

<b>STANDARD OPERATING PROCEDURE</b>	Medication Administration with the HIS System
<b>SOP ID NUMBER</b>	TW10-037 SOP 25
<b>VERSION NUMBER</b>	2
<b>APPROVING COMMITTEE</b>	<b>MMSG</b> (Medicines Management Strategy Group)
<b>DATE THIS VERSION APPROVED</b>	March 2022
<b>RATIFYING COMMITTEE</b>	<b>PARG</b> (Policy Approval and Ratification Group)
<b>DATE THIS VERSION RATIFIED</b>	<b>August 2023</b>
<b>AUTHOR(S)</b> (JOB TITLE)	e-Prescribing Specialist Pharmacist, Clinical Informatics Team
<b>DIVISION/DIRECTORATE</b>	IM&T
<b>ASSOCIATED TO WHICH POLICY?</b>	TW10-037: Medicines Management Policy
<b>CONSULTED WITH</b>	Pharmacy SMG, Clinical Informatics team, MMSG Membership

<b>DATES PREVIOUS VERSION(S) RATIFIED</b>	July 2019 (version 1)
<b>DATE OF NEXT REVIEW</b>	March 2025
<b>MANAGER RESPONSIBLE FOR REVIEW</b> (Job Title)	e-Prescribing Specialist Pharmacist

## Version Control

Version	Date	Amendment
2	March 2022	Updated to new Trust format – review date reached

## Contents

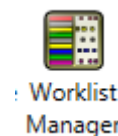
CONTENTS	TITLE	PAGE NUMBER
1	Introduction	2
2	Accessing the eMAR	2
3	eMAR display setting	2
4	Marking medication tasks as 'Done'	3
5	Marking medication tasks as 'Not Done'	5
6	Administering a late drug	6
7	Countersigning / co-signing medication	8
8	Other task types	10
9	Non-HIS prescribing	11
10	Human Rights Act	11
11	Accessibility Statement	11

## 1 INTRODUCTION

- 1.1 Since June 2016 the HIS system is the main method of prescribing for inpatients and this Standard Operating Policy (SOP) only applies to those areas where the HIS system is being utilised for prescribing and administration of medication.
- 1.2 This procedure focuses on showing qualified staff how to use the electronic drug board (eMAR), and how to correctly use the medication administration functionality correctly within the HIS system.
- 1.3 This procedure should be used in conjunction with the overarching Medicines Management Policy (TW10/037).
- 1.4 NB: All screenshots used in this SOP use fictional patients.

## 2 ACCESSING THE eMAR

- 2.1 The eMAR can be accessed for each individual patient by clicking on the 'Worklist Manager' icon
- 2.2 The eMAR will display the patient's name and demographic details on the 'header' at the top of the screen. It is important to check this before going further to ensure the correct patient is 'in context' within the HIS system, and that you are looking at the tasks for the patient you intend.



## 3 eMAR DISPLAY SETTINGS

 A screenshot of the eMAR display settings interface. The interface includes a dropdown menu for 'Medications (eMAR) 24 hr Selected Pa', a 'Modify...' button, 'Scheduling' and 'Status' dropdown menus both set to '[All]', a 'From' field with date '16-Oct-2018' and time '04:00', a 'to' field with date '17-Oct-2018' and time '12:00', a 'by' field with a dropdown set to '1 hour', and an 'intervals' label. An 'Update' button is on the right. A green box highlights the 'by' field and its dropdown menu.

- 3.1 The 'Scheduling' and 'Status' settings should not be changed as this will introduce the risk that some types of medication tasks will fail to display on the eMAR.
- 3.2 The eMAR view will default to "Medications (eMAR) 24hrs selected patient".
- 3.3 The dates and times will default to the current 24 hours, this is the standard view for administering medication. If further information is needed about tasks previously administered, or due in the future these dates and times can be changed.
- 3.4 The 'by' field (highlighted green) sets how the timings for tasks are 'rounded-up' and 'rounded-down'. This setting should remain at '1 hour' in most clinical settings to prevent multiple eMAR columns. The main exception to this is in areas giving multiple doses of the same medication (e.g. resus and recovery), in these areas it may be prudent to change this setting to 'Task Actual', this gives the exact time each and every task was administered to the given minute.

## 4 MARKING MEDICATION TASK AS DONE

4.1 Always ensure you have the correct patient selected; you can see this from the Banner Bar

Banner bar for patient CARTER, Susan (Mrs). Born 08-Jul-1989 (26y), Gender Female, NHS No: Unknown. Address: 2 LAKESIDE AVENUE, BILLINGE, ... Phone and Email: 01942 666666, MRN: 00013201, Location: Swinley Ward, No Known Allergies.

4.2 Select a patient from the patient list

4.3 Select the Worklist Manager Icon from the toolbar.

4.4 Double Click the Medication order you wish to record the Mark as done or right Click to choose Mark as Done. NB: The order is in yellow, which indicates that it is waiting to be administered.

Worklist Manager - BENNETT, AMANDA. Patient: BENNETT, Amanda (Mrs), Born 22-Jul-1968 (47y), Gender Female, NHS No: Unknown. Address: SEVA CARE, 22-24 WIGAN LANE, ... Phone and Email: 01942 555888, MRN: 00013178, Location: Swinley Ward, No Known Allergies.

Medications (eMAR) 8 In Selected Page | Modify... | Scheduling [All] | Status [All]

From 27-Nov-2015 03:00 to 29-Nov-2015 19:00 by 1 hour intervals Update

Task Description	Task Start	Task Stop	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	
<b>BENNETT, AMANDA (22-Jul-1968); 00013178/129; Swinley W</b>																										
<b>Medications</b>																										
Alfentanil tablets Give 300 microGRAM(s) Oral Morning	13-Nov-2015 10:17																									
Aspirin dispersible tablets Give 150 milligram(s) Oral Lunchtime	27-Nov-2015 13:44																									

4.5 There are often no fields to complete on the order form. If there are fields that need to be completed before submission, these will be marked with an orange star as a mandatory field.

4.6 Click OK.

PRX Task - BENNETT, AMANDA

Administered At

Date: 27-Nov-2015 Time: 13:47

Task Information

Task: Aspirin dispersible tablets  
Give 150 milligram(s) Oral Lunchtime

Start Date/Time: 27-Nov-2015 13:44 Stop Date/Time:

Administered Dose: 150 UOM: milligram(s) Route: Oral Form: Dispersible Tablets

Late Administration Reason:

Additional Comments:

Performed By: Aboob, Omar (Consultant) Entered By:

OK Cancel

#### 4.7 You are returned to the eMAR

Worklist Manager - BENNETT, AMANDA

File Edit View Actions Help

Close

**BENNETT, Amanda (Mrs)** Born 22-Jul-1968 (47y) Gender Female NHS No: Unknown

Address SEVA CARE, 22-24 WIGAN LANE, Phone and Email 01942 555888 MRN 00013178 Location Swinley Ward No Known Allergies

Medications (eMAR) 8 hr Selected Patient Modify... Scheduling [All] Status [All]

From 27-Nov-2015 03:00 to 29-Nov-2015 19:00 by 1 hour intervals Update

Task Description	Task Start	Task Stop	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	00:00	01:00	
<b>BENNETT, AMANDA (22-Jul-1968); 00013178/129; Swinley W.</b>																										
<b>Medications</b>																										
Atorvastatin tablets Give 300 milIGRAM(s) Oral Morning	13-Nov-2015 10:17																									
Aspirin dispersible tablets Give 150 milIGRAM(s) Oral Lunchtime	27-Nov-2015 13:44													OA												

Note that there is now a **tick** and the **user initials** denote that the medication has been administered

## 5 MARKING A TASK AS 'NOT DONE'

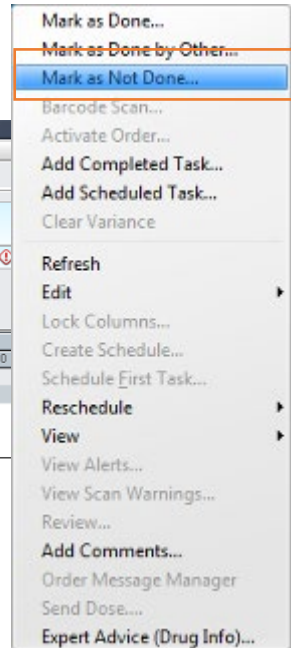
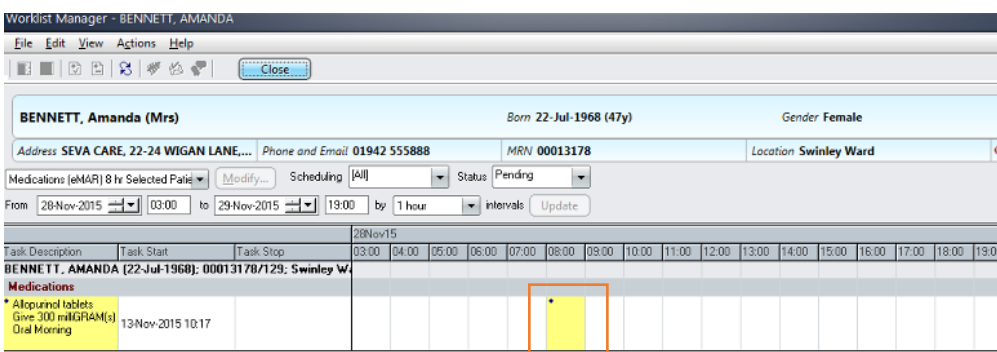
5.1 Always ensure you have the correct patient selected, you can see this from the Banner Bar.



5.2 Select a patient from the patient list.

5.3 Select the Worklist Manager Icon from the toolbar.

5.4 Note that there is a \* denoting that the order has not been completed.



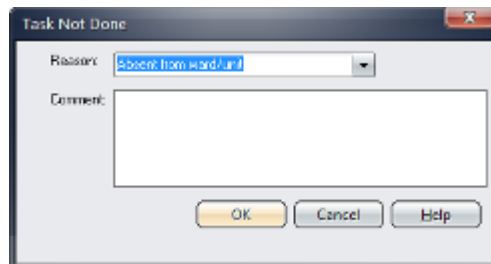
5.5 Right Click the box to access the menu

5.6 Left Click Mark as not done

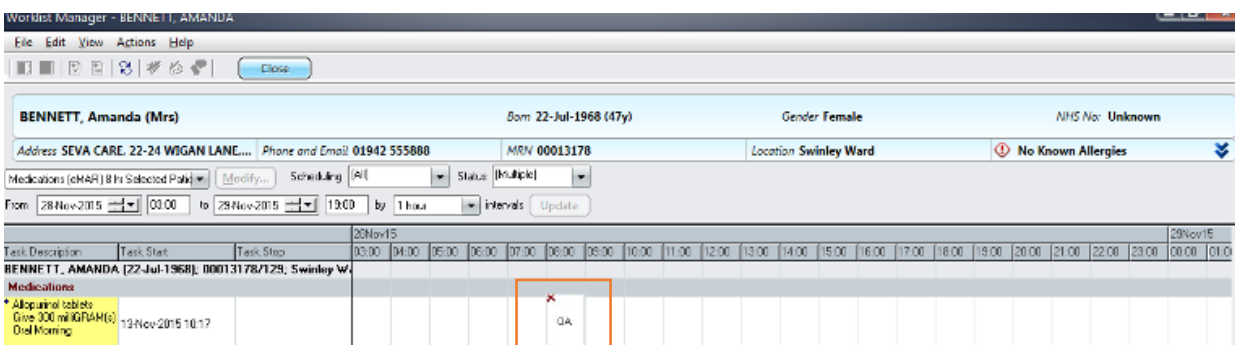
5.7 A task may not be carried out for any number of reasons i.e. the patient may not be on the ward at that particular time

5.8 Select the appropriate reason

5.9 Click the OK button



5.10 Note the red x denotes the medication has not been administered and the recorder's initials are displayed



## 6 ADMINISTERING A LATE DRUG

6.1 Remember to double check the Banner bar to ensure that you are working on the correct patient.

<b>CARTER, Susan (Mrs)</b>	Born 08-Jul-1989 (26y)	Gender Female	NHS No: Unknown
Address 2 LAKESIDE AVENUE, BILLINGE...	Phone and Email 01942 666666	MRN 00013201	Location Swinley Ward
			No Known Allergies

6.2 Select a patient from the patient list and then select the Worklist Manager Icon from the toolbar. We can then proceed to record why the drug has been administered late.

**TRAINING, Abigail (Miss)** Born 14-Mar-1985 (31y) Gender Female

Address Buckingham Row, Brick Kiln Lane... Phone and Email Unknown MRN 10000028 Location Swinley Ward

Medications (eMAR) 12 hr Selected Pat Modify... Scheduling [All] Status [All]

From 31-May-2016 03:00 to 31-May-2016 23:00 by 1 hour intervals Update

Task Description	Task Start	Task Stop	21:00	22:00	23:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00
<b>Training, Abigail (14-Mar-1985): 10000028/22222; Swinley Wa</b>																					
<b>Medications</b>																					
Bisoprolol tablets Give 2.5 milligram(s) Oral Morning	21-Mar-2016 14:42																				
Morphine (MST Continus) 100mg modified-release granules sachets sugar free Give 100 milligram(s) Oral Every 12 hours (Bas and Som) Extra Administration Information: Controlled Drug	18M																				

- 6.3 A form is opened up to allow you to record why the drug has been administered late. Please note it is important that a reason for the late administration of the drug is recorded.

The screenshot shows a software window titled "PRX Task - Training, Abigail". The window contains several sections: "Administered At" with date and time pickers; "Task Information" with a task description and start/stop date/time fields; and a main data entry area. In the main area, there are fields for "UOM:" (set to "milliGRAM"), "Route:" (set to "Oral"), "Administered Dose:" (set to "2.5"), and "Late Administration Reason" (a dropdown menu currently showing "Asleep"). There is also a "Patient Self-administered" checkbox. At the bottom right, there are "OK" and "Cancel" buttons. Three callout boxes provide instructions: a red box points to the task information area, stating "The task box is the same as a normal order, except that a late reason is added as a mandatory field"; a purple box points to the "Late Administration Reason" dropdown, stating "Click the drop down box to access the Late Administration Reasons and select the appropriate option"; and another purple box points to the "OK" button, stating "Click the OK button".

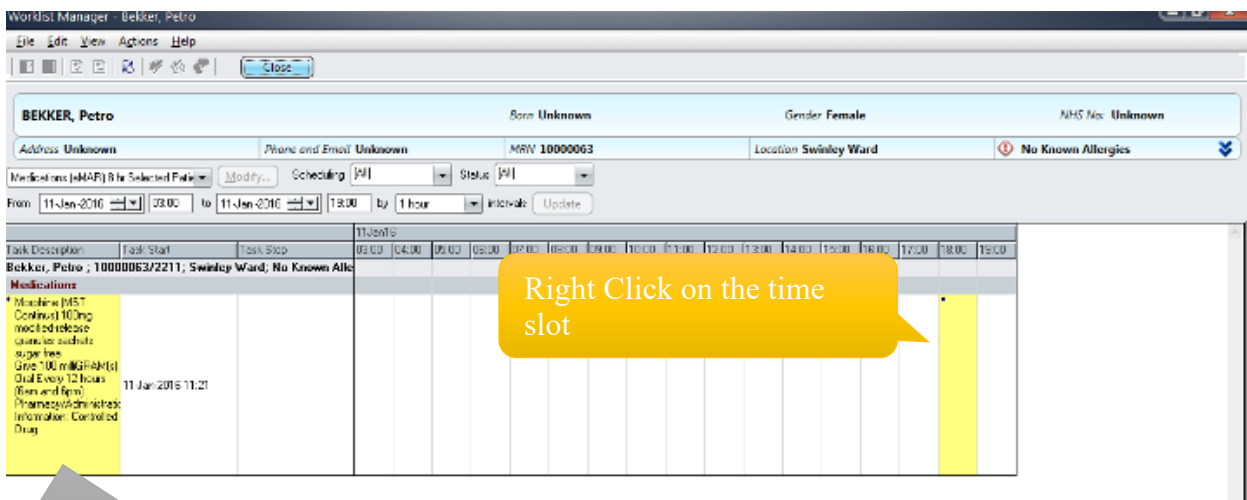


## 7 COUNTERSIGNING/CO-SIGNING MEDICATION

- 7.1 Certain tasks within the system require a co-signature to document a second-check of the medication administration (e.g. controlled drugs, some injectable medication, items marked 'Drug-See Note' and insulin).
- 7.2 Remember to double check the Banner bar to ensure that you are working on the correct patient.



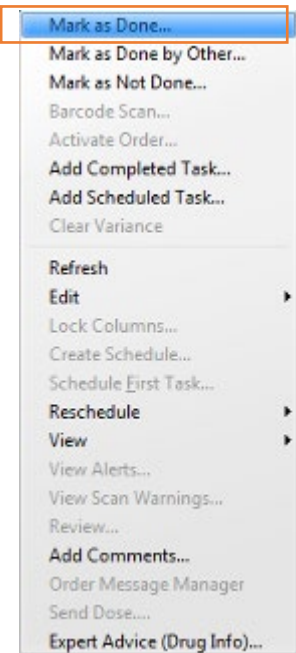
- 7.3 Select a patient from the patient list.
- 7.4 Select the Worklist Manager Icon from the toolbar.



This is the Controlled drug that has been ordered

- 7.5 Select Mark as Done

**Mark as done** means that the drug has been administered to the patient



7.6 Choosing Mark as Done will start up the Medication Administration form, where the co-sign box can be found. Note that the co-sign box is mandatory.

7.7 Click in the Co-sign box

7.8 A co-signature box will be displayed, where the second clinician/nurse can input Username and Password. Click Ok once entered

## 7.9 Click Ok on the Medication Administration form dialogue box.

Medication Administration Form Co-Sig - Bekker, Petro

**Administered At**

Date: 11-Jan-2016 Time: 11:23

**Task Information**

Task: Morphine (MST Continus) 100mg modified-release granules sachets sugar free  
Give 100 milliGRAM(s) Oral Every 12 hours (6am and 6pm)  
Pharmacy/Administration Information: Controlled Drug

Start Date/Time: 11-Jan-2016 11:21 Stop Date/Time:

**Previous Medication Alert(s) :**

<11-Jan-2016 11:20:54> - Ack, Drug Interaction, for: food

Administered Dose: 100 UOM: milliGRAM(s) Route: Oral Form: Modified Release Granules

Cosign: Nurse I, Training

Late Administration Reason:

Additional Comments:

Performed By: Aboo, Omar (Consultant) Entered By:

Click the **OK** button

## 8 OTHER TASK TYPES

### 8.1 Continuous Tasks

These tasks appear as a long light blue tasks spreading across the eMAR continuously from the original start time. Click to administer these tasks when you are putting up the first bag/syringe etc. Then click on the blue bar, in the correct time slot, when the next bag/syringe is put up - you don't need to click to administer the task each hour.

### 8.2 Special Continuous Tasks - PCA

These would work like all other continuous tasks where you click to administer when the first syringe is put up, and then each time you change the syringe. All other PCA records e.g. total, good, amount remaining etc. should be documented on the MAR chart exactly as they are now.

### 8.3 Epidurals

The same rules would apply as for PCAs- the task should be 'done' each time a bag is changed. All other epidural records should continue as now on paper.

#### 8.4 Trough Tasks

These are task that do not have a defined 'scheduled time'. The main example is PRN which appears as a pink trough task on the eMAR. To administer a PRN task double click the task grid at the time the PRN task is to be given. This will then give a task form as with other tasks. Once completed the PRN trough MAY move a set amount of time to indicate the interval that should be left until the next dose could be given e.g. 4-6 hrs for paracetamol

8.5 Yellow trough tasks will appear when the prescriber places an order after the final scheduled administration time for that day, for example prescribing atenolol 50mg morning (9am) in the afternoon. This will place a trough task from the point it was prescribed until the end of the first day to allow the nurse, if required, to administer that first dose late and then get back to the schedule the following day

### 9 NON-HIS PRESCRIBING

9.1 Some aspects of prescribing remain on paper

9.1.1 Regular IV fluids

9.1.2 Sliding scale insulin

9.1.3 Some complex paediatric infusions that are currently on the infusion chart.

9.1.4 Small number of complex infusion e.g. IV immunoglobulins

### 10 HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

### 11 ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio cd.

For more details, please contact the HR Department on 01942 77 3766 or email [equalityanddiversity@wwl.nhs.uk](mailto:equalityanddiversity@wwl.nhs.uk)