

Reference Number: UHB 158 Version Number: 3	Date of Next Review: 7 Apr 2019 Previous Trust/LHB Reference Number: N/A
Depot Medication Procedure and Protocol for the Administration of Depot Medication in Community Mental Health Teams	
<p>Introduction and Aim</p> <p>This procedure is to ensure that depot medication is being used and stored in line with good practice and legislation and must adhere to NMC Standards for Medicines Management and Cardiff and Vale UHB guidance.</p> <p>To ensure that depot medication is administered on prescribed dates and there is a mechanism in place to ensure appropriate follow up of patients who miss an appointment to receive their injection.</p> <p>This procedure is aimed at members of staff involved in the prescribing, dispensing and administration of depot medication.</p> <p>It is each Integrated CMHT Manager's responsibility to ensure adherence to this procedure.</p>	
<p>Objectives</p> <ul style="list-style-type: none"> • <i>Please use bulleted list</i> 	
<p>Scope</p> <p>This procedure applies to all of our staff in all locations including those with honorary contracts [<i>Or replace with a more specific grouping if not UHB wide</i>]</p>	
<p>Equality Impact Assessment</p>	<p><i>An Equality Impact Assessment has not been completed as it is not required for a protocol.</i></p>
<p>Documents to read alongside this Procedure</p>	<ul style="list-style-type: none"> • Nursing and Midwifery Council Standards for Medicines Management • Lone Worker policy • UHB Infection Control Procedure for Hand Decontamination in Hospitals • UHB Infection Control Protocol for Needle-stick and Similar Sharps Injuries • Procedure for the management of Staff Involved in Medication Errors • UHB Incident Form HS /IDO/07 • Guidance on the Administration to Adults of Oil-based Depot and other Long-Acting Intramuscular Antipsychotic Injections

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	<ul style="list-style-type: none"> http://www2.hull.ac.uk/fhsc/newsandevents/news/injectionguide.aspx
Approved by	<i>Mental Health Clinical Board Quality & Safety committee</i>
Accountable Executive or Clinical Board Director	<i>Clinical Board Director for Mental Health</i>
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Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
3	7/4/2016	16/06 / 2016	Updated version

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Depot Medication Procedure

1 Prescription of depot medication

1.1 Function of the community medication cards.

- To provide a permanent record of the patient's prescribed treatment with medicines. N.B does not include medication prescribed by the GP.
- To indicate the patients' allergies/sensitivities to medicines.
- To direct and record the administration of the medicines to the patient.
- To enable the pharmacy to dispense medication.

A well-written drug prescription and administration chart enables the rapid and accurate interpretation of the medicines required by the patient. All prescriptions must be in black ink to facilitate legible faxing and scanning.

1.2 Prescribing on the drug prescription and administration chart.

Prescriptions must clearly identify the patient for whom the medication is intended and, whenever possible, be based on the patient's choice, awareness of the purpose of the treatment and informed consent.

Addressographs must be used for the patient's name, address, and date of birth.

The prescription must be clearly written in BLOCK LETTERS, typed or computer generated and indelible.

The prescription must indicate the drug, dose, timing, frequency, route of administration, original start date, stop date and date.

- Use approved names of drugs.
- Be precise in describing the required frequency. "2 weekly" and "2/52" are ambiguous, as they can be taken to mean either twice a week or every two weeks. Write "Every 2 Weeks"
- Any and all alterations must be initialled by the prescriber
- If the alteration is unclear the chart should be re-written
- The patient must be reviewed at a minimum of six monthly by the prescriber using PARIS notes.

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- **IMPORTANT** – Each prescription can only be valid for a maximum of six months.
- If admitted, review this card and write a new one on discharge for the community team.
- Once no longer valid this prescription card must be filed in the patient's notes.

1.3 Allergies or Sensitivities

Allergy status or sensitivities to medication must be recorded on the community medication cards, ideally by the prescriber when first writing up the chart. The medical team is ultimately responsible for completing the allergy status box as soon as possible, but another healthcare clinician involved in the medicines management process may ascertain the status and sign instead of the prescriber.

The medical team must take ultimate responsibility for ensuring that the drug allergy boxes on all Drug Prescription and administration charts are completed and signed.

If there is a known allergy an alert must be placed on the patient record (Paris) and clearly documented on the Drug Prescription and Administration Chart. Taking into consideration the following:

- Generic name(s) of medicine(s), unless otherwise recommended by the BNF or that the allergy/sensitivity is to a particular brand.
- Nature of reaction(s) – to ensure a true allergy is being described.

If there is no known allergy, this should be indicated by signing the appropriate box on the Drug Prescription and Administration chart and clearly documenting this in the case notes.

In relation to no known allergy, the patient, carer, case notes or GP are clear that the patient has never experienced an allergic reaction or severe adverse reaction to any medication.

If the allergy status is not documented on the community medication cards, prescribing, administering and supplying medicines carries a significant risk.

Take particular care with “co-“named drugs, checking that the patient is not allergic to either constituent. Also take particular care with penicillin, (e.g. Coamoxiclav / Augmentin ® is a penicillin).

The above principles apply equally to adverse / untoward reactions and severe side effects – this may include previous incidence or suspicion of neuroleptic malignant syndrome (NMS) or neutropenia associated with

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clozapine. Avoid the use of any other means of documenting or highlighting allergy status.

Newly identified allergies must be communicated to primary care by documenting in CPA and Discharge Letter.

When predictable allergic reactions result from the prescribing and administration of medicines, the most likely causes are:

- Incomplete documentation of allergy status
- Inconsistent location of documentation of allergy status
- Using brand name of medicines rather than generic (approved) names
- Information on allergy status not being available to relevant healthcare professionals
- Lack of clinical knowledge

1.4 Alterations

Prescribers should not attempt to alter existing instructions. Any change in medication must be written as a new entry. Correction fluid such as tip-ex must not be used.

Incorrect prescriptions should be crossed through with a single line, and dated in the “date cancelled” box.

1.5 Cancellation of Treatment

It is important that a suitable means of cancellation of the prescription is adopted, such as a bold line being drawn diagonally across the prescription. The “date cancelled” box must be completed.

1.6 Length of Treatment

Community medication cards are valid for a maximum of six months. After this period the Care co-ordinator must ensure the charts are medically reviewed and new medication charts written.

If the prescription is considered ambiguous at any time, the practitioner responsible for the administration of the medicine or the pharmacist must request the prescriber rewrite the prescription.

If prior agreement has been obtained from the prescriber, drug prescription and administration charts may be written or re-written by designated practitioners or pharmacists. However, overall responsibility for the

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prescriptions remains with the prescriber who signs them. Nurses must not administer medicines from prescriptions, which have not been signed by the prescriber.

If the nurse administering the depot medication is concerned regarding possible interaction with alcohol or illicit substances, the prescriber /duty pharmacist should be contacted to discuss the concerns prior to administration. Any discussion and its outcome should be documented in the patient record and on the community medication card.

2 Depot medication administration

2.1 Patient identification.

The most fundamental principle of medication administration is to ensure that the right patient receives the right medication at the right time. It is therefore crucial that before administering medication of any kind the nurse is certain that they have confirmed the identity of the patient.

The standard for patient identification in NMC Standards for Medicines Management (Sec 4) states that the nurse must be certain of the identity of the patient to whom the medicine is to be administered. The standard within the UHB is to verify this by confirming the patient's full name, first line of their address and date of birth. This should be checked against the details on the Addressograph on the community medication card before administering the medication.

2.2 Nurses may only administer medication as prescribed on the community medication card by a doctor or suitably qualified supplementary/independent prescriber.

2.3 Any medication administered in the CMHT, or to be administered to a patient elsewhere (i.e. their home), must be accompanied by a written prescription on the community medication card in order that the prescription can be checked and the administration of the medication documented immediately.

2.4 Patients subject to a Community Treatment order can only receive medication in accordance with Part 4A of the Mental Health Act. (see appendix 1)

2.5 Depot medication prescribed may only be administered by a Registered Nurse or a student nurse under the direct supervision of a registered nurse.

2.6 There are instances when the depot injections cannot be administered on the scheduled date. In this event, every reasonable effort should be made to give the depot injection in accordance with the scheduled date or as soon as is practically possible. If it is not possible to administer an injection on the

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due date, advice should be sought from the pharmacy and information is then based on the drug, strength and dosing intervals.

2.7 If unable to make contact with the patient for depot medication to be administered, this should be documented in the case notes and if the timeframe is outside of the parameters of the agreed intervention plan this will be need to be communicated to the care coordinator and responsible clinician.

2.8 Where possible, the patient should be given an information leaflet concerning their prescribed medicines which includes the purpose of the medication, any possible side effects and contraindications, particularly the interaction of alcohol and non prescribed drugs. Patient information leaflets can be printed from www.ncmh/info - follow link for mental health and medication wales.

2.9 Hand hygiene standards must be adhered to in accordance with the UHB Infection Control Procedure for Hand Decontamination in Hospitals and disposable gloves should be worn when administering depot medication. In the event of a needle-stick injury, the UHB Infection Control Protocol for Needle-stick and Similar Sharps Injuries should be followed.

2.10 It is usual for depot injections to be given in the upper outer quadrant of the gluteal muscle, however some medications are licensed for administration to the deltoid muscle in the upper arm (including risperidone long acting injection) or the thigh. In exceptional circumstances, use of these sites can be considered, however, advice should be sought from a pharmacist and the Responsible Clinician or prescriber.

Nurses should only administer in these sites if they are trained and competent in this procedure and the site used recorded on the community medication card.

When administering depot medication, the “Z” Tracking technique should be used in order to reduce patient discomfort and prevent backflow of medication.

2.11 Administration of Depot Injection into sites for which they are not licensed.

A patient may request the depot injection be administered into a site that the medication is not licensed for. This should be discussed between the Responsible Clinician, the patient and the pharmacist. If all agree to commence the administration of depot medication into an unlicensed site, the following procedures must be completed prior to the administration of depot medication:

- The patient must give written consent.

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- The Responsible Clinician must record the details of the discussion and the final agreement with the patient in the medical notes and a copy of this attached to the community medication card.
- Any other professional directly involved in the patient's care, including the GP should be informed in writing and this should be recorded in the patients care plan.

2.12 The administration of depot medication is an invasive medical procedure and therefore capacity and consent to agree to the procedure should be assured prior to the administration of medication. This should involve a brief assessment of the patient's capacity to consent; this includes them being on a community treatment order (CTO) and to gain their consent.

2.13 Many patients in receipt of depot medication have co-occurring alcohol or substance misuse problems. This may affect both the capacity to consent and their fitness to receive the medication. If it appears that the patient is intoxicated or appears to be under the influence of drugs, the administration of the depot medication should be withheld until such time as they appear to fit to receive it. If the problem persists over a long period, it should be discussed with the patient's care coordinator and responsible clinician and a care plan agreed, with the patient to either review to the medication or to define under what circumstances it should still be given.

3 Medication Errors

Medication errors can be made by all health professionals (doctor, nurse, and pharmacist) involved in prescribing, supplying and administration of medication.

Medication errors might be identified immediately or sometimes they come to light some time after the error has taken place. The National Patient Safety Agency (NPSA) defines a medication error as:

Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of a health professional, or patient.

In the event that incorrect medication or the incorrect dose of medication is administered, or the medication has been given on the incorrect date to the patient (Outside of the agreed procedure in 3.5). The following steps should be undertaken:

3.1 If the patient remains present, explain to them what has happened and the steps that need to be taken to maintain their safety and wellbeing. If the patient is not present, attempt to contact the patient immediately to inform them of this and of any necessary medication intervention required.

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3.2 If the error made is one that could have severe detrimental effects for the patient and it is felt that their safety warrants immediate medical attention, an ambulance should be requested via 999 to take the patient to the accident and emergency department for appropriate medical intervention.

3.3 If the nature of the drug error does not warrant immediate medical intervention, medical advice should be sought from a doctor and a pharmacist and poisons unit, providing full details about the medication error and any known drug allergies/sensitivities.

3.4 Upon discovering a medication error, at the very least, the patient should be examined by a doctor who will advise on a course of action based on the nature of the error, known drug allergies/sensitivities any other medication the patient is taking and any co-morbid medical conditions or lifestyle factors that could lead to an adverse outcome. The patient's GP should also be informed.

3.5 A detailed record of the incident should be made in the patient's record (Paris) including any actions needing to be carried out to maintain the patient's safety in response to the error. Any advice sought should be recorded in Paris preferably by the professional providing it. This should be communicated to the care co-ordinator and responsible clinician and Integrated CMHT Manager.

3.6 A UHB Incident Form HS /IDO/07 will need to be completed providing details of the error and actions taken and a copy submitted to the appropriate Line Manager and Health and Safety Department.

3.7 Once actions have been put in place to ensure the safety of the patient, the Integrated Manager / CPN Lead /Clinical Director / Senior Pharmacist will need to undertake an assessment of the error and what action should be taken regarding the member(s) of staff involved based on the risk assessment pathway in the Procedure for the management of Staff Involved in Medication Errors: Appendix 1: Medication Incident Investigation Form. This will determine what action needs to be taken in relation to the error and who it needs to be managed by within the UHB. The UHB encourages the reporting of medication errors in order to ensure that if they do occur, due to human error or systems failures, to ensure that appropriate actions can be taken to ensure the safety of the patient. Failure to report a medication error would constitute gross misconduct under the UHB Disciplinary Policy. It may be that repeated medication errors require the capability of the nurse to be assessed before they are allowed to continue medication administration.

A copy of the Medication Incident Investigation Form should be forwarded onto the appropriate line manager and Medicines Management Nurse.

4 Disposal of unused medication & equipment

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4.1 Under no circumstances should surplus needles and syringes be stored in the Community Psychiatric Nurse's home, car or patients' home.

4.2 Used syringes, needles and ampoules should be disposed of firstly in mobile sharps boxes and then within the CMHT sharps bins.

5 Transportation of depot medication

5.1 Only the prescribed medication due to be administered to the patient(s) should be transported by Community Psychiatric Nurses on a given journey. This should be transported in a UHB approved bag. This should be kept in sight or stored safely to avoid tampering or loss while dealing with a patient. When travelling, the medication bag should be stored in the boot of the car and out of sight

5.2 Risperidone long acting injection is sometimes dispensed by the Pharmacy on an individual patient basis or delivered directly to the CMHT. . Once requested pharmacy will arrange for Risperidone long acting injection injections to be transported in a cool bag to the CMHT. On arrival, the Community Mental Health Nurse must ensure that they are transferred immediately to the medication fridge and stored at the correct temperature according to the manufacturer's manufactures instructions. Any prolonged delay in this process could lead to the medication becoming denatured and ineffective.

5.6 Community Mental Health Nurses administering Risperidone long acting injection away from the CMHT base, once taken out of the fridge the injection has a 7 day expiry and should not be returned to the fridge.

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6 Storage of depot medication

6.1 Stock medication – A list of stock medicines should be agreed between each CMHT and Pharmacy. An identified registered nurse from the CMHT should be responsible for ordering and maintaining stock medication within the CMHTs, including depot medication.

6.2 Medication stored in the CMHT should be stored in a locked cupboard fixed to the wall in the Clinical Room at the CMHT base. The cupboard must always be locked when unattended, as should the Clinical Room. Keys for the medicine cupboard and the Clinical Room are kept in a locked cupboard within the CMHT with access limited to nursing/pharmacy staff only.

6.3 Risperidone long acting injections should always be stored in the locked fridge in the clinical room at the CMHT base and must be kept between 2 and 8°C.

6.4 Medication and equipment (syringes and needles) which the Community Mental Health Nurse has been unable to administer should be returned for storage at the CMHT base that day. If the return to base is not possible then medication should be taken to sites in the UHB for safe storage and collected the following day. These sites are on E2a and E5a at Whitchurch Hospital and Llanfair unit at Llandough Hospital.

6.5 In exceptional circumstances when a patient requires medication out of office hours, this will need a prior discussion and agreement with the MDT, taking into consideration the Lone Worker Policy and the Medication Management Policy. This agreement will need to be recorded in a patient's intervention plan. Any medication or PID that requires the nurse to take it home must be safely stored in a lockable box provided by the UHB.

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7 Protocol for the Administration of Depot Medication

Depot Clinics

Each CMHT that operates a depot medication clinic should have the following systems in place:

A treatment room which should include:

- Access to all depot community medication charts stored in a central, organised file.
- Correctly stored medication, syringes, needles, gloves etc, required for the administration of the depot medication.
- Access to a phone extension and a computer in the treatment room, including Paris and the depot clinic diary.

The time and date of the depot clinic should be clearly identified and patients who attend should be encouraged to attend at these times, using appointment cards as a reminder.

A suitably qualified member of nursing staff should be identified within the CMHT whose responsibility it is to manage the depot clinic on a regular basis and who is aware of the Depot Medication Procedure.

1. The day before the depot clinic, the nurse identified as responsible for running it will check the appointments in the diary, check that the medication charts required the next day are completed correctly and are fit for purpose, check whether the chart needs reviewing, that there is room on it to document the administration of medication and that there is sufficient stocks of medication available for the following day's clinic.
2. On the day of the depot clinic, the patient should report to reception on arrival where the receptionist will inform the nurse running the clinic of the patients' arrival. The nurse running clinic will ensure that identity is checked, by asking the patient to confirm their name, address and date of birth. These are to be checked against Paris records and the medication chart prior to medication being administered.
3. The nurse will meet the patient and accompany them to the treatment room where they will check their identity by asking them to state their name, address and date of birth.
4. Prior to the medication being given, the nurse will undertake a brief assessment of the patient's mental state, capacity and consent to receive the medication, observing them for any signs of intoxication, or physical illness / condition that might contraindicate the medication

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being given and discuss those concerns with medical staff / pharmacist before administering medication. If appropriate this should include a discussion reminding the patient that indulging in alcohol and other non-prescribed drugs could result in significant harm when combined with the depot medication.

5. The nurse will check the medication chart making sure of the correct medication, dose, route, frequency and site before preparing the injection for administration. The exception to this would be Risperidone long acting injection, when the medication needs to be brought to room temperature prior to the patient's arrival according to the manufacturers instructions.
6. The medication should be given in the prescribed site by the nurse, wearing disposable gloves, using the "Z" Tracking technique in order to reduce patient discomfort and prevent backflow of medication. A swab and plaster should be considered when administering medication.
7. The patient should be provided with details of the date and time their next injection is due on an appointment card.
8. The used syringe, needles, gloves and ampoules of medication should be immediately disposed of in the sharps box and clinical waste bags as appropriate and the nurse should wash their hands in accordance to the hand hygiene procedure.
9. The nurse will immediately complete the community medication card, confirming the date, dose, route of the medication, or details of why it hadn't been possible to give it and reasons, such as a contraindication, in the Paris record.
10. The nurse will record the details above in the patient's Paris record and update the depot clinic diary according to when the date the next injection is due. The record needs to include name and dose of drug administered and not given as prescribed.
11. In the event that a patient did not attend for the injection, the nurse will record this in the diary and in their Paris record and notify the patient's care coordinator as to their non attendance in order that they could be followed up in a timely fashion.
12. At the end of the clinic, the nurse responsible should update the diary, such as those who did not attend; sign and store the diary in the treatment room.
13. If a patient arrives for their depot medication outside of the clinic time, the receptionist should in the first instance contact the nurse responsible for the depot clinic to attend to the patient. If they are not available, then the duty worker should be made aware that the patient

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has presented themselves. The duty worker should attempt to contact a suitable qualified nurse to give the depot medication as above. If it is not possible for a suitably qualified nurse to be made available in a timely fashion, they will be advised that their allocated nurse will be informed in order to arrange an alternative time for administration.

14. If the patient attends for their depot medication on the wrong day, before or after the medication is due, advice should be sought from a medical team member before administering the medication.

Giving Depot Medication at the patient's home

A number of patients who receive depot medication are allocated to a community mental health nurse. If this is the case they should receive their depot medication from them as part of their therapeutic relationship and mental health monitoring.

Some people prefer to have their medication in the privacy of their own homes. Others prefer to come to the CMHT base. In either event the following procedure should be undertaken.

The administration of depot medication should be undertaken as above apart from the following additions.

1. Medication given to the patient in their own home for that day only should be transported with the community medication chart in a UHB approved medication bag.
2. Even though the nurse will usually know the patient they are going to administer medication to, they should still confirm the patient's identity by asking them to state their name address and date of birth.
3. If the patient attends the CMHT for their depot medication, the same procedure should be followed as for the depot clinic.
4. The community mental health nurse will forward the date the next injection is due in their diary and update the patient's appointment card.
5. The community mental health nurse must update their records on the day of the medication administration including the Paris record and return their community medication charts to the CMHT base. Used equipment and ampoules are to be properly disposed of. In exceptional circumstances as outlined under Storage of Medication, (7; 7.5) the Paris records must be updated at the first available opportunity following administration of the depot medication and no later than the next working day.

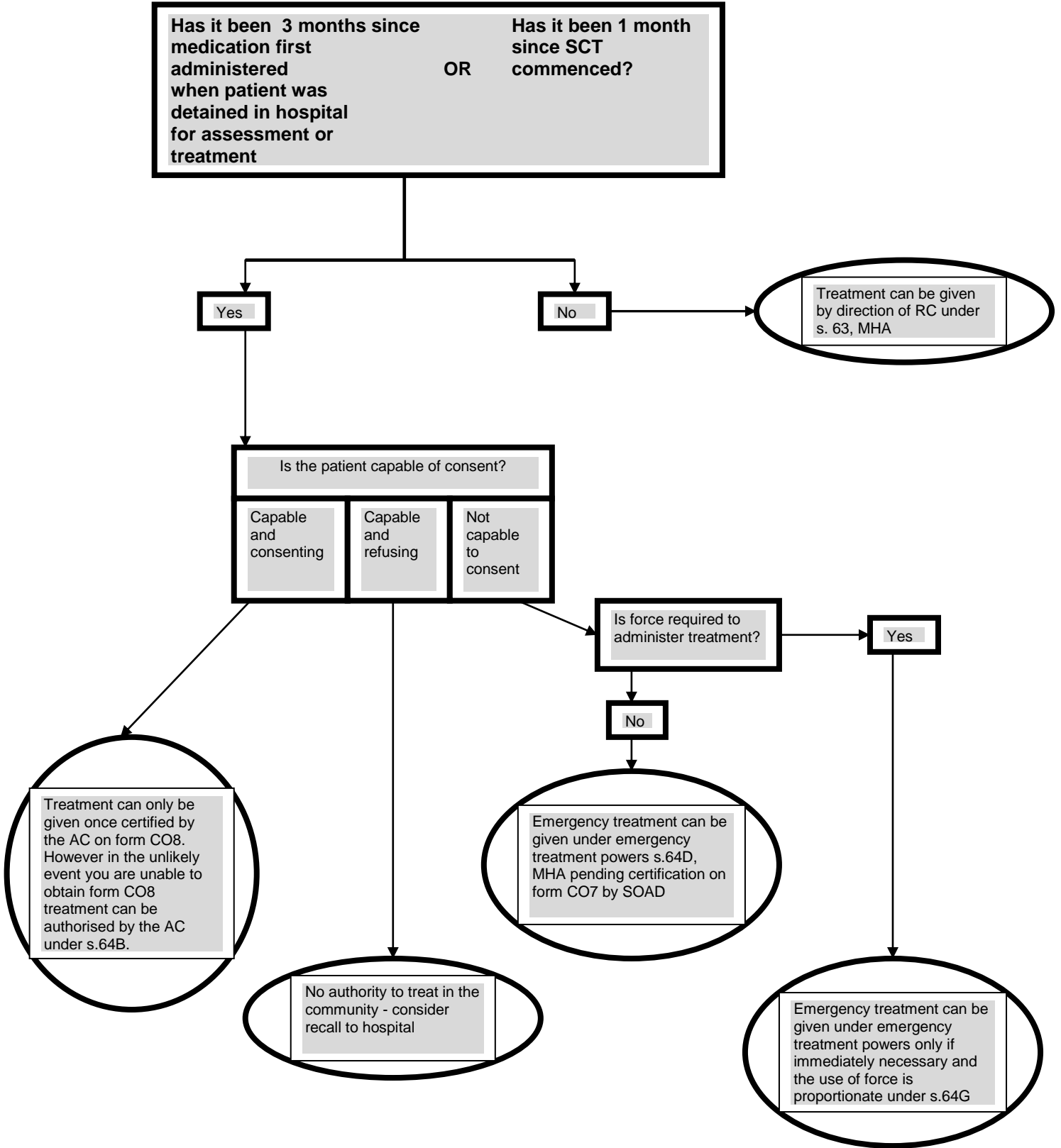
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References to associated policies, procedures, protocols and standards

- Nursing and Midwifery Council Standards for Medicines Management
- UHB Infection Control Procedure for Hand Decontamination in Hospitals
- UHB Infection Control Protocol for Needle-stick and Similar Sharps Injuries
- Procedure for the management of Staff Involved in Medication Errors
- UHB Procedure for the safe Administration of medicines
- UHB Incident Form HS /IDO/07
- Guidance on the Administration to Adults of Oil-based Depot and other Long-Acting Intramuscular Antipsychotic Injections
<http://www2.hull.ac.uk/fhsc/newsandevents/news/injectionguide.aspx>

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TREATMENT WITH MEDICATION FOR PATIENTS IN COMMUNITY ON SCT – MHA 1983 (2007)



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KEY:

s.63, MHA	Treatment not requiring consent
s.64B, MHA	Adult community patients
s.64D, MHA	Adult community patients lacking capacity
s.64G, MHA	Emergency treatment for patients lacking capacity or competence
CO7	Certificate of appropriateness of treatment to be given to a community patient (Part 4A certificate)
CO8	Certificate of consent to treatment for community patient (Approved Clinician Part 4A certificate)