



# Paediatric Drug Administration Competency for Re-Assessment (Non-IV)

Name:
Personal Number:
Ward Department:
Commencement Date:
Achievement Date:



### Introduction

#### **About the Document**

This competency document has been devised to be used as a framework for re-assessing registered practitioners when administering nonintravenous drugs.

Note: This document is designed for registered practitioners who have previously been signed off as competent to re-assess ability and safety in administering non-intravenous drugs.

#### **Using the Document**

To be able to administer non-intravenous drugs independently, practitioners have to be assessed as competent by completing one drug round, by a registered and competent practitioner from the same profession, who is a Band 6 or above.

During the drug round, the assessor needs to measure the practitioner against competencies which have been mapped against NMC Code, Trust policies and procedures and the Royal Marsden Clinical Practices. As the practitioner achieves each competency the assessor signs, stamps and dates each section for that drug assessment.

There is a section at the end of the competencies where the assessor, after completion of the drug round, can document that they have questioned the practitioner to establish a clear knowledge and understanding of the administered medication.

#### Information to practitioner.

Once the drug assessment is completed and all the relevant areas have been signed / dated & stamped, the Practice Education Facilitator / one of the Senior Sisters / Charge Nurse and yourself must sign / date & stamp the section at the end of this work book. This will provide assurance to the Trust and authorisation for the practitioner to administer non-intravenous drugs independently.

Once the drug assessment has been signed off please keep a copy of the workbook for your own reference. The original must be kept in your personal file.

To be deemed competent the practitioner has to meet & achieve every competence.

# **Competency: Prescription Chart**

Competence	Achieved Signature / Stamp & Date
<ul> <li>Drug Round Preparation <ul> <li>Decontaminate hands</li> <li>Aware of priority patients</li> <li>Ensure handover available / aware of patient plan of care</li> <li>Obtain vitals / relevant drug keys</li> <li>Ensure BNF available</li> <li>Obtains a red 'drug round' apron</li> <li>Obtains a drug trolley and checks stock of routine drugs</li> <li>Ensures prescription charts accessible</li> <li>Ensure hand gel available</li> </ul> </li> <li>Prescription Chart(s) Check: <ul> <li>Minimum information required as stated in MP 01; Appendix 004</li> <li>Check patient's full name / DOB / Hospital or NHS Number / Ward / Responsible Consultant are clearly documented at the top of each page</li> <li>Check allergy status is clearly written, signed, stamped (if possible) and dated</li> <li>Check chart is signed by prescribing doctor</li> <li>When administering medication, ensure each page of prescription chart is checked</li> </ul> </li> </ul>	Drug assessment Drug assessment
<ul> <li>Other Significant Information <ul> <li>If more than one chart, check patients details corresponded</li> <li>Ensure patient's weight checked if drug dosage is weight related</li> <li>Check once only drugs</li> <li>Aware of pharmacy instructions / medicines reconciliation information</li> <li>Aware of antimicrobials stop / review dates</li> </ul> </li> </ul>	

Prescribed Medication Check:	Drug
<ul> <li>Check prescribed drug is legible, and written in black ink</li> </ul>	assessment
<ul> <li>Check dose, route, start date, signature and stamp are all documented clearly</li> </ul>	
Check drug 'stop / review' section	
<ul> <li>Ensure drug packet corresponds with drug strip</li> </ul>	
<ul> <li>Ensure drug name and dose corresponds to that on prescription charts</li> </ul>	
Check expiry date	
<ul> <li>Aware of procedure when crushing / halving drugs</li> </ul>	
<ul> <li>Check oxygen / warfarin / insulin have been prescribed, if required</li> </ul>	
Drug Knowledge:	Drug
Practitioner demonstrates knowledge of indications / contra-indications / side effects of administered drugs	assessment
Decontaminate hands in line with Trust Policy	

# **Competency: Patient Check & Administration**

Competence	Achieved Assessors Signature / Stamp & Date
Patient Check:	Drug
<ul> <li>Check correct wristband on patient (red or white) and if patient not wearing a wristband the correct procedure is followed</li> </ul>	assessment
<ul> <li>Ensure wristband corresponds to prescription chart</li> </ul>	
<ul> <li>If wearing red wristband, allergy status confirmed</li> </ul>	
Confirm patient identification correctly	
Decontaminate hands in line with Trust Policy	
Oral Drugs:	Drug assessment
Ensure patient has ingested drug	assessment
<ul> <li>Aware of drugs that need to be given before / after food, significant amount of water etc.</li> </ul>	
<ul> <li>Ensure patient has drink and assistance given, if required, to take drug</li> <li>Ensure drugs given in a timely manner</li> </ul>	
<ul> <li>Aware of dose ranges and challenges if prescribed dose appears out of range</li> </ul>	
<ul> <li>Ensure drug is administered as prescribed, e.g. soluble drug / moderate release / slow release etc.</li> </ul>	
<ul> <li>Check pharmacy stock if drug not available on the ward</li> </ul>	
Decontaminate hands in line with Trust Policy	
Controlled Drugs (CD):	Drug
• Demonstrates the correct process when checking and administering CD drugs, as per policy MP 01 Appendix 001	assessment
Follows the above policy when dealing with patient's own CD's	
Decontaminate hands in line with Trust Policy	

### **Additional Routes**

This page must be completed following a discussion with your line manager who will identify which of the below routes are applicable.

Competence	Please circle Yes / No if this section is required to be completed	Achieved Assessors Signature / Stamp & Date
NG / PEG / NJ:	Yes / No	Drug assessment
<ul> <li>For administration of drugs via the enteral route adheres to the following:</li> <li>Uses purple enteral syringe</li> </ul>		
<ul> <li>Confirms the position of the tube prior to administration of drugs</li> </ul>		
<ul> <li>Documents PH levels from aspirate</li> </ul>		
<ul> <li>Confirms the tube length from the nose</li> </ul>		
<ul> <li>Aware of which drugs should NOT be crushed prior to administration via an enteral feeding tube</li> </ul>		
<ul> <li>Administers drugs as single dose</li> </ul>		
<ul> <li>Completes the prescribed flush between medications</li> </ul>		
<ul> <li>Aware of other medications which could affect the PH level</li> </ul>		
Sub-cutaneous Injection:	Yes / No	Drug assessment
Privacy & dignity upheld / patient consent obtained		
Adheres to infection prevention, PPE etc		
<ul> <li>Assess injection site for signs of inflammation / oedema / infection</li> </ul>		
Address correct site and technique		
<ul> <li>Injects medication, as per Royal Marsden clinical practices</li> </ul>		
<ul> <li>Dispose of needle as per sharps policy</li> </ul>		
Decontaminate hands in line with Trust Policy		
Intramuscular Injection:	Yes / No	Drug assessment
<ul> <li>Privacy &amp; dignity upheld / patient consent obtained</li> </ul>		
Adhered to infection prevention, PPE etc		
<ul> <li>Assess injection site for signs of inflammation / oedema / infection</li> </ul>		
Address correct site and technique		
Injected medication, as per Royal Marsden clinical practices		
Dispose of needle as per sharps policy		
Nurse has a clear understanding of indications / contra-indications & side effects of drugs being		
administered		
Decontaminate hands in line with Trust Policy		

Competence	Please circle Yes / No if this section is required to be completed	Achieved Assessors Signature / Stamp & Date
<ul> <li>Eye Drops:</li> <li>Administer eye drops as per MP 01: Appendix 007 (located on Trust intranet)</li> <li>Decontaminate hands appropriately</li> </ul>	Yes / No	Drug assessment
<ul> <li>Rectal Administration:</li> <li>Privacy and dignity upheld</li> <li>Patient consent obtained</li> <li>Explain and discuss the procedure with the patient</li> <li>Wash hands</li> <li>Checked the patients prescription chart</li> <li>Adheres to Royal Marsden clinical practice</li> <li>Ensured the patient was comfortable</li> <li>Record administration and effect on the patient</li> <li>Decontaminate hands in line with Trust Policy</li> <li>Adheres to infection prevention, PPE etc.</li> </ul>	Yes / No	Drug assessment

# **Competency : Documentation, Policies & Procedures**

Competence		Achieved Assessors Signature / Stamp & Date
<ul> <li>Clear signature / counter si</li> <li>Ensure when any drug has</li> </ul>		
NMC The Code (2015)	Access & Discuss NMC Standard 10; Clear and Accurate Records Standard 18; Prescribe, Supply & Administer Medicines Signature / Stamp & Date	
Medicine Management MP 01	Access & Discuss Key Areas Signature / Stamp & Date	
Drug Error: MP 04	Access & Discuss Key Areas Signature / Stamp & Date	
NMC Medicines Management	Access and Discuss Key Areas Signature / Stamp and Date	

### **Managers Section**

Comments:	

### Disclaimer

Practitioners Name:

I confirm that I have checked the above practitioners **Drug Administration Re-Assessment Competency for Non-IV medication** and confirm that at the time of each assessment they have achieved all required competencies.

This provides authorisation that the above practitioner can administer non-intravenous drugs as per Trust Policy.

Senior Sister / Charge Nurse – Print name:	.Signature / Stamp:	. Date:

