



*Caring is our passion... Compassion is our belief...*

NOA Healthcare Ltd., Margaret Powell House, 417 Midsummer Boulevard, Milton Keynes, MK9 3BN  
Tel: 020 3130 1773 • www.noahealthcare.co.uk • Email: info@noahealthcare.co.uk

## Addendum to Members' Covenant

As a Member of NOA Healthcare you are required to exercise your professional accountability in the best interests of your patients:

### Specifically:

- ❖ you must be certain of the identity of the patient to whom the medicine is to be administered.
- ❖ you must check that the patient is not allergic to the medicine before administering it.
- ❖ you must know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications.
- ❖ you must be aware of the patient's plan of care (care plan or pathway)
- ❖ you must check that the prescription or the label on medicine dispensed is clearly written and unambiguous.
- ❖ you must check the expiry date (where it exists) of the medicine to be administered
- ❖ you must have considered the dosage, weight where appropriate, method of administration, route and timing.
- ❖ you must administer or withhold in the context of the patient's condition, (for example, Digoxin not usually to be given if pulse below 60) and co-existing therapies, for example, physiotherapy.
- ❖ you must contact the prescriber or another authorised prescriber without delay where contra-indications to the prescribed medicine are discovered, where the patient develops a reaction to the medicine, or where assessment of the patient indicates that the medicine is no longer suitable.
- ❖ You must make a clear, accurate and immediate record of all medicine administered, intentionally withheld or refused by the patient, ensuring the signature is clear and legible.
- ❖ It is also your responsibility to ensure that a record is made when delegating the task of administering medicine.

### In addition:

- ❖ Where medication is not given, the reason for not doing so must be recorded.
- ❖ You may administer with a single signature any prescription only medicine (POM), general sales list (GSL) or pharmacy (P) medication.

### Controlled drugs:

- ❖ These should be administered in line with relevant legislation and local standard operating procedures.
- ❖ It is recommended that for the administration of controlled drugs a secondary signatory is required within secondary care and similar healthcare settings.
- ❖ In a patient's home, where a registrant is administering a controlled drug that has already been prescribed and dispensed to that patient, obtaining a secondary signatory should be based on local risk assessment.
- ❖ Although normally the second signatory should be another registered health care professional (for example doctor, pharmacist, dentist) or student nurse or midwife, in the interest of patient care, where this is not possible, a second suitable person who has been assessed as competent may sign.

- ❖ It is good practice that the second signatory witnesses the whole administration process. For guidance, go to [www.dh.gov.uk](http://www.dh.gov.uk) and search for safer management of controlled drugs: guidance on standard operating procedures.
- ❖ In cases of direct patient administration of oral medication from stock in a substance misuse clinic, it must be a registered nurse who administers, signed by a second signatory (assessed as competent), who is then supervised by the registrant as the patient receives and consumes the medication.
- ❖ You must clearly countersign the signature of the student when supervising a student in the administration of medicines.

#### **Assessment:**

- ❖ As a NOA Member, you are responsible for the initial and continued assessment of patients who are self-administering and have continuing responsibility for recognising and acting upon changes in a patient's condition with regards to safety of the patient and others.

#### **Self-administration – children and young people:**

- ❖ In the case of children, when arrangements have been made for parents or carers or patients to administer their own medicinal products prior to discharge or rehabilitation, you should ascertain that the medicinal product has been taken as prescribed.

#### **Remote prescription or direction to administer:**

- ❖ In exceptional circumstances, where medication has been previously prescribed and the prescriber is unable to issue a new prescription, but where changes to the dose are considered necessary, the use of information technology (such as fax, text message or email) may be used but must confirm any change to the original prescription.

#### **Text messaging:**

- ❖ As a NOA Member, you must ensure that there are protocols in place to ensure patient confidentiality and documentation of any text received including: complete text message, telephone number (it was sent from), the time sent, any response given, and the signature and date when received by the registrant.

#### **Titration**

- ❖ Where medication has been prescribed within a range of dosages, it is acceptable for NOA Member to titrate dosages according to patient response and symptom control and to administer within the prescribed range.

#### **Preparing medication in advance:**

- ❖ NOA Members must not prepare substances for injection in advance of their immediate use or administer medication drawn into a syringe or container by another practitioner when not in their presence.

#### **Medication acquired over the internet:**

- ❖ NOA Members should never administer any medication that has not been prescribed, or that has been acquired over the internet without a valid prescription.

#### **Aids to support compliance:**

- ❖ NOA Member must assess the patient's suitability and understanding of how to use an appropriate compliance aid safely.