

**MM Comp 3 – V03**

**Ratified MOC - March 2020 – May 2020**

**Review – May 2023**

**Management and Administration of Intra-muscular Depot/Injectable Medication**

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**(Including Antipsychotic, Sub-cutaneous Injectable low weight molecular Heparins (Tinzaparin) and Insulin)**

**Competency Assessment**

For First Level Registered Nurses Band 5 and above and Nursing Associates

To be completed 3 yearly

|  |  |
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| Employee Name |  |
| Job Title |  |
| Place of Work |  |
| Assessor Name |  |
| Date of Assessment |  |

1. **Knowledge**

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(🗸🞪)** | **Does Not Meet Standard**  **(🗸🞪)** | **Comments** |
| 1.1 | The nurse / nursing associate can describe the therapeutic use of a range of injectable medication to be administered and describe their own role in the administration of these. i.e.  I/M: depots, antipsychotic medication.  S/C: heparins, tinzaparin & insulin  Refer to UHM-PGN-03 Administration of Medicines Section 6 | Verbal |  |  |  |
| During Interview |
| 1.2 | The nurse / nursing associate can state normal dosage of a range of injections.  Including I/M antipsychotic depots S/C heparins.  UMH- PGN-03 Administration of Medicines Section 6 | Verbal |  |  |  |
| During Interview |
| 1.3 | The nurse / nursing associate can state the most common side effects of a range of medication administered via Injection ;  Including I/M antipsychotic depots S/C heparins  **Refer to BNF** | Verbal |  |  |  |
| During Interview |
| 1.4 | The nurse / nursing associate can state the major cautions and contra-indications of a range of injections to be administered and adverse drug reactions Including I/M antipsychotic depots, S/C heparins  **Refer to BNF SPC & EMC** | Verbal |  |  |  |
| During Interview |
| Medication Round |
| 1.5 | The nurse / nursing associate can describe the need for the medication in the context of the service users care plan including any requirements of the Mental Health Act; Consent to Treatment (Form T2, T3, CTO11, CTO 12, T62 and T64  **Refer to health records//RIO** | Verbal |  |  |  |
| During Interview |
| 1.6 | The nurse / nursing associate has knowledge of poly pharmacy risks and awareness of monitoring and reporting systems  **Refer to** UMH- PGN-03 Administration of Medicines | Verbal |  |  |  |
| During Interview |

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(🗸🞪)** | **Does Not Meet Standard**  **(🗸🞪)** | **Comments** |
| 1.7 | The nurse / nursing associate considers the dosage, site of administration and timing of administration  **Refer to** UMH- PGN-03 Administration of Medicines | Verbal |  |  |  |
| During Interview |
| 1.8 | **The** nurse / nursing associate **will be able to identify and describe the routes for injection in relation to Sub-cutaneous and Intra-muscular injections and the procedure for administration.**  **Refer to AMPH – PGN-10** Intramuscular Injection | Verbal |  |  |  |
| During Interview |
| 1.9 | The nurse / nursing associate can explain the procedure for ordering medication in both routine and emergency/out of hours situations NB verbal orders must not be given  **Refer to CNTW C 17 Medicine Policy, and** UHM-PGN - 01 Safe and Secure Handling and Supply of Medicines section 3.2.8 **&** UMH- PGN-03 Administration of Medicines | Verbal |  |  |  |
| During Interview |
| 1.10 | The nurse / associate can describe the rationale for a test dose of depot injections when commencing a course of depot medication where applicable.  The nursing associate understands that they cannot administer a test dose and understands the rationale for this. | Verbal |  |  |  |
| During Interview |
| 1.11 | The nurse / nursing associate can describe circumstances where a service user is non-compliant of their prescribed dose of depot injection; it may be appropriate to consider reviewing prescription, with the patient and Doctor, with a view to the dosage being reduced.  The nurse / nursing associate is aware that CNTW Outpatient Pharmacy Service must be notified immediately in the event of non-compliance or non attendance for depot.  **Refer** UMH- PGN-01 Safe and Secure Handling and Supply of Medicines | Verbal |  |  |  |
| During Interview |
|  | **Performance Criteria** | **Assessment Method** | **Meets Standard**  **(🗸🞪)** | **Does Not Meet Standard**  **(🗸🞪)** | **Comments** |
| 1.12 | The nurse / nursing associate can describe the general principles of the safe custody and storage of depot Injectable medication **Refer to CNTW C 17 Medicine Policy and UHM-PGN-01 Safe and Secure Medicines Handling and Supply** | Verbal |  |  |  |
| During Interview |
| 1.13 | The nurse / nursing associate can describe the correct procedure for custody and safe keeping of medicine keys **(where applicable )** and local operational protocols  **Refer to CNTW C 17 Medicine Policy and UHM-PGN-01 Safe and Secure Medicines Handling and Supply** | Verbal |  |  |  |
| During Interview |
| 1.14 | The nurse / nursing associate can identify sources to obtain further information relating to injectable medication (e.g. BNF, pharmacy, intranet, Handling Guidelines, Patient Information (leaflets), PGN’s  **Refer to CNTW C 17 Medicine Policy and** UMH- PGN-03 Administration of Medicines | Verbal |  |  |  |
| During Interview |
| 1.15 | The nurse / nursing associate can describe the reporting procedure if a wrong drug is administered to a service user (e.g. service user, medic, pharmacist, medicine co-ordinator, family, web based reporting form and health record)  **Refer to CNTW C 17 Medicine Policy and** UMH- PGN-03 Administration of Medicines | Verbal |  |  |  |
| During Interview |
| 1.16 | The nurse / nursing associate can explain the importance of preparation prior to administration and the positive impact upon patient; delivering as efficiently and comfortably as possible; reducing patient stress and anxiety. | Verbal |  |  |  |
| During Interview |
| 1.17 | The assessor will identify the areas of competency relevant to the individual and service delivery; the nurse/nursing associate will have to develop skills, display competency or have an awareness of the various routes, medications and preparations in relation to Injectable medications that can be administered;   * Paliperidone/aripiprazole long acting injection * Low Molecular Weight Heparin (tinzapai) * Insulin S/C injection * Insulin via pen * Depot Prescription~ Inpatient & Out patient settings * Pre-filled syringes * Lorazepam I/M   **Refer to section 4 for evidence of experience.** |  |  |  |  |
| 1.18 | The Nursing associate is able to state clearly those areas of practice where they are not able to administer injectable medication (test doses and rapid tranquilisation) | Discussion  Observation |  |  |  |

1. **Knowledge and skills required for the Safer Administration of Insulin; NPSA alert 2010/RRR013**

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(🗸🞪)** | **Does Not Meet Standard**  **(🗸🞪)** | **Comments** |
| 2.1 | The nurse / nursing associate will have an awareness of patient safety alerts; safe administration of insulin; treatment strategies and Trust PGN.  Skill Required; Nurse/nursing associate will undertake e- learning course regarding insulin administration as well as specific training courses prior to administering Insulin via pre-filled syringe or insulin pen. | Discussion |  |  |  |
| Observation |
| 2.2 | The nurse / nursing associate **will be able to describe interventions, treatment and complications of ~~d~~iabetes e.g. hyperglycaemia and hypoglycaemia.**  **Skills required; Be able to link theory into practice and follow PGN; Care Plans and actions to maintain patient safety.** | Discussion |  |  |  |
| Observation |
| 2.3 | The nurse / nursing associate will discuss the reasons why Prescription sheet should not contain any abbreviations for example; “U” and “IU” ,  Skill required; the nurse/ nursing associate will check prescription sheet prior to administration and ensure the word “UNIT” is clearly written.  Refer to PPT-PGN-06 Safe Prescribing and Administration of Insulin | Discussion |  |  |  |
| Observation |
| 2.4 | **The** nurse / nursing associate  **will be able to describe the remedial action required to rectify any errors on prescription sheets and actions to take if error occurs; omitted or delayed dose**  **Skill required; Nurse/nursing associate will contact Doctor and have amendments made prior to administering Insulin to prevent error occurring. Gain advice and implement monitoring and interventions after seeking medical advice.** |  |  |  |  |
| Discussion |
| Observation |
| 2.5 | The nurse / nursing associate **will be able to describe why intra-muscular needles and syringes are never used for administering insulin.**  **Skill required; Nurse/** nursing associate **will discuss and demonstrate the need for insulin syringes or commercial insulin pen to be used** | Discussion |  |  |  |
| Observation |
| 2.6 | The nurse / nursing associate will be able to calculate the correct dose and re-check prior to administration.  **Skill Required; Nurse will be able to give an account of patient’s treatment regime and dose linked to individual need and therapeutic dose as per BNF, Doctor or Specialist Nurse advice.** | Discussion |  |  |  |
| Observation |
| 2.7 | **The** nurse / nursing associate **will have an awareness of the different types of insulin including those with similar names.**  **Skill required; Nurse/** nursing associate **will discuss with Assessor** | Discussion |  |  |  |
| 2.8 | **The** nurse / nursing associate **will have an awareness of the use of the variable dosing chart and blood glucose monitoring chart**  Refer to PPT-PGN-06 Safe Prescribing and Administration of Insulin  **Skill required; Nurse/** nursing associate **will discuss with Assessor** | Discussion |  |  |  |

**3 Administration**

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(🗸🞪)** | **Does Not Meet Standard**  **(🗸🞪)** | **Comments** |
| 3.1 | The nurse / nursing associate checks the service user’s allergy status; this will be recorded on the prescription sheet, UHR or alert on RIO or SNOMED CT  The nurse/ nursing associate will be able to explain what to do if section not complete.  The nurse/ nursing associate will ask the patient if they had any side effects/allergic reaction when last dose received. | Observation |  |  |  |
| Discussion |
| 3.2 | The nurse / nursing associate checks the depot / Injectable medication has not already been administered;  Checks the Prescription sheet  Checks UHR/RIO for documented evidence. | Observation |  |  |  |
| 3.3 | The nurse / nursing associate checks that the prescription is legible, valid and legal  .( for Community – 6 month review must have been done by prescriber )  **Refer to CNTW C 17 Medicine Policy and** UMH- PGN-03 Administration of Medicines | Observation |  |  |  |
| 3.4 | If applicable the nurse / nursing associate checks the validity of Mental Health Act Consent to Treatment ; Forms ,T2 and T3 CTO11, CTO 12, T62 and T64 against the prescription | Observation |  |  |  |
| 3.5 | The nurse / nursing associate checks the dose of the depot Injectable medication  The nurse can describe the correct test dose of the prescribed medication/antipsychotic injection.  **Refer to CNTW C 17 Medicine Policy** UMH- PGN-03 Administration of Medicines | Observation |  |  |  |
| Discussion |
| 3.6 | Where appropriate the nurse calculates the volume of medicine / solution required to give the prescribed dose of the drug.  Write the calculation down and obtain an independent check by another qualified nurse  **Refer to CNTW C 17 Medicine Policy** UMH- PGN-03 Administration of Medicines | Observation |  |  |  |
| Discussion |

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(🗸🞪)** | **Does Not Meet Standard**  **(🗸🞪)** | **Comments** |
| 3.7 | The nurse / nursing associate checks the expiry date of the injectable medication  **Refer to CNTW C 17 Medicine Policy** UMH- PGN-03 Administration of Medicines | Observation |  |  |  |
| 3.8 | The nurse / nursing associate identifies the name of each medication and can demonstrate the selection of the appropriate concentration/dosage. | Observation |  |  |  |
| Discussion |
| 3.9 | The nurse / nursing associate measures the dosage correctly when administering the injectable antipsychotic medication (depot).  **Refer to CNTW C 17 Medicine Policy and** UMH- PGN-03 Administration of Medicines | Observation |  |  |  |
| 3.10 | The nurse / nursing associate can demonstrate the correct process for the preparation required prior to administering the injection depending upon type of injection , route & needle required;  Intra-muscular, Sub-cutaneous; Insulin | Observation |  |  |  |
| Discussion |
| 3.11 | The nurse / nursing associate checks the route and identifies the appropriate site for administration of the injectable antipsychotic medication (depot).  **Refer to CNTW C 17 Medicine Policy and UM**H- PGN-03 Administration of Medicines | Observation |  |  |  |
| 3.12 | The nurse / nursing associate confirms the identity of the service user correctly  **Refer to CNTW C 17 Medicine Policy and** UMH- PGN-03 Administration of Medicines | Observation |  |  |  |
| 3.13 | The nurse / nursing associate obtains consent and administers the injection into the correct route / site as required for procedure.  **Refer to CNTW C 17 Medicine Policy and** UMH- PGN-03 Administration of Medicines | Observation |  |  |  |

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(🗸🞪)** | **Does Not Meet Standard**  **(🗸🞪)** | **Comments** |
| 3.14 | The nurse / nursing associate demonstrates an awareness of the importance of completing the injection with as little disruption as possible reducing anxiety for patients. | Observation |  |  |  |
| Discussion |
| 3.15 | The nurse / nursing associate can describe and demonstrate the procedure for the safe administration of injectable medication | Observation |  |  |  |
| Discussion |
| 3.16 | The nurse / nursing associate can describe and demonstrate the safe disposal of equipment used in the administration | Observation |  |  |  |
| Discussion |
| 3.17 | The nurse / nursing associate can describe any monitoring procedures required post injection | Observation |  |  |  |
| Discussion |
| 3.18 | The nurse / nursing associate will discuss with the patient reason for refusal and document in UHR/RIO; The Responsible Clinician (RC) will be informed.  Out patients; If Patient is on a CTO, the nurse will inform the RC to consider recall process within 72 hour time frame. | Observation |  |  |  |
| Discussion |
| 3.19 | The nurse / nursing associate makes a clear, accurate and immediate record of all Injectable medication administered (including batch number, expiry date, site of administration etc.) intentionally withheld or refused by the service user; documented on the prescription sheet; UHR or RIO record.  Refer to UHM-PGN-03 Section 4.3 | Observation |  |  |  |
| Discussion |
| 3.20 | The nurse / nursing associate nurse / nursing associate can describe the correct procedure for the prevention and management of needle stick injuries  **Refer to CNTW(C)46 Inoculation Policy** | Observation |  |  |  |
| Discussion |

**4 Evidence of experience in Administration of identified Medications**

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| **Performance Criteria** | | **Assessment Method** | **Meets Standard**  **(🗸🞪)** | **Does Not Meet Standard**  **(🗸🞪)** | **Comments** |
| 4 | The nurse / nursing associate and mentor will identify a varied range of medications, preparations; administrations routes and develop/ display competency in each identified area; eg Depot, Insulin or I/M.  These will be recorded below from examples as section 1.17 depending upon ward related learning opportunities. |  |  |  |  |
| 4.1 |  | Observation |  |  |  |
| Discussion |
| 4.2 |  | Observation |  |  |  |
| Discussion |
| 4.3 |  | Observation |  |  |  |
| Discussion |
| 4.4 |  | Observation |  |  |  |
| Discussion |
| 4.5 |  | Observation |  |  |  |
| Discussion |
| 4.6 |  | Observation |  |  |  |
| Discussion |

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| **Assessors Comments:** |
| **Signature:** |
| **Date:** |

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| Nurse / Nursing Associate comments: |
| Signature: |
| Date: |

**Action Plan**

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| **Action** | **Date to be Achieved** | **Date of Re-assessment** | **Outcome** | **Signature** |
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**Certificate of Completion**

**This is to certify that**

**Has successfully completed the**

**Management and Administration of Medication**

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**Including Depot/Injectable Medication**

**Competency Assessment**

**Signature of Assessor Date**