

Re-Audit of Medical Prescription and Nursing Administration of Medication in Learning Disabilities In-Patient Settings

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INTRODUCTION

Black Country Partnership NHS Foundation Trust (BCPFT) is committed to managing medicines safely, efficiently and effectively as a key component for the delivery of high quality patient centred care.

In BCPFT medications are recorded by doctors on paper prescription charts and are administered by registered nurses.

The aim of this re-audit was to review whether current inpatient prescription charts are completed correctly by medical officers and administered correctly by nurses, and to compare the results with the previous audit. This includes accurate recording of patient details, allergies and doses and routes of regular and as required medication.

Audit Standards

This audit compared observed results against the standards for prescribing medication in BCPFT Medicines Policy.

METHOD

Prescription charts were reviewed against 22 standards for all LD inpatients across all of the Learning Disabilities in-patient settings during May 2019 as long as they were still inpatients during this month. Data was compared with results from the previous 2015 audit.

Data was collected retrospectively in May 2019 from Penrose House, Gerry Simon Clinic and the Larches. Data could not be collected from Daisy Bank, Newton House, Pond Lane, Ridge Hill and Suttons drive in 2019 as these units have now closed. Data from Larches was not collected in 2015 as it did not exist at that time.

| Standards / Criteria | | | | |
|--|---|-----|----|----------------|
| | Registration | Yes | No | Not applicable |
| Standard 1 | 1. Patient's full name | | | |
| Standard 2 | 2. Patient's address | | | |
| Standard 3 | 3. Ward | | | |
| Standard 4 | 4. NHS Number | | | |
| Writing of prescription | | | | |
| | | Yes | No | Not applicable |
| Standard 5 | 1. Drug approved name (generic) unless inappropriate e.g. lithium? | | | |
| Standard 6 | 2. Is it legible? | | | |
| Standard 7 | 3. Written in black ink or dark blue | | | |
| Standard 8 | 4. Does the prescription give:- | | | |
| Standard 9 | * Its dose | | | |
| Standard 10 | * Time for administration | | | |
| Standard 11 | * g(gram) Mg(milligram), ml(millilitre) but micrograms in full | | | |
| Standard 12 | 5. Its route is stated | | | |
| Standard 13 | 6. Approved use of abbreviations for route | | | |
| Standard 14 | 7. Prescription date is recorded | | | |
| Standard 15 | 8. Prescription is signed by prescriber | | | |
| Standard 16 | 9. Stopped date is recorded (where appropriate) | | | |
| Standard 17 | 10. Allergy/hypersensitivity box completed in RED CAPITAL or NKDA | | | |
| Standard 18 | 11. If there is more than 1 prescription sheet are they labelled 1 of 2, 2 of 2? | | | |
| Where medication is prescription as required (PRN) do they state | | | | |
| | | Yes | No | Not applicable |
| Standard 18 | 1. Frequency | | | |
| Standard 19 | 2. Maximum dose in 24 hour period | | | |
| Standard 20 | 3. Indication for administration | | | |
| Standard 21 | For any medication that was omitted, is there an appropriate code that was entered on the card? | | | |
| Standard 22 | Have any cancelled prescriptions been cancelled by drawing a line through the prescription, signing and dating? | | | |
| Additional Comments | | | | |

Figure 1. Data Collection Tool

RESULTS

27 prescription charts were reviewed in total which covered all inpatients in the Learning Disability service during the audit period. In 2015 53 charts were reviewed. Results are compared in the Figure 2.

| Results | | |
|---|-------------------------------|----------------------------|
| Standard | 2015 % Meeting Standard | 2019 % Meeting Standard |
| 1. Patient's Full Name | 100 | 100 |
| 2. Patient's Address | 100 | 100 |
| 3. Ward | 89 | 100 |
| 4. NHS Number | 100 | 100 |
| 5. Drug Approved Name | 94 | 96 |
| 6. Legible | 100 | 100 |
| 7. Written in Black Ink | 100 | 100 |
| 8. Prescription- Dose | 100 | 96 |
| 9. Prescription- Time for Administration | 100 | 96 |
| 10. Prescription- Approved Dose Abbreviation (*g, mg, ml, micrograms in full) | 100 | 96 |
| 11. Prescription- Route Stated | 98 (n.b. 2% data incomplete) | 100 |
| 12. Prescription- Approved Route Abbreviation | 100 | 100 |
| 13. Prescription- Date | 100 | 100 |
| 14. Signed by Prescriber | 100 | 100 |
| 15. Stop Date Recorded Where Appropriate | 81 (n.b. 15% data incomplete) | 85 |
| 16. Allergy/Hypersensitivity Recorded in Red Capitals, or NKDA | 96 (n.b. 2% data incomplete) | 85 |
| 17. Multiple Prescription Sheets Labelled i.e. 1 of 2 | 94 (n.b. 2% data incomplete) | 100 |
| 18. PRN Medication - Frequency | 100 | 100 |
| 19. PRN Medication - Maximum Dose in 24 Hrs | 100 | 96 |
| 20. PRN Medication - Indication | 100 | 100 |
| 21. Appropriate Code Entered for Medication Omissions | 100 | 96 |
| 22. Prescription Cancelled by Crossing Through, Signing and Dating. | 64 | 81 |

Figure 2. Collated Results

DISCUSSION

Overall the results demonstrate good compliance with the medicines policy, important aspects of prescribing and administration are performed correctly and consistently. 100% compliance was maintained across ten standards from 2015 to 2019 (standards 1, 2, 4, 6, 7, 12, 13, 14, 18 and 20).

Improvements were also seen in several areas in comparison to the 2015 results. In 2015 only 89 % of the cards had the name of the ward documented, in 2019 this improved to 100%. Another area of improvement was documentation of cancelled prescriptions, rising from 64 % in 2015 to 81% in 2019. There is scope for improvement in this standard and modification to the current drug chart might assist with this, it was noted regular medications were all cancelled appropriately but the design of the PRN section did not promote this.

Where compliance has reduced since 2015 we were able to identify that one chart audited on Gerry Simon Ward unfortunately caused our results to drop to 96 % in 3 standards which seems to be an anomalous finding for this ward. Recording allergies has decreased from 96% in 2015 to 85% in 2019, however this is likely to reflect an issue with the audit design. 2015 charts required allergies documented in red pen, but new chart designs introduced prior to 2019 removed this necessity by outlining the allergy box in red. This was not updated in the standard description and data collection form.

RECOMMENDATIONS

- 1) The results of this audit will be disseminated to inpatient managers, nursing staff, prescribers and the Medicines Management Committee in the Learning Disability division.
- 2) Prescribers to be reminded in particular of the requirement of correct procedure for cancelling prescriptions, including crossing through, stop date and a signature.
- 3) To consider altering the format of the PRN section of charts to encourage correct cancelling procedure.
- 4) To alter the standard and data collection form for recording allergies in red ink to reflect current drug chart design prior to re-auditing.
- 5) A re-audit in 2 years time is recommended.