

Faculty of Health Sciences' Guidelines for student midwives on the management of medicines

Scope and Purpose

This Guideline summarises the Faculty of Health Science's advice regarding medicines management at the time of writing (December 2014) and takes account of legal and professional guidance available at that time.

All student nurses, student midwives and Allied Healthcare Professionals (AHP) students must observe and/or participate in the administration of medicines during their programme of education.

The student and the mentor should discuss these guidelines and local medicine administration policies at the beginning of each practice placement experience.

Students' are accountable to society, their employer, the professional regulatory body and ultimately to individuals.

Professional Regulatory Body Standards must be adhered to at all times. Professional Standards ALWAYS takes precedence over these guidelines.

In practice placements the Employer is the organisation hosting the placement and with whom the Student has an honorary contract. The Student's roles and responsibilities are determined in Local Policy published by the Employer; local policies ALWAYS take precedence over these guidelines.

Local Policy should not contravene Professional Regulatory Standards and comply with legal frameworks such as the Medicines Act (1968) and Mental Capacity Act (20...).

Statement of Intent

The Faculty of Health Sciences confirms its commitment to partnership working with placement providers. The aim of the Guideline is to ensure that Professional regulations are upheld and that adverse events are avoided during learning experiences; the guideline does not supersede or replace Local Trust Policies.

Stakeholder Involvement

Practice Partners will be invited to contribute and comment on all versions of this Guidance. The Guidance has been developed by a multi-disciplinary group, which includes professionals involved in day-to-day delivery of health-care.

Guidance about supervision

Standard 18 of the NMC Standards for Medicines Management states that Students must never administer or supply medicinal products without direct supervision.

Direct supervision is defined as follows:

The student is in direct visual contact of their mentor, practice teacher or supervisor, who must be attentive and cognisant of the activities the student is undertaking and working close enough with them for these to be directly monitored (NMC 2010, NMC 2011a, NMC 2011b).

Students must NEVER administer or supply medicinal products without DIRECT supervision, although as they progress through their training, their supervision may become increasingly indirect to reflect their competence level (NMC 2010).

After administration or supply the mentor may then delegate the student to assist the patient in the ingestion or application of the medicinal product.

Registered practitioners and students must be aware that whenever a student is involved in medicines management, the registered practitioner maintains the responsibility and accountability for all related activity including: the ordering, receipt, storage, preparation, administration, monitoring and disposal of medicines and the maintenance of all associated documentation.

Responsibility of the student: Develop an increasing level of proficiency in all aspects of medicine administration.

Students will identify the limitations of their scope of practice and act in accordance with local policy of the Employer, Standards of the NMC and legal frameworks.

Under the direct supervision of the registered practitioner, the student will follow the 6 rights of administration (right person, right drug, right dose, right route, right time, and right documentation) and demonstrate this to mentors by:

1. Identifying the correct service user
2. Selecting the prescribed medicine
3. Calculating the required dosage
4. Identifying the correct timing of the prescribed medicine
5. Preparing and administering medicine
6. Recording the administration appropriately
7. Challenging incorrect/ambiguous documentation

The student will demonstrate medicines management competence in the development of the 5 rights of their own knowledge base (action, side effects, and contraindications, patient education and a person's right to refuse) and will demonstrate this to mentors by:

1. Identifying the reason for prescribing, supplying and administering the medicine
2. Understanding the action of the medicine
3. Having an awareness of possible adverse effects & contraindications
4. The ability to recognise adverse effects & contraindications
5. Discussing medication appropriately with patient and families

Responsibility of the Mentor: to assist a student in and assess the development of an increasing level of proficiency in all aspects of medicine administration

In each practice placement the mentor should assess the student's proficiency in medicines management and (where possible) the administering of medicines. The student's level of proficiency must be recorded in their assessment document.

Medicines management is more than administration of medicines. Students should be assessed on their ability to assess the effect of medicines and their ability to discuss medication with those taking or administering it.

The student should increase their level of proficiency in all aspects of medicine administration, including the signing of the prescription sheets where applicable, but always under the direct supervision of the qualified practitioner. The registered practitioner must countersign the prescription sheet.

Guidance about Routes of Administration

Student midwives may observe but CANNOT take part in the administration of medicines by the following routes:

- Intra-dermal
- Intravenous routes (Including flushing IV peripheral and central venous cannula & flushing lines with transducers)
- epidural
- intra-thecal
- intra-osseous
- intra vesicle
- arterial lines

Guidelines for specific situations

Oxygen: Oxygen must be prescribed and students may be involved in the administration of oxygen in accordance with local trust policy.

Keys: Under no circumstances are students permitted to be responsible for the practice placement's medicine keys.

PGDs: Patient group directions (PGD): In accordance with the NMC (2013) student midwives may observe but cannot participate in the supply or administration of medicines under patient group directions (PGD) including vaccinations. The administration of medicines via a PGD may not be delegated. Students are expected to understand the principles and be involved in the process.

Midwives Exemptions: Exemptions from the general rules are permitted for midwives, provided it is in the course of their professional practice. These include Prescription Only Medicines for parenteral administration. The MHRA statement that *With the exception of controlled drugs, student midwives can administer any of the parenteral medicines on the midwives' list under the direct supervision of a registered midwife* is in direct conflict with the NMC Standards for Medicines Management which states that *wherever possible, two registrants should check medication to be administered intravenously, one of whom should also be the registrant who then administers the intravenous (IV) medication*. Student midwives must not administer any medicine (including a saline push) via any IV route.

Intravenous medication.

NMC Medicines Management standard 20 states that wherever possible, two registrants should check medication to be administered intravenously, one of whom should also be the registrant who then administers the intravenous (IV) medication. Mentors should assess the ability of the student nurse to act as a second checker when another registrant is not available. Student midwives must not administer any medicine (including a saline push) via any IV route.

Under direct and vigilant supervision of the midwife who will immediately administer the IV medicine, a student midwife may prepare medicines intravenous injection in a syringe or other container.

Administration of IV Solutions:

Student midwives may not administer or supply intravenous solutions. In some circumstances in local areas of practice in a Trust the mentor may delegate the exchange of an empty IV bag of 0.9% sodium chloride or dextrose saline for a full bag to student midwives who have been assessed as competent in this task and the associated assessment of patients.

Controlled Medicines:

Administration of controlled drugs should involve 2 practitioners, one of whom should be a registered nurse or midwife. Student midwives may act as a second checker if local policy allows.

In practice with direct supervision of the person administering the drug, the student may:

- "Sign out" controlled medicines in the controlled medicine register as the second person
- Participate in the administration of controlled medicines
- **Students must not order, receive or dispose of controlled medicines**

Oral Suspension: student midwives may participate in the preparation / reconstitution of oral medicines such as suspensions with the direct supervision of the midwife or first level nurse.

Verbal orders to administer medicine without a written prescription when the medicine has been previously prescribed: students should not take verbal orders.

Cytotoxic medicine administration: student midwives should not administer oral chemotherapy medication.

Ultraviolet therapy: After administration regulations have been met the mentor may delegate the delivery of ultra-violet therapy to student midwives that have been assessed as competent to do so.

Return to practice midwifery students (RTPS): RTPSs attend a study day on medicine administration early in their course. Following attendance at the study day, RTPS's should be involved in the administration of medicines in accordance with the guidance in the RTPS assessment of practice document.

Other policies to be read in conjunction with these guidelines

- Medical devices (related to infusion devices)
- Vena-section
- Central venous line monitoring
- Blood transfusions
- Complementary medicines/therapies

References

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