




Medication management in Overseas transfer of Non Acute Patients	
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## 1.0 Introduction

Infants and children at times require transfer to a hospital outside of the Republic of Ireland for further care and treatment. This may include the transfer of a child who is an inpatient at CHI@ Crumlin or who is not an inpatient but is being accompanied by an OLCHC staff member. This type of transfer is distinct from the Irish Pediatrics Acute Transport Service (IPATS) which has separate SOP. In the case of non-acute patient overseas transport, the patient (with or without a parent / guardian) may be accompanied by either a nurse only (Nurse Lead) or both a nurse and doctor (Nurse and Doctor Lead) depending on certain determining factors.

Sometimes patients may require medication to be administered during the transport. Adequate measures should be taken to give medications prior to transport. Only essential /emergency medications should be administered during the transport.

In this SOP, the medication management during the **Nurse Lead Transport** and **Doctor and Nurse Lead Transport** will be described.

## 2.0 Definition of Standard Operating Procedure

The term '**Standard Operating Procedure**' is a way of carrying out a particular course of action and includes operations, investigations, pharmaceutical treatment, examinations and any other treatment carried out

## 3.0 Applicable to


All Nursing and Medical staff involved in non-acute patient overseas transfers.

## 4.0 Objectives of Standard Operating Procedure

- ◆ To ensure safe medication practice is adhered to in compliance with An Bord Altranais (2007) *Guidance for nurses and midwives on Medication Management*, and where applicable to local OLCHC Medication Policy.
- ◆ To ensure all the staff are aware of their roles, legal and professional responsibilities in relation to safe medication practices during the overseas transfers of non-acute patient.

## 5.0 Definitions / Terms

Medications: **Include routine medicines for non-inpatient transfers.** Includes only essential or emergency medicines for inpatient transfers and may include a short bridging supply of a medicine to last until the receiving hospital is able to procure it.

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*Medication Policy, OLCHC*-Policy governing the prescribing and medication use in OLCHC.

## 6.0 Procedures

Prior to transfer, based on assessment of the medical team a decision must be made as to whether the patient meets the criteria for nurse lead transfer or nurse and doctor lead transfer. It can be broadly classified into two main groups:

### **Non Inpatient transfers(Parent/Carer with Nurse or Nurse lead Transfer)**

Children who are not inpatients but are being accompanied by a staff member from OLCHC should bring any of their usual medicines with them. The child's parent/carer may administer their normal medicines as required during the transfer. Parents should bring/supply a copy of the corresponding prescription and any oral medication administration aid charts also.

### **Inpatient transfers(Nurse Lead Transfer or Doctor & Nurse Lead Transfer)**

This includes children who are inpatient but the decision is made by the primary team whether the transfer will be Nurse lead or Doctor & Nurse lead Transfer.


Inpatient's medications should be reviewed in order to determine if any of the medications need to be administered during the trip. This must be determined by the medical team and written advice should be given regarding changing medication administration times if necessary. This information must be communicated to the receiving hospital.

Consider if any emergency / rescue medicines are likely to be required e.g. Buccal Midazolam This is based on medical assessment prior to transport.

Contact the receiving hospital to ensure that all of the patients medications are available and if not ensure an adequate supply of medication is sent with the patient until the receiving hospital can continue supply.

### **Nurse lead Transfers :**

Children and patients who are suitable to be transferred to an overseas hospital in the company of a single registered nurse from OLCHC only (may or may not include a

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parent/carer) must fulfil the following criteria:

**Ensure any medications due are administered to the patient prior to transport.**


In the case of an inpatient transfer, preparation of medication administration should include:

- ◆ To ensure any medication that are required to be given during the transfer are prescribed on the patient's kardex including any potential 'PRN medications'
- ◆ A photocopy of the entire kardex should be made and taken as part of the patient documentation.
- ◆ The transfer nurse and another staff nurse should prepare medication in advance for potential administration to the patient during the transfer observing the principles of safe medication administration and ensuring each stage is **double checked**.
- ◆ The required number of doses should be drawn up into an oral syringe and capped.
- ◆ The syringes should be labelled using the labels supplied in Appendix 10.
- ◆ Ensure that the label is also double checked including initials of both nurses (full signatures should be on the front of the kardex).
- ◆ The label should be securely attached to the syringe and it should be placed into a zip lock bag and placed in the transport bag.
- ◆ Both nurses should then sign on the copy of the kardex and complete the medication administration section in the transfer checklist section (which accompanies the patient) that they have checked and prepared the medication.

**Administering medication during the trip**

If a dose of medication needs to be administered during the transfer the nurse accompanying the patient should :

- ◆ Select the correct medication syringe,
- ◆ Check the label and the contents of the syringe
- ◆ Ensure the volume is correct
- ◆ Ensure the label is intact.
- ◆ Administer the dose to the patient ensuring the oral syringe cap is removed first.
- ◆ The nurse should then sign their initials on the copy of the kardex & **on medication administration section of Transfer Checklist** and the time of administration.
- ◆ **Note: Single administration is only allowed in the scenario where the transport of the patient is single Nurse lead only. Double checks have already been complete**

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**except the final stage of administration to the patient.**

- ◆ If there is a qualified second checker present then please adhere to OLCHC's double checking algorithm.
- ◆ In the scenario where IV medication/fluids are running prior to and during transfer if IVC extravasation occurs, **please stop the infusion.** Also handover to the receiving hospital.

**Documentation of information regarding medication administration during transport**

- ◆ Complete the transfer checklist.
- ◆ Ensure details of any medication administered is documented on the kardex.
- ◆ If the medication is not administered this should also be documented on the copy of the kardex.


**Doctor & Nurse lead Transfer**

Inpatients who are being transferred to an overseas hospital after being assessed by the primary team meets the criteria to be accompanied by both a nurse and a doctor during the transfer.

**Always ensure any medications due are administered to the patient prior to transport.**

**Preparing medication for administration:**

- ◆ Ensure any medication infusion commenced prior to transfer is enough to last the whole trip and if applicable prepare an additional supply (see below) of any critical medication in case travel time is extended due to unforeseen circumstances.
- ◆ Ensure any medicines that are required to be given during the transfer are prescribed on the patient's kardex including any potential 'PRN medications'
- ◆ A photocopy of the entire kardex should be made and taken as part of the patient documentation. If necessary a doctor can prescribe any additional medicines on this copy during the transfer.
- ◆ The transfer nurse and another staff nurse or the doctor accompanying the patient should prepare medication for potential administration to the patient during the transfer observing the principles of safe medication administration and ensuring each stage is double checked. This may also include infusions.
- ◆ The required number of doses should be drawn up into an oral syringe.
- ◆ The syringes should be capped with an oral syringe cap

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- ◆ The syringe should be labelled using the labels supplied in Appendix 10.
- ◆ Ensure that the label is also double checked including initials of both nurses / or doctor (full signatures should be on the front of the Kardex).
- ◆ The label should be securely attached to the syringe and it should be placed into a zip lock bag and placed in the transport bag.
- ◆ Infusion bags should be prepared, wrapped in a sterile paper sheet and placed into a separate plastic box for transport.
- ◆ Both nurse and doctor should then sign on the copy of the kardex (which accompanies the patient) that they have checked and prepared the medication.
- ◆ If in particular scenario IV medication/Fluids needs to be commenced prior to transfer in the case of IVC extravasation during the trip, **please stop the infusion**. Also handover to the receiving hospital


#### **Administration of medication during the transfer**

- ◆ If a dose of medication needs to be administered during the transfer the nurse accompanying the patient should select the correct medication syringe, check the label and the contents of the syringe.
- ◆ Ensure that the volume is correct
- ◆ Ensure that the label is intact.
- ◆ The doctor must double check each stage.
- ◆ The doctor must also check the dose if they have not already done so.
- ◆ The nurse or doctor should administer the dose to the patient ensuring the oral syringe cap is removed first.
- ◆ The nurse and doctor should then sign their initials on the copy of the kardex and the time of administration.

**Any medication which have been prepared but were not administered must be returned to OLCHC or handed over to the receiving hospital. Medications returned to OLCHC must be discarded in line with the OLCHC Medication Policy.**

#### **Prevent medication errors by adhering to the 10 rights of safe medication administration**

- ◆ Right Patient
- ◆ Right Reason
- ◆ Right Route
- ◆ Right Medication

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- ◆ Right Time
- ◆ Right Dose
- ◆ Right Form
- ◆ Right Action
- ◆ Right Documentation
- ◆ Right Response

## 7.0 Implementation Plan

This SOP will be disseminated to all relevant staff via Overseas Transport workshops and also via OLCHC intranet.

## 8.0 Evaluation and Audit

This SOP will be reviewed every two years or sooner if change in NMBI standards or local Medication Policy. Overseas Transport committee staffs will review practice on a continual basis.

## 9.0 References & Bibliography

Nursing & Midwifery Board of Ireland (2007) *Guidance to Nurses and Midwives on Medication Management*. Dublin: Nursing & Midwifery Board of Ireland.


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Royal College of Physicians in Ireland / Health Service Executive (2015) Guidelines for hand hygiene in Ireland Healthcare settings: Update of 2005 Guidelines. Dublin: HSE Health Protection Surveillance Centre.

Nurses & Midwives Act (2011)  
Freedom of Information Act 2014, Government of Ireland.

Medicinal Products (Prescription and Control of Supply) (Amendment) (No.2) Regulations 201 (S.I. No. 504/201)

## 10.0 Appendices

Nursing Admin Checklist  
Ward transfer checklist  
Ward Transport bag