

**MM Comp 3 – V03 Issue 2**

**Ratified MOC – September 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 |  |  |  |
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| During Interview |
| 1.2 | The nurse / nursing associate can state that there are different strengths of insulin available (50 units per ml and 100 units per ml) and the importance of checking the strength of insulin against the prescription before administration, with reference to the related risks. | Verbal  During interview |  |  |  |
| 1.3 | The nurse / nursing associate can state that insulin cartridges should never be removed from an insulin pen to draw up using a syringe, with reference to the related risks of the calibration of the syringe not matching up with the concentration of the product. | Verbal  During interview |  |  |  |
| 1.4 | 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 |
| 1.5 | 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 |
| 1.6 | 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 |
| 1.7 | 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 |
| 1.8 | 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** |
| 1.9 | 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 |
| 1.10 | **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 |
| 1.11 | 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 |
| 1.12 | 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 |
| 1.13 | 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** |
| 1.14 | 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 |
| 1.15 | 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 |
| 1.16 | 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 |
| 1.17 | 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 |
| 1.18 | 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 |
| 1.19 | 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.** |  |  |  |  |
| 1.20 | 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**