



**MANAGEMENT OF MEDICATION PROCEDURE WITHIN
THE CRISIS RESOLUTION & HOME TREATMENT TEAMS**

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Documents to read alongside this Procedure	<p>1 - <i>Safe Administration of Medicines Policy</i> 2 - <i>CRHT Operational Policy.</i> 3 - <i>Patient Identification Policy.</i> 4 - <i>NMC Standards of Medication Management</i> 5 - <i>Policy for Safe Custody of Drug Keys</i> 6 - <i>Getting the Medicines Right 2: Medicines Management in Mental Health Crisis Resolution and Home Treatment Teams (College of Mental Health Pharmacy)</i> 7 – <i>FP10 Policy</i></p>
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Version Number	Date of Review Approved	Date Published	Summary of Amendments
1	12/12/2012	31/01/2015	New procedure

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1 INTRODUCTION

The purpose of this procedure is to outline the processes required to enable staff to safely deliver, prescribe, administer and supervise medication to all clients who are under the care of the Crisis Resolution and Home Treatment Teams (CRHTT) and are within a community setting. This document needs to be read in conjunction with the NMC Standards of Medication Management (2010) and the UHB Safe Administration of Medicines Policy.

During a spell of home treatment the CRHTT are likely to be involved in the medication plans for clients open to them. Most clients will already have treatment plans in place with their respective CMHT or GP etc; however some will be unknown to services and therefore will be new to treatment.

It will be the responsibility of the CRHTT to follow the procedure below in ALL cases that are open to the team. This procedure has been benchmarked against "Getting the Medicines Right 2: Medicines Management in Mental Health Crisis Resolution and Home Treatment Teams" (College of Mental Health Pharmacy) and we have obtained permission from the authors to utilise it within our practice.

In order to ensure compliance with this procedure, the CRHTT will designate a clinical member of staff responsible for leading on all aspects of medication management. This role will be agreed and documented at the CRHTT Quality and Safety Forum.

The Mental Health Measure requires that all patients receiving secondary mental health services will have an identified care coordinator and care and treatment plan. The care plan will include identifying outcomes in relation to medical and other forms treatment including psychological therapies. All clients of the CRHTTs will have an individual Care Plan to reflect their current medication needs from the service.

People receiving support from the CRHTT will have, where necessary, reference to their medication needs including in relation to the safe administration of medication, identified and recorded within the care plan. Any discussions reviews or revisions of the care and treatment plan must be made in conjunction with the relevant patient, care coordinator, responsible clinician and any significant other involved. The safe administration of medication is paramount and must be care planned for.

In order to safely treat their clients, the CRHTT will apply the following pathway when managing medication:

- medication reconciliation
- medication prescription
- medication storage
- dispensing and supply of medication
- transportation of medication
- administration of medication and delegation

- recording of medication
- discharge from CRHT

Medication Reconciliation

“The aim of medicines reconciliation on hospital admission is to ensure that medicines prescribed on admission correspond to those that the patient was taking before admission. Details to be recorded include the name of the medicine(s), dosage, frequency, and route of administration. Establishing these details may involve discussion with the patient and/or carers and the use of records from primary care. This does not include medicines review.”
NICE 2007

In the event of a client being accepted for home treatment, the CRHTT will fax the GP or any other known prescribers (such as the CAU), a request for a list of all current medication being prescribed, both repeat and acute, with a follow-up telephone call to ensure the information is obtained. This is to include doses and dates of last issue, and whether there are any known allergies (please see appendix 1). This will be completed by the next working day and is the responsibility of the administrative staff. Best practice would also include obtaining a history of medicines prescribed for the client. In the case of a client being taken on for Early Discharge, the CRHTT will obtain the Inpatient Drug Chart in order to reconcile medication. This will be done at the point of assessment. In the case of supported leave, the Drug Chart will need to return to the ward when the patient is reviewed.

The CRHTT administrative staff will also obtain any relevant recent physical test results.

All of this information will be documented and checked by the responsible qualified staff. Where practicable, this will be undertaken by a Pharmacist. Any concerns are to be discussed with medical staff immediately. This will be filed with the clients' individual medication chart.

If access to the patient's actual medicines container is available at the point of assessment, the assessor will request sight of the containers, and will ask whether the patient has been taking the medicines. This is to include complementary medicines. Staff will check that the medication is not out of date, and will advise on safe storage. CRHTT staff have no right to remove patients' own supply of medication without their permission, but this may need to be negotiated in order for Home Treatment to be a safe option. If the client asks the CRHTT to remove old, out of date or unwanted medication, these are to be returned to base and disposed of in a secure yellow sharps box, solely in use for this purpose. If the patient refuses to surrender out of date or medicines no longer required they must be advised against taking these medicines.

It is the responsibility of the assessing clinician to ensure the above information is available in the CPA documentation.

2 MEDICATION PRESCRIBING

“Crisis teams should have 24hr access to a medical prescriber, preferably a Psychiatrist. For medical advice relating to the prescription of medicines and care, CRHTT should have 24hr access to a Consultant Psychiatrist”.

Getting the Medicines Right 2 (2010)

“Registrants must check any direction to administer a medicinal product, as a registrant you are accountable for your actions or omissions.....must always check the prescription” (NMC 2010)

In the event of a client being taken on within hours, the prescribing responsibility lies with the team doctors to complete a Patient Medication Administration Record. Outside of normal hours, the CRHTT have access to the on-call medical rota. Should a Home Treatment client be prescribed medication out of hours, their medication will be reconciled as above, and will be reviewed within 2 working days, unless immediate concerns were reported to medical staff as above. Out of hours, the prescription chart needs to be supported by a triplicate TTH to allow for re-stocking by Pharmacy.

Where possible, the current prescription chart should follow the client throughout their journey with the Mental Health Services. Should clients be open to other services then their medication chart should be transferred with them to the appropriate care team. If this isn't possible then any new medication / prescription charts will replace the existing one.

All clients open to the CRHTT will have a Patient Medication Administration Record (medication chart). This Record will include all medication prescribed, including “as required medication” for the clients' own use and allergy status. These need to be labelled with addressographs as per Patient Identification Policy.

In unplanned situations, it may be appropriate for CRHTT doctors to make a prescription using an FP10. This will be managed as per FP10 Policy. The prescription will be recorded on the prescription and administration chart.

3 STORAGE OF MEDICATION

The CRHTT's have access to emergency medication most commonly used. These are kept in a locked cabinet in a locked room, and the safe-holding of the corresponding keys passes from one shift duty worker to the other. (Please refer to the Policy for Safe Custody of Drug Keys). Lost keys should be reported to the Team Leader or Team Administrator immediately.

There are up to 5 boxes available to clinicians of the medication listed below: -

Lorazepam 1mg X 7 tablets
Diazepam 2mg x 7 tablets
Diazepam 5mg X 7 tablets

Zopiclone 7.5mg x 4 tablets
Olanzapine 5mg X 4 tablets
Olanzapine 10mg X 4 tablets

These are only to be used for clients taken on by the CRHTT. Should a client be referred, and deemed not appropriate for Home Treatment but the assessing doctor wishes to prescribe and supply medication, it is the responsibility of the assessing doctor to access medication from the hospital emergency cupboard.

Both CRHTTs have access to the on call Pharmacist, contacted through switchboard.

4 STOCK-CHECKING

When accessing CRHTT stock medication, the qualified nurse or doctor will record the dispensed medication in the Stock Balance Book. This is to ensure an accurate running total of the balance, and also to act as a record of what medication has been given to whom and when, to allow for accurate stock checking. The stock will be checked every week by the duty worker (on a day agreed by the Team Leader) to ensure balance of stock is maintained. Any medication that has been used will be re-ordered to replenish the stock. Any discrepancies are to be reported to the Team Leader immediately.

5 DISPENSING AND SUPPLY OF MEDICATION

All medicines should be dispensed with correct directions and in appropriate containers to meet legal standards. Ideally all dispensing should be undertaken by pharmacy. However if pharmacy services are routinely unable to provide dispensing services in a timely manner local procedures need to be developed to enable nursing staff to re-dispense medicines safely.

Getting the Medicines Right 2 (2010)

The CRHTT have access to a dedicated mental health pharmacy. All normal working day prescriptions are completed by the pharmacy department as prescribed on the Patient Medication Administration Record. During out-of-hours the prescriber will also complete a "TTH" (to take home triplicate prescription) to enable replenishment of stock. The available medications are listed in the above section "Storage of Medication".

'Registrants may in exceptional circumstances label from stock and supply a clinically appropriate medication to a patient, against a written prescription (not PGD), for self administration or administration by another professional, and to advise on its safe and effective use'
(NMC 2010)

If a TTH is written the number of tablets is to be specified rather than the number of days so that a registered nurse can supply the medication. The registered nurse will write the patients' name, date of labelling, the dose, and

the frequency to be taken. The delivery of medication will be recorded on Paris, and also on the Patient Medication Administration Record (drug chart) by the responsible member of staff. This is to include what has been delivered, how much, and for how long.

Where the prescriber wishes for the client to be prescribed less or more than the standard amount in the box, it will be the responsibility of the doctor to dispense the prescribed number. Although there are circumstances in which the NMC would support nurses to dispense, this is not common local practice and is therefore **not** covered by a standard operating procedure.

Patients on leave from hospital are to be provided with medication for the duration of their leave from the Pharmacy department. When a patient is discharged from hospital to the CRHTT the pharmacy will provide up to 14 days supply and will make an entry on Paris detailing medications prescribed and inform the GP and Community Pharmacy (if known) via a fax. The pharmacy will only do this if a discharge prescription is written by the ward.

When a patient is taken on for early discharge then the drug chart used on the ward must be transferred to the Crisis Team. When discharged from the ward the GP will then be requested to take over the prescribing of all medicines unless changes are still to be done with mental health drugs when the prescribing will remain with the CRHTT.

6 TRANSPORTATION

“Registrants may transport medication to patients including controlled drugs, where patients, their carers or representatives are unable to collect them, provided the registrant is conveying the medication to a patient for whom the medicine has been prescribed”. (NMC 2010)

Providing they have valid photo identification and are willing to accept responsibility for the medicines, the following CRHTT staff may transport medicines from Pharmacy to base, Pharmacy to a clients' home, or base to a clients' home:

- Registered Nurses
- Community Support Workers
- Pharmacists
- Doctors
- Psychologists
- Approved Mental Health Practitioners (AMHPs)
- Occupational Therapists

Any authorised staff member, who collects medicines from or delivers medicines to clients' homes, accepts responsibility for safekeeping of those medicines while they are in their possession. Pharmacy accepts responsibility for ensuring that only authorised staff collect medicinal products on the production of a valid UHB Staff ID Card.

Medicines must not be left unattended or unsecured at any time during transport to the client's home. When transporting medication to the client's home, it should always be locked in a secure storage in the car, for example the glove compartment.

Relatives or carers may collect medicines for clients from pharmacy provided that the CRHTT and Pharmacy agree to this plan, and that they are willing to identify themselves by giving details of the client's full name, address and date of birth.

7 ADMINISTERING MEDICATION AND DELEGATION

“The administration of medicines is an important aspect of the professional practice of persons whose names are on the Council's register. It is not solely a mechanistic task to be performed in strict compliance with the written prescription of a medical practitioner (can now also be an independent and supplementary prescriber). It requires thought and the exercise of professional judgement...”
(NMC 2010)

“A registrant is responsible for the delegation of any aspects of the administration of medicinal products, and they are accountable to ensure that the patient, carer or care assistant is competent to carry out the task”. (NMC 2010)

All clients of the CRHTTs will have a care plan to reflect their current medication needs from the service. The safe administration of medication is paramount and must be care planned for. This care plan will be individual to the client's needs.

Agreements about whether the patients will receive medicines from the staff members or self administer will be clearly documented in the initial Care Plan, and will be reviewed on a regular basis. The possible options for medication administration within the CRHTT are:-

1) Self Administration

The client may be able to take individual responsibility for taking their own medication. The client may choose to use a medication-aid such as a “dosette” box. The qualified professional may feel it is necessary to supervise the client filling up their own aid, but cannot undertake this for them. Self-administration may be enhanced by the use of “blister packs” of medication. This will need to be discussed with the GP and local Pharmacy.

If the client is to self-administer, this will be documented in a care plan and recorded on the Patient Medication Administration Record. The CRHTT staff will review their ability to do this on every visit, assuring themselves that the client remains able to comply, and that they are fully aware of any potential side effects and interactions with any other

substances (e.g., alcohol). Any issues are to be documented and discussed with the CRHTT.

2) Prompting / Encouraging

A qualified member of staff may choose to delegate the role of prompting medication to a Health Care Support Worker. This will be agreed with the client when planning their care, and documented in the care plan. The qualified member of staff must be sure the HCSW is confident and competent to undertake this task.

Due to the nature of Home Treatment, it may be that there is no member of staff on duty who has previously met the client. In this instance it is the responsibility of the qualified member of staff to contact the client by telephone to confirm the plans for a visit to prompt medication. This will act as a safeguard in ensuring the correct identification of the client. The HCSW will report back to the CRHTT duty worker after each visit, outlining any issues from the visit, and the prompting of medication will be recorded on the Patient Medication Administration Record.

3) Supervised Medication

Some clients will require supervision whilst taking their medication. This will be clearly documented in their care plan, and will be reviewed regularly to ensure that the client is not disempowered by their involvement with the team. This will be supervised by a Registered Nurse or Doctor only, and will be documented on the Patient Medication Administration Record.

8 RECORDING OF MEDICATION

“Medicine charts (electronic or hard copies) should be used by all CRHTs to record all medicines that the patient currently takes, including those that the CRHT staff are administering or overseeing, as well as those that the patient is self-administering”.
Getting the Medicines Right 2 (2010)

The Mental Health Measure requires that all patients receiving secondary mental health services will have an identified care coordinator and care and treatment plan. The care plan will include identifying outcomes in relation to medical and other forms treatment including psychological therapies. All clients of the CRHTTs will have a care plan to reflect their current medication needs from the service. The safe administration of medication is paramount and must be care planned for. This care plan will be tailor made to the clients needs.

All clients who are open to the CRHTT will have a current prescription chart detailing the client's current prescription including physical medication. This information will also be placed in the appropriate section of the PARIS database.

Any items taken from stock for administration to the patient must also be logged back into stock on the appropriate form if not used.

In the event of medicines being refused, wasted or not administered for any other reason, this must be clearly recorded immediately on return to the team base.

9 DISCHARGE

“On discharge a detailed account of the medicines prescribed by the patients CRHT is provided to the patient’s community mental health team and their GP”.

Getting the Medicines Right 2 (2010)

Upon discharge a detailed account of the medication prescribed by the CRHTT is provided to the patients Community Mental Health Team and their GP. This is already provided by pharmacy when patients are discharged from hospital or CRHTT. GPs will be faxed copies of prescribed medications and CMHTs have access to the PARIS database and will also be given a copy of the medication chart.

The discharging professional will be responsible for ensuring this happens within 48 hours of discharge.

10 TRAINING

“Delegation - This will require education, training and assessment of the patient, carer or care assistant and further support if necessary. The competence of the person to whom the task has been delegated should be assessed and reviewed periodically. Records of the training received and outcomes of any assessment should be clearly made and available.” (NMC 2010)

A training package to support staff will be offered within the first month of taking up a post in the CRHTT, and staff will be expected to attend every two years. The CRHTT Team Leaders, a doctor, and a representative from a dedicated mental health Pharmacy will devise this training package.

11 EQUALITY

Cardiff and Vale UHB is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff, patients and others reflects their individual needs and does not discriminate, harass or victimise individuals or groups. These principles run throughout our work and are reflected in our core values, our staff employment policies, our service standards and our Single Equality Scheme- FAIR CARE. The responsibility for implementing the scheme falls to all employees and UHB Board members, volunteers, agents or contractors delivering services or undertaking work on behalf of the UHB.

