

Faculty of Health Sciences' Guidelines for student nurses on the management of medicines (including return to practice nurses)

Scope and Purpose

This Guideline summarises the Faculty of Health Science's advice regarding medicines management in the United Kingdom at the time of writing (March 2017) and takes account of legal and professional guidance available at that time. Please note, current UK law and professional standards differ from other European nurse training regulations (e.g. intravenous medication and solutions).

All return to practice students and student nurses must observe and/or participate in the administration of medicines during their programme of education.

Students are accountable to society, their employer (see below), the regulatory body (Nursing and Midwifery Council) and ultimately to individuals.

These Guidelines are written in line with the professional standards of the regulatory body (NMC) and must be adhered to at all times. Should the NMC introduce changes to the current professional standards that further restrict or extend the role of the student in the management of medicines, the Faculty will communicate these changes to students and this Faculty Guideline will be revised in a timely way to reflect the changes.

In practice placements the 'employer' is the organisation hosting the placement, and for return to practice students, with whom the student has an honorary contract. The student's roles and responsibilities are determined in local policy published by the employer; if activities that students can engage with are further restricted by local policies, these should ALWAYS take precedence over these Guidelines. However, students cannot extend the scope of their practice beyond these Faculty Guidelines

Local policy should not contravene regulatory standards and should comply with legal frameworks such as the Medicines Act (1968) and Mental Capacity Act (2005).

Supervising practitioner

The student and the supervising practitioner should understand how these guidelines and local medicine administration policies apply to each area of practice. The supervising practitioner is a registrant of the regulatory bodies NMC or Health and Care Professions Council (HCPC). The student must act within the scope of practice of the profession for which they are training (not the supervisor's scope of practice).

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 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 and Delegation

The NMC indicates that students must NEVER administer or supply medicinal products without DIRECT supervision. The NMC note that as a student progresses through their training, “their supervision may become increasingly INDIRECT to reflect their competence level” (NMC Standards of Medicines Management 2010 p33).

Defining direct supervision

The student is in direct visual contact of supervising practitioner, who must be attentive and cognisant of the activities and tasks the student is undertaking and working close enough with them for these to be directly monitored. This is in accordance with NMC (2010, 2011a, 2011b) requirements and Faculty Guidelines on the Management of Medicines.

Example:

A student may prepare and administer oral medication, intramuscular or subcutaneous injections under the direct supervision of the supervising practitioner, who observes each step of the process. Where this is done, both the student and the registrant must sign the medication chart

Defining indirect supervision

In line with NMC guidance, supervision may become increasingly indirect to reflect the student’s competence level. The supporting supervisor/registrant delegating the task is responsible for assessing level of competence (see guidance below).

Examples:

A student may prepare oral medication under the direct supervision of the registrant, but administration may be in-direct. The supervising practitioner should remain in the clinical environment, but in line with “increasingly indirect” supervision they are not required to watch the student doing the task IF the student has been assessed as competent. Where this is done, both the student and the registrant must sign the medication chart.

Faculty Guidance considers **community placements to be a special situation**; “increasingly indirect” supervision in these placements refers to supervisors being available via the telephone when competent students have been delegated tasks such as applying eye drops and wound dressings.

Delegation

NMC 2010 (p33)

The registrant (*supervising practitioner*) is responsible for delegating to a student, and where it is considered that the student is not yet ready to undertake administration in whatever form, this should be delayed until such time the student is ready.

A student may decline a task if they do not feel confident enough to do so. The relationship between the registrant and student is a partnership, and the registrant should support the student in gaining competence in order to prepare for registration.

Further Guidance:

The NMC Code (2015) indicates that nurses must only delegate tasks and duties that are within the other person's scope of competence, making sure that they fully understand the instructions. Anyone delegated a task must be adequately supervised and supported. The delegator must confirm that the outcome of the delegated task meets the required outcome.

Students must know their limitations and when to seek advice from the appropriate professional in the event that circumstances change. Students must not perform medicine management tasks without supervision or without explicit delegation.

Specific examples (see also routes of administration below):

A student may NOT be delegated with the task of administering ultraviolet therapy

A student may NOT be delegated with the task of helping a person to swallow oral chemotherapy medication

A student may be delegated the task of helping a person to swallow medicines with food or drink

A student may be delegated the task of helping a person with an inhalation (nebuliser or inhaler device)

A student may be delegated the task of helping a person with ear or eye drops

A student may be delegated the task of applying prescribed wound-care products in accordance with a care plan

Responsibility of the student:

To develop an increasing level of proficiency in all aspects of medicine administration.

Students will know and act in accordance with the limitations of their scope of practice and 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 "rights of administration" (right person, right drug, right dose, right route, right time, and right documentation) and demonstrate this by using the steps below:

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

The student will demonstrate medicines management competence in the development of the “rights” of their own knowledge base (action, side effects, and contraindications, interactions, patient education and a person’s right to refuse) and will demonstrate this to the supervising practitioner by:

1. Gaining informed consent from the person being administered medication
2. Identifying the reason for prescribing, supplying and administering the medicine
3. Understanding the action of the medicine
4. Having an awareness of possible adverse effects & contraindications and interactions
5. The ability to recognise adverse effects, contraindications & interactions
6. Discussing medication appropriately with patient and families
7. Identifying when to refer to another professional

Responsibility of the Mentor/Supervising Practitioner:

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 that includes both safe administration of medicines and products (e.g. wound dressings) and the knowledge required to act safely. The student’s level of proficiency must be recorded in their assessment of practice document.

Mentors should be aware of local Trust policy which may restrict student activity in addition to the guidance set out in this 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.

Registered practitioners and students must be aware that whenever a student is involved in medicines management, the registered practitioner retains 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.

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

Guidance about Routes of Administration

Some routes of administration may be only observed by student nurse. They must not be involved in any way in any part of the process of administration of medicines via the following routes, or any route that requires a clinician to undertake further education or training:

- Intra-dermal
- Epidural
- Intra-thecal
- Intra-osseous
- Intra vesicle
- Arterial lines
- Intra-muscular infusions e.g. local anaesthetic via rectus sheath catheter

Intravenous medication:

Students must NOT administer intravenous medication

Only a registrant may administer medicines or solutions via the intravenous (IV) route. The NMC Standards for Medicines Management (2010) 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."*

In some circumstances the student may second check the dose calculation and other 'rights' of administration, but the registrant should assess the ability of the student nurse to act as a second checker when another registrant is not available (NMC 2010).

In accordance with the guidelines of the Trust with whom the student is placed, a student may prepare medicines for intravenous injection in a syringe or other vessel under the direct and continuous supervision of the same registrant who will immediately administer the IV medication. The student may NOT connect this with, or inject this into, the patient's IV line. This includes intravenous infusions.

Some Trust policy may place further restrictions on this activity. Supervising practitioners engaging students with this task should consider the level and demonstrated competence of the students in the administration of medication (see p 2-4 of this Guideline).

Intravenous fluid therapy

Student nurses may not participate in the initiation or alteration of intravenous or sub-cutaneous fluid infusions, mechanical pumps or a patient controlled device.

NICE (2014) "Intravenous fluid therapy in adults in hospital overview" recommends that *"Hospitals should establish systems to ensure that all healthcare professionals involved in prescribing and delivering IV fluid therapy are trained on the principles covered in this pathway, and are then formally assessed and reassessed at regular intervals to demonstrate competence"*

<http://pathways.nice.org.uk/pathways/intravenous-fluid-therapy-in-adults-in-hospital>)

Therefore student nurses must NOT administer any medicine or solution via ANY IV route. This includes changing bags of fluid on established lines. Students may be supported to practise or rehearse the preparation of IV Fluids in simulation only. This is in line with current NMC Guidance (2010)

Additional Guidance

Keys

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

Patient group directions (PGD)

Students cannot supply or administer under a PGD but would be expected to understand the principles. The NMC Standards for Medicines Management (2010) states that "*PGDs should only be used once the registrant has been assessed as competent and whose name is identified within each document. The administration of drugs via a PGD may not be delegated.*"

Verbal orders and text messaging

Student nurses should not take verbal orders. The NMC Standards for Medicines Management (2010) states that verbal orders "*must have been authorised (via text, email or fax) by a registered prescriber*" and that "*The registered nurse should request the prescriber to confirm and sign changes on the patient's individual medicines administration record (MAR) chart or care plan.*"

Second signatory

The student nurse may act as a second signatory. The NMC Standards for Medicines Management (2010) states that "*An order to administer medication by text messaging is an increasing possibility. A second signature – normally another registrant but where this is not possible another person – should sign to confirm the documentation agrees with the text message.*"

Controlled Medicines

Administration of controlled drugs should involve 2 practitioners, one of whom should be a registered nurse or midwife. Student nurses 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**

Local Policies which support better understanding of wider principles and breadth of medicines management.

- The placement/local Trust policy for medicines management (*essential reading*)
- Medical devices (related to infusion devices)
- Venesection
- Central venous line monitoring
- Blood transfusions
- Complementary medicines/therapies
- Infection prevention

References and Resources

Dougherty L, Lister S & West-Oram A (2015) The Royal Marsden Manual of Clinical Nursing Procedures (9thEdition) Chichester: Wiley Blackwell (Part 4 section 12 – Medicines Management)

Elliott M & Liu Y (2010) The nine rights of medication administration: an overview. British Journal of Nursing, 19:5 pp300-305

NICE (2014) Intravenous fluid therapy in adults in hospital overview. NICE. Manchester

National Prescribing Centre (2007) 2nd Ed. A guide to good practice in the management of controlled medicines in primary care (England). National Prescribing. Centre. Liverpool

Nursing and Midwifery Council (2010) Standards for medicine management. NMC. London

NMC 2011 Circular 07/2011 Changes to midwives exemptions

NMC 2011 Advice and supporting information for implementing NMC standards for pre-registration nursing education.

Royal College of Nursing. (2010) Standards for Infusion Therapy, RCN. London

Royal Pharmaceutical Society of Great Britain (2005) The Safe and Secure Handling of Medicines, A Team Approach; A Revision of the 'Duthie Report 1988'. Royal Pharmaceutical Society of Great Britain.

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