

REASON FOR POSSIBLE OMISSION



Medicine Not Available



Prescribing issue

e.g. illegible, not signed, or unclear as to whether to be given or withheld. Possible contra-indication or adverse event



Route not available

e.g. patient nil by mouth difficulty swallowing no IV access



Patient Refused



Patient Not Available

ACTIONS – CONSIDER URGENCY AT ALL TIMES



- Check all cupboards, CD cupboards, trolleys and fridges with a colleague.
- Can you use patients own supply?
- Can you order from Pharmacy?
- Can you borrow from another area/transfer from previous ward?
- Out of hours – emergency drug cupboard/on-call pharmacist.

- Resolve ambiguities promptly with the prescriber.

- Consider alternate routes/formulations.
- Check dose equivalencies e.g. IV dose not always equivalent to oral, difference in frequency when changing from Sustained Release preparations.

- Assess reason.
- Symptomatic treatment?
- Cognitive issues? Consider covert medication policy.
- Correct medicine prescribed?
- No longer required?
- Adverse effect?

- Assess urgency and ensure process to administer immediately in another area (e.g. radiology) or follow up once patient is available.
- On pass? Arrange appropriate medicines to give to patient.

To avoid harm to patient from delayed/omitted medicines:

Contact medical staff, agree documented plan of action and follow up promptly – must be done before next dose is due. Consider:

- Appropriate to delay treatment?
- Risk to patient of omitted/delayed doses e.g. critical, treatment failure, withdrawal effects, etc.
- Can alternative choice of medicine be used?
- It is not acceptable to omit multiple doses of any prescribed medicine.
- **Remember to code the appropriate box in the Prescription and Administration Record.**

All medicines must be given within 1 hour of the prescribed time (i.e. up to 1 hour BEFORE or 1 hour AFTER the prescribed time).

Consider urgency at all stages.

- The list below is not exhaustive – every patient/clinical situation is different.
- It is not acceptable for multiple doses of any prescribed medicine to be omitted.
- Doses omitted at previous medicine administration times should also be followed up – do not assume that someone else has done this.

LIFE THREATENING - MUST be given IMMEDIATELY:

- Initial treatment of life-threatening conditions e.g. status epilepticus, sepsis, emergency resuscitation
- Antidotes to medication overdose

URGENT - MUST be given as SOON AS POSSIBLE after being prescribed:

First parenteral doses of:

- Anti-infectives
- Anticoagulants or thrombolytics
- Insulin
- Anticonvulsants including benzodiazepines
- Medicines used in resuscitation including colloid or crystalloid IV fluids

CRITICAL - should NOT be omitted and should be given as close to the prescribed time as possible:

Parenteral doses of:

- Anti-infectives
- G-CSF
- Anticoagulants and thrombolytics
- Insulin
- Anticonvulsants including benzodiazepines
- Medicines used in resuscitation
- Chemotherapy

Regular:

- Parkinson's Disease medicines
- Opiate analgesics
- Opioid substitution therapy
- Anticoagulants
- Antiplatelets (if the patient has been stented)
- Anticonvulsants
- Anti diabetics
- Medicines where doses have already been omitted
- Transplant medicines
- Steroids