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Feidhmeannacht na Seirbhíse Sláinte
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Medication Management Policy for BSc Midwifery Students

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Document Approved By	**Mary Doyle** Midwifery Practice Development Coordinator Mary Doyle Date 29/07/2014 **Margaret Quigley** Directorate Nurse/Midwife Manager Margaret Quigley Date 29/07/2014		
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1.0 Policy Statement

1.1 The HSE West University Maternity Hospital Limerick is committed to ensuring that women in the maternity services and their babies receive optimal and safe medication management.

2.0 Purpose

2.1 The purpose of this policy is to uphold the standards of safe and best practice in relation to BSc midwifery students and medication management.

2.2 The aim is to support BSc midwifery students' learning and experience in medication management.

3.0 Scope

3.1 The policy applies to all BSc midwifery students under supervision on practice placements in the HSE West.

3.2 The policy applies to all registered midwives and nurses working with and involved in the supervision of BSc midwifery students on placement in the University Maternity Hospital Limerick.

4.0 Glossary of Terms and Definitions

4.1 Administration- Giving an individual dose of a medicinal product to a patient/service-user via direct contact (e.g. orally or by injection) or by indirect contact (e.g. application of a medicated dressing) and ensuring the completion of this activity (An Bord Altranais 2007, p.51).

4.2 BSc Midwifery Student- refers to all students currently undertaking the BSc Midwifery Programme in the University of Limerick.

4.3 Competence- is the ability of a registered nurse or midwife to practice safely and effectively fulfilling his/her professional responsibilities within his/her scope of practice (An Bord Altranais 2000a, p.7).

4.4 High Alert Medications- are drugs that bear a heightened risk of causing significant patient harm when they are used in error (www.ismp.org 2014 see Appendix 1)

4.5 Medicinal Product- is defined as "any substance or combination of substances presented for treating or preventing disease in human beings. Any substance or combination of substances, which may be administered to human beings with a view to making a medical diagnosis or to restoring, correcting or modifying physiological functions in human beings is likewise considered a medicinal product (EEC Directive 2001 [2001/83/EC]) (cited in An Bord Altranais 2007, p.53).

5.0 Roles and Responsibilities

5.1 All midwives and nurses who administer medicinal preparations are responsible and accountable for their safe administration.

5.2 BSc Midwifery Students cannot be held accountable for medication administration while working under supervision- the accountability remains with the supervising midwife or nurse.

5.3 It is the responsibility of the CMM2 in each area to ensure that all staff are aware of this policy, have read it and have signed to say they understand the policy and agree to comply with it.

5.4 It is the responsibility of the Clinical Placement Coordinators Midwifery (CPCsM) to ensure that all students receive and sign for receipt of a copy of this policy.

6.0 Medication Management

6.1 BSc Midwifery Student's Experience

6.1.1 BSc Midwifery Students may gain experience in regular medication administration such as oral, intramuscular and subcutaneous in accordance with the Guidance to Nurses and Midwives on Medication Management (ABA 2007).

6.1.2 This is facilitated after ascertaining the student's level of competence and only under the **direct supervision** of the registered midwife/nurse following the principles of supervision (ABA 2007).

6.1.3 BSc Midwifery Students will be instructed and supervised in accordance with the local medication management policy in each site, to ensure that learning needs are met.

6.1.4 Accountability for the administration of medicinal products remains with the registered midwife or nurse who must be the signatory on the drug administration kardex.

6.1.5 All medicinal products must be checked by at least one registered midwife/nurse, according to local policies.

6.1.6 BSc Midwifery Students are not permitted to carry any keys to medicine trolleys, drug cabinets or drug cupboards.

6.1.7 BSc Midwifery students **must not accept or repeat verbal or telephone medication orders** from a medical practitioner at any time. This includes in an emergency or non-emergency situation.

6.1.8 BSc Midwifery students should be facilitated to **observe** the practice of checking the stock balance of MDA Schedule 2 drugs at the change over of shifts.

NB Unless stated in a local policy she/he cannot be the second person undertaking the double check.

6.2 Medications and Double Checking

'Double Checking is the process/activity of having a second colleague ***independently*** check the preparation of a medication for administration' (ABA 2007 pg 11).

6.2.1 For medications requiring double checking there may be a local policy identifying the personnel to be involved in the double checking procedure.
6.2.2 The registered midwife must determine the level of experience of the person who will perform the double checking procedure unless this is stated in a local policy.
6.2.3 If the local policy does not state what the status/grade of the second checker is the BSc Midwifery Intern students can be asked to act as the double checker.
6.2.4 BSc Midwifery Intern students may act as a double checker **once the midwife has assessed the level of risk and the student's knowledge and level of experience.**
6.2.5 The administration of the drug must be witnessed and recorded in the prescription chart and in any other relevant documentation e.g. the 'controlled drugs register' by **both persons**.
6.2.6 The ultimate accountability for the administration of all drugs remains with the registered midwife/nurse.

6.3. Absolute Restriction for Blood and Blood Products

6.3.1 The BSc Midwifery Student should not act as a second checker or administer IV blood or blood products at any stage during the programme (refer to HSE Mid West Area Hospitals, Procedure for Blood Components/products pre-administration checks and traceability 2013 available on QMIS QPULSE).
6.3.2 The BSc Midwifery Student should accompany the midwife/nurse, observe and be facilitated to learn about blood product administration.
6.3.3 For **IM anti-D**, BSc Midwifery Student should not act as a double checker however following appropriate haemovigilance training 3rd and 4th BSc Midwifery Student may under the direct supervision of a registered midwife administer the IM anti-D injection. (refer to HSE Mid West Area Hospitals, Procedure for Blood Components/products pre-administration checks and traceability 2013 available on QMIS QPULSE).

6.4 Intravenous Therapy

6.4.1 The BSc Midwifery Student **during the supernumerary period** should not act as a double checker or administer intravenous preparations.

6.4.3 Administration of intravenous preparations is only undertaken by a registered midwife or nurse who has been deemed IV competent.

6.4.3 The BSc Midwifery student in the **internship period** will be facilitated to complete a record of experience related to the management and administration of plain fluids without additives **via a peripheral cannula only** (see policy MWRMH 2012).

7.0 Implementation Plan

7.1 It is the responsibility of the CPCs Midwifery to disseminate this policy to each clinical area and each BSc Midwifery student.

7.2 It is the responsibility of all CMMs to bring this policy to the attention of all staff and to ensure it is read and signed.

7.3 It is the responsibility of the CMM's to ensure that the Medication Management Policy folders in each area are updated in relation to this policy.

8.0 Evaluation and Audit

Evaluation will be undertaken by the Clinical Placement Coordinators Midwifery on an individual basis or in response to clinical incident reporting.

9.0 References and Bibliography.

An Bord Altranias (2000a) Code of Professional Conduct for Nurses and Midwifes. An Bord Altranais, Dublin.

An Bord Altranais (2000b) Review of Scope of Practice for Nursing and Midwifery. Final Report. An Bord Altranais, Dublin.

An Bord Altranais (2002) Recording Clinical Practice- Guidance to Nurses and Midwives. An Bord Altranais, Dublin.

An Bord Altranais (2007) Guidance to Nurses and Midwives on the administration of Medical Preparations. An Bord Altranais, Dublin.

An Bord Altanais (2010) Practice Standards for Midwives. An Bord Altranais, Dublin.

Institute for Safe Medications Practice (2014) ISMP's List of High Alert Medications. (online) http:www.ismp.org.

MWRMH (Mid-Western Regional Maternity Hospital Limerick) (2012) Policy on BSc Internship Midwifery Students involved in the care of a woman receiving plain intravenous infusions. University Maternity Hospital Limerick. Limerick.

HSE Mid West Area Hospitals (2013) Procedure for blood components/products pre-administration checks and traceability available on QMIS QPULSE

Appendix 1

Institute for Safe Medication Practices (ISMP)

ISMP List of *High-Alert* Medications in Acute Care Settings

High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. We hope you will use this list to determine which medications require special safeguards to reduce the risk of errors. This may include strategies such as standardizing the ordering, storage, preparation, and administration of these products; improving access to information about these drugs; limiting access to high-alert medications; using auxiliary labels and automated alerts; and employing redundancies such as automated or independent double-checks when necessary. (Note: manual independent double-checks are not always the optimal error-reduction strategy and may not be practical for all of the medications on the list.)

Classes/Categories of Medications
adrenergic agonists, IV (e.g., **EPINEPH**rine, phenylephrine, norepinephrine)
adrenergic antagonists, IV (e.g., propranolol, metoprolol, labetalol)
anesthetic agents, general, inhaled and IV (e.g., propofol, ketamine)
antiarrhythmics, IV (e.g., lidocaine, amiodarone)
antithrombotic agents, including: ■ anticoagulants (e.g., warfarin, low-molecular-weight heparin, IV unfractionated heparin) ■ Factor Xa inhibitors (e.g., fondaparinux) ■ direct thrombin inhibitors (e.g., argatroban, bivalirudin, dabigatran etexilate, lepirudin) ■ thrombolytics (e.g., alteplase, reteplase, tenecteplase) ■ glycoprotein IIb/IIIa inhibitors (e.g., eptifibatide)
cardioplegic solutions
chemotherapeutic agents, parenteral and oral
dextrose, hypertonic, 20% or greater
dialysis solutions, peritoneal and hemodialysis
epidural or intrathecal medications
hypoglycemics, oral
inotropic medications, IV (e.g., digoxin, milrinone)
insulin, subcutaneous and IV
liposomal forms of drugs (e.g., liposomal amphotericin B) and conventional counterparts (e.g., amphotericin B desoxycholate)
moderate sedation agents, IV (e.g., dexmedetomidine, midazolam)
moderate sedation agents, oral, for children (e.g., chloral hydrate)
narcotics/opioids ■ IV ■ transdermal ■ oral (including liquid concentrates, immediate and sustained-release formulations)
neuromuscular blocking agents (e.g., succinylcholine, rocuronium, vecuronium)
parenteral nutrition preparations
radiocontrast agents, IV
sterile water for injection, inhalation, and irrigation (excluding pour bottles) in containers of 100 mL or more
sodium chloride for injection, hypertonic, greater than 0.9% concentration

Specific Medications
EPINEPHrine, subcutaneous
epoprostenol (Flolan), IV
insulin U-500 (special emphasis)*
magnesium sulfate injection
methotrexate, oral, non-oncologic use
opium tincture
oxytocin, IV
nitroprusside sodium for injection
potassium chloride for injection concentrate
potassium phosphates injection
promethazine, IV
vasopressin, IV or intraosseous

*All forms of insulin, subcutaneous and IV, are considered a class of high-alert medications. Insulin U-500 has been singled out for special emphasis to bring attention to the need for distinct strategies to prevent the types of errors that occur with this concentrated form of insulin.

Background

Based on error reports submitted to the ISMP National Medication Errors Reporting Program, reports of harmful errors in the literature, studies that identify the drugs most often involved in harmful errors, and input from practitioners and safety experts, ISMP created and periodically updates a list of potential high-alert medications. During May and June 2014, practitioners responded to an ISMP survey designed to identify which medications were most frequently considered high-alert drugs by individuals and organizations. Further, to assure relevance and completeness, the clinical staff at ISMP, members of the ISMP advisory board, and safety experts throughout the US were asked to review the potential list. This list of drugs and drug categories reflects the collective thinking of all who provided input.

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