Dear Colleagues

The following policy has not been reviewed within the set timescale.

Policy for the safe handling of Non-Cytotoxic Intrathecal and Intraventricular injections other than spinal anaesthesia and analgesia

Although this policy is still available for use, please be advised however, that the content of the policy may no longer be valid, and its use should be risk assessed. This will remain the case until the lead author or those responsible for the guidance undertake its review.

If you have any queries regarding this please do not hesitate to contact the Pharmacy and Medicines Directorate.

Yours sincerely

Sandy Thomson
Interim Chair of the Medicines Guidelines and Policies Group
Policy for NHS Grampian Staff for the Safe handling of Non-Cytotoxic Intrathecal or Intraventricular Injections (other than spinal anaesthesia and analgesia administered in operating theatres).

<table>
<thead>
<tr>
<th>Lead Author/Coordinator:</th>
<th>Reviewer:</th>
<th>Approver:</th>
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<tbody>
<tr>
<td>Janette McDonald</td>
<td>Fiona Doney</td>
<td>Non-Cytotoxic Intrathecal Working Group</td>
</tr>
<tr>
<td>Principal Pharmacist, ARI</td>
<td>Pharmacist</td>
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<th>Identifier:</th>
<th>Review Date:</th>
<th>Approval Date:</th>
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<tr>
<td>NHSG/PHARM/POL/001</td>
<td>July 2012</td>
<td>July 2010</td>
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Uncontrolled When Printed

Version 1

Executive Sign-Off
This document has been endorsed by the Medical Director

Signature:
Policy for NHS Grampian Staff for the Safe handling of Non-Cytotoxic Intrathecal or Intraventricular Injections (other than spinal anaesthesia and analgesia administered in operating theatres).

NHSG/PHARM/POL/001

Janette McDonald, Principal Pharmacist, ARI

Clinical policy/protocol

intrathecal intraventricular injections baclofen non-cytotoxic intrathecals nurse medic pharmacy nursing pharmacist

Policy

NHS Grampian, whole of acute sector

The use of the intrathecal route is a hazardous process. This document will minimise the risk to patients receiving intrathecal or intraventricular injections by providing guidance on standards of practice.

Non-Cytotoxic Intrathecal Working Group

It is the responsibility of all staff to ensure that they are working to the most up to date and relevant policies, protocols procedures.
Responsibilities for ensuring registration of this document on the NHS Grampian Information/Document Silo:
Lead Author/Co-coordinator: Janette McDonald, Principal Pharmacist, ARI

Physical location of the original of this document: Pharmacy ARI
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Sector
Departmental: Assistant General Managers and Group Clinical Directors
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Line Managers

Review frequency and date of next review:
Every two years, or sooner if recommendations change.
Next review – July 2012

Responsibilities for review of this document:
Lead Author/Co-coordinator: Chair, Acute Sector Clinical Practice Committee

Revision History:

<table>
<thead>
<tr>
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<th>Previous Revision Date</th>
<th>Summary of Changes (Descriptive summary of the changes made)</th>
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* Changes marked should detail the section(s) of the document that have been amended i.e. page number and section heading.
Policy for NHS Grampian Staff for the Safe Handling of Non-Cytotoxic Intrathecal or Intraventricular Injections (other than spinal anaesthesia and analgesia administered in operating theatres).

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Policy for NHS Grampian Staff for the Safe handling of Non-Cytotoxic Intrathecal or Intraventricular Injections (other than spinal anaesthesia and analgesia administered in operating theatres).

1. Introduction
Preparation and administration of intrathecal and intraventricular injections is a hazardous process and is associated with a significant number of potentially serious patient safety risks. The intrathecal or intraventricular route should only be used where there is a clear body of evidence of efficacy.

It is recognised that non-cytotoxic intrathecal and intraventricular injections are most commonly used within specialist areas where safe systems of use are firmly established and monitored by experienced healthcare professionals to ensure patient safety.

Non-cytotoxic intrathecal and intraventricular injections raise risk management issues (involving patient safety and quality assurance) which need to be addressed as a matter of high priority. As a result, the Scottish Executive Health Department issued HDL (2006) 11 — Guidance on the Safe Handling of Intrathecal and Intraventricular Injections and requested full implementation of this national guidance with immediate effect.


To ensure the recommendations of this document are addressed and implemented effectively, a co-ordinated, NHS Grampian multidisciplinary approach is essential.

Many areas have been highlighted for attention, such as: education and training; labelling, packaging and storage; prescribing; preparation and administration; transportation and personnel involved. It has also been stipulated that, intrathecal injections should be made under aseptic conditions in pharmacy. This is not currently possible. However, there will be a review of products currently prepared in the aseptic unit of the pharmacy department, ARI to ensure where possible, that the products prepared outwith pharmacy department associated with the highest risk are either purchased in a ready-to-administer form or made in pharmacy to ensure patient, staff and environmental safety.

Adherence to this policy will minimise the risk to patients receiving intrathecal or intraventricular injections within NHS Grampian hospitals.

2. **Scope of Policy**

This is the NHS Grampian policy for prescribing, preparation and administration by healthcare professionals of non-cytotoxic intrathecal or intraventricular injections. It does not include spinal anaesthesia and analgesia administered in operating theatres.

For the purpose of this policy, Labour ward, Aberdeen Maternity hospital is considered an operating theatre and therefore excluded from this policy.

There is a separate NHS Grampian Policy for Intrathecal use in operating theatres; this should be referred to where appropriate.

The intrathecal or intraventricular route should only be used where there is a clear body of evidence of efficacy in the particular situation.

The preparation and administration of intrathecal and intraventricular injections are hazardous processes and suitable and sufficient control measures are necessary to minimise risk.

Guidelines to cover the administration of intrathecal infusion via an external device in palliative care patients are in the development stage.

3. **Definitions**

This policy must be rigidly adhered to at all times, as administration of the wrong drug or dose by the intrathecal or intraventricular route could potentially be fatal. For the purposes of this policy, the following definitions will be used:

- Intrathecal injection — an intrathecal injection is an injection into the intrathecal space surrounding the spinal cord.
- Intraventricular injection — an injection of a drug for diffusion throughout the ventricular and subarachnoid space by means of ventricular puncture.
- Intrathecal infusion — an infusion into the intrathecal space via an infusion device either external or implanted.

**All references to intrathecal medicines/route in the following paragraphs should be read as equally applicable to intraventricular medicines/route**

Within this document
- "registered" means trained and certified as competent by NHS Grampian to undertake the appropriate tasks set out within this policy.
- the "register" is the Non-Cytotoxic Intrathecal and Intraventricular Injections Register.
- "in training" means in the process of being trained and certified as competent by and under the supervision of a member of staff named on NHS Grampian register to undertake the appropriate tasks set out within this policy. These training details will be recorded in the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register.
"an intrathecal" is an intrathecal injection or intrathecal infusion or an intraventricular injection or infusion

- the Heads of Professions are the Medical Director, the Director of Pharmacy and Medicines Management, the Director of Nursing, and the Head of Clinical Governance.
- The Nominated Lead Individual is the person responsible for a designated area, for example ward or clinic.

4. Distribution

- A copy of this policy should be given to all members of staff involved in the preparation, prescribing, supply and administration of intrathecal medicines and the Heads of Professions. This will be the responsibility of the Nominated Lead Individual for each clinical area. A copy will be kept in all areas where intrathecal medicines are prescribed, prepared, supplied or administered.
- All healthcare professionals including doctors, nurses and pharmacy staff who are involved in the prescribing, dispensing, checking, delivery and administration of intrathecal medicines must be fully cognisant of this policy and other policies and understand their impact on practice.

5. Personnel/Intrathecal Register

5.1. NHS Grampian must establish and maintain a Non-Cytotoxic Intrathecal and Intraventricular Injections Register that names healthcare professionals who have been trained and certified competent in the prescribing, preparation, checking and/or administration of medicines given by the intrathecal route.

5.2. Only healthcare professionals who have completed a competency-based training programme on the relevant aspects of intrathecal use and can demonstrate competency, can be placed on the NHS Grampian register.

5.3. Only healthcare professionals named on this register may prescribe, prepare, check or administer intrathecal medicines.

5.4. Only healthcare professionals experienced in the field of intrathecal infusion therapy and on the register for this purpose can adjust infusion devices and alter programming.

5.5. The register must record for each individual healthcare professional;
   a. The specific medicines, or category of medicines where appropriate
   b. The clinical indication, for which the medicine may be prescribed, prepared and administered.
   c. Each activity for which individuals are authorised for example prescribing, preparation, checking or administration.
   d. Where a healthcare professional is named on the register to administer, the exact route must be defined, i.e. intrathecal, intraventricular or intrathecal infusion via an implantable device.
5.6. The full register is held by NHS Grampian Chief Executive and a copy held by the Medical Director, Director of Pharmacy and Medicines Management and Director of Nursing.

5.7. The Medical Director is responsible for ensuring the register is kept up to date for doctors, the Director of Nursing for nurses, and Director of Pharmacy and Medicines Management for pharmacists and pharmacy technicians.

5.8. Each Head of Profession must provide an up-to-date register to the other disciplines.

5.9. Healthcare professionals not named on the register may not under normal circumstances prescribe, prepare, check or administer intrathecal medicines.

5.10. In an exceptional circumstances where there is an identified need for a healthcare professional not named on the register to prescribe, prepare, check or administer intrathecal medicines to any patient in NHS Grampian, such healthcare professional must set out their requirements in writing with supportive evidence. This information will be passed to the Medical Director, the appropriate Clinical Director, Director of Pharmacy and Medicines Management and Director of Nursing. The Clinical Director will liaise with the appropriate Lead Pharmacist to collate all the issues. The Medical Director, working with the Director of Pharmacy and Medicines Management, Director of Nursing and Head of Clinical Governance (or nominated deputies), must give written approval (by e-mail) before the treatment is prescribed, supplied, prepared, checked and administered.

5.11. In order to remain on the register, healthcare professionals must demonstrate every two years that they are up-to-date on policies and practice for administration of intrathecal medicines.

6. Training

6.1. A local written protocol and standard operating procedures must be produced in the prescribing, preparation and administration of intrathecal medicines and should be readily accessible for healthcare professionals involved in the process. The local protocol should cover all aspects of the guidance in this policy – from training, through prescribing, preparation, transportation, storage, checking and administration. It should include the following information:

- Who can do what
- Where things should be done
- Where to find key documents such as national guidance and local protocols
- A list of medicines and specific formulations licensed to be administered by the intrathecal route
- Doses licensed to be used for intrathecal administration
- Procedures to eliminate or minimise the hazards associated with the preparation and administration of intrathecal injections.

Use of medicines and doses not licensed for intrathecal administration should only be permitted in line with the document “Guidance for processing requests
to prescribe unlicensed, off-label or non-formulary medicines" approved by
the Grampian Medicines Management Group

6.2. Medical, pharmacy, nursing and other relevant staff must receive competency-
based training appropriate to their level of involvement in the prescribing, verification,
preparation, supply and administration of intrathecal medicines. All groups of staff
must, at the very minimum be made aware of all potential clinical hazards associated
with, and of the potentially fatal consequences associated with the inadvertent or
incorrect administration of intrathecal medicines. Training plans for all professions
involved will be held by the Nominated Lead Individual for each clinical area.

6.3. Although staff training will be the responsibility of the Nominated Lead
Individual for each clinical area, training may be delegated to named medical, nursing
and pharmacy trainers.

6.4. Trainer and trainee must have a documented training plan. The training will
cover theory and practice. Training will be deemed complete when the trainer signs
a competency certificate. The trainee’s competency certificate will be sent by the
trainer to the relevant Nominated Lead Individual for the clinical area and the Head of
Profession for inclusion in the appropriate section of the register. Regular review of
competency should be carried out by a trainer, nominated by the relevant Nominated
Lead Individual for the clinical area, on staff who has completed the training
programme.

6.5. It is the responsibility of the Nominated Leads to maintain the register and
review, at least annually and update where necessary, the list of accredited
intrathecal healthcare professionals within their area of responsibility.

6.6. The Nominated Lead Individual for each clinical area will make arrangements
for the current edition of the register to be sent to the Medical Director, and the
Director of Pharmacy and Medicines Management, and the Director of Nursing, and
the Chief Operating Officer on at least an annual basis.

6.7. Healthcare professionals moving from one hospital to another must take with
them their certificate along with their training record as proof of their competence
before being placed on the register at their new location. It is the responsibility of the
Nominated Lead to ensure that these healthcare professionals have a formal period
of induction and assessment of competency. This should include the provision of
copies of the organisation’s policy, local protocols, standard operating procedures
and guidelines relevant to the prescribing, dispensing, checking and administering of
intrathecal medicines. Healthcare professionals should confirm in writing that they
have received and read the correct protocols and guidelines before being placed on
the register.

6.8. Training of Medical Staff
• Training will be provided by appropriate, qualified healthcare professionals
appointed by the Nominated Lead Individual for each clinical area and
registered on the NHS Grampian Non-Cytotoxic Intrathecal and
Intraventricular Injections Register.
• Only medical staff above FY2 grade can be trained to prescribe, prepare or administer intrathecal medicines.
• Trained members of medical staff named on the register will be authorised to provide a second-check for the administration of an intrathecal medicine.
• The training, approved by the Medical Director, will include theory and practical training.
• Registration of medical staff on the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register will be reviewed as part of their annual appraisal and in-service training assessment.
• The medical trainers will send a copy of the trainee’s competency certificate to the Nominated Lead Individual for each clinical area for inclusion in the appropriate section of the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register.

6.9. Training of Pharmacy Staff
• Training will be provided by appropriate, qualified healthcare professionals appointed by the Director of Pharmacy and Medicines Management and registered on the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register.
• Pharmacy staff will be trained as appropriate to verify, prepare, dispense and issue intrathecal medicines.
• The training, approved by the Director of Pharmacy and Medicines Management (or nominated deputy), will include theory and practical training.
• The pharmacy trainers will send a copy of the trainee’s completion certificate to the Director of Pharmacy and Medicines Management (or nominated deputy) for inclusion in the appropriate section of the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register.
• Registration of pharmacy staff on the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register will be reviewed as part of their annual appraisal and in-service training assessment.

6.10. Training of Nursing Staff
• Training will be provided by appropriate, qualified healthcare professionals appointed by the Nominated Lead for the designated clinical area and registered on the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register.
• Only nursing staff, registered on the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register, working within designated areas, can be trained to prescribe, prepare and administer intrathecal medicines. All other nursing staff, working within designated areas, must be familiar with this policy.
• Trained members of nursing staff named on the register will be authorised to provide a second-check for the administration of an intrathecal medicine.
• The training, approved by the Director of Nursing (or nominated deputy), will include theory and practical training.
• The nurse trainers will send a copy of the trainee’s completion certificate to the nominated lead for the designated clinical area for inclusion in the appropriate section of the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register.
7. Prescribing

7.1. Intrathecal drug therapy must be prescribed by a healthcare professional named on the register as a prescriber. Pharmacists must not authorise a prescription unless the prescriber is on the register. This includes all intrathecal medicines used for treatment and diagnostic imaging.

7.2. An intrathecal prescription chart must be used when prescribing and administering intrathecal medicines to out-patients. This chart must contain no other drug prescription. No amendments are permitted to this prescription.

7.3. For in-patients, prescribing and administration of intrathecal medicines must be made in the main prescription sheet, referring to the intrathecal prescription chart.

7.4. If intrathecal medicines are to be prepared in pharmacy, the agent(s) must be requested on the Intrathecal Request form.

7.5. Wherever possible, intrathecal doses should be prescribed and/or administered at different times from intravenous bolus doses. Where this is not possible, intrathecal injections must be kept in a locked designated area separate from injections to be given by a different route to avoid the risk of selecting the wrong preparation.

7.6. The prescription should clearly state the route of administration, i.e. INTRATHECAL and should be written in full. Abbreviations are not acceptable.

7.7. A clinical pharmacist on the register must verify all doses of intrathecal medicines, and sign the intrathecal request form, prior to its submission to pharmacy for dispensing or supply. In addition, a copy of the intrathecal prescription chart must be sent to pharmacy.

7.8. For areas with a clinical pharmacist, all intrathecal medicines prepared in pharmacy must be verified by a pharmacist named on the register to ensure the prescription details are correct when compared to approved prescribing protocol and patient's clinical parameters. The pharmacist must sign the intrathecal request form.

For all areas without a clinical pharmacist the request will be technically screened against approved prescribing protocols by a clinical pharmacist on the register. The clinical pharmacist must sign the intrathecal request form.
8. Preparation, Packaging, Labelling and Supply from Pharmacy

Intrathecal medicines used for treatment and diagnostic imaging should be outsourced or prepared in pharmacy aseptic departments. It is recognised that this is not feasible in some instances. There will be a review of products currently prepared in the aseptic unit of the pharmacy department, ARI to ensure where possible, that the products prepared outwith pharmacy department associated with the highest risk are either purchased in a ready-to-administer form or made in pharmacy to ensure patient, staff and environmental safety.

If there is evidence of an intention to use medicines in contravention of the guidance within this policy and the issues cannot be resolved after discussion with the consultant responsible for the patient, the pharmacist concerned must contact the Director of Pharmacy and Medicines Management or designated deputy.

The final decision to supply lies with the Director of Pharmacy and Medicines Management or designated deputy.

8.1. Intrathecal injections prepared within aseptic unit of pharmacy

8.1.3. Prior to preparation pharmacy must hold

- an up to date copy of the Non-Cytotoxic Intrathecal and Intraventricular Injections Register containing the names of pharmacy staff authorised to prepare intrathecal medicines.
- the local protocol naming the medicines administered by the intrathecal route and the doses to be used.
- a copy of the prescription.
- the intrathecal request form signed by a pharmacist who is named on the register.

8.1.4. Only pharmacy staff who have achieved a suitable level of skill and are named on the register, or trainees under direct supervision of a person named on the register as authorised to prepare, may prepare intrathecal medicines.

8.1.5. Intrathecal medicines prepared by pharmacy will be pre-filtered and in a “ready to give” form. They should never be tampered with.

8.1.6. All intrathecal medicines must be labelled: “FOR INTRATHECAL USE ONLY” in the largest font size possible and in bold. The syringe is over-wrapped and labelled: “FOR INTRATHECAL USE ONLY” Do not remove outer wrapper until immediately prior to administration.

8.1.7. All intrathecal medicines will be labelled with the patient’s name, ward, CHI number and date.

8.1.8. If injections to be administered by intravenous bolus and injections to be administered by intrathecal injection are prepared in the pharmacy for the same
patient, they must be issued from the pharmacy at different times. Injections to be administered by intravenous bolus must be issued first. The only exception that can be made to the sequencing is when it is essential that the intrathecal injection, and injections to be administered by intravenous bolus, are given in one episode of treatment.

8.2. Packaging

8.2.1. Intrathecal medicines will be supplied in light protective sealed bags.

8.2.2. Intrathecal medicines will be delivered in separate transport containers. The delivery bag will be labelled “CONTAINS MEDICINES FOR INTRATHECAL ADMINISTRATION”.

9. Delivery and Storage

9.1. Drugs to be administered via the intrathecal route should not be stored in ward/theatre areas. Any exceptions must have written approval from Director of Pharmacy and Medicines Management, Medical Director and Nursing Director – see storage of intrathecal injections.

9.2. Intrathecal doses should either be issued directly to the named prescriber who will be administering the dose, or alternatively may be taken to the ward by a designated member of nursing or pharmacy staff, whose name appears on the register, and delivered directly to the administering healthcare professional or placed in the designated area for the storage of intrathecal medicines.

9.3. The member of pharmacy staff issuing the intrathecal medicine from pharmacy must sign the pharmacy intrathecal request form when releasing the dose(s) and the receiving member of ward staff must sign for receipt.

9.4. Intrathecal medicines will not be stored in any clinical area except in the designated area used for intrathecal therapy only. This must be kept locked at all times and the key held by the nurse-in-charge.

9.5. Where the person who will be administering the intrathecal medicine does not take direct receipt of the medicines, she/he must check the medicines and sign for them on retrieval from the designated area.

9.6. Intrathecal medicines for administration at Woodend will be transported by hospital transport to Woodend hospital pharmacy, for release to the ward.

9.7. Intrathecal medicines for administration in Roxburghe House will be transported by hospital transport to Roxburghe House, for release to the ward.
10. Intrathecal Medicines Requiring Preparation or Manipulation Outwith Pharmacy

10.1. All intrathecals need to be prescribed on the intrathecal prescription chart in addition to the main prescription sheet.

10.2. Intrathecals should be ordered from pharmacy using a copy of the intrathecal prescription chart, which must be signed by a healthcare professional named on the register as a prescriber of the specified medicine.

10.3. Drugs to be administered via the intrathecal route should not be stored in ward/theatre areas. Any exceptions must have written approval from Director of Pharmacy and Medicines Management, Medical Director and Nursing Director – see storage of intrathecal injections.

10.4. Intrathecal medicines should be prepared by a member of staff named on the register or in training working under the supervision of someone on the register, adhering to the policy for the prescribing, preparation and administration of intrathecal medicines. The calculations and preparation must be double checked by a second member of staff named on the register for that purpose.

10.5. All intrathecal medicines must be administered immediately after preparation.

11. Storage of Intrathecal Medicines in Clinical Areas

A limited number of areas, specified below, are authorised to maintain small stocks of named preparations for logistical reasons or for emergencies. No other area is authorised to stock any intrathecals without application in writing to the Medical Director and the relevant Heads of Profession.

<table>
<thead>
<tr>
<th>Area</th>
<th>Product Stocked</th>
<th>Quantity</th>
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<tr>
<td>Locked Intrathecal cupboard, Clinical area, Maiden Craig House, Woodend hospital</td>
<td>Baclofen 500microgram/mL Baclofen 1000microgram/mL</td>
<td>1 vial 1 vial</td>
</tr>
<tr>
<td>Locked Intrathecal cupboard, Clinical area, Neuroradiology, ARI</td>
<td>Iopamidol 300mg/mL (Niopam® 300)</td>
<td>1 x 20mL bottle</td>
</tr>
<tr>
<td>Locked Intrathecal cupboard or controlled drug cupboard, Clinical area Roxburghe House</td>
<td>Diamorphine Injection (5mg, 10mg, 30mg and 100mg)</td>
<td>1 box</td>
</tr>
<tr>
<td></td>
<td>Levobupivacaine Injection (0.25%, 0.5%)</td>
<td>1 box</td>
</tr>
<tr>
<td></td>
<td>Clonidine Injection 150mcg/mL</td>
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12. Administration and Checking

12.1. A member of clinical staff on the register must prepare the trolley for administration of the intrathecal medicine.

Healthcare professionals preparing to administer an intrathecal medicine must verify details to ensure that the correct medicine and the correct dose are given to the correct patient by the correct route. The details must be verified by a second person named on the register for that purpose and the checks made must be recorded on the prescription chart.

12.2. Patients should only receive intrathecal therapy in designated areas where staff are routinely involved in the administration of drugs by the intrathecal route. These are Roxburgh House, Maidencraig House in Woodend Hospital, and at Aberdeen Royal Infirmary in Ward 40, ITU, and Theatre 8.

12.3. If the Consultant in charge of the patient decides that the patient cannot be moved to one of the above designated areas to continue to receive the intrathecal therapy then this variance must be noted in the patient’s case notes. All other aspects of this policy must be adhered to, e.g. only staff registered on the register may prescribe, prepare, administer and check the intrathecal medicines.

12.4. Intrathecals should be administered at a different time from injections to be given by the intravenous or other injection route. Where this is not possible, intrathecals must be kept clearly separate from injections to be given by a different route, to avoid the risk of selecting the wrong preparation. Wherever possible, the intrathecal and the intravenous bolus injection should be administered by different healthcare professionals.

12.5. Only a healthcare professional, (or trainee under direct supervision) whose name appears on the register trained to administer, may administer intrathecal medicines. Healthcare professionals not on the register must not administer intrathecal medicines. The register will be available in all areas where intrathecals are administered (except 12.3 above).

12.6. Scheduling of intrathecal therapy must take into account the availability of the relevant trained staff (see 6). If, for any reason, the required trained personnel are unavailable, the administration of intrathecal medicine should be delayed.

12.7. In the case of intrathecal baclofen infusion, the intrathecal should be administered unless deemed clinically inappropriate by a doctor on the register. Abrupt withdrawal of baclofen treatment is potentially hazardous.

12.8. Intrathecals must be prepared and administered within normal working hours whenever possible.

All healthcare professionals involved with the care and treatment of patients receiving intrathecal injections must be encouraged to challenge colleagues if, in their judgement, protocols are not being adhered to or when the actions of individuals may cause potential risk to a patient. Challenging a colleague should not be seen as adversarial, but as an additional check to improve patient safety and reduce risk.

Martin Cossar  Nurse Practitioner, Posture and Movement Clinic, Maidencraig House
Alastair Cozens  Consultant in Rehabilitation Medicine
Eileen Grant  Specialist palliative care pharmacist
Sarah Howlett  Clinical pharmacist, Oncology
Janette McDonald  Principal pharmacist, Hospital Group (Chair)
Wendy Robertson  Development pharmacist
Karen Waugh  Clinical pharmacist, Ward 40, ARI

14. Consultation Group

Alastair Chambers, Consultant Anaesthetist
Karen Cranfield, Consultant Anaesthetist
David Currie, Consultant Neurosurgeon
Caroline Hind, Pharmacist Facilitator
Helen Robbins, Head of Clinical Governance and Risk Management
Elinor Smith, Nurse Director
Roelf Dijkhuizen, Medical Director
Consultant Paediatricians, RACH
Consultant Neurologists, ARI

15. Glossary of Terms

Heads of Profession
- Medical Director for NHS Grampian
- Director of Nursing for NHS Grampian
- Director of Pharmacy and Medicines Management for NHS Grampian
- Head of Clinical Governance for NHS Grampian

Nominated Lead Individual
- Under the policy, a person responsible for the prescribing, preparation and administration of Intrathecal medicines in a designated area, for example a ward or clinic.
- Nominated by directors of medicine, nursing and pharmacy

Healthcare Professional
- A person who is registered with a clinical discipline, as defined by Health Act 1999, section 60(2). For the purposes of this document to include pharmacy technicians registered with the Royal Pharmaceutical society of Great Britain.

Intrathecal injection
- An Intrathecal injection (often simply called "Intrathecal") is an injection into the intrathecal space surrounding the spinal cord.
Intraventricular injection
- An injection of a drug for diffusion throughout the ventricular and subarachnoid space by means of ventricular puncture.

Intrathecal infusion
- An infusion into the intrathecal space via an implanted infusion device will also be considered an Intrathecal

Clinical pharmacist
- A registered pharmacist of grade 8a or above with at least 2 years hospital experience in the relevant area/speciality

16. Summary of Responsibilities

Chief Operating Officer
- Holds the Non-Cytotoxic Intrathecal and Intraventricular Injections Register for all disciplines

Medical director
- Holds (or has access to) a copy of the policy
- Holds a copy of the Non-Cytotoxic Intrathecal and Intraventricular Injections Register for all disciplines
- Maintains and keeps register for doctors up to date
- Working with Directors of Nursing and Pharmacy and Medicines Management makes a decision on whether in exceptional circumstances a healthcare professional not on the register should be permitted to prescribe, prepare, check or administer an intrathecal medicine
- In collaboration with Director of Nursing and Pharmacy appoints a Nominated Lead Individual who is responsible for the prescribing, preparation and administration of intrathecal medicines in a designated area, for example a ward or clinic.

Director of Nursing
- Holds (or has access to) a copy of the policy
- Holds a copy of the Non-Cytotoxic Intrathecal and Intraventricular Injections Register for all disciplines
- Maintains and keeps register for nurses up to date
- Working with Directors of Medicine and Pharmacy and Medicines Management makes a decision on whether in exceptional circumstances a healthcare professional not on the register should be permitted to prescribe, prepare, check or administer an intrathecal medicine
- In collaboration with Director of Medicine and Pharmacy appoints a Nominated Lead Individual who is responsible for the prescribing, preparation and administration of intrathecal medicines in a designated area, for example a ward or clinic.
Director of Pharmacy and Medicines Management

- Holds (or has access to) a copy of the policy
- Holds a copy of the Non-Cytotoxic Intrathecal and Intraventricular Injections Register for all disciplines
- Maintains and keeps register for pharmacy staff up to date
- Makes a decision on whether a supply of an intrathecal should be made if there is evidence of potential non-compliance with the policy
- Working with Directors of Medicine and Pharmacy and Medicines Management makes a decision on whether in exceptional circumstances a healthcare professional not on the register should be permitted to prescribe, prepare, check or administer an intrathecal medicine
- In collaboration with Director of Medicine and Nursing appoints a Nominated Lead Individual who is responsible for the prescribing, preparation and administration of intrathecal medicines in a designated area, for example a ward or clinic.

Nominated Lead Individual

- Holds (or has access to) a copy of the policy
- Holds a copy of the Non-Cytotoxic Intrathecal Register
- Sends an up to date register for their designated area to the Medical Director, Director of Nursing and the Director of Pharmacy and Medicines Management on an annual basis.
- Maintains training plans for all healthcare professionals practicing according to this policy within their designated area; training may be delegated to named medical, nursing and pharmacy trainers
- Ensures all healthcare professionals practising within their designated area have their competencies re-assessed every 2 years
- Ensures there is a local protocol and appropriate standard operating procedures within their designated area

Nominated lead for aseptic preparation of medicines

- Holds (or has access to) a copy of the policy
- Holds a copy of the Non-Cytotoxic Intrathecal Register
- Must retain a copy of the prescription and intrathecal request form for medicines prepared in aseptic preparation area of the pharmacy department (according to NHS Grampian Pharmacy Department Retention of Documents Policy).

All healthcare staff involved in the prescribing, preparation and administration of Intratheca1s

- Hold (or have access to) a copy of the policy
- Ensure that the policy is adhered to.
- Hold a current certificate of competence
- Have competence re-assessed every 2 years.
17. References


4. Policy for prescribing Intrathecal Spinal Anaesthesia and Analgesia and Intraventricular Injection
## Appendix 1: Non-Cytotoxic Intrathecal and Intraventricular Injections Register

### NHS GRAMPIAN

**NON-CYTOTOXIC INTRATHECAL AND INTRAVENTRICULAR INJECTIONS REGISTER**

**REGISTER OF AUTHORISED STAFF**

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>NURSING</th>
<th>PHARMACY</th>
</tr>
</thead>
</table>

Please tick

<table>
<thead>
<tr>
<th>NAME and DESIGNATION:</th>
<th>ASSESSED BY, INCLUDE NAME and DESIGNATION:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This person must be trained and certified competent in the activities stated below for all medicines listed below.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEDICINES, OR CATEGORY OF MEDICINES COVERED:</th>
<th>CLINICAL INDICATION FOR MEDICINE, OR CATEGORY OF MEDICINE:</th>
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<th>DATE CERTIFIED:</th>
<th>REASSESSMENT DATE:</th>
</tr>
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<tbody>
<tr>
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<td>PRESCRIBE</td>
<td>PREPARE</td>
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UNCONTROLLED WHEN PRINTED

NHSG Staff Policy for Non-Cytotoxic Intrathecal or Intraventricular Injections – Version 1

Approval Date: July 2010

Identifier: NHSG/PHARM/POL/001
Appendix 2: Certificate of Competency – Medical Staff

NHS Grampian
Non-Cytotoxic Intrathecal and Intraventricular Injections
Certificate of Competency – Medical Staff

This documentation must be completed by an authorised medical trainer, nominated by the Medical Director (or deputy), that is named and certified competent on the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register.

Name of Trainee: ____________________________
Grade: ____________________________
Department: ____________________________
Name of Supervisor: ____________________________

I confirm that I have received formal training in the safe handling of non-cytotoxic intrathecal and intraventricular injections. This has included:

- Training on all potential clinical hazards associated with non-cytotoxic intrathecal and intraventricular injections
- Training on all relevant policies relating to non-cytotoxic intrathecal and intraventricular injections
- Demonstration of competency to the required level for the task involved

I am aware that I am now authorised to perform the following tasks only (delete tasks not authorised):

- Collection of non-cytotoxic intrathecal and intraventricular injections from the storage area
- Prescribing of non-cytotoxic intrathecal and intraventricular injections
- Preparation of non-cytotoxic intrathecal and intraventricular injections
- Administration of non-cytotoxic intrathecal and intraventricular injections

I confirm that I have read and understood all of the relevant guidelines and protocols and that I will comply with the policy.

Signature of Trainee: ____________________________ Date: ____________________________

I am satisfied that the above doctor has read and understood the relevant training and has now been included on the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register.

Signature of Supervisor: ____________________________ Date: ____________________________

Reassessment of competence is required every 2 years.

Reassessment Date: ____________________________
Appendix 3: Certificate of Competency – Nursing Staff

This documentation must be completed by an authorised nursing trainer, nominated by the Director of Nursing (or deputy), that is named and certified competent on the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register.

Name of Trainee: __________________________
Grade: __________________________
Department: __________________________
Name of Supervisor: __________________________

I confirm that I have received formal training in the Safe Handling of non-cytotoxic intrathecal and intraventricular injections. This has included:
- Training on all potential clinical hazards associated with non-cytotoxic intrathecal and intraventricular injections
- Training on all relevant policies relating to non-cytotoxic intrathecal and intraventricular injections
- Demonstration of competency to the required level for the task involved

I am aware that I am now authorised to perform the following tasks only (delete tasks not authorised):
- Collection of non-cytotoxic intrathecal and intraventricular injections from the storage area
- Preparation of non-cytotoxic intrathecal and intraventricular injections
- Administration of non-cytotoxic intrathecal and intraventricular injections

I confirm that I have read and understood all of the relevant guidelines and protocols and that I will comply with the policy.

Signature of Trainee: __________________________ Date: __________________________

I am satisfied that the above nurse has read and understood the relevant training and has now been included on the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register.

Signature of Supervisor: __________________________ Date: __________________________

Reassessment of competence is required every 2 years.

Reassessment Date: __________________________
Appendix 4: Certificate of Competency – Pharmacy Staff

NHS Grampian
Non-Cytotoxic Intrathecal and Intraventricular Injections
Certificate of Competency – Pharmacy Staff

This documentation must be completed by an authorised pharmacy trainer, nominated by the Director of Pharmacy (or deputy), that is named and certified competent on the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register.

Name of Trainee: ____________________________

Pharmacist: [ ] Technician: [ ]

Grade: ____________________________

Department: ____________________________

Name of Supervisor: ____________________________

I confirm that I have received formal training in the safe handling of non-cytotoxic intrathecal and intraventricular injections. This has included:

- Training on all potential clinical hazards associated with non-cytotoxic intrathecal and intraventricular injections
- Training on all relevant policies relating to non-cytotoxic intrathecal and intraventricular injections
- Completion of an assessment to the required level for the task involved
- Demonstration of competency to the required level for the task involved

I am aware that I am now authorised to perform the following tasks only (delete tasks not authorised):

Receipt of stock from wholesaler:
- Receipt deliveries of non-cytotoxic intrathecal and intraventricular injections from the wholesaler

Issue from a pharmacy indent:
- Authorise pharmacy indents for non-cytotoxic intrathecal and intraventricular injections
- Issue non-cytotoxic intrathecal and intraventricular injections when ordered on a pharmacy indent
- Check non-cytotoxic intrathecal and intraventricular injections when ordered on a pharmacy indent
- Issue of non-cytotoxic intrathecal and intraventricular injections from pharmacy to authorised personnel
- Delivery of non-cytotoxic intrathecal and intraventricular injections to authorised personnel in the relevant clinical area

Issue from a prescription:
- Verify prescriptions for non-cytotoxic intrathecal and intraventricular injections
- Preparation of non-cytotoxic intrathecal and intraventricular injections
- Check and release of non-cytotoxic intrathecal and intraventricular injections
Appendix 4: Certificate of Competency – Pharmacy Staff

I confirm that I have read and understood all of the relevant guidelines and protocols and that I will comply with the policy.

Signature of Trainee: ___________________________ Date: ___________________________

I am satisfied that the above pharmacist / pharmacy technician has read and understood the relevant training and has now been included on the NHS Grampian Non-Cytotoxic Intrathecal and Intraventricular Injections Register.

Signature of Supervisor: ___________________________ Date: ___________________________

Reassessment of competence is required every 2 years.

Reassessment Date: ___________________________