

STANDARD OPERATING PROCEDURE	OMITTED AND DELAYED DOSES OF MEDICINES
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CONSULTED WITH	MMSG Membership

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MANAGER RESPONSIBLE FOR REVIEW (Job Title)	Director of Pharmacy



Version Control

Version	Date	Amendment
4	August 2021	<ul style="list-style-type: none"> • Clozapine added to critical medicines that shouldn't be omitted list

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1 INTRODUCTION

This procedure should be used in conjunction with the overarching Medicines Management Policy.

2 PURPOSE

2.1 That when medicines are delayed or omitted then

2.1.1 The situation is dealt with appropriately, in a timely manner and in line with professional code(s) of conduct.

2.1.2 A plan is established to manage omissions or delays to subsequent doses.

2.1.3 Omissions or delays of critical medicines are escalated correctly for urgent review.

2.2 This procedure describes

2.2.1 The documentation required for entry in the HIS eMaR when a dose of a medicine is delayed or omitted.

2.2.2 The documentation required if prescription charts are in use due to HIS not being operational on the area where the medicines are being given.

2.2.3 The actions required when doses of medicines are delayed or omitted.

3 SCOPE

This procedure applies to all members of Trust Staff using approved HIS or trust prescription charts to prescribe, administer or review medication.

4 DEFINITION

4.1 A delayed administration is one which takes place between 2 and 6 hours after the scheduled time. An omitted medicine is one which is given greater than 6 hours after the scheduled time.

4.2 Within HIS the time a dose is due is specified. On the adult prescription charts dose bands are pre-printed at 06:00-09:00, 12:00-14:00, 16:00-18:00 and 22:00-24:00.

4.3 Within HIS the medication should be given at the time specified by the prescriber. On prescription charts, medication can be administered at any time within the prescribed band unless a specific time is added by the prescriber and that then becomes the scheduled time.

4.4 On paediatric prescription charts then the time bands are hourly intervals.

5 STANDARDS OF CARE

5.1 Critical medicines list

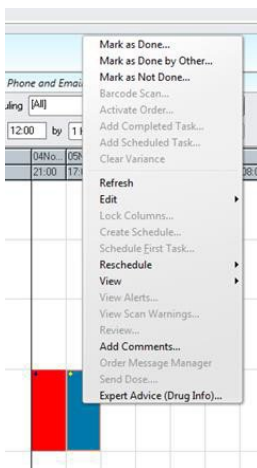
The following grouped list of medicines should not be omitted or delayed without good clinical reasons as they are critical to patient safety. Please consult most recent British National Formulary (BNF)/BNF online for details of medicines within each category

Antimicrobials (Antibiotics, Antivirals, Antifungals)
Anticoagulants
Antiepileptics
Cardiac medication
Corticosteroids
Clozapine
Desmopressin
Diabetic medication (Oral agents and insulin)
Intravenous Fluids
Immunosuppressants post-transplant
Opioid analgesics
Parkinson's' Medication

5.2 Omitted or delayed doses: Documentation within HIS

Omission codes are not available within HIS, but a reason must be entered on the eMAR as follows:

5.2.1 Click on the task that is delayed or omitted and select "Mark as Not Done"



5.2.2 Select the reason from the list



5.2.3 For “Drug Unavailable” please use the comment box to enter the action taken to try and resolve such as “pharmacist informed” or “requisition faxed to pharmacy.”

5.3 **Omitted or delayed doses: Codes for Prescription Charts**

In situations where HIS is not in operation, the following codes should be entered on the prescription chart if a dose is delayed or omitted. This must be documented accordingly in the appropriate medical notes, nursing notes or MDT (multi-disciplinary team) section on the prescription chart.

Code	Reason
R	Patient refused
X	Prescriber Request
O	Other reason
U	Medication unavailable
N	Route not available (e.g., NBM / No cannula)
F	Fasting

5.4 **Omitted or delayed doses: Action per Code/Reason**

When you omit or delay doses the following actions are required.

Code	Reason	Action
R	Patient refusing	Identify patterns in refusal. Refer to prescriber to review medication regimen if situation is ongoing for more than two doses. Prescriber to review urgently if a dose of a critical medicine is missed. Refer to pharmacy team to find suitable clinical alternatives. Also consider capacity and/or understanding of the purpose of the medication when looking at refusals.
X	Prescriber Request	Prescriber must suspend the medicine on HIS or document in the MDT section of medicine chart if they decide to withhold a medicine for clinical reasons. Prescriber must clearly indicate the date/time to resume the medication.
O	Other reason	Nursing staff must document in the eMAR within HIS or MDT Section of the medicine chart if they decide to withhold medicines.
U	Drug Unavailable	Contact ward pharmacy team to obtain supply. Out of hours, review the emergency drugs list on the intranet and obtain dose from that location. If stock cannot be located and medicine is on the critical medicines list (see section 5.1), the on-call pharmacist should be contacted (consult On-Call SOP for further guidance.)

N	Route not available	Attempt to re-establish the route as soon as possible. If the route cannot be used anymore contact the prescriber to review prescription and consider alternative routes. Alert pharmacy to advise on alternative options.
F	Fasting	Nursing staff must document in the eMAR within HiS or in the MDT section of the medicine chart if they decide to withhold medicines.

6 AWARENESS OF DELAYED AND OMITTED DOSES

Codes and actions required (Section 5.3) need to be available at the time of giving medicines. A laminated copy of each should be attached to the medicine trolley and be displayed in the clinical room. This is to ensure prescribers, nurses and pharmacy staff always have the necessary information to hand.

7 INCIDENT REPORTING

Staff are expected to escalate all delays or omissions of critical medicines to the ward manager. Omissions of critical medicines must be reported via the Trust Incident reporting system, Datix.

8 MONITORING AND REVIEW ARRANGEMENTS

Element to be monitored	Number of omitted or delayed doses of medicines. Incident reports relating to omitted doses.
Roles & Responsibility	Ward based staff (doctors, nurses, and pharmacy team) will monitor the eMAR within HIS or prescription chart for any omitted or delayed doses and report any omissions of critical medicines without a valid reason. Divisional Principal Pharmacists will review incident reports and escalate to their Divisional Quality Executive Groups (DQEG.) Medicines Management Strategy Board will monitor DQEG Assurance Reports Trust Quality and Safety Committee will receive the minutes of Medicines Management Strategy Group after each meeting for monitoring purposes.
Audit Tools	Omission's data provided by Business Intelligence (BI) and reviewed by the Pharmacy Team Datix Incident Reports.
Frequency	Omission's data review will take place prior to each MMSB subject to data being available from BI and discussed at MMSB meetings Pharmacy and ward teams will review the omissions report each weekday and order any missing medication or seek alternatives if other reason for omission (e.g., route not available) Areas with high omissions will be included in the Medicines Management Assurance Reports received by DQEGs each month

Reporting arrangements	<p>The audit will report into Divisional QEG's as part of divisional pharmacy assurance reports produced by Divisional Principal Pharmacists.</p> <p>Incident reports from ward level will be completed on Datix. These will be reviewed by the Medicines Safety Group and fed into MMSG and DQEG reports.</p>
Change in practice and lessons to be shared	<p>Required changes to practice will be identified and actioned within the divisions. Corporate themes or issues will be identified and actioned via MMSG. Lessons will be shared with all the relevant stakeholders including CCG IQSG.</p>

9 HUMAN RIGHTS ACT

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

10 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

APPENDIX 1

Critical Medicines

The following list of medicines is deemed critical to patient safety. Do not Omit or Delay.

- Antimicrobials (antibiotic, antifungal, antiviral)
- Anticoagulants
- Antiepileptics
- Cardiac Medication
- Clozapine
- Corticosteroids
- Desmopressin
- Diabetic Medication (Insulin and oral agents)
- Intravenous Fluids
- Immunosuppressants post-transplant
- Opioid analgesics
- Parkinson's' Medication

Omission /delay of these medicines should be escalated to the Doctor. A Datix report must be completed for critical medicines omissions.

Pharmacy Department V4 – June 2021

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