meets legislative requirements and complies with clauses 5-8 of the Medicines (Standing Order) Regulations 2011 and the Ministry of Health Standing Order Guidelines (2012)

## 7.0 Custody and Storage of Medicines

- All medications are stored in designated areas that are safe from children and unauthorised access.
- Entry to medication storage areas in the ward, DSU and Mercy Cancer Care is controlled by monitored swipe-tag access.
- Medication storage areas are maintained at the recommended temperatures (< 25° C room temperature and 2° C - 8° C fridge temperature).
- All medications are stored in original packaging and are not stored, removed, or separated from strips.
- Medications that require refrigeration are kept in a fridge that is solely for that purpose.
- High risk medications e.g. IV potassium chloride ampoules are stored separately from low-risk items with similar packaging e.g. water for injection and saline.
- Medications brought in by the patient, shall be returned to them at time of discharge.
- Pharmacy staff will check the expiry dates of medications during imprest and remove and /or replace expired stock.

### 7.1 Controlled Drug Register

- A “Controlled Drugs Register” is kept in a secure place in each ward area where controlled drugs are stored.
- A separate page is used for recording each drug and strength of that drug.
- On receipt of a controlled drug from pharmacy an entry must be made on the appropriate page to record date, time, quantity received, balance and the legible signatures of the Pharmacist (or Pharmacy Technician) and receiving RN.

### 7.2 Controlled Drugs

- Verbal orders for a ‘**first dose**’ of a Controlled Drug are **not** permitted under New Zealand legislation.  
Under no circumstances shall a verbal order be taken for a new prescription of a Controlled Drug e.g. narcotics.
- Verbal orders for controlled drugs must only be used where a controlled drug has **already** been prescribed and supplied for a patient. In that case the Prescriber may change the prescription either verbally or in writing e.g. for a patient requiring an additional PRN dose, a dose increase or a change in preparation from ‘Immediate Release’ (IR) to ‘Sustained Release’ (SR) preparation of the SAME drug.
- Class “B” controlled drugs and controlled drug prescription pads are stored in a locked steel safe bolted to the structure of the building.
- Access to the safe is by way of keypad, swipe tags – 2 different tags - or key. The key to the safe shall be always held in the possession of a RN.
- The safe will always remain locked except when medicines are being removed from or placed in the safe.
- Class “B” controlled drugs are checked once a month with both a quantitative and physical stocktake by a registered pharmacist. This incorporates the twice-yearly legal requirement for stocktake.
- Class C controlled drugs are stored in a locked cupboard or drawer. The balance is recorded when new stock is received from pharmacy.



- Ephedrine can be held both in the drug safe and the crash trolleys. It is checked daily in the drug safe and as part of the weekly physical count as per Emergency Equipment Clinical Services Work Manual. Ephedrine in a sealed crash trolley is checked weekly and documented in the controlled drugs book. In areas with unsealed trolleys this is checked daily as part of the controlled drug checks.
- Operating Theatre & PACU
  - Ephedrine is stocked on the Anaesthetic Trolley in each Theatre. The Theatre Controlled Drug Register is reconciled daily with the ephedrine ampoules that are stored on the resuscitation trolley and in the anaesthetic trolley in each Theatre.
  - Propofol is stocked on crash trolley and anaesthetic trolley and is checked daily in PACU and MOT

### 7.3 Documentation of administration of Controlled Drugs:

- Class B controlled drugs must be checked by a RN and one other Registered health practitioner e.g. EN, anaesthetic technician, pharmacist, pharmacy technician or credentialed specialist.
- The controlled drug register must record the date; name of the patient to whom the medicine is being administered; amount being given; balance of the medicine remaining; the name of the prescriber and the legible signatures of both staff members.

### 7.4 Responsibilities relating to the Controlled Drugs Register:

The nurse in charge of the ward/unit must:

- Ensure that on receipt of new Controlled Drug Prescription pads from the MOH, a RN records the numbers of these forms in the controlled drug register.
- Ensure that the controlled drugs register is kept in a neat and orderly state and is kept up to date.
- Ensure daily checks of Controlled Drug balances are completed by two registered health professionals, one of whom must be an RN and recorded in a notebook for the purpose.
- Ensure a weekly physical check is done in conjunction with another registered health professional (both persons must record the check in the Controlled Drugs Register) to balance all controlled drugs in stock with what is recorded in the Controlled Drugs Register.
- Carry out audits, using the Mercy Hospital Medicines Management audit tool.
- A registered pharmacist undertakes a monthly stock take of all controlled drugs which also incorporates the twice-yearly legal requirement for stocktake. Any variation between actual and calculated stock must be reported.
- All health professionals must report the loss of any controlled drug or discrepancy in the Controlled Drugs Register to the nurse in charge and/or the manager using the incident reporting process. Every report of loss or discrepancy must be formally investigated, and an incident form completed.
- Completed Controlled Drugs Registers are to be kept in Medical Records for 4 years following the date of the last entry, before they can be destroyed.

### 7.5 Controlled drugs brought in by patients:

- Pre-Admissions - patients should be asked not to bring controlled drugs into the hospital.
- On admission - If a patient presents with controlled drugs, the first line of action is to ask that they have them removed from the hospital by a trusted contact.
- Throughout admission - Where identified during hospital stay, patients-controlled drugs are removed from the patient as soon as nursing staff are made aware and are stored separately in the controlled drug safe. This should be handed over to subsequent shifts and a plan made for safe return to the patient on discharge.
- Controlled drugs dispensed by Knox Pharmacy for the patient to take home upon discharge are also stored in the CD safe (but are not entered in the drug book)
- DSU does not hold controlled drugs. These are stored in the PACU drug safe and recorded in the PACU controlled drug book.
- Patient's own supply of controlled drugs is recorded in the controlled drug book under a separate listing for each patient. If required, these are administered and accounted for, as per standard checking procedures for stock supply of controlled drugs.

### 7.6 Transfer of controlled drugs:

If controlled drugs need to be transferred from one ward/department to another to meet patient need, the following shall occur:

- The Controlled Drugs Register of the ward receiving the drug must be taken to the ward providing the drug.
- The Controlled Drugs Register of the ward providing the drug must be amended to record the amount transferred and be signed and witnessed by two registered health professionals, one of whom must be a RN.
- The Controlled Drugs Register of the ward receiving the drug must be amended to record the drug to be transferred to the receiving ward, and be signed and witnessed by two nurses, one of whom must be a RN.
- The Controlled Drugs Register of the receiving ward and the controlled drug to be transferred, are taken back to the receiving ward and the controlled drug(s) are placed in the safe.

### 7.7 Disposal of controlled drugs:

All Mercy hospital staff are required to dispose of controlled drugs with a second health professional as a witness; this is documented on a designated page in the controlled drugs register and includes the date, time patient's name, drug name and amount being disposed.

#### **This includes.**

- drugs signed out of the drug register and not administered or, incremental doses where the total dose was not used or, PCA bags where the total amount has not been infused.
- Unused narcotics that have been drawn up in a syringe for administering in incremental doses i.e. given as per "protocol" must be discarded at the end of the shift.
- Unused or expired controlled drugs are returned to the pharmacy. They shall be signed out of the CD Register as "Returned to Pharmacy". These must be handed directly to the Pharmacist or Pharmacy Technician who will sign for receipt of the drugs.
- In Theatre, the 'CD Request Form' will provide a record of the witnessed disposal of CDs.
- Two signatures are required (e.g. Anaesthetist and AT)

### **7.8 Hospital closure**

When the hospital closes for the Christmas break or any other period during the year, the senior nurse in charge is responsible for ensuring the safe custody of ward / unit-controlled drug keys. These are generally transferred to the safe behind reception.

### **7.9 Disposal of transdermal patches**

- Transdermal patches shall be disposed of in the yellow Sharps Bin.
- Patients being discharged home on transdermal patches will receive education on their disposal (patient brochure). This includes information on the correct disposal of patches, where children / pets cannot reach them.

### **8.0 Ordering of Medicines**

- Mercy Hospital contracts Knox Pharmacy to provide pharmacy services.
- An imprest system operates for all medicines supplied by Knox Pharmacy. Stock lists are held in each area and should be reviewed quarterly.
- If additional supplies of medications are required contact Knox Pharmacy by phone (4770635)
- Pharmacy staff makes 3 deliveries/day to the hospital at 10am, 2pm and 5pm.

### **8.1 Out of hours:**

- Every effort should be made to ensure an appropriate and adequate stock of medicines is available in the ward /unit.
- After Hours contact numbers for Knox Pharmacy are located on McAuley Ward and in the Senior Nurse on-call folder. This is the preferred option for obtaining after hours supplies of medicines.
- If necessary, medicines may be obtained from the Urgent Pharmacy, 95 Hanover St. Staff may either:
  - Take the prescription / medication chart and collect the medicine themselves.
  - Email the prescription and ask a taxi to collect the medicine.
  - Contact the Senior Nurse on Call to assist.
- In extenuating circumstances contact the Duty Co-ordinator at Dunedin Hospital to source the medicines.

### **9. Introduction of new medicines**

- A request to introduce new medicines must be submitted to the Chairperson of the Medicines Committee.
- All requests should be made on the attached Request Form (Appendix 5) which includes steps to ensure that the medication is added to Trak / Accpac
- Mercy Hospital Medicines Committee will take into consideration efficacy of the drug, frequency of use, contraindications, best practice recommendations, special nursing considerations and cost.
- Approval will be signed off by the Medicines Committee Chairperson
- In the event of any drug not gaining approval, a letter will be sent to the requesting consultant seeking more information or outlining the reasons for the drug not being approved.

- Following approval of a new drug and prior to the drug being introduced an education programme for staff must be put in place. This is to be done in conjunction with the pharmacist, area manager and Nurse Practitioner and will be brought to the Professional Development Committee (PDC).

## 10. Possession / Misuse of Drugs

### 10.1 Possession / Misuse of drugs

- The unauthorised or illegal use and possession by staff of prescription drugs and/or hallucinogens, or the taking of prescription drugs from the premises is forbidden and may result in the immediate dismissal of the employee.

### 10.2 Illicit drugs / Prohibited Items

During pre-admission conversations where a patient alerts a nurse to the fact they take illicit substances, patients should be advised not to bring illicit substances or prohibited drugs into the hospital.

Please refer to the Smoke and Vape Free (Auahi Kore) and Non-Prescribed Drugs Policy.

#### Safe custody of substance

1. Patient should be advised to send substances off site.
2. If patient refuses to send off-site, the substances should be confiscated.
3. If patient is compliant – nurse locks item in controlled drug cupboard with a witness and two signatures- if it is an illegal substance, police should be notified. Inform nurse in charge of shift.
4. If patient is not compliant, nurse contacts patient's specialist and shift co-ordinator.

**11. Associated Documents**

**External:**

- ANZCA Statement on principles for identifying and preventing opioid-induced ventilator impairment (OIVI)
- Student nurse matrix (supplied by student placement organisations, stored internally in SharePoint)
- Guide to Adverse Reaction Reporting: Centre for Adverse reactions Monitoring.
- Health Quality & Safety Commission NZ (2012) Medication Safety Watch, 2, p.3
- Health Quality & Safety Commission; medication charting standards v.2; January 2011
- Medicines Act 1981
- Medicines Regulations 1984 (SR 1984/143)
- Ministry of Health Standing Order Guidelines, 2012
- Misuse of Drugs Act 1975
- Misuse of Drugs regulations 1977
- NZ Drug Formulary (online version on desktop)
- Safe Use of Medicines Project – Home to Hospital and Back
- Standards for Medicine Reconciliation – Safe Medication Management Programme

**Internal**

- Intravenous Manual
- Smoke and Vape Free (Auahi Kore), Illicit Drugs and Prohibited Items Policy
- Blood and blood products Policy
- Anaphylaxis Management Adult – refer Appendix 1, Adverse Reaction to Medication Policy
- Anaphylaxis Management Paediatric – refer Appendix 2, Adverse Reaction to Medication
- Clinical Records Management Policy
- Dantrolene emergency drug for management of malignant hypothermia – Clinical Services Work Manual
- Guidelines for paediatric doses –Clinical Services Work Manual
- Medical alert –Clinical Services Work Manual
- Chemotherapy Administration Policy & Cytotoxic Safe Handling and Disposal Policy –
- Pharmacy ordering and deliveries – Clinical Services Work Manual
- Patient Assessment Policy
- Medicines Committee Terms of Reference
- Adverse Reaction to Medication audit
- Mercy Hospital IV Manual
- Clinical record audit
- Patient feedback
- Incident – medication errors
- Warfarin Discharge Guideline
- Commonly Used Infusions
- Ketamine Mercy Protocol
- Phenylephrine Infusion Mercy Protocol
- Administration of Time Weighted Medications
- Clinical Skills of Students and Fluid and Medication Preparation
- Vasoactive Medications on McAuley Guidelines
- Standing Order Policy

**12. Definitions**

*Italics indicate direct excerpts from relevant legislation.*

<b>Administer</b>	<i>To give a substance to a human being either – (a) orally or by injection, or by introduction into the body in any other way; or (b) By external application, whether by direct contact or not; - in either its existing state or after it has been dissolved or dispersed in, or diluted or mixed with, some substance in which it is to be administered.</i>
<b>Adverse drug reaction</b>	An unexpected response to a medicine
<b>CAM</b>	Complementary and alternative medicines

<b>Classification of Drugs</b>	The classification of a drug under the Act is determined by broad criteria concerning the risk of harm the drug poses to individuals or to society by its misuse. Drugs posing a very high risk of harm are classified Class A, those posing a high risk of harm are classified Class B and those posing a moderate risk of harm are classified Class C. <sup>2</sup>
<b>Class B Controlled Drug</b>	A drug scheduled as a class B controlled drug in the Misuse of Drugs Regulations 1977 e.g. opiates
<b>Class C Controlled Drug</b>	Substances that are prescribed and have moderate abuse potential e.g. midazolam or those that can be used illicitly e.g. cannabis
<b>Controlled Drug</b>	Any substance, preparation, mixture or article specified or described in the 1 <sup>st</sup> , 2 <sup>nd</sup> or 3 <sup>rd</sup> Schedule to the Misuse of Drugs Act 1975
<b>Credentialed Specialist</b>	A Medical practitioner who is registered to practice in New Zealand and is credentialed by Mercy Hospital
<b>Dispense</b>	To prepare, package, label and distribute medicines to those who are going to use them according to specified prescriptions.
<b>Enrolled Nurse</b>	A person who is registered under the enrolled nurse scope of practice as defined by Nursing Council of New Zealand as required by the HPCA Act 2003, and who holds a current practising certificate.
<b>Rongoa / Herbal remedy and alternative therapies</b>	A medicine (not containing a prescription medicine, or a restricted medicine, or a Pharmacy-only medicine) consisting of: (a) Any substance produced by subjecting a plant to drying, crushing, or any other similar process; or (b) a mixture comprising 2 or more such substances only; or (c) A mixture comprising 1 or more such substances with water or ethyl alcohol or any inert substance.
<b>Intentional discrepancy</b>	A medication that is prescribed differently or omitted from the patient's original pre-Admission medication for a specific, documented reason
<b>Medication error</b>	<b>Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health professional or patient</b>
<b>Medication Chart</b>	The Mercy Hospital approved prescription charts to be used when prescribing medicines for inpatients.
<b>Medication Reconciliation</b>	A process of identifying the most accurate list of medicines that a patient is taking and using it to provide safe effective care at all transition points in the patient journey.
<b>Medicine</b>	Any substance or article that is to be administered to a human being principally for a therapeutic purpose.
<b>Ministry of Health approved controlled drug prescription form</b>	Prescription form H572, to be used when prescribing drugs for outpatients, patients on leave and discharged patients.
<b>National Health Index</b>	A unique alpha-numeric identifier that is assigned to every person who accesses health and disability support services in New Zealand.
<b>New medicine</b>	A medicine which has been approved by the Ministry of Health for distribution in New Zealand but which is not currently in use at Mercy Hospital.

<b>Paediatric</b>	(For the purposes of medicine prescribing) a child weighing less than 40kg.
<b>Parenteral medicines</b>	Those medicines administered by injection, e.g. intravenous, intramuscular, subcutaneous or intrathecal.
<b>Patients Own Medications</b>	Medications that have been prescribed by the patient's family doctor or other medical practitioner which patients have brought into Mercy Hospital.
<b>Pharmacist</b>	A health practitioner who is registered with the Pharmacy Council established by section 114(5) of the HPCA Act 2003 as a practitioner of the profession of pharmacy.
<b>Prescriber</b>	The authorised prescriber who issues a prescription.
<b>Prescribing</b>	A directive for the dispensing and administration of medicines which may only be undertaken by an authorised prescriber.
<b>Prescription medicine</b>	A medicine that may only be supplied on a prescription issued by an authorised prescriber.
<b>Registered Nurse</b>	A person who is registered under the registered nurse scope of practice as defined by Nursing Council of New Zealand as required by the HPCA Act 2003 and holds a current practicing certificate
<b>Section 29 drug</b>	Section 29 of the <i>Misuse of Drugs Act 1975</i> Act permits the sale or supply to medical practitioners of medicines that have not been approved, and requires the "person" who sells or supplies the medicine to notify the Director-General of Health of that sale or supply in writing naming the medical practitioner and the patient, describing the medicine and the date and place of sale or supply.
<b>Transcribing</b>	The act by which medicinal products are written from one form or direction to administer to another. This includes writing a list of medications on a discharge letter, copying instructions from a medication chart, prescription or medication box/bottle. Making a schedule of which medicines are due, in what strength and when, ALL constitute prescribing. As such they can only be undertaken by a Credentialed Specialist or a Clinical Pharmacist.
<b>Unapproved medicine</b>	A medicine for which consent has not been given by the Director General of Health for sale, distribution or marketing in New Zealand.
<b>Unintentional discrepancy</b>	A medication that is prescribed differently or omitted from the patient's original pre-admission medication unintentionally



### 13. Appendices

1. Standards of medicine administration for nurses
2. Mercy Hospital approved medication-related abbreviations.
3. Abbreviations **not** to be used.
4. Mercy medicine reconciliation form
5. Introduction of medicines form
6. Medicines (standing order) regulations 2011  
[Medicines \(Standing Order\) Regulations 2002 reprinted 17 August 2016](#)  
or see Appendix 6 for copy of document.
7. Controlled Drug Request Form

### Acknowledgements

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