CC17 Medication Management - Administration and Recording of Liquid Medicines

Purpose

1. To ensure the effective administration and recording of liquid medicines to participants, which both ensures the correct amount of liquid is administered, as prescribed, and minimises medicine loss and errors.

Alignment with Practice Standards

1. Module 2: Provider Governance and Operational Management
2. Module 3: Provision of Supports
3. High Intensity Daily Personal Activities

Legislative Alignment

1. National Disability Insurance Scheme Act 2013
2. Work Health and Safety Act 2011 (Cth)
3. Work Health and Safety Regulations 2011 (Cth)

Key Responsible Executive

Chief Executive Officer

For More Support

Head of Multidisciplinary Care

Policy Statement

1. This policy applies to registered nurses and staff involved in handling and administration of liquid medicines (particularly Schedule-8 medicines).

2. Administration of liquid medicines to participants requires diligence, not only to ensure the correct amount of liquid is administered as prescribed, but also to minimise medicine loss and errors so that appropriate records and accounts of medicine administration are kept. There is a legal obligation in the case of Schedule-8 medicines to ensure that a record is kept of all transactions in the Schedule-8 medicines register.

3. In this policy, the word *'error'* is intended to be defined as: *'statistical error'* (i.e. the difference between a measured value and its true value), rather than an error suggestive of culpability. Errors in measurement of liquids are unavoidable and a systematic approach to justifying errors in medication administration documentation is possible.

4. Acceptable measurement error is generally considered to be ± the amount of the smallest graduation marking on the measuring device.

5. Other sources of errors include:
    a. loss from prior decantation into another container (e.g. pouring into a measuring cup to facilitate the use of a syringe;
    b. loss from the portion of liquid remaining in a syringe which cannot be expelled ('void space');
    c. loss from an amount of liquid adhering to the outside of the syringe.
        i. It is worth noting that loss can occur upon each episode of administration; and that as pharmaceutical liquids' viscosities increase, so does the magnitude of this loss.

6. OxyNorm Liquid example:
    a. In a syringe capable of measuring 5mL, the smallest measurement graduation is 0.2mL. A ± 0.2mL error may therefore be considered acceptable.
    b. Therefore, over the 50 x 5mL doses contained in a 250mL bottle, the error could be:
        i. 50 x 0.2mL = ±10mL
    c. If, however, the liquid is poured into a measuring cup prior to drawing-up in a syringe, the residual amount of undecantable liquid remaining in the measuring cup may be considered to be in the order of 0.5mL.
    d. Therefore if 0.5mL is lost over the 50 x 5mL doses contained in a 250mL bottle, the loss would be:
        i. 50 x 0.5mL = 25mL
    e. Adding (a) & (b): Therefore, the total possible loss from a 250mL bottle of liquid, from which 50 x 5mL doses were administered may reasonably be at a minimum:
        i. 10mL + 25mL = 35mL

Procedures

1. All staff who administer liquid medicines are to exercise diligence in administration technique; and to minimise errors and losses wherever possible.

2. Care should be exercised to minimise the production of errors or losses described above wherever possible. Staff are encouraged to self-appraise their practices and seek further advice as necessary to preserve their individual professional, legal and/or ethical obligations.

3. Care should be exercised to ensure that:
    a. measured doses of liquid medicines are as accurate as possible
    b. loss from decantation into another container is minimised
    c. syringes are not unnecessarily immersed in liquid medicines, thus increasing the amount of liquid adhering to the outside of the syringe.

4. The use of bottle-top syringe adaptors may be considered for use, to avoid the need for prior decantation before drawing-up in the syringe.

5. Wherever a difference arises between the documented amount of liquid medicine remaining in the Schedule-8 medicine register and the actual amount; the addition of wording seeking to explain the observed difference is suggested. For example, using either, or a combination of the words including (but not limited to): ‘adjustment’, ‘spillage’, ‘discrepancy’, ‘error’ etc. to indicate that the observed difference was able to be appropriately justified.

References to other SAVVY policies

1. CS3.5 Participant Record Management
2. HR4.17 Information Technology

References to other external materials

1. Personal care and clinical procedures manual

Supporting documentation

1. Schedule 8 medicines register
2. Participants’ medication chart
3. Participants’ clinical records
4. Care and service plan

Version Control

1. 1 April 2023 - New Policy Creation