

Who keeps the keys ?

ANTHONY CARR outlines the Newcastle Health Authority policy statement on the control of medicines and controlled drugs in hospitals, making it clear who has responsibility for what in ensuring the safe keeping and administration of drugs and medicines.

THE POLICY for control of medicines and controlled drugs in hospitals follows advice given in the Aitken report (1958) and subsequent advice received from the DHSS on this subject. This policy statement indicates who may check controlled drugs and medicines and what responsibility the nurse in charge of a ward has for checking and controlling drugs.

Regular checks must be carried out by the sister/charge nurse at least once a week. Any immediate problems about stock must be discussed with the nursing officer of the unit, or a senior assistant director of nursing if necessary.

It is recognised that the sister/charge nurse, or nurse in charge for the time being, is the person legally authorised to possess and administer controlled drugs and medicines. Spot checks by the nursing officer, senior assistant director of nursing, or the director of nursing service, are accepted procedure.

Anyone discovering an apparent loss of controlled drugs or any medicines must report the matter to her senior officer and to the pharmacist immediately.

Safeguards

There must be no duplicate keys to the drug cupboards on the wards or in departments and operating theatres. One complete set should be held in the central nursing administration office under certain safeguards and, when they are used, recorded in a formal register.

Controlled drug and medicine cupboard keys will only be held or handled by the nursing staff who are named on the duty rota of the ward or allocated by the nurse bank. The keys must never be relinquished to any other person. Any nurse who hands over keys to another person because of any kind of pressure, for example from someone of higher rank, must report this to a senior.

Reasonable access should be given to pharmacy staff for "top-up" services and controlled drug stock checks.

The sister/charge nurse in charge of a

theatre who (a) requisitions and has responsibility for the security, availability and maintenance of the register for controlled drugs, or (b) has similar responsibilities for controlled drugs obtained for either the theatre or a central point serving a large theatre suite or series of suites, must have responsibility for the keys to the cupboards in which the theatre or central service point stock of controlled drugs is stored. These are drugs which are not issued for current operating use.

The controlled drugs required during operating sessions will only be given in accordance with established procedure which must ensure that the nurse in charge is accountable for their medical use or use under medical direction.

The nurse in charge of a ward, irrespective of grade, should have custody of the controlled drug and medicine cupboard keys when on duty. These keys must be kept separate from all other keys, and held on the person of that nurse who always holds full responsibility for them while in charge of the ward.

Controlled drugs must be checked by registered nurses or midwives while working in their own fields, or by designated state enrolled nurses who have completed one year's post-enrolment experience and passed a controlled drug assessment. This policy allows a medical practitioner to check drugs in an emergency situation in exactly the same way as a registered nurse. However, the doctor must follow the nursing policy on the checking and administration of controlled drugs and medicines.

Qualified nurses, while taking further statutory training as approved by the UKCC, are considered to be under supervision and should not undertake responsibility for controlled drugs or medicines.

Qualified nurses undertaking post-certificate training who are considered to be working in their own fields of nursing and are employed by the health authority, should undertake responsibility for controlled drugs and medicines.

Student nurses who have successfully completed their training and have pass-

ed their final examination and provide evidence that they have submitted their application for registration, may also be allowed to check drugs under the same conditions as indicated above.

Two nurses together on all occasions must check and administer controlled drugs and all medicines. Both must see the drug or medicine being given to the patient for whom it has been prescribed. On no account must drugs or medicines be put out before the drug or medicine round.

Checking

For nurses checking controlled drugs, the first nurse shall be qualified as indicated above, the second nurse must always be a qualified nurse or a nurse in training.

For nurses checking medicines the first nurse must be a registered nurse or midwife; or a state enrolled nurse or student nurse who has passed a drug assessment. The second nurse may be a nursing auxiliary or assistant, subject to local policy decided by the director of nursing service. Any nursing division excluding nursing auxiliaries or assistants will have an appendix to that effect attached to the statement.

Before a nursing auxiliary/assistant can participate as a second person to check medicines, she must have received the necessary instruction on the checking procedure and be found proficient for this purpose by a nurse recognised by the director of nursing services.

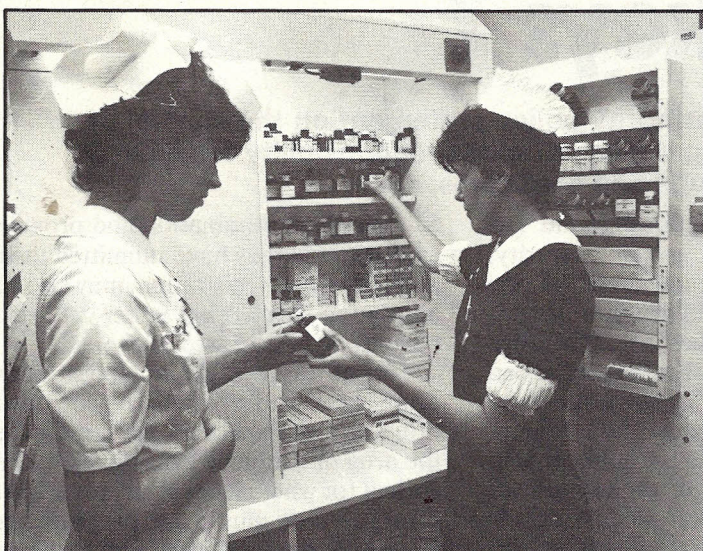
There should be regular reappraisal of medicine times between medical and nursing staff. The administration of medicines should be scheduled to suit the workload of the ward to conform with the report of the Joint Subcommittee on Measures for Controlled Drugs on the Wards.

Where EC10(HP) forms are issued to units, they must be kept in a locked cupboard and the key kept on the person of the nurse in charge of the ward.

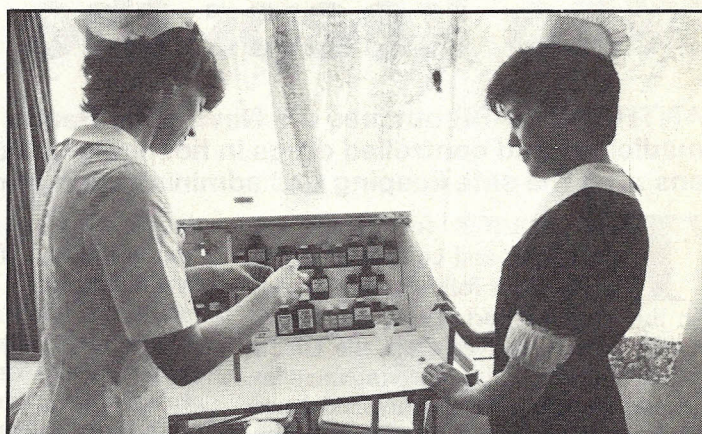
Medicine trolleys must be kept locked when not in use and also kept in a fixed position.

This policy should be read with the Newcastle Health Authority's agreed procedure for the prescribing, recording and administration of drugs.

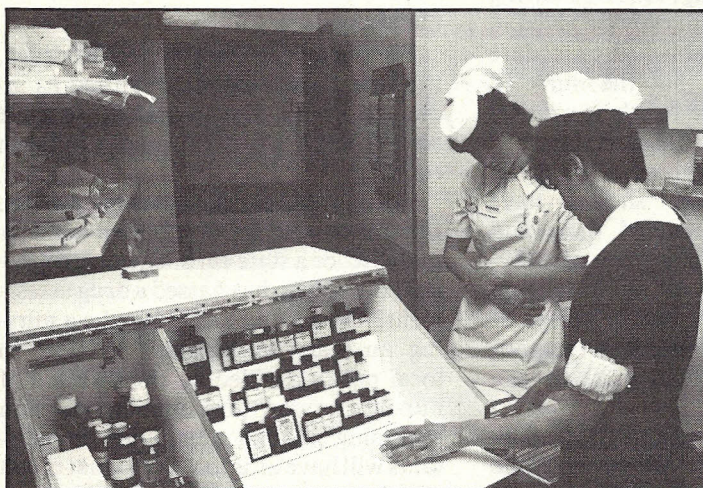
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1. Checking stock drugs.



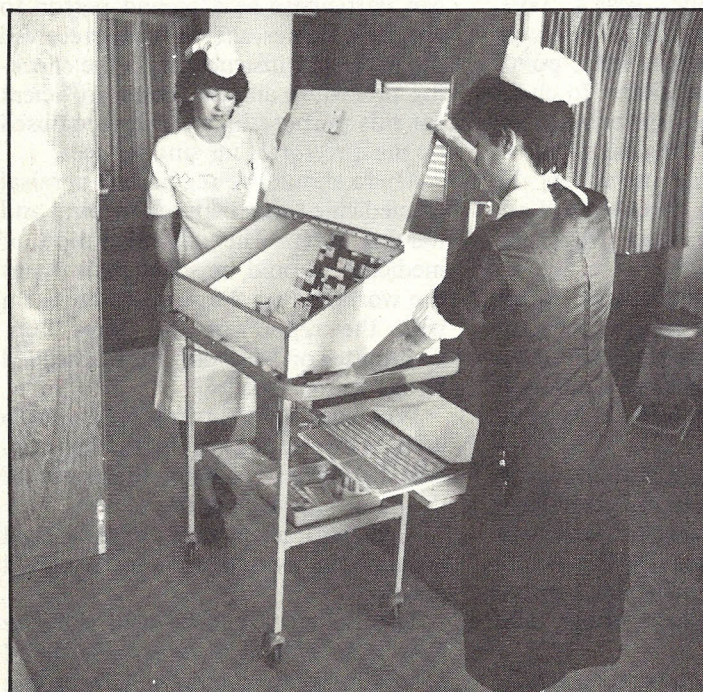
4. Drugs must only be checked at time of administration.



2. Checking the prescription.



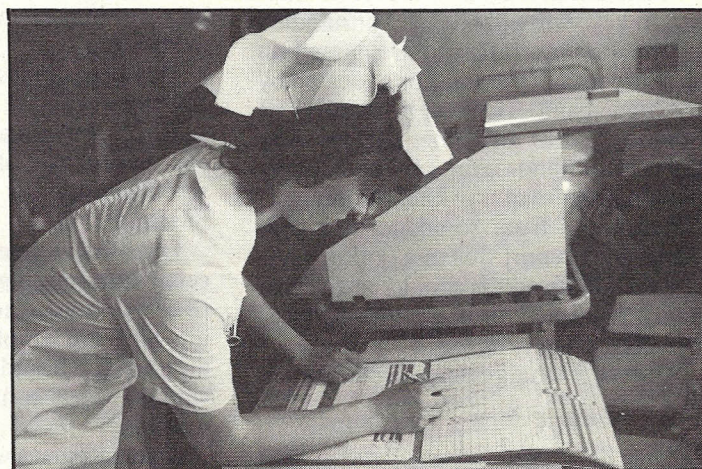
5. Checking patient's identity bracelet.



3. Drug rounds are always carried out by two nurses.



6. Both nurses witness that the patient has taken his drugs.



7. Signing after administration.