

TEMPORARILY AMENDED FOR COVID PANDEMIC: Valid until April 2021

**Standard operating procedure (SOP) and competence assessment for:
The administration of medication via a gastrostomy within Community
Settings**

***All Staff required to use these Standard Operating Procedures MUST have received QCF level 2 or above training and been assessed as competent in each relevant procedure**

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Approved by:	MPPP, DTG, Care and Social Services Inspectorate Wales (CSSIW), Domiciliary Care Forum and Care Forum Wales Area Nurse Directors Deputy Executive Director of Nursing				
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Documents to be read alongside this document:	<ul style="list-style-type: none"> Standards of best practice and standard operating procedures for medicines management for all care settings final April 2020 Standard Operating Procedures (SOP's) for Domiciliary setting in North Wales Standard Operating Procedures SOP's) for Care Home setting in North Wales Dougherty L. & Lister S. (2011) The Royal Marsden Hospital Manual of Clinical Nursing Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines in Healthcare Settings. (January 2019) The All Wales Guidelines for Delegation Health Education and Improvement Wales for Health and Social care (HEIW 2020) National Guiding Principles for Medicines Support in the Domiciliary Care Sector (ADSS Cymru 2019) COVID- 19 Medication administration training (HEIW 2020) 				
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Contents

Aim:.....3

Procedure outcome:.....3

Training:.....3

Exclusions:.....4

Related Policies:4

Standard Operating Procedure4

PRACTICAL ASSESSMENT8

Competency Practical Assessment.....8

- Only Healthcare Support Workers/Assistants (HSCWS) delegated by the ward / unit / team manager may undertake this task
- It relates to one task/one patient/citizen or area, therefore if this task is required with multiple patients/citizens or in multiple areas then a competence assessment is required for each
- The HCSW must inform the Registered Nurse in any situation where the patient/citizen is unstable/unwell or where the HCSW has concerns relating to the delegated task
- Only Healthcare Support Workers/Assistants who have completed QCF Level 2 or above (assist in the administration of medication (PE72CY003 (28) may be delegated this task.

Pre requisites: The delegator of the task (a Registrant) MUST undertake a risk assessment in relation to delegating the task of medication administration via a gastrostomy and should take into account of the stability of the citizen, *critical / timed medication poly-pharmacy (frequency and number of medications) and any associated additional / specific observations required e.g. effect and potential side effects that may be required to assess the efficacy of the medication. Observation / supervision and assessments in practice should be undertaken and formally documented with an annual review date.

**Critical / timed medication requires a specific care plan as to what they are and any additional or specific observations of effect /side effects should be reported (how, what and to who)*

This specialised technique is a delegated task which will only be undertaken by HCSW or care workers on an individual patient/citizen/resident specific basis.

This delegated task is not transferable and is only applicable for the duration of the specified treatment.

Aim:

To outline the procedural steps required to administer medications or fluids via a gastrostomy tube.

Procedure outcome:

All BCUHB registered nurses/midwives and HCSW's will follow this procedure when administering medications or fluids via a gastrostomy for citizens within their care.

Training:

All HCSW's involved in the administration of medications or fluids via a gastrostomy must have completed

- QCF level 2 or above (assist in the administration of medication (PE72CY003 (28)
- BCUHB Gastrostomy Overview training

- BCUHB Enteral Feeding pump training (where the citizen is fed via a feeding pump)

Exclusions:

- Controlled drugs and BCUHB defined exceptions in MM01 Medicines Policy.
- Those where the risk assessment identifies the delegation as high risk
- Unstable citizens
 - whose general well being is in fluctuation
 - where emergency treatment is anticipated
 - where there is an anticipated change where requirements beyond the usual care cannot be predicted

Related Policies:

Dougherty L. & Lister S. (2011) The Royal Marsden Hospital Manual of Clinical Nursing

- BCUHB Medicines Policy MM01
- NNG (2017) Bolus Feeding in Adults
- Royal Pharmaceutical Society Professional Guidance on the Administration of Medicines in Healthcare Settings. (January 2019)
- All Wales Medicines Strategy Group (November 2015) All Wales Guidance for Health Boards/Trusts in Respect of Medicines and Health Care Support Workers
- RCN (January 2011). The principles of accountability and delegation for nurses, students, health care assistants and assistant practitioners.

Standard Operating Procedure

It is the delegating registered nurse that should ensure that an up to date medication history is obtained and recorded for each new citizen. This must be clearly documented in the care plan or equivalent

The accountability for the safe administration always remains with the delegating registered nurse, ensuring that the delegate (HCSW or staff assigned to administer medicines) is competent, the procedural reference and care plan is up to date. The delegate (HCSW or staff assigned to administer medicines) is responsible for administration whilst adhering to the procedure and documented plan of care thus ensuring safe and effective administration.

Medication must be administered in accordance with the prescriber's instructions, and follow individualised medication administration information prepared by the pharmacist / dietitian / caseload holder (prepared by accessing the resource My NEWT[®] Guide <http://newtguidelines.com/>). Medication should not be administered for any other purpose other than what is prescribed for or to any other citizen.

The time of administration of medication must be carefully considered and respond to individual citizens needs e.g. when medication is required in advance of food or in a feed gap and the individualised medication timetable should be referred to alongside the medication prescription.

This SOP **must only** be used for citizens / patient's / resident's who have capacity to consent to treatment. If the citizen/ patient / resident deem to lack capacity at the time of treatment the carer **must** refer back to the GP/ Practice Nurse or District Nurse team and **must not** proceed with the treatment.

Definition of consent, capacity and refusal (Medication administration HEIW 2020)

Consent – this is when an individual gives their permission to receive care from another person. For consent to be valid, it must be voluntary, informed and the individual consenting must have the capacity to make a decision.

Capacity – for an individual to have the capacity to give consent, they must be able to understand the information given to them and use this information to make a choice.

Refusal – an individual who has the capacity to make a decision, can refuse treatment and that decision must be respected

Care must be given in the best interest of the citizens / patient's / resident's. The primary motivation for delegation is to meet the health and social care need of the individual. Each organisation will have a consent policy in place and this should be complied with (All Wales Guidelines for delegation (HEIW) 2020)

	Action	Rationale
1.	At any given time the care worker must be able to identify the medication indication, effect and side effects prescribed for each citizen.	To minimise harm to citizen and or others being cared for within the same environment
2.	The care worker must be able to identify the citizen to whom they are to administer the prescribed medication to e.g. a recent photograph, checking date of birth with the individual (where there is no cognitive impairment)	
3.	Specific arrangements for administration are adopted. Note administration may occur in several ways e.g. <ul style="list-style-type: none"> • individuals entering a clinical / medication room in turn. • individual lockers in the citizen' room. • by means of a trolley/tray transported around the home. Referring to the individual care plan gather the equipment and prepare the environmental arrangements for administration	
4.	The care worker must check the citizen <ul style="list-style-type: none"> • is his/her usual self and no change in general well being e.g. any recent vomiting or presenting as unwell • is assisted to an appropriate position to administer medication ensuring dignity and comfort is maintained at all times (head and shoulders elevated to at least a 30 degree position). 	<p>Helps to prevent any tolerance issues and minimises any adverse effects that may be associated with his/her usual medications</p> <p>This reduces the risks of reflux and potential for the fluid / medication from rising up the GI tract and into the lungs</p>
5.	Adopt the <ul style="list-style-type: none"> • WHO 5 moments for hand hygiene • Appropriate PPE • Prepare the environment ensuring the work space is clean 	To minimise the risk of cross infection
6.	Consent must be obtained before administering medication. If citizen unable to provide informed consent there must be a Best Interest statement in the citizens management plan.	To ensure that the citizen understands the procedure and gives their valid consent

7.	Check allergy status by asking them / checking care plan	To prevent any errors related to drug allergies
8.	The Medication Administration Record (MAR chart) or equivalent is checked so that the information contained is complete and legible. The chart remains constantly with the care worker and checked at every point from preparation to administration.	To protect the citizen from harm
9.	<p>Select the required medication by checking the following against the Medication Administration Record Chart (MAR chart) or equivalent: Take note of any recent changes in therapy or individual's health.</p> <ul style="list-style-type: none"> • Correct medicines name and dose • Check the expiry date • Correct date and time of administration • Correct route for administration • Check medication has not already been administered <p>If any one of the above is missing, unclear / illegible or there are concerns relating to a change in the citizen's health then the care worker should not proceed with administration and should consult with the care delegator (who should liaise with the GP or pharmacist).</p>	<p>To ensure that the correct Citizen is given the correct drug, in the prescribed dose, by the correct route, and to prevent any errors occurring.</p> <p>Treatment with medication that is outside the expiry date is dangerous, as medicines deteriorate with storage. The expiry date indicates when a particular medicine is no longer effective.</p>
10.	<p>Referring to the medication/fluid feed guide, prepare the required volume of *water into a clean, dry vessel enough for the water flushes before and after each and every medication</p> <p>*cool boiled/freshly run tap water directly from the mains</p>	To ensure the correct amount of water
11.	<p>Refer to the step by step "my NEWT[®] Guide" for the specified medication, select the correct size Enteral Enfit Syringe for the volume required and any equipment such as a measured cup or filling quill or tablet crusher or bottle adapter.</p> <p>Medication & water flushes are administered to the citizen directly from the Enteral Enfit Syringe attached to the gastrostomy, adopting a non touch technique.</p> <p><u>Medication is never be left out to administer later or for someone else to administer and should never be removed from the original container in which a pharmacist or dispensing doctor supplied it until the time of administration</u></p>	<p>Prevent any errors and associated risk to the citizen and prevent Gastrostomy tube blockages.</p> <p>To minimize the risk of cross-infection.</p> <p>To minimize the risk of harm to the care worker.</p> <p>Prevent any errors and associated risk to the individuals concerned including those that may be cohabiting</p>
12.	<p>Medication via a gastrostomy should be measured and administered using appropriate** equipment.</p> <p>** this may be a bottle adapter or filling straw that fits directly onto the Enteral Enfit Syringe, the Enteral Enfit Syringe of correct size should be selected for the volume identified e.g. liquid medication of 20mLs should be administered</p>	Reduce error risk
13.	Referring to the individual's step by step guide, administer the medicine as prescribed through the gastrostomy	To meet legal requirements / local policy

14.	Stay with the citizen until administration process is complete. Noting tolerance, any effects or side effects.	To ensure that medication has been taken on time and any tolerance issues, reactions / side effects can be observed and reported/acted upon.
15.	Administration of medication is recorded immediately. Record the dose given and sign the Medication Administration Record (MAR) or equivalent chart and care plan	To meet legal requirements and local policy, prevent risk to the citizen related to repeat administration.
16.	Undertakes safe disposal / cleansing and storage of all equipment / medication	To minimise harm to the citizen and / or others being cared for within the same environment
17.	If medication is refused, the care worker should record the reason for non-administration on the back of the MAR or equivalent chart and in the care plan and the delegator must be informed immediately. Any refused or dropped medication must be disposed of in accordance with Section 10 – Disposal / Return of Medication.	To proactively manage any potential complication of missed medication
18.	'When required' (PRN) medication must have adequate directions including the appropriate use of the medication e.g. to treat which symptoms, and the maximum daily dose and frequency. These details should also be in the care plan e.g. one or two tablets every four to six hours for relief of knee pain. No more than eight tablets in 24hrs	To proactively manage any presenting symptoms and reduce risk of maladministration

Notes:

1. Medication should be administered strictly in accordance with the prescribers' instructions; they cannot be given for any other purpose or to any other citizen.
2. Should the frequency of administration require a change, this must be discussed with the delegator.
3. Medication should **never** be potted up or passed to another care worker to administer to the citizen at a later time or date.
4. The Medication Administration Record (MAR) or equivalent charts should be clear and unambiguous.
5. Training and competence assessment for administration of medicines by care worker must include the following:
 - How to obtain citizen consent.
 - How to check citizen identity.
 - How to check the name, form, strength and dose of medication.
 - How to check that the MAR or equivalent chart and the medication match.
 - How to check if there have been any recent changes in therapy.
 - How to check the dose has not already been administered.
 - How/ when to record and report medication not given / dropped dose
 - How to check the **route** of administration, or if there are any special administration requirements.
 - How to record a variable dose of medication.
 - How to clarify unclear dose instructions such as 'as directed'.
 - How to deal with a medication administration error/ near miss.

Competence document for Healthcare Support Workers/Assistants for the administration of medicines by gastrostomy to citizens specified by registered practitioners by Health Care Support Workers in Community Settings

PRACTICAL ASSESSMENT

- To be completed on at least 3 occasions with assessor
- A signature **MUST** be obtained by the assessor for each element of the competence
- The Healthcare Support Workers/Assistants must achieve ALL outcomes before he / she can be deemed competent

Competency Practical Assessment

Competence checks		Witnessed practice			Assessors Signature & Date
		1. Date	2. Date	3. Date	
1.	Refers to the citizens management plan <ul style="list-style-type: none"> • Name of citizen • medication administration record • Prescribed fluids/ feed / medication • Any additional instructions 				
2.	Selects the required medication by checking the following against the MAR or equivalent chart: <ul style="list-style-type: none"> • Correct medicines name and dose • Check the expiry date • Correct date and time of administration • Correct route for administration • Medication has not already been administered • Takes note of any recent changes in therapy. 				
3.	The citizen is assisted/ encouraged into a safe and dignified position for administration and the tube is in position and ready for accessing				
4.	Explains to the citizen the task to be undertaken				
5.	Gathers correct equipment and undertakes hand washing technique and applies PPE.				
6.	The WHO 5 moments for hand hygiene are maintained throughout				
7.	Medication prescribed is measured and administered using appropriate** equipment. <i>** this may be a bottle adapter or filling straw that fits directly onto the Enteral Enfit Syringe</i>				
8.	The Enteral Enfit Syringe of correct size should be selected for the volume identified e.g. liquid medication of 20mls should be administered				
9.	Administers the medication/ feed including				

	water flushes as prescribed, and directed within the individually prepared pharmacy instructions				
10.	Disposes/ cleanses and or storage of equipment according to the care plan instructions				
11.	Support the citizen to maintain a safe, comfortable and dignified position for the specified time within the care plan (usually 1 hour) after the procedure				
12.	Documents in the appropriate MAR or equivalent chart and escalates any concerns				
Competence checks		Witnessed practice			Assessors Signature & Date
		1. Date	2. Date	3. Date	
13.	<p>Be able demonstrate the or where to find information within the plan of care</p> <ul style="list-style-type: none"> a. How to obtain citizen consent. b. How to check citizen identity. c. How to check the name, form, strength and dose of medication. d. How to check that the MAR or equivalent chart and the medication match. e. How to check if there have been any recent changes in therapy. f. How to check the dose has not already been administered. g. How/ when to record and report medication not given / dropped dose h. How to check the route of administration, or if there are any special administration requirements. i. How to record a variable dose of medication. j. How to clarify unclear dose instructions such as 'as directed'. k. How to deal with a medication administration error/ near miss. 				

HCSW Name: Date:

Signature: Base:.....

Citizens Name:

Assessor's Name: Designation:Date:

Copy of completed competence document to be retained by the HCSW/HCA and a copy given to ward manager to file in personal file & updated / reassessed yearly or following any incidences.