

Back to Basics (Part 4) – The right time

The 'five rights' are used to describe the basic principles of medication safety; right patient, right medicine, right dose, right time and right route.

It is important to prescribe, dispense and administer medications at the right time; this includes prescribing the correct frequency clearly (e.g. once a day, every 3 days, weekly), ensuring medicines are available on the ward when required and administering medicines at the prescribed time.

- Confirm the frequency is appropriate for the medicine and formulation, check reference sources if you are unsure.
- Check that the time of administration is appropriate for the medicine and indication, for example, question sedatives prescribed regularly in the morning.
- Always check the prescribed time(s) of administration on the prescription to see when a dose is due rather than following the pattern of administration signatures as shown below:

- Before recording 'D' (drug not available) on the administration record, check - is the medicine stock, has it been ordered, has it been delivered?
- If a medicine is not available in Pharmacy, discuss with the ward pharmacist or prescriber to arrange an alternative supply or medication.
- When a medicine is prescribed less frequently than once a day e.g. methotrexate, draw a line through the days that it must not be administered and highlight the day that administration should take place, as shown below:

- If a medicine is to be intentionally withheld, the prescriber should enter 'DR' in the administration record for the doses to be withheld or else discontinue the prescription and annotate the kardex that the medicine is withheld.
- When prescribing 'Once only' doses, communicate this to nursing staff. Where 'Once only' doses are to be administered during a later shift, include this in nursing handover.
- Always check the administration record before administering a dose to confirm it hasn't already been administered.
- Sign the administration record immediately after administration. Otherwise this dose may inadvertently be administered a second time.
- With 'As required' medicines, always check when the last dose was administered to see if a further dose can be given.
- If a patient is 'Nil by mouth', ensure that the patient's medicines have been reviewed and any essential medicines prescribed by an alternative route, for example anti-epileptics.
- For medicines that need to be monitored and blood samples taken e.g. gentamicin, vancomycin, it is important to administer doses at the stated time or record the actual time of administration if different.
- For intravenous medicines, check the method and rate of administration for example, as a bolus or infusion.

Hyperkalaemia

Serious medication incidents have occurred when insulin has been used as part of hyperkalaemia treatment.

Hyperkalaemia kits must be used when treating hyperkalaemia in adults. The kit contains:

- Calcium gluconate 10% ampoules
- Glucose 50% Minijets®
- Glucose 50% vial
- Salbutamol 2.5mg nebulas
- Insulin syringes

Insulin is stored in the locked pharmaceutical fridge.



Remember that the dose of soluble insulin to be administered is 10 units, drawn up using the insulin syringe, and that a second check with the senior nurse on duty is required before proceeding.

Patchwork



Previous editions of the newsletter have highlighted the potency of opioid medicines available as transdermal patches, such as fentanyl and buprenorphine. However these are not the only medicines available in patch formulation. Other medicines available in this formulation include hyoscine hydrobromide, testosterone and nicotine. There are some safety points that apply to all medicines available in patch formulation:

- Check the formulation, strength and frequency of administration.
- On admission, check when the patch was last changed.
- If the frequency is less than once a day, indicate when the patch is due to be changed as part of the prescription.

- Before applying a new patch, check that the old patch has been removed.
- When removing old patches, carefully dispose of the patch according to the manufacturer's instructions.
- Document where the new patch is applied.
- Where side effects or toxicity occur, be aware that the effects of the patch will persist after it has been removed.