

Health Education North Central and East London Health Education North West London Health Education South London

# Medicines management e-learning module

## Self-review workbook for Nurses

This section contains prescription and drug calculations practice tests. **Print and complete** the workbook and compare your responses to the answers and comments which are included as you progress through the workbook or at the end of the activity. Alternatively, you can dip in and out on screen to selfreview your skills. Reflective logs are included after each section to assist you in assessing your strengths, weaknesses and areas for development.

#### Contents

**Prescription tests** 

Section 1 Inpatient prescription tests | 3

Section 2 Reflective log | 19

Section 3 Drug calculations practice papers | 28 Drugs calculations answers sheet | 30 Reflective log | 31

Section 4 Medicines administration self-review checklist | 32

#### Authors

Sushma Lau Deputy Chief Pharmacist, NELFT

Jocelyn Hewitt RN Education Lead, PSU

Healther Walker Chief Pharmacist, NELFT

#### **Prescription and Drug Calculations Tests**

In the *first section* you will find an in-patient prescription containing errors, omissions and administration cautions. Make a note or circle (if you have printed the workbook) where the errors and omissions are. You can use the sheet to write your answers down. If you are not familiar with the medication, look it up in the BNF before you think about your answer.

Turn to the next page to show the same prescription chart with the errors, omissions and administration cautions circled in red. The following page outlines the learning points with comments from a pharmacist. An example of a well written prescription can be found on the next page.

In the *second section* you will find a reflective log. Take a little time to reflect on the prescription test and review your strengths, learning and development needs. Complete the learning log at the end of this section and review your strengths, learning and development needs.

The *third section* contains a drug calculations practice test for you to self-review skills, if you have difficulty calculating the answers, ask your supervisor or ward pharmacist for a tutorial. The formulas can be found alongside this workbook on the web page. The answers are at the back of the booklet. Complete the learning log after this activity.

The *fourth section* contains a medicines administration checklist. Ask another registered nurse or your ward pharmacist to review your skills in practice, or your supervisor can use the form to assess you in the workplace. Alternatively you can use the checklist for self-review. When completed add to your portfolio with a reflective account.

### Section 1

#### **Spot the Errors**

Spot the errors, omissions and/or administration cautions on the inpatient prescription shown on the following page.

North East London MHS



**NHS Foundation Trust** 

Telephone no.....

#### **PRESCRIPTION CHART & ADMINISTRATION RECORD**

#### North East London Community Services

CHART	1.42	
CHART	- ml -	
CHARSE.	 - 10 L.	

	Rewritten on	Checked by		Date:
DRUG ALLERGIES AND SENSITIVITIES	surname Smith	WARD	4	ROOM NUMBER/BAY
DETAILS OF REACTION:	FIRST NAME John	AGE/DOB	ныднт 175ст	WEIGHT
NAME: DESIGNATION: SIGN: DATE:	NHS NUMBER 987 654 321	SEX MF	CONSULTAN Û√.	Green
Allergies/sensitivities must be recorded before prescribing or	administering medication	except in ex	ceptional	circumstances
Medication Needs Assessment prior to admission	Date of Admission	18.9.	13	
patient self medicating	-			
assisted by family/carer	Discharge Needs Ass			
administered by Nurse/Home	patient to be discharg	ed with:		
Number of carer visits	original packs			$\times$
	original packs with easy	/ caps		
Medication needs assessment during admission	compliance aid/blister p	ack		
self administration assessment done	administration by carer			
patient consent form signed	social services informed	d of medicatio	on administr	ation need
patient being monitored				
patient self administering from: original packs	Medicine's reconciliatio By: Community Pharmacy.			

#### RISK ASSESSMENT TOOL FOR VTE (Excluding patients < 18 years)

compliance aid (blister pack)

patient unable to self administer

This is a guide: clinicians should exercise clinical judgement when prescribing enoxaparin. VTE risk scores:

Low Risk	Age >60	1	Obesity BMI>30	1	Varicose	veins	1	Dehydratic	n	1			
Medium Risk	Sickle cell	2	Pregnancy & puerperium	2	Medicine e.g. HRT		2	Family hist of VTE	ory	2	Immobility plaster ca		2
High Risk	Active cancer	3	Cardiac or respiratory failure	3	Nephroti syndrom		3	Acute Mee illness	dical	з	Serious in	fection	30
Highest Risk	Surgery and significantly reduced mobility	4	Significantly reduced mobility of >3 days	4	Major Su + anaest time >90	hetic	4	Personal h of VTE	istory	4	Critical ca admission		4
FOR PROPI	F 3 OR MORE SHOU HYLACTIC DOSE OF AFTER 24 HOURS,	EN	OXAPARIN (LMWH).			1st Score on admissio		2nd Score after 24 hours	3rd Score		4th Score	5th Score	
IF CLINICAL	SITUATION CHANG	ES.			lisk Score	5							
DO NOT PR FOLLOWING	ESCRIBE IF ONE OF GARE TICKED (unles	R MO	ORE OF THE enefit outweighs	£	)ate	18.9.1	3						
bleeding risk MOBILISATI	G ARE TICKED (unles (). CONSIDER MECH ION.	ANI	CAL OPTIONS/EARL	Ys	ignature	8300	-						
	d hypertension (230	/120	0) Active/high	risk	of bleedir			Neuro/	spinal/ey	e si	urgery		Γ
the second s	with high bleeding r	_	Concurrent I	use	of other a	nticoagula	nts	Acute :	stroke		num manife		Γ
	eding disorders eg: Von Willebrands		Lumber pun anaesthesia		Contraction (1997) 1997	and the second se			ilure/acc g disord		ed		
Thrombocytop	penia (platelets <75x10 <sup>9</sup>	L)	expected wit	thin	the next 1	2 hours		Dieedin	ig disord	iei,			

#### CHECK ALLERGIES ON FRONT OF THE CHART BEFORE PRESCRIBING AND ADMINISTERING NHS NUMBER: NAME :



DOCTORS: PLEASE INFORM NURSES AND PATIENT EVERY TIME YOU PRESCRIBE A NEW DRUG

**ONCE ONLY & PREMEDICATION DRUGS** 

DATE	TIME	DRUG (APPROVED NAME)	DOSE	ROUTE	DOCTOR'S SIG.	GIVEN BY	TIME	DATE	PHARMACY
18.9.13	22.00	Prednisolone	3000	lo		8. Store	22:30	18.7.13	
	-								

#### **OXYGEN THERAPY** SPO2 FREQUENCY DOSE ROUTE TARGET TO BE DATE DATE (L/MIN OR NASAL CANNULA SIMPLE FACE MASK CONTINUOUS OR SIGNATURE MAINTAINED STOPPED STARTED INSPIRED VENTURI/HUMIDIFIED WHEN REQUIRED % RESERVOIR OXYGEN %)

<b>GUIDANCE ON FLOW RATES</b> /	ND DELIVERY	DEVICES AVAILABLE
---------------------------------	-------------	-------------------

NASAL CANNULA 1 2 3 4 (L/MIN)	SIMPLE FACE MASK 5 6 7 8 9 10 (L/MIN)	RESERVOIR 15 (L/MIN)	VENTURI/HUMIDIFIED 24 28 35 40 60 (%) SPECIFY INITIAL %, NOT FLOW RATE
	ORAL ANTICOAGULANT THER/	APY - Please review pl	escription daily

DRUG	Indication	Target INR	Signature	Pharmacy
DATE				
I.N.R.				
DOSE (AT 18.00)				
DOCTOR'S INITIALS				
GIVEN BY				
	AN INCREASED RISI TRAN, RIVAROXABAN		VENT OF A FALL WITH PHENINDIONE	ACENOCOUMAROL,
ADDITIONAL INFORM				

#### NAME

#### **NHS Number**

#### **REGULAR PRESCRIPTION**

#### MONTH/YEAR

: :::

										START				DATE				
Falls Risk	Date	Info	DRUG (APPROVED NAME	3)					Date		18/9	19/9	20/4	31/9	22/9	23/9	24/9	25
H/M/L		Given (tick)	ENOXAPARIN (CLEXANE)	6				ľ	0600		-							1
	1_1_	6	Route Additional informat	lion		Date			0900									
T -	-1-1-		S/C				.9.1		1300					-	-			
*	1.1		Dr's signature	N	Н	1	1		(1800)	Homa								Ļ
Falls Disk	_1_1_	luf.	Somes	~	_				2200 Date	2	-	_				-		On ¢
Falls Risk H/M/L	Date	Info Given	DRUG (APPROVED NAME	.)					Init									-
1000		(lick)	Prednisolo	ne	_				0600					-	-			
	1.1		Route Additional informat	tion		Date			0900	Boma	-	18	8	-		-		-
T			80	1.00	-		9.1		1300	->		-	-	-	-	-		+ +
*	1. 1		Dr's signature	N	H	î	1		1800			-		-	-	-	<u> </u>	+
Falls Risk	_1_1	lafa	82~~~	1					2200 Date		-	-						-
H/M/L	Date	Info Given	DRUG (APPROVED NAME						/ Init								-	_
		(tick)	Amoxicilli	n		-		_	0600	Sooma		112	1	-			<u> </u>	-
	11		Route Additional informat	tion		Date			0900	2				-	-			1
T	2020		90	1.11		1.4		_	(1300)	Soomy		0	0				<u> </u>	+
ň	43		Dr's signature	N	Н	Î	1		1800		-	0	-	-				+
Falls Risk	Date	Info	SSman		_			-	Date	Soomy	N	1		<u> </u>		<u> </u>	<u> </u>	<u> </u>
H/M/L	Dale	Given	Symbicon	t					Init	)								<u> </u>
	_	(tick)	Symorcon	-0					0600					-		-		11
	1_1_		Route Additional informat	lion		Date	9.1		0900	1 puff		12	12	-	-			+
T			Inh	L N		the second se		_	1300		-		-	-		-		+
ň	1-1		Dr's signature	N	H	1	+		1800				-	-	-	-		+
Falls Risk	Date	Info	DRUG (APPROVED NAME				,		2200 Date	1 puff	10	11						-
H/M/L	Date	Given			1	81	500		/ Init		-			<u> </u>	<u> </u>	<u> </u>		-
		(tick)	Co-codo	1 mo	5		200		0600			-	-	-	-			-
	1.1		Route Additional informat	tion	1	Date			0900	Ť	_	0	11			-		+-
T			PO	Lat			.9.1		1300	Ť	-	1	<u>n</u>	-	-			+
ň	1. 1		Dr's signature	Ν	H	Ť	Ţ		1800	Ť	220	m	1	-	-	-	+	+-
Falls Risk	Date	Info	DRUG (APPROVED NAME		V			-	2200 Date	Ť	6	0				1		-
H/M/L	9400	Given	and a second	1	5 8				/ Init		-	-		-	-	-	-	-
		(tick)	Humulin		5		KPe		0600						-			+
	1_1_		Route Additional informal	lion		Date			0900	124		14	N	-			<u> </u>	++-
1				N	ч	18	-9-1		1300	0.1	-	10	~	-	-	<u> </u>	<u> </u>	+
Ť.	11		Dr's signature	N	H	1	+		1800	8.4		8	n	-		-		+
Falls Risk	Date	Info	DRUG (APPROVED NAME	-)		1.1	<u> </u>	_	Date									
H/M/L		Given	Direction for the test in the	8					Init					-	-	-		-
		(tick)				Date		-	0600		-		-	-				+
			Day 1 Address of the former	Manager														
	_1_1_		Route Additional information	tion	- 10	Udio		-	0900			-					+	1
	_/_/_				н			0	1300			_						-
Ť	_!_!_		Route Additional informal Dr's signature	tion N	н	1	ţ	_	1300 1800									
Falls Risk	_/ _/ _ _/ _ / _ Date	Info	Dr's signature	N	Н		1		1300 1800 2200 Date									
Falls Risk H/M/L	_1_1_	Given		N	Н		+		1300 1800 2200 Date Init									
	_1_1_		Dr's signature DRUG (APPROVED NAME	<u>N</u>	Н	1	1		1300 1800 2200 Date Init 0600									E
	_1_1_	Given	Dr's signature	<u>N</u>	Н		4		1300 1800 2200 Date Init 0600 0900									E
	_ / / Date	Given	Dr's signature DRUG (APPROVED NAME Route Additional informa	E)		Date			1300 1800 2200 Date Init 0600 0900 1300									
	_ / / Date	Given	Dr's signature DRUG (APPROVED NAME	<u>N</u>	H	1			1300 1800 2200 Date Init 0600 0900 1300 1800									
	_ / / Date	Given	Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature	E)		Date		c	1300 1800 2200 Date Init 0600 0900 1300 1300 1800 2200 Date									
H/M/L	_// Date _// _//	Given (tick)	Dr's signature DRUG (APPROVED NAME Route Additional informa	E)		Date		c	1300 1800 2200 Date Init 0600 0900 1300 1300 1800 2200 Date Init									
H/M/L	_// Date _// _//	Given (tick)	Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature DRUG (APPROVED NAME	E)		Date		c	1300 1800 2200 Date Init 0600 0900 1300 1800 2200 Date Init 0600									
H/M/L	_// Date _// _//	Given (tick)	Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature	E)		Date		c	1300 1800 2200 Date Init 0600 1300 1300 1800 2200 Date Init 0600 0900									
H/M/L	_// Date _// _//	Given (tick)	Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature DRUG (APPROVED NAME Route Additional informa	N E) E) E) E)	H	Date		C	1300 1800 2200 Date Init 0600 0900 1300 2200 Date Init 0600 0900 1300									
H/M/L	_// Date _// _//	Given (tick)	Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature DRUG (APPROVED NAME	E)		Date		c	1300 1800 2200 Date Init 0600 0900 1300 2200 Date Init 0600 0900 1300 1300 1300 1300									
H/M/L	_// Date _// _//	Given (tick)	Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature Dr's signature	N E) E) E) E)	H	Date		C	1300 1800 2200 Date Init 0600 1300 1300 1300 2200 Date Init 0600 0900 1300 1300 1300 1300 2200 Date 2200									
HMML	_// Date _// Date _// _//	Given (tick)	Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature DRUG (APPROVED NAME Route Additional informa	N E) E) E) E)	H	Date		C	1300 1800 2200 Date Init 0600 0900 1300 1300 2200 Date Init 0600 0900 1300 10									
HMML	_// Date _// Date _// _//	Given (tick)	Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature DRUG (APPROVED NAME		H	Date		C	1300 1800 2200 Date Init 0600 0900 1300 2200 Date Init 0600 0900 1300 1300 1300 0900 1300 1300 0900 1300 0900 1300 0900 0900 0900 0900 0900 0900 0900 0900 1300 0900 0900 0900 1300 0900 0900 1300 0900 0900 0900 1300 0900 000 0900 0000 0000 0000 0000 0000 0000 00000 00000 0000 0000 0000 0000 00000									
HMML	_// Date _// Date _// _//	Given (tick)	Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature Dr's signature		H	Date		C	1300 1800 2200 Date Init 0600 1300 1300 1300 0600 0900 1300 1300 1300 0900 1300 0900 1300 0900 1300 0900 0000 0900 00000 0000 0000 0000 000000									
HMML	_// Date _// Date _// _//	Given (tick)	Dr's signature         DRUG (APPROVED NAME         Route       Additional informa         Route       Additional informa	N E) Elon Elon Elon Elon	Н	Date		C	1300 1800 2200 Date Init 0600 1300 1300 2200 0900 1300									
HMML	_// Date _// Date _// _//	Given (tick)	Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature DRUG (APPROVED NAME Route Additional informa Dr's signature DRUG (APPROVED NAME		Н	Date		C	1300 1800 2200 Date Init 0600 1300 1300 1300 0600 0900 1300 1300 1300 0900 1300 0900 1300 0900 1300 0900 0000 0900 00000 0000 0000 0000 000000									

#### PRESCRIPTIONS MUST BE REVIEWED REGULARLY AND REWRITTEN EVERY 4 WEEKS OR SOONER

		DATE							DATE							DATE			
																			Г
						-													t
										-									t
				-								-							t
																			Γ
tion	of VTE	Risk A	ssessn	nent Pr	escribe	Throm	boprop	hylaxis	above	if no co	ontraind	lication	S						_
	1																		Т
																			T
																			Γ
	1																		Т
																<u> </u>			t
								· .									_		t
																			T
																			Γ
																			1
																			Т
																			t
																			t
																			t
																			Γ
-									[										Т
																			t
																			t
																			t
																			t
									·										-
				· · · · · ·	1	1										[]	l	[	T
																			t
																			t
															-				t
																			t
																			-
					1		·									[		l	Т
																			t
																			t
																			t
																			t
	J	L			L						•								<u> </u>
					l														Т
																			t
	1																		t
											-								t
	1													-					t
																			Ť
					г														Т
																			+
																			t
																			t
																			t
					J	·			<b></b>	L									÷
					1														т
		-			-						-							<u> </u>	+
																		-	t
		·			-														+
				<u> </u>															t
				N (7) ) = HIG		·			1					L					1

NAI	ME	501	nn	4	Śm	;+	h							N	IS	Nun	nbe	r: 9	87	65	4.	321	
	AS R	EQUIP	RED	PF	RES	CRI	PTION:	When	1 dos	se v	arie	s wi	ith r	oute	, ple	ase	pre	scri	ibe s	sepa	rate	ly	2
DRUG (A	PPROVED N	AME)	-			_	DATE					-			_								
Sal	DOSE	amol						+		_			-						-			-	-
ROUTE	DOSE				DATE		TIME						<u> </u>									-	<u> </u>
Inh	2015	P	5		18.0	1.13						-	-							<u> </u>		-	
SIGNATU	RE	N	Н	1	Ļ	С	ROUTE	_					<u> </u>									-	
8.	Jones		1				SIG.																
DRUG (AI	PPROVED N	AME)	1				DATE																
ROUTE	DOSE	FREQUE	NCY		DATE	_	TIME																
Po	10	4-6	hou	-h			DOSE																
SIGNATU	RE	N	H	S  ↑	10	C	ROUTE																
5	Dones	1		Ľ	-		SIG.																
	PPROVED N		-		-		DATE																
ROUTE	DOSE	FREQUE	NOV		DATE		TIME																
ROUTE	DUSE	FREQUE	NGT		DATE		DOSE	-							-	-	-						
			1				ROUTE						-					-		-		<u> </u>	
SIGNATU	RE	N	Н	Ť	ţ	С	SIG.	-														-	-
DRUG (AI	PPROVED N	IAME)		<u> </u>																	<u> </u>	-	<u> </u>
DIGO (A	THOTED I	(and)					DATE	-							-					-		<u> </u>	
ROUTE	DOSE	FREQUE	NCY		DATE		TIME											-		-			
							DOSE	-					<u> </u>									-	
SIGNATU	RE	N	H	Î	Ļ	С	ROUTE																<u> </u>
							SIG.																
DRUG (AI	PPROVED N	IAME)					DATE																
ROUTE	DOSE	FREQUE	NCY		DATE		TIME																
							DOSE																
SIGNATU	RE	N	Н	1	Ļ	С	ROUTE							÷									
olonatio			+	+ ·	+	-	SIG.																
DRUG (A	PPROVED N	IAME)		-			DATE	-									_						<u> </u>
DOUTE		-	1011		D ATT		TIME	-														<u> </u>	
ROUTE	DOSE	FREQUE	NCY		DATE		DOSE	-					-						<u> </u>			<u> </u>	
			_				ROUTE	-					-				-		-			-	-
SIGNATU	RE	N	Н	î	t	С							-		-							-	
DRUG (AL	PPROVED N	IAME)					SIG.									-	_					<del>                                     </del>	
DI DUNU	ROVEDIN	(ANIC)					DATE	-														-	-
ROUTE	DOSE	FREQUE	NCY		DATE		TIME	-															
							DOSE	-														<u> </u>	
SIGNATU	RE	N	Н	1	Ļ	С	ROUTE															<u> </u>	
							SIG.																

PLEASE INDIC	CATE THE REA	SON WHERE OPTION (9) (0	THER) HAS BEEN CHOSEN
DATE	TIME	SIGNATURE	REASON FOR NON ADMINISTRATION OF MEDICATION AND ACTION TAKEN
			×

Me recontractione me reconstructione are reconstructione are and a second of the se							non on	INTRAVENOUS/SUDDULANEOUS INFUSION SUDALI	)			LO NO	AR
ME         DESCRIPTION         John Smith         I Sh i Sh i Sh i Sh i Sh i         John Green         Cfreen         Cf	DETAILS	DF REACTION:	7	NAME		NHS NI	UMBER	CONSULTA	NT	S	VARD	ROC	M NO.
MITANENDOLSE LUID     DRUCTORE     RATE     RATE     RATE     RATE     RATE       1     PROCEDIOCSE     VULME     RATE     RATE     RATE     RATE     RATE       1     PROCEDIOCSE     RATE     RATE     RATE     RATE     RATE       1     PROCEDIOCSE     RATE     RATE     RATE     RATE     RATE       2     PROCEDIOCSE     RATE     RATE     RATE     RATE     RATE       3     PROCEDIOCSE     RATE     RATE     RATE     RATE       3     PROCEDIOCSE     RATE     RATE     RATE     RATE       4     RATE     RATE     RATE     RATE     RATE	NAME:	DESIGNATION: DATE:	р 111	ohn s.	H	(8)0	178. 45 5	Nr. Gre	er,		CY		Z
Introversions tuub         DRUE To BE         ADMINISTRATION           ADDEDIDOSE         VOUME         Rescreters         NOTE           ADDEDIDOSE         VOUME         Rescreters         NOTE           Rescreters         NOTE         NOTE         NOTE		DUC.	7										
Minecode Introduction Intervention         ADDEDIDOSE Intervention         MARESISTIC Intervention         VOLUNE Intervention         MARESISTIC         VOLUNE Interventi		ant i ma an an an an	DRUG TO BE		and a	ROUTE	PRESCRIBER'S		DMIN	IISTRAT	LION		PHARMAC
	JAIE	IN IKAVENOUS FEUID	ADDED/DOSE	VOLUME	KAIE	IV = istaverous SIC = suboutaneou	SIGNATURE	DATE TIME TIM STARTED STARTED STOP		URSE'S	VOLUME		USE
	-								Given	by Checked by			
	F												
	N								-				
	m											-	
	4								-				
	so								_				
	Ð								-				
	~												
	60												
	Ø												
	10								-				

Write down all (or think about) the errors, omissions and/or administration cautions you can spot on the inpatient prescription.

#### Prescription with errors circled

Turn the page to find the same inpatient prescription with the errors, ommissions and/or administration cautions circled.

If you did not manage to find them all, try again and compare the two prescriptions.

Explanations and learning points can be found on page 18.

## North East London MHS

**NHS Foundation Trust** 

#### PRESCRIPTION CHART & ADMINISTRATION RECORD

#### North East London Community Services

CHART	1	123	
CO PRESS	Contraction of the second s	UI. Allowed	1

	ND SENSITIVITIES
$\leq$	$\rightarrow$
ETAILS OF REACTI	ON:
17. 1911 -	
AME:	DESIGNATION:
GN:	DATE:

surname Smith	WARD CY		ROOM NUMBER/BAY 2
FIRST NAME	AGE/DOB	HEIGHT NScm	WEIGHT 80 KS
NHS NUMBER 987 654 321	SEX M/F YM	ONSULTANT	Green

Allergies/sensitivities must be recorded before prescribing or administering medication except in exceptional circumstances

Medication Needs Assessment prior to admis	ision	Date of Admission 18.9.13	
patient self medicating	X	Date of Ashiosoft	101000017
assisted by family/carer		Discharge Needs Assessment	
administered by Nurse/Home		patient to be discharged with:	
Number of carer visits		original packs	X
		original packs with easy caps	
Medication needs assessment during admiss	ion	compliance aid/blister pack	
self administration assessment done		administration by carer	
patient consent form signed		social services informed of medication administration nee	d
patient being monitored			
patient self administering from:		Madiate in a second testing associated as	
original packs	25	Medicine's reconciliation completed on	
original packs with easy tops		By:	
compliance aid (blister pack)		Community Pharmacy	
patient unable to self administer		Telephone no	

#### RISK ASSESSMENT TOOL FOR VTE (Excluding patients < 18 years)

This is a guide: clinicians should exercise clinical judgement when prescribing enoxaparin. VTE risk scores:

Low Risk	Age >60	1	Obesity BMI>30	1	Varicose	veins	1	Dehydratic	m	1			
Medium Risk	Sickle cell	2	Pregnancy & puerperium	2	Medicine e.g. HRT	s	2	Family hist of VTE	ory	2	Immobility plaster ca		2
High Risk	Active cancer	3	Cardiac or respiratory failure	3	Nephrotic syndrome		3	Acute Med illness	lical	3	Serious in	fection	3
Highest Risk	Surgery and significantly reduced mobility	4	Significantly reduced mobility of >3 days	4	Major Su + anaesth tume >90	netic	4	Personal h of VTE	istory	4	Critical ca admission		4
FOR PROPI	F 3 OR MORE SHOU	EN				1st Score on admissio	I	2nd Score after 24 hours	3rd Score		4th Score	5th Score	
IF CLINICAL	SITUATION CHANG	ES.			tisk Score	5					1		- 1
FOLLOWING	ESCRIBE IF ONE OF GARE TICKED (unles	s be	enefit outweighs		late	18.9.13							- í
bleeding risk MOBILISATI	<ol> <li>CONSIDER MECH.</li> </ol>	ANI	CAL OPTIONS/EARLY	s	ignature	80m	-						
strend of some some in the low set one spatial strends that the	d hypertension (230	/120	0) Active/high r	isk	of bleedin	g		Neuro/s	spinal/ey	e si	urgery		
Procedures	with high bleeding r	isk	Concurrent u	Ise	of other ar	ticoagular	nts	Acute s	troke				
	eding disorders eg: Von Willebrands		Lumber pund anaesthesia i	n p	revious 4 h	ours or		1111000256223000	ilure/acq g disord	1.000	ed		
Thrombocytop	penia (platelets <75x10%)	L)	expected wit	hin	the next 1	2 hours		Dieedin	y usoru	C1			

NAM		HECK	ALLE	RGI	ES O	IN FR		OF I	HE	CHA	KI BI	:+0	RE PR				U ADI			ING	>
	(Tick bo)		ER				1 mill			RUGS	STOPP	ED DU	RING AD	MISSIC	N:						
	11.	0	осто	RS: P	LEAS	EINF	ORM	IURSI	ES AN	ID PA	TIENT	EVE	RY TIM	EYOL	PRES	CRIBI	A NEV	V DI	RUG		
						C			_	-	_	_	ON DI				1	-			
DATE	TIME	DRU	G (APP	ROVE	D NAN	IE)	DC	SE	RO	UTE	DOC	TOR'	S SIG.	1 2	GIVEN B	3Y	TIME		DATE	PH	ARMACY
8-9-13	23.00	Pro	edai	solo	one		30	mg	l	0			2	ß	. 81C	9	22.30		8.9.3		
										SILANS											
	DC	OSE	1			ROUTE		(	OXY		FREQU	-			SPO <sub>2</sub>				1		
DATE STARTED	(L/M INSF	IN OR PIRED SEN %)	-	AL CAN	INULA	SIM	PLE FAG	26-2022	20.55	C	DNTINU	ous	OR		RGET TO AINTAIN %		DAT			SIGN/	ATURE
			(	GUID	ANC	EON	I FLO	WR	ATES	AN	D DE	IVE	RY DE	VICI	S AV	AILA	BLE	_			
	SAL CAN 3 4			5 (			A <u>CE MA</u> 9 10		MIN)			SERV (L/			s	24	<u>VENTUR</u> 28 3 Y INITIA	5	40 60	) (%	
			1			100/			-	RAP	1		e revie	w pr	escrip	tion	daily	1263	_	_	_
DRUG			ind	dicatio	n	1	Targ	et INR		1	Sign	ature			1		11	P	harmacy		
DATE					-	-		-		_					_						
I.N.R.																					
DOSE (/	AT 18.00)									-											
DOCTO	R'S INITIA	NLS.																			
GIVEN B	BY																				
	ON: THI ARIN, D									HE E	VENT	OF	A FALL	WITH	PHE	VINDI	ONE, A	CE	NOCO	UMAF	ROL,
100000000000000000000000000000000000000		NFORM			10/0	100 10 1	Ser Crit														





**NHS Number** 

## $\langle \rangle$

#### **REGULAR PRESCRIPTION**

MONTH/YEAR

Fails Risk       Date       Info       DRUG (APPROVED NAME)       Date       Is/A	
Image: Street (ick)         ENOXAPARIN (CLEXANE)         0600         Image: Street (ick)         ENOXAPARIN (CLEXANE)         0600         Image: Street (ick)         Image: Street (i	
Image: Product of the state of the stat	On o
Image: Construct of the second sec	On
Image: Product of the second secon	On
Pails Risk     Date     Info     DRUG (APPROVED NAME)     Date       H/M/L     Given (lick)     Prednisolone     0600     111       Po     -118<913	
H/M/L       Given (lick)       Prednisolone       0600         Imit       0600       0600       0600         Imit       0600       0000       0000	
Image: Normalized Fails Risk         Date Info Given (lick)         Dris signature         N         H         T         L         0600         S1	
Boute     Additional information     Date     0900/130 m/s     S1       Image: Point Signature     Point V     Point V     Point V     Point V       Image: Point Signature     N     H     1     Image: Point V     Point V       Image: Point Signature     N     H     1     Image: Point V     Point V       Falls Risk     Date     Image: Point V     Point V     Point V       Image: Point V     Point V     Point V     Point V	_
Image: Dr's signature         N         H         T         Image: Constraint of the second secon	
Falls Risk     Date     Info       H/M/L     Given     DRUG (APPROVED NAME)       H/M/L     Given     Oracic (11) (10)	_
(lick) Amoxicillin (BOOD Sciency S) S)	_
(lick) Amoxicillin (BOOD Sciency S) S)	
(lick) HMOXICITIA (0600 SOOMS \$ \$)	
Route Additional information Date 0900	
	_
Dr's signature N H T 4 C 1800 3	
HVML Given Sum bic at	
	_
Image: Product of the state of the	_
Inh         18.9.13         1300         00           Dr's signature         N         H         t         C         1800	+
-1-1- Som - 6200 1 044 8 h	
	-
	-
Route         Additional information         Date         0900         T         Si         N           Po         18:9:13         0300         T         10         0	
	-
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	-
Falls Risk Date Info DRUG (APPROVED NAME) Date	
(tick) Humulin M3 KWikken 0600 Route Additional information Date 0900 121 S S	-
	-
Dr's signature N H T J C (1800) 8 J N N	
Somes / 2200	
Fails Risk Date Info DRUG (APPROVED NAME) Date	
H/M/L Given (tick)	
Route Additional information Date 0900	
▶         Dr's signature         N         H         1         ↓         C         1800	
2200	
Falls Risk Date Info DRUG (APPROVED NAME) Date H/M/L Given	
H/ML Given (tick) 0600	
Route Additional information Date 0900	
1300	
Image: Dr's signature         N         H         Image: T         Image: T <thimage: t<="" th=""> <thimage: t<="" th=""> <t< td=""><td></td></t<></thimage:></thimage:>	
Falls Risk Date Info DRUG (APPROVED NAME) Date	
Falls Risk Date Info DRUG (APPROVED NAME) Date H/M/L Given	
(tick) 0600	
Route Additional information Date 0900	
1300	-
▼         Dr's signature         N         H         T         ↓         C         1800	
Falls Risk Date Info DRUG (APPROVED NAME)	
H/M/L Given Init	
(tick) 0600	
L_1_I Route Additional information Date 0900	
↓         1300           ↓         ↓ <td></td>	
Image: Weight of the signature         N         H         ↑         ↓         C         1800           Image: Meight of the signature         N         H         ↑         ↓         C         1800	

#### PRESCRIPTIONS MUST BE REVIEWED REGULARLY AND REWRITTEN EVERY 4 WEEKS OR SOONER

		DATE							DATE							DATE			
9																			
mplet	tion of VT	E Risk A	ssessr	nent Pr	escribe	Throm	boprop	hylaxis	above	if no co	ontraind	ication	S						
_																			
+-																			
+																			
1																			
-																			
1																			
_																			
-		-																	
_																			
_									χ										
							-												
_												_							
-							-												
					·														
_		1												-					
													-	×					
											2								
		_																	
			<u> </u>																
_																			
												-							
_										~									
SED (	6) = SELF	-ADMINIS	TRATIO	N (7)	= DRUG	UNAVAIL	ABLE	(8)= V	OMITING	(9)=	OTHER	(SEE RI	EVERSE	) (X)=	PRESC	RIBER A	UTHOR	ISED ON	ISSIO
) = PA1	FIENT CAM	E IN ON T	THIS (H	H) = HIG	H RISK	(M) = N	IODER/	TE RISK	((L)=	LOW RI	SK								

NA	ME -	50	h	~	5	mi	th	2							NI	IS I	Nun	ıbe	r: 9	87	65	4	321	
1	ASR	EOI	JIR	ED	PR	ES	CRI	PTION:	Whe	n do	sev	arie	s wi	th r	oute	. ple	ase	pre	scri	be s	epa	rate	lv	7
1	~ `	-		1	<	~	5		~	>	~	1	<u></u>	5	>		S	<u> </u>	< · ·	-	-		-	-
	PPROVED N			1		-	5	DATE																
ROUTE	DOSE	FREC	UEN	CY	-	DATE	-	TIME																
	2 put		Pr			18.0	1.12	DOSE																
SIGNATU		-	N	H	Ť	1	C	ROUTE														-		
	Dones			1		-		SIG.																
DRUG (A	PPROVEDIN	IAME)	-	-				DATE																
(20	DOSE	LEDEC	101		_	DATE	- 1	TIME					_											
		4	- 6	10%	-h			DOSE								_	-							
96	10	m		Q105		2 18		ROUTE								-						-		
SIGNATU	RE J		N	Н	î	+	C	SIG.			-		-	_		_	-		-		-			
DRUG (A	PPROVED N	AME)	~	( ( )			-	DATE	-		-		-			_		_			-			
(An 24626 10)				Nor-				TIME					-						-	-	-			
ROUTE	DOSE	FREC	UEN	CY		DATE		11000			-		-	-			<u> </u>		-		-	_		
								DOSE					-				_		-	-	-			
SIGNATU	RE		Ν	Н	î	+	С	ROUTE			-		-		-				_		-			
DDUG (A	DOOULD N	10.0.0771	-	$\sim$				SIG.			-				-	_	_			-	-		-	
DRUG (A	PPROVED N	(AME)						DATE	_		-		_								-			
ROUTE	DOSE	FREC	QUEN	ICY		DATE		TIME	_					_	_			_	_	-		_	-	
								DOSE	_												_			
SIGNATU	RE	-	N	H	Ť	+	C	ROUTE																
	04.00							SIG.						_					_					
DRUG (A	PPROVED N	IAME)						DATE																
ROUTE	DOSE	FREC	UEN	ICY	-	DATE		TIME																
0.000	196025	03424				2015		DOSE																
SIGNATU	RE	-	N	H	Ť	1	C	ROUTE																
oronento						+	-	SIG.																
DRUG (A	PPROVED N	AME)			-	-		DATE				1	1											
DOUTE	loose	Inner	NU IPA	0	-	DATE	-	TIME																_
ROUTE	DUSE	FREC	JUEN	IUT .		DATE		DOSE	-							-								-
	<u> </u>	Ι.,		1.0				ROUTE	-				-	-					-					-
SIGNATU	RE		N	н	1	1	C	SIG.	-	-		-							-		-			
DRUG /A	PPROVED N	(AME)			-	1		DATE				-					-	-	-		-	-		-
								1200	-	-	-	-	-		-			-	-	-				
ROUTE	DOSE	FREC	QUEN	ICY		DATE		TIME					_		-				-	-				-
								DOSE	-		_		-	_		_		_	-	-		-		-
SIGNATU	RE		N	Н	î	+	C	ROUTE	-					_	-				-	-	-	-		-
								SIG.																

DATE	TIME	SIGNATURE	REASON FOR NON ADMINISTRATION OF MEDICATION AND ACTION TAKEN

MAME         NHS NUMBER         CONSULTANT         WARD         FROM           Recentation         Data         Chr. Shift         NumBER         CONSULTANT         WARD         FROM           Recentation         Data         Current         Crrent         Chr.         Crrent         Chr.           Recentation         DRUG TO BE         Volume         RATE         ROUTE         Recentation         Chr.         Crrent         Chr.           Recentation         DRUG TO BE         Volume         RATE         ROUTE         Recentation         Chr.         Crrent         Chr.           Recentation         DRUG TO BE         Volume         RATE         ROUTE         Recentation         Chr.         Crrent         Chr.           Recentation         DRUG TO BE         Volume         RATE         RATE         Recentation         Chr.         Crrent         Chr.           Recentation         DRUG TO BE         Volume         RATE         RATE         Recentation         Chr.         Chr.         Chr.         Chr.         Chr.         Chr.           Recentation         Recentation         Recentation         Recentation         Recentation         Recentation         Recentation         Chr.         Chr.	SPECIAL PRECAUTIONS	=	INTRAVENOUS/SUBCUTANEOUS INFUSION CHART	S/SNOI	UBCUI	<b>IANEOU</b>	S INFL	OISU	N CH	ART
Mill     Mill     Mill     Mill     Mill     Mill       Mill     Mill     Mill     Mill <th>S OF REACTION:</th> <th></th> <th>NAME</th> <th></th> <th>NUMBER</th> <th></th> <th></th> <th>VARD</th> <th>ROOI</th> <th>M NO./</th>	S OF REACTION:		NAME		NUMBER			VARD	ROOI	M NO./
Interended tube         DRUG TOE         AULINE         RATE         RATE         RATE         RATE         RATE         RATE         INTERTITIAT           1         Proceedings         ADDED/DOSE         VULUKE         RATE         RATE         INTERTITIAT         INTERTITIAT           1         Proceedings         RATE         RATE         RATE         RATE         RATE         RATE           2         Proceedings         RATE         Proceedings         RATE         RATE         RATE         RATE           2         Proceedings         RATE         Proceedings         Proceedings         Proceedings         Proceedings         Proceedings           2         Proceedings         Proceedings         Proceedings         Proceedings         Proceedings         Proceedings         Proceedings         Proceedings           3         Proceedings         Proceedin		ATON: ,	John Smith		126 45	Vr. Gren		г J		2
Intervetous         DRUGTOBE         ROUTE         RECORDER         ADMINISTRATION           Intervetous         ADDED/DOSE         NUMBER         Intervetous		7							-	
Introduction         ADDEDIDOCE         Volue         Introduction         Introduction		DRUG TO BE			PRESCRIBER'S		MINISTRA	TION		PHARMACY
		ADDED/DOSE			SIGNATURE	DATE TIME TIME STARTED STARTED STOPPED	1.	VOLUME		USE
	5									
	*									
	60									
	ω		-							
	7									
	ω									
	σ									
	0									

#### **Explanations and Learning Points**

The learning points on the chart are explained below.

- 1. The allergy status has not been completed. Improper documentation of allergy status can result in a patient experiencing a fatal drug reaction or optimal therapy being withheld.
- 2. The name and NHS number must be completed on every page of the chart so the person's identity is clear whichever section is being used. This is particularly important if the charts are faxed as pages can be mixed up.
- 3. Only one chart is shown in the exercise. The chart box on the prescription shows that the patient has 2 prescriptions and the risk of administration error is greatly increased. For safety sake the prescribing doctor should be contacted to re-write the prescription on one chart if at all possible or clearly state 1 of 2, 2 of 2 etc.
- 4. The doctor has not signed the once only Prednisolone and this prescribing error has resulted in an administration error.
- 5. The nurse has given but not signed for the Enoxaparin which may result in inappropriate clinical decisions being made about the patient which may put their safety at risk.
- 5a Medical staff will assume the patient has not received the drug 'not written/signed for = not given'
- 5b A different nurse on duty may administer another dose of the same medication resulting in administration error. Always sign or indicate non-administration on the prescription chart immediately to prevent further un-prescribed administration
- 6. The doctor has not stated the length of the Amoxicillin course
- 7. The strength of Symbicort inhaler has not been specified and may lead to dosage error. Ensure strength and frequently is written by the prescriber and you have the correct inhaler for the patient.
- 8. For the Co-codamol, because of the risk of Paracetomol, the prescribing doctor should write 'contains Paracetamol' in the additional information section to prevent the risk of administration errors. In the PRN section Paracetamol has been prescribed, if both the regular Co-codamol and PRN Paracetamol are given the patient will receive an overdose and the consequences could be fatal.
- 9. Salbutamol inhaler, again the dose has not been written by the prescriber which may lead to administration error.
- 10. Humulin (insulin) has been prescribed using 'u' rather than correctly writing units in full. Never accept a prescription where 'u' for units is used this may result in administration error if the u is misinterpreted.
- 11. As timely medication is often extremely important for the patients recovery, always ensure you can account for administration omissions.

## Section 1

#### Prescribing Errors Revealed

Turn over to see the well written prescription. When you have finished this exercise turn to section 2 to find a reflective log.

## North East London NHS

**NHS Foundation Trust** 

#### PRESCRIPTION CHART & ADMINISTRATION RECORD

## North East London Community Services

	Rewritten on	Checked by:		Date:
DRUG ALLERGIES AND SENSITIVITIES Ramipril	surname Smith	WARD CY	ſ	ROOM NUMBER/BAY
DETAILS OF REACTION: Angioedema NAME: S. Jones Designation: CTI	FIRST NAME John	AGE/DOB 2.2/12/56	HEIGHT 175cm	WEIGHT SOK
NAME: S. JONES DESIGNATION: CTI SIGN: DOME DATE: 18.9.13	NHS NUMBER 987 654 321	SEX M/F	ONSULTANT	reen

Medication Needs Assessment prior to admission	1	Date of Admission 18.9.13	
patient self medicating	X	Louis of Homoson ministration from the	
assisted by family/carer		Discharge Needs Assessment	
administered by Nurse/Home		patient to be discharged with:	
Number of carer visits		original packs	(
		original packs with easy caps	1
Medication needs assessment during admission		compliance aid/blister pack	1
self administration assessment done		administration by carer	1
patient consent form signed		social services informed of medication administration need	ī-
patient being monitored			_
patient self administering from: original packs original packs with easy tops compliance aid (blister pack) patient unable to self administer		Medicine's reconciliation completed on By: Community Pharmacy Telephone no	

#### RISK ASSESSMENT TOOL FOR VTE (Excluding patients < 18 years)

This is a guide: clinicians should exercise clinical judgement when prescribing enoxaparin. VTE risk scores:

Low Risk	Age >60	1	Obesity BMI>30	1	Varicose	veins	1	Dehydratic	m	1			
Medium Risk	Sickle cell	2	Pregnancy & puerperium	2	Medicine e.g. HRT	S	2	Family hist of VTE	ory	2	Immobility plaster cas		2
High Risk	Active cancer	3	Cardiac or respiratory failure	3	Nephroti syndrome		3	Acute Med illness	lical	3	Serious in	fection	110
Highest Risk	Surgery and significantly reduced mobility	4	Significantly reduced mobility of >3-days	4	Major Su + anaesti time >90	tetic	.4	Personal h of VTE	istary	4	Critical ca admission		N
FOR PROPI	F 3 OR MORE SHOU	EN				1st Score on admission	2 H	2nd Score after 24 hours	3rd Score		4th Score	5th Score	
IF CLINICAL	SITUATION CHANG	ES.		- 10	tisk Score	5							
FOLLOWING	ESCRIBE IF ONE OF G ARE TICKED (unles	s be	enefit outweighs	- 1-	ate	18.9.1	3						_
bleeding risk MOBILISATI	c). CONSIDER MECH.	ANI	CAL OPTIONS/EARLY	s	ignature	85-							
the local data and the local data and the local data and the	d hypertension (230)	/120	0) Active/high r	isk	of bleedin		31	Neuro/s	pinal/ey	e si	urgery		Г
Procedures	with high bleeding r	isk	Concurrent u	se	of other ar	nticoagular	nts	Acute s	troke				F
	eding disorders eg: Von Willebrands		Lumber punc anaesthesia i			COLUMN AND SALTING			ilure/acq	<b>5.</b>	ed		
Thrombocytop	penia (platelets <75x10%)	L)	expected with	hin	the next 1	2 hours		Dieedin	g disord	er			

NAM	( //E:	CHECK て。						T OF	THE	CH	ARTI	BEFC	DRE P						INISTE			
	(Tick bo	10	ER				4+ \	111111	hund	DRUG	IS STOP	PEDD	URING A	DMISS	ION:							111111
L	11.	D	осто	RS: P	PLEAS	E INF	ORM	NUR	SES A	ND P	ATIEN	TEVI	ERY TIN	AE YO	U PR	ESCR	UBE	A NEW	DRUG			
						_	_	-	_	_	_	_	ION D									
DATE	TIME	DRU	g (App	ROVE	D NAM	AE)	C	DOSE	R	OUTE	DC	CTOF	'S SIG.		GIVE	N BY		TIME	DATE		PHARM	CY
8.1.13	22.00	fre	9	5010	<u>مر</u>		3	0 ms	s	°o	Y	3-	NS	6.5	53~	6	>	22-30	18.84	3		
									OXY	GEN	N THE	RAP	γ		_							
	DO	DSE	1		1	ROUTE				UL1	_	UENC			SP			-		-		
DATE STARTED	INSF	IN OR PIRED GEN %)	10000	IL CAN	NNULA OIR			ACE M HUMID			CONTIN WHEN I				ARGET MAINT 9	AINED		DATI	2.1.2	SI	SNATUR	5
				GUID	ANC	EON	I FL	OW F	RATE	S AI		ELIV	ERY D	EVIC	ES /	VAII	_AB	LE				
1. I.	ASAL CAN 3 4	Control and the second		_	6 7	PLE FA 8	9 1	10 (l			1	1997 - 1977 	/MIN)			SPE	24 CIFY	28 35 / INITIAL	1/HUMIDI 40 . %, NOT	60		
BBUIG						ICO/	-	-		ERA	_	leas	e revi	ew p	resc	riptio	on c	laily	Pharma	CN .	_	_
DRUG				dicatio	on		Ia	rget IN			SI	Jnatur	e						ritaritia	cy		
I.N.R.																						
DOSE	(AT 18.00)							1	ţ.													
DOCTO	OR'S INITI/	ALS																				
GIVEN	BY		-						-			T										
CAUT	ION: TH										EVEN	TOF	A FAL	L WIT	HP	ENIN	DIC	DNE, A	CENOC	OUN	AROL,	-
	Farin, D Fional I				ROX	ABAN	OR	APIX	ABAN													

NAME John Smith REGU

NHS Number 987 (54 32)

LAR	PRES	CRIPT	<b>FION</b>	
-----	------	-------	-------------	--

MONTH/YEAR

										START	1			DATE		
Falls Risk H/M/L	Date	Info Given	DRUG (APPROVED NAME	)					Date	_	18/2	19/9	20/9	21/9	22/9	
FIVINIL		(tick)	ENOXAPARIN (CLEXANE)						0600							
	1.9	14.16	Route Additional informat	tion		Date			0900							
T	-'-'-		S/C				.9		1300		1					
*	1 m		Dr's signature	N		1	+	C	(1800)	HOMA	-	18	11			
	_!_!_		Some	V					2200 Date	2		_	_	_		On co
Falls Risk H/M/L	Date	Info Given	DRUG (APPROVED NAME						Init		<u> </u>					
		(tick)	Predniso	Low	ne			_	0600							
	1.1.		Route Additional informat	tion		Date		3	0900	30mg		81	8]			
T			60	L to	1	-	9.	-	1300	2			_	-		
Ť	1.1		Dr's signature	N		î.	1	C	1800					-		
Falls Risk	Date	Info	DRUG (APPROVED NAME	1					2200 Date							
H/M/L	Dass	Given	Amoxici'						Init		-					
		(tick)			<u>د</u>	15.4		_	0600	500mg		81	81			
	_1_1_		Route Additional Informat	tion		Date	9.	3	0900	-	1	-				
1			Dr's signature	N			-	C	(1300)	Soomy		81	8)		+ +	
É.	11		Some			1	*	10		50005	18	0	-	-		
Falls Risk	Date	Info	DRUG (APPROVED NAME		-	-	-	-	Date	00000	- 01	01			,L,L	1-0
H/M/L		Given	Symbico	rt.	4	00	11	2	Init			1			1 1	
-		(tick)	Route Additional informat		-	Date	<u>.</u>		0600	3 4 16		N	18			
alpha a	_1_1_		Inh	0011			. 9.	13	1300	1 putt		91	- 01			
*			Dr's signature	N	H	1	1	C	1800	-			-	-		1
	_1_1_		Somes		1			-	(2200)	1 04 15	18	a				
Falls Risk	Date	Info	DRUG (APPROVED NAME	)	1	8	1		Date	3						
H/M/L		Given (tick)	Co-codo	m	1	°/	50	0	0600		-				<u> </u>	
-		(BCK)				Date	-		(0900)	Ť		R	n			
- L-1	_!_!_	-	PO Contains P	araa	tand	18	· 9.	13	(1300)	TTTTT		14	8			
*	C		Dr's signature	N		1	4	C	0800	T		0	18			
	_1_1_	_	Somo		1	8			2200	Ť	13	0	- 01			
Falls Risk	Date	Info	DRUG (APPROVED NAME						Date							
H/M/L		Given (tick)	Humulin	M.	3 K	wil	KPe	2	0600							
ET.	1 1	Annald	Route Additional informat	tion		Date			0900	12 units		81	18			
무	-1-1-		S/C	andr.	76.0	18	.9.		1300							
*	8.3		Dr's signature	N		Ť	+	C	(1800)	8 units		5	8			
	_!_!_		Somes	-	1	2			2200		-		-			
Falls Risk H/M/L	Date	Info Given	DRUG (APPROVED NAME	)					Date							
		(tick)							0600			1				
	11		Route Additional informa	tion		Date			0900		-					
1				1.5	1.11	L	1.1	1.0	1300		-					
, T	3.3		Dr's signature	N	H	Ť	+	C	1800			-				
Falls Risk	Date	Info	DRUG (APPROVED NAME		_			-	2200 Date		-	L				
H/M/L	Uaid	Given	DADG MPPROVED NAME	-1					Init		-					
-		(tick)	Data la como da c	-	-	Der	-	-	0600				-			
	_1_1_		Route Additional informa	tion		Date			0900				-		+ +	
+			Dr's signature	N	Н	1	11	C	1300			-				
Ē.	11	1000	or a aignature	IN	1	1	+	1	2200							
Falls Risk	Date	Info	DRUG (APPROVED NAME				-	-	Date							
H/M/L	Constants	Given	2017-2018-00-10-00-00-00-00-00-00-00-00-00-00-00-	3					Init						-	
-		(tick)	Route Additional informa	tion		Date			0600		-		-			
4.	_!_!_	100	Nouse Produced and the	eront.		Date			1300			-				
+			Dr's signature	N	H	11	1	C	1800		-	-				
	_1_1_		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		1		1		2200							
Falls Risk	Date	Info	DRUG (APPROVED NAME	E)	-				Date							1
H/M/L		Given	1999 (1999) (1999) (1999) (1999) (1999)						0600		-	-		r		
	1 × × 1	(tick)	Route Additional informa	tion		Date	_		0900		-	-	-			
	_'_'_								1300							
*			Dr's signature	N	Н	1	1	C	1800							
	_1_1_		252						2200							
NON ADM	INISTRAT	ION REAS	SON CODES: (1) = SLE	EP (	2)=	FAST	ING	(3)	= SEE "(	N LEAVE" ME	DICATIO	N BOOK	(4)=	PATIEN	T UNAVAI	LABLE 5 = REF
								CH	ANGED	(1) = DOSE [	DECREA	SE (N)	= NEW	DRUG	(T) = D(	OSE INCREASE

#### PRESCRIPTIONS MUST BE REVIEWED REGULARLY AND REWRITTEN EVERY 4 WEEKS OR SOONER

٦

			DATE							DATE							DATE			
T																				
+																				
1																				
Τ																				
mp	oletion	of VTE	Risk A	ssessn	nent Pr	escribe	Throm	boprop	hylaxis	above	if no co	ontraind	lication	s						
Т																				
1																				
																		1		
Т																				
	sha																			
	she	~>																		
-	~																	L		
T																				
		_																		
						L														
_																				
-						-														
							L													
+																				
-																				
+																				
			L	L	L	I		l	L	L								L		
							r	r		r										
$\downarrow$																				
4																				
-																		<u> </u>		
+																				
					I	L	L	I		I			L							L
-			r	r——		1												·		
-																-				
+							——													
+																				
+	_																			
	0			TDATIO		- 0000	LINIA (A II		0-14	OMITIMO	0		(QEE DI		<u></u>	DDESC	DIDEO		ISED OF	1100101
CL.	U.	- SELF-/	ADMINIS	RAIIO	N U	- DRUG	UNAVAIL	ABLE	0=v		J. U	OTHER	(SEE RI	EVERSE	) W	- PRESC	RIDER	AUTHOR	ISED UN	199101
=	PATIEN	I CAME	IN ON T	HIS (H	リ= HIG	H RISK	(M)=1	NODERA	IE RISK	(U=	LOW RI	SK								

NAME		Jor	5	<b>`</b>	S	m	£1	2								Ν	HS	Nun	nbe	r: 0	187	6	54	32	.)
100	ACD	EOU		ED	DE	EC	CDI	PTION:	Wh	-	do		orio		ith a	outo	ml		pro	COL	ibo	one	rate	lu lu	
	ASI	EQUI	-	ED	~	ES	Chi	PHON.	WIN		Nuo	Sei	arie	5 W	~	oute	, pi	ease	pre	SUI	ibe a	seha	ale	iy .	~
DRUG (APPR	OVED N	AME)		10				DATE																	
Salb ROUTE DO	ULCA .	FREQU	ENI	m	Gro	DATE	Ims	TIME																	
Inh 2								DOSE		1															
	b. B					-	_	ROUTE		+			-	-	-	-	-								
SIGNATURE		Ľ	N	H	Ť	t	С	SIG.		+	-			-		-	-	-	-		-		-	-	
DRUG (APPR)		AME)	_	~		I		DATE		+								-							
Para	cet	am	0	_	/	4			-	+			-	<u> </u>				-			-				
ROUTE DO	SE	FREQU	EN	ha	1-1	DATE		TIME		-	50			<u> </u>	<u> </u>			<u> </u>			-				
109	9	Max					1.13	DOSE	19	19	113		<u> </u>			-					-				
SIGNATURE		1	N	Н	Ť	t	С	ROUTE	( (	31	1	AX	900	e ol	e e	race	time	D							
V SS W	es	-	/					SIG.							<u> </u>										
DRUG (APPR	OVED N/	AME)						DATE																	
ROUTE DO	SE	FREQU	ENG	CY		DATE		TIME		_															
								DOSE																	
SIGNATURE		1	N	Н	†	Ļ	С	ROUTE																	
		F	÷		-	·	-	SIG.															-		
DRUG (APPR	OVED N/	AME)	-			-		DATE																	
ROUTE DO	SE	EDEOU	CAL	0V	_	DATE		TIME	-	1															
KOUTE DO	ISE .	FREQU	EIW	UT		DATE		DOSE																	
SIGNATURE			N	Н	†	Ļ	С	ROUTE																	
		F	-				-	SIG.																	
DRUG (APPR	OVED N/	AME)						DATE																	
ROUTE DO	SE	FREQU		CV.		DATE	_	TIME																	
NOOTE DO	JUL .	TREGO	LIN			DAIL		DOSE		1			-												
SIGNATURE		,		Ц			0	ROUTE	-	1						<u> </u>									
SIGNATORE		- P	N	Н	Î	Ť	C	SIG.	-	1			-	<u> </u>	-		-					-			
DRUG (APPR	OVED N	AME)	_					DATE	-	+	_		-	-	-	-	_	-	-						
								TIME	+	+				-		-		-	-			-		-	
ROUTE DO	DSE	FREQU	ENG	CY		DATE		DOSE		+			<u> </u>	-	-	-		-							
										-			-	-	-				-					-	
SIGNATURE		1	N	Н	Ť	t	С	ROUTE		+			-	-	-	-		-			-				<u> </u>
00110 (4000	OVED N							SIG.	_	_				<u> </u>				<u> </u>			-			<u> </u>	
DRUG (APPR	OVED N/	WIE)						DATE		_						-									
ROUTE DO	OSE	FREQU	EN	CY		DATE		TIME	_							<u> </u>									
								DOSE																_	
SIGNATURE		1	N	Н	†	1	С	ROUTE																	
								SIG.																	

PLEASE INDIC	CATE THE REA	SON WHERE OPTION (9) (0	THER) HAS BEEN CHOSEN
DATE	TIME	SIGNATURE	REASON FOR NON ADMINISTRATION OF MEDICATION AND ACTION TAKEN

	•		INAVE	NO	JS/SC	BCU	INTRAVENOUS/SUBCUTANEOUS INFUSION CHART	Ś				
DETAIL	Angroedence S. Jones	DESIGNATION: CT 1 To	John Smith	5	NHS NUMBER	JMBER 6432J	CONSULTANT	JLTANT - Ee.A		WARD C 4		ROOM NO./ BAY ପ୍ର
NOID									-			
		DRUG TO BE			ROUTE	PRESCRIBER'S		ADN	ADMINISTRATION	TION		PHARMACY
DATE	INTRAVENOUS FLUID	ADDED/DOSE	VOLUME	RATE	IV = Intravenous S/C = suboutaneous		DATE TIME TIME STARTED STARTED STOPPED	EDSTOPPED	NURSE'S SIGNATURE	VOLUME	BATCH NUMBER/EXPIRY	USE
									Given by Checked by			
-												
61												
e									-			
4												
6												
0									-			
~												
0												
0												
-	10											
-	1. Every bottle/bag given	Every bottle/bag given to the patient must be recorded on this chart.	orded on thi	s chart.	0	CHECK for incompatabilities.	r incompa	tabilitie	- iii			

Reflective Log for Educational Events
Medicines management module
Date and Time
What I learned from this activity:

.....

.....

.....

.....

Am I going to change anything as a result of this activity? / How will I apply learning into my clinical practice?


27

## Section 3

Drug calculations practice tests. The answers can be found on page 30

	Paper 1	Answers
1)	Calculating basic measures Convert the following:- (a) 0.05g = how many mg (b) 0.025 litre = how many mls? (c) 1575 micrograms = how many mg? (d) 750 mg = how many grams?	
2)	Calculating drug dosage How many tablets would you give? Give 0.25 mg of digoxin orally (stock = 250 microgram tablets)	
3)	Calculate the volume of drug to be given Give S/C insulin injection of 22 units (stock 10 ml ampoule of 100 units in 1ml)	
4)	If you drew up 10ml of 2% lidocaine in a syringe, how many mg would there be in 10 ml?	
5)	You have a stock vial of Diclofenac (75mg in 3ml) and you wish to draw up a dose of 50mg for your patient. how many millilitres would you draw in to your syringe to give this dose.	
6)	Calculate the hourly infusion rate. Administer Dopamine 4 micrograms/kg/minute to a 60 kg patient using hourly rate on pump (Dopamine 200 mg in 50 ml dextrose)	
7)	What would be the daily dose? Prescribe drug B to a 75 kg adult – 40 micro- grams/kg/day	
8)	Now divide the above (Q7) into 3 daily doses	
9)	Calculate the correct dose. Dopamine 2 micrograms/kg/min to a 50 kg patient using hourly rate on pump (Dopamine 200 mg in 50 ml dextrose)	

		Answers
10)	Calculate the correct dose. Give 500 micrograms Adrenaline I/V (Stock is 10 ml solution 1:10,000	
11)	Calculate the correct volume of syrup to be given. Give 400 micrograms of Granisetron syrup orally (Stock solution 1 mg in 5 mls	
12)	If you wanted to administer 3mg/kg of 1% lidocaine to a 72kg man, how many mls would you give?	
13)	Calculate how many mls you would give. Using an ampoule of 1% lidocaine, administer 3 mg/kg to a 70 kg patient	
14)	How many mls should you give? Prepare 62.5 micrograms of digoxin for I/V administration (Stock ampoule of 500 mcg in 2 ml)	
15)	Calculate the drug volume to be given. Give 135 mg hydrocortisone for I/V use (Stock 100 mg in 2 ml)	
16)	How many mls would you give (diluted)? Give heparin 3500 units (dilute) (Stock is 5000 units in 1 ml)	
17)	Prescribe drug B to a 50 kg adult – 30 micrograms/kg/day	
18)	A child weighing 19kg requires 400micrograms/ kg of adrenaline 1 in 1000 for nebulisation. Maximum dose is 5mg What dose would you give? How many ml of adrenaline would this be?	

Adapted from calculations questions clinical skills lab whipps cross hospital 2003 by J hewitt and Dr E Tsarfati 2013. Additional questions and review by H Walker and S Lau.

Answers

## Paper 1

1)	a) 50mg, b) 25 ml, c) 1.575mg, d) 0.75g
2)	One
3)	0.22ml
4)	200mg in 10ml
5)	2ml
6)	3.6ml per hour
7)	3mg
8)	1mg tds
9)	1.5mls/hr
10)	5ml
11)	2ml
12)	21.6mls
13)	21ml
14)	0.25ml
15)	2.7ml
16)	0.7ml
17)	1.5mg
18)	5mg; 5ml

### Section 3

	Reflective Log for Educational Events
	Medicines management module
	Date and Time
	What I learned from this activity:
	Am I going to change anything as a result of this activity? / How will I apply learning into my clinical practice?

### Section 4

Self/Peer/Assessor Skills Review Checklist (Can be used to demonstrate continued procedural competence/review standard of skill)

Skill – Drug Administration (oral medication)

Self Review / Peer Review / Assessor Review (Circle one)

1. General	
Familiar with use of BNF, special precautions, side effects & interactions	Yes No
Aware of patients' diagnosis, past medical history and treatment regime	Yes No
Demonstrates good knowledge of medicine(s) to be administered	Yes No
Familiar with process for obtaining/restocking medications	Yes No
Can discuss common drug reactions & premonitory signs of anaphylaxis	Yes No
Aware of standard infection control & sharps management procedures	Yes No
He/she washed his/her hands (social hand wash)	Yes No

2. Prescription	
Checks drug prescribed by generic name is legible, signed and dated	Yes No
Checks correct strength, dose, route, frequency and time	Yes No
Checks whether drug has already been administered	Yes No
Checks for adverse medication reactions (allergy box completed)	Yes No
Medication dose check – prescription within therapeutic range	Yes No
The prescription is valid i.e. in date	Yes No

3. The Drug	
The correct drug was selected	Yes No
Expiry date checked	Yes No
Checked that the drug is suitable for oral/enteral use	Yes No
Checked how drug should be given (eg with food)	Yes No
Checked that the drug is compatible with other prescribed medications	Yes No
Prepares fresh drink (records on fluid chart if appropriate)	Yes No
Correctly prepares/constitutes drug	Yes No
Correctly calculates drug dosage (if appropriate)	Yes No
Aware of cautions/side effects	Yes No
The correct syringe was used for enteral drug administration	Yes No

4. The Patient	
He/she completes the following mandatory safety checks (with the patient where possible). As well as checking the ID band details against the prescription	
Confirms name	Yes No
Date of birth	Yes 🗌 No 🗌
Hospital number	Yes No
Allergic reaction (red band)	Yes No
ID confirmed	Yes No
No history of dysphagia/swallowing difficulties	Yes No

5. Administration	
The procedure was explained to the patient	Yes No
Agreement to administer the drug established and opportunity to ask questions provided	Yes No
Non-touch technique used to select drug and transfer to clean container	Yes No
Administers the medication correctly to the patient –checks swallowed	Yes No
Ensures medicine not left on side to be taken later	Yes No
Assesses the patient for complications	Yes No

6. Documentation	
Prescription chart dated, timed and signed	Yes No

7. Communication Skills and Attitude	
Demonstrates a good standard of communication and professionalism with assessor and patient	Yes No

Name .....

Designation .....

Peer/Assessor review by	

Skill Achieved? Yes No

Date .....

Adapted from Skills Review Checklist Whipps Cross Hospital 2003 by Jocelyn Hewitt and Ms Tejay Patel, Senior Pharmacist NMUH.

Reviewed by Ms Sushma Lau and Jocelyn Hewitt December 2013.

### Feedback/Comments

Lessons learnt/plans for future development/teaching & reviewing others

### Notes



Health Education North Central and East London Health Education North West London Health Education South London

# *Developing people for health and healthcare*



© Health Education England SS201307.18.49