

Clinical Procedure for

PREVENTING DELAYED AND OMITTED DOSES OF MEDICINES

SETTING	Trust wide
FOR STAFF	Healthcare professional administering medicines, medical staff, Pharmacy staff.
PATIENTS	Patients receiving prescribed medicines

Background

Omitted or delayed doses of medicines may occur in hospital for a variety of reasons. Whilst these events may not seem serious, for some critical medicines or conditions, delays or omissions can cause serious harm or death. The medicines management policy within this trust states that patients will have their medicines at the times they need them.

Definitions

Omitted Medicine

- A medicine that has not been administered to the patient for whom it is prescribed in accordance with the prescription.
- A medication which has not been prescribed in a timely manner.
- Failure to administer a dose before the next dose is due.

Delayed Medicine

- The medicine is not administered in accordance with the prescribing instructions.
- Failure to administer the medicine within a specified period of the prescribed time. (See administration times of medicines below)

Emergency Medicine

- A medicine that is administered in an emergency situation.

Critical Medicine

- A medicine administered in non-emergency situations where the timeliness of administration is crucial, and omission or delay of the medicine is likely to cause harm. The list of critical medicines is as follows:

1. **Oral** and Injectable antibiotics, antifungals, and antivirals
2. Anticoagulants
3. Thrombolytics
4. Anticonvulsants
5. Insulins
6. Short acting bronchodilators
7. Aminophylline infusion
8. Strong opioid analgesics
9. Immunosuppressants for avoidance of transplant rejection
10. Stat' or one-off doses of a medicine if it is clinically urgent and prescribed for an administration before the next scheduled drug round.
11. Medication to treat Parkinson's disease.
NB These must be administered at exact times for individual patients, not just at drug rounds.
12. Desmopressin (all routes for diabetes insipidus).
13. Pyridostigmine for myasthenia gravis

Administration times of medicines

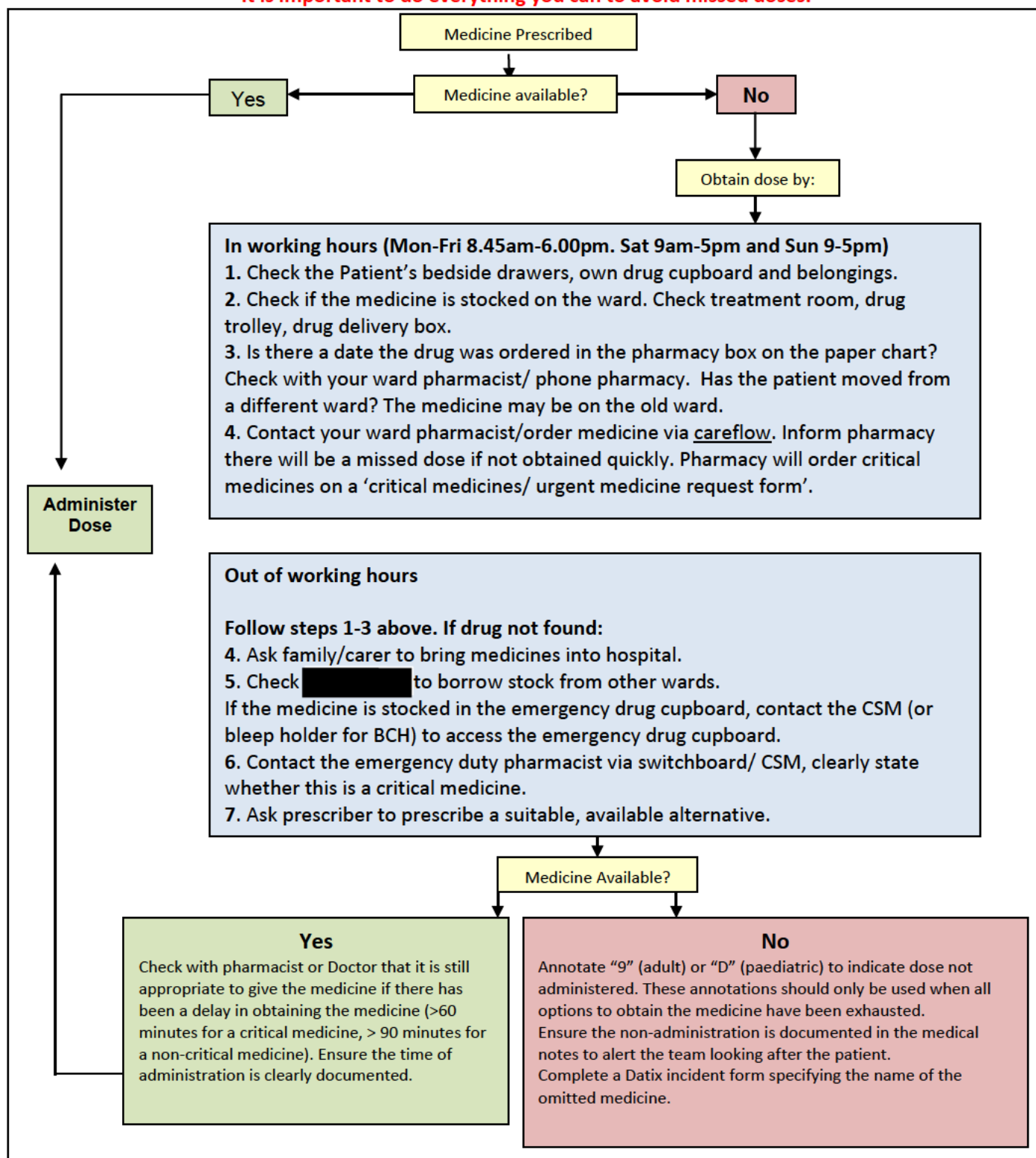
All critical medicines must be administered no later than **60 minutes** after the prescribed time, and no earlier than 120 minutes before the prescribed time.

All other medicines should be administered within 90 minutes of the prescribed time.

If a medicine has been missed or delayed beyond these times a clinical incident report should be completed. If a previous administration box has been left blank, this must be reported to the nurse in charge of the ward immediately.

This process should be followed whenever a prescribed medicine is required to be given but it is especially important to follow when the medicine is a critical medicine, as defined on page 1 of this procedure.

It is important to do everything you can to avoid missed doses.



References

- 1 –National Patient Safety Agency. [Reducing harm from delayed or omitted medicines in hospital. Rapid response report NPSA/2010/RRR09 24th February 2010](#)
- 2- UK Resuscitation Council Adult and Paediatric Advanced life support algorithms 2005. <http://www.resus.org.uk/pages/guide.htm#alqos>.