

# DOUBLE CHECKING SINGLE ADMINISTRATION OF MEDICATION IN THE EMERGENCY DEPARTMENT STANDARD OPERATING PROCEDURE **Version Number** V1 Date of Issue August 2018 **Reference Number** DCSAMED-08-2018-BC-V1 **Review Interval** 3 yearly Approved By Signature Date: August 2018 formula D'Weill Name: Fionnuala O'Neill Title: Nurse Practice Coordinator **Authorised By** Signature Date: August 2018 Name: Rachel Kenna Title: Director of Nursing Author/s Name: Bridget Conway Title: CNM 3 Emergency Department **Location of Copies** On Hospital Intranet and locally in department

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| Document Name: Double Checking Single Administration of Medication in the Emergency Department Standard |                    |  |  |
| Operating Procedure   |                    |  |  |
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#### 1.0 Introduction

Our Lady's Children's Hospital Crumlin (OLCHC) is the largest children's teaching hospital in Ireland. OLCHC is committed to the provision of safe quality care to the infants and children it cares for, against the backdrop of legislation and regulatory requirements.<sup>1</sup>

OLCHC recognises the importance of medication safety management and has created processes and practices to minimise the risk to children by incorporating the '10 rights' of medication management;

- 1. Right patient
- 2. Right Reason
- 3. Right drug
- 4. Right route
- 5. Right time
- 6. Right dose
- 7. Right Form
- 8. Right action
- 9. Right Documentation
- 10. Right response.

NMBI have stated that 'these standards for medicines management are authoritative statements developed and monitored and enforced by NMBI. These standards describe the responsibilities and conduct expected of Nurses and midwives in their involvement with medicines across all care settings'. NMBI (2015).<sup>2</sup>

### 2.0 Definition of Standard Operating Procedure

Nursing staff in the ED will follow the process of the 'Double checking Algorithm, OLCHC' to the point of administration where they will then administer specific medication alone to facilitate the safe processes in the ED.

Reasons for delay in medication administration will not be recorded in a 'coded' system for non admitted patients but will be recorded in the nursing notes

### 3.0 Applicable to

Nursing staff in the Emergency Department

<sup>&</sup>lt;sup>1</sup> Health Information and Quality Authority (2012) National Standards for Safer Better Healthcare, HIQA, Cork, Ireland

<sup>&</sup>lt;sup>2</sup> Standards for Medicine Management for Nurses and Midwives (Draft) <a href="https://www.nmbi.ie/nmbi/media/NMBI/standards-for-medicines-management.pdf">https://www.nmbi.ie/nmbi/media/NMBI/standards-for-medicines-management.pdf</a>

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# 4.0 Objectives of Standard Operating Procedure

The objective in this SOP is to ensure the medication cycle is as safe as it can be. The ED nursing team have challenges in relation to the current Policy on Medication Management (2017) and have alternative solutions to safe medication management in the ED.

Nursing staff in the ED will follow the OLCHC 'Double checking Algorithm' to the point of administration at which stage the medication will be administered singly to the patient following an identity band check with the parent in attendance.

| MEDICATIONS TO BE INCLUDED                    |                        |  |
|---|------------------------|--|
| Paracetamol oral solution all strengths       | Inhalers via MDI       |  |
| Paracetamol rectal preparations all strengths | Nebuliser solutions    |  |
| Ibuprofen oral solution                       | First dos prednisolone |  |
| Antihistamine                                 | Oral antibiotics       |  |
| Oral rehydration solution                     | Topical medication     |  |

Exclusion to this SOP are any medications that are prescribed Intravenously, Controlled drugs or any medication that does not appear in the list above.

### 5.0 Procedures - Medications administration in the Emergency Department

Triage is frequently the first instance of clinical contact for patients and their carers presenting to the ED. It is consistently the point at which emergency care begins in the acute hospital setting. Clinical decisions made by triage nurses require complex cognitive processes. The ability to make efficient clinical judgments and decisions is critical, and the quality and accuracy of triage decisions are central to appropriate and timely clinical care. Triage is currently performed by a qualified nurse trained and signed off as competent in triage.

#### **Action**

Registered Nursing staff in triage who have been educated will use the 'Double Checking Algorithm to the point of administration, then the medication will be taken to the child by one nurse who will check the child's identity band and verify the name and detail with the parent/guardian prior to administration of the medication. In the rare situation where there is not a parent available to double check medication administration to a child will always be given by double checking to 2 nursing staff and a name band check.

In an effort to manage pain, analgesia is often initiated in Triage. However, as there is only one nurse carrying out this assessment, there is not a second nurse available for a patient check. However, the ED is the only acute setting area in the hospital where parents are always present. Therefore medication checks will take place with the name band and with the parent present. In addition to this challenge, medications (as outlined in appendices 1) will frequently be administered without the Doctor having an opportunity to document the child's allergies. However, the nurse will document any allergies prior to administering any medication at this point in triage.

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#### **Action**

Registered Nursing staff in triage who have been educated will use the 'Double Checking Algorithm to the point of administration, then the medication will be taken to the child by one nurse who will check the child's identity band and verify the name and detail with the parent/guardian prior to administration of the medication. In the rare situation where there is not a parent available to double check medication administration to a child will always be given by double checking to 2 nursing staff and a name band check. In the Minors area there are a significant number of medications to be administered.

### Action

The nurse will double check the medication from the prescription and will single administer the child's medication with the ED prescription page which contains the child's MRN number in the Triage booklet (Appendix 2) with the child's parent and the name-band. In the rare situation where there is not a parent available to double check medication administration to a child will always be given by double checking to 2 nursing staff and a name band check

The Doctors in the ED will document any allergies in the child's ED notes. Allergies will also be recorded on the top of the page where the medication is written by the Triage nurse (Appendix 2)

Delays in medication (on non-admitted children) will be recorded in the nursing notes as there is no coded system in the Triage booklet for recording why the delay occurred

## 6.0 Implementation Plan

All of the ED team (especially the ED nursing team) Include communication of the document, any education, whether included in induction, for the ED team

#### 7.0 Evaluation and Audit

Monitoring of compliance is an important aspect of all procedural documents. However, it is not possible to monitor all procedures. Consideration needs to be given here as to the risk presented should this procedure not be complied with. The CNM 2/CNM3 need to monitor all medication safety incidents to identify trends that require an immediate review of this policy

#### 8.0 References

NMBI (2015) Standards for Medicines Management for Nurses and Midwives, NMBI, Dublin, Ireland.

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| Operating Procedure                                       |                                 | <b>《本人表表》</b>                                 |
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# 9.0 Appendices

# Appendix 1 - Exemptions



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#### A MEDICATION PROTOCOL' FOR DOUBLE CHECKING AND SINGLE ADMINISTRATION OF CERTAIN MEDICATIONS IN THE EMERGENCY DEPARTMENT

| 1. Department<br>Emergency Department   | 2. Date Issue<br>May 2018  | 3. Review date<br>May 2020                 |  |
|---|--|--|--|
| Name and signature of authoriser of this protocol     Director of Nursing   | Signature  |  |  |
| Drugs & Therapeutics Group OLCHC     What starr members will be anected by this protocol  | Signature  |  |  |
| All Higher Diploma Nursing Students     All registered nursing staff     All staff on relief or on bank/agency  |  |  |  |
| Staff Inclusion criteria –     All Higher Diploma Nursing Students registered nursi     Any staff who have not received education around sit  | ngle administration  | n and training.                            |  |
| <ul> <li>Exclusion circumstances (Who will not be covere</li> <li>Staff working in any other area who do not work in the<br/>Undergraduate or seconded Nursing students on pla</li> </ul>   | e ED   |  |  |
| Description of events/activity to be covered     Medication is prescribed in the usual manner     Medication is checked in the usual manner using the     Medication is administered to the child by one registered to the child by one registerity with the parent/guardian. In the event that a algorithm for administration will apply.  | stered nurse checking the child's id   | entity band and double checking            |  |
| Names of medications included in this protocol     Paracetamol oral solution all strengths     Paracetamol rectal preparations all strengths     ibuprofen oral solution     Antihistamine     Oral rehydration solution  | Inhalers via MDI     Nebullser solutions     First dose prednisolone     Oral antibiotics     Topical medication |  |  |
| 10. Do guidelines accompany this protocol? Please of<br>Yes see SOP on the single administration of medication  |  |  |  |
| 11. Will the use of this protocol improve the patient journey/quality of patient service? (Please give details) Yes. This protocol will assist the child's journey through the emergency department ensuring medication is administered in a timely safe manner.  |  |  |  |
| 12. Please Include details of evidence to suggest this is best practice.  Nursing and Midwifery Board of Ireland (2015) Standards for Medicines Management for Nurses and Midwives, NMBI, Dublin, Ireland.  Royal college of Nursing Patient Group Directions Guidance and Information for Nurses (RCN, 2006).  Nursing Policy on Medication Management (2016)  Standard Operating Procedure on the double checking single nurse administration of specific medication in the ED (2017)  OLCHC Medication Policy (2017) |  |  |  |
| 13 Non Conformance<br>in the event of non-compliance and/ or an increase in n<br>must be followed and follow up actions implemented. A<br>adhered to.   |  |  |  |
| 14. Authors Fionnuala O' Nelli, NPDU, Bridget Conway, CNM 3 Emergency Department  |  |  |  |
| 15. Authorised by: Date: Drugs & Therapeutics Committee TitleSignature Director of Nursing Date:  |  |  |  |
| TitleSignature  The parent must be available at all times in the 60 to check the child's identity   | ty with the name prior to medication administrati  | ne he nas name. In the case essent a force |  |

\*Based on Nursing and Midwifery Board of Ireland, Standards for Medicines Management for Nurses and Midwives, NMSI.

Created by FON, NPDU March 2018

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there is not a parent available to double check medication administration to a child, double checking and two nums administration with name band check must occur.