

Clinical

Injectable Medicines Administration - Community Children's Team

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Contents

1. Introduction	3
2. Purpose.....	3
3. Scope.....	3
4. Process	4
5. Process For Monitoring Compliance And Effectiveness	5
6. References	5
7. Appendix 1	6
8. Appendix 2.....	7

1. Introduction

The SOP provides the governance framework for the administration of injectable medicines to children in the home setting. Delays in approving an injectable medicine as appropriate for administration can occur as the Medicines Optimisation Committee sits bi-monthly. The SOP should be read in conjunction with the Medicines Code.

2. Purpose

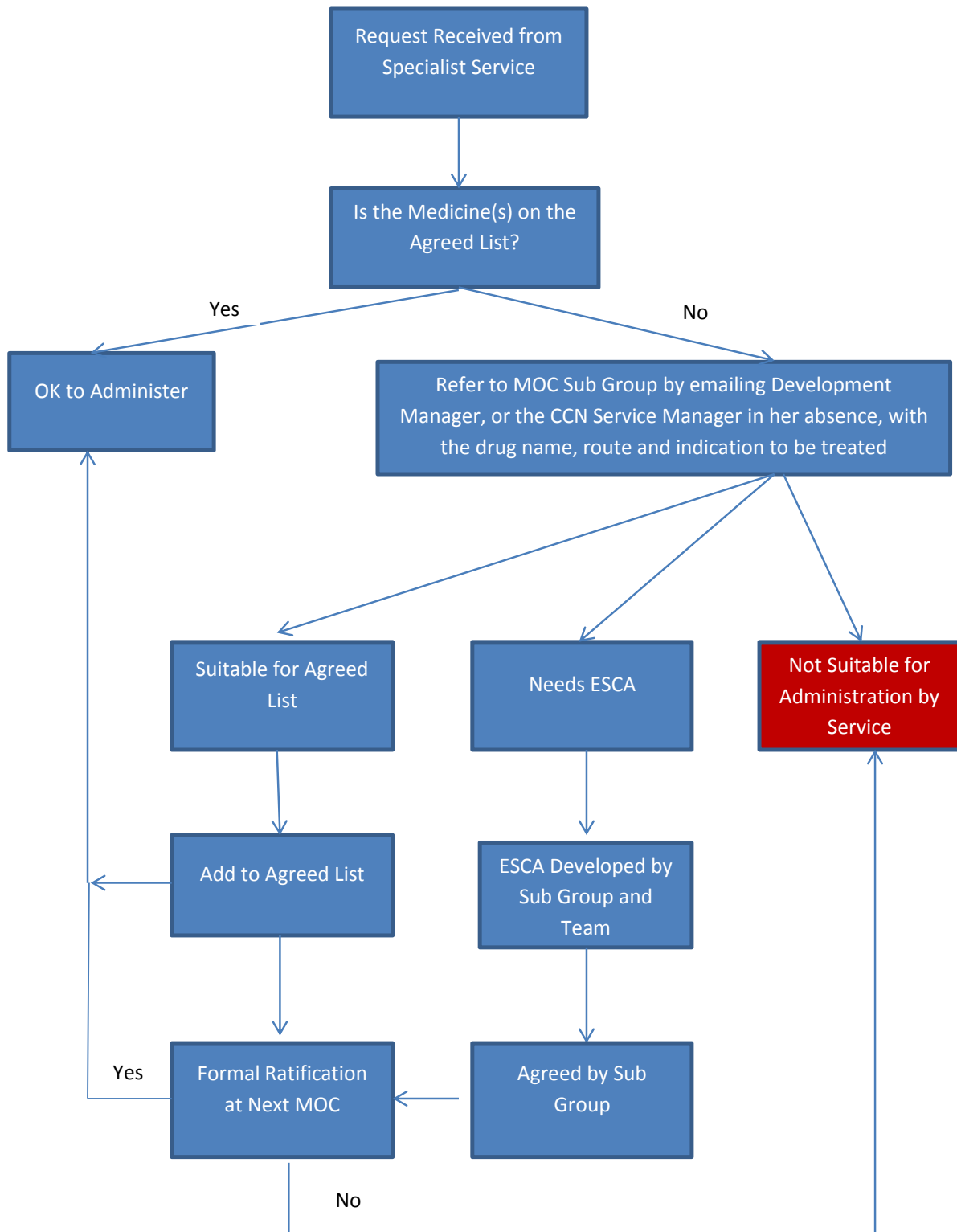
To minimise delays in the discharge of children from specialist hospitals, in terms of medicines administration, so that the children can receive their medicines in the home setting in a timely way, by:

- Establishment of a Sub Group of the MOC, which as a minimum will consist of a senior pharmacist and a Consultant Paediatrician. The group will consider whether requests for injectable medicines, which are not already on the Agreed List, are appropriate for administration by nurses in the CCN team and if so whether they require an ESCA, by completing the form at Appendix 1 within one week of receipt.
- Maintenance of the Agreed List of Injectable Medicines (Appendix 2), which have been agreed by the Medicines Optimisation Committee (MOC) as appropriate
- Development of Essential Shared Care Agreements (ESCA) in collaboration with CCNs when required.

3. Scope

This SOP is applicable to the registered nurses in the Community Children's Team.

4. Process



5. Process For Monitoring Compliance And Effectiveness

Incident Reports

6. References

Medicines Code

7. Appendix 1

Request for a Drug to be Included in the CCN Formulary

1.	Name, Dose and Route of Drug?	
2.	Condition being treated?	
3.	Age of patient?	
4.	Is it Licenced?	
5.	Is it licenced for use in this condition?	
6.	Are there any special monitoring requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes please state:
7.	Does it need an ESCA?	Yes <input type="checkbox"/> No <input type="checkbox"/> Please give rationale:

Completed by: _____

Date: _____

Appendix 2

Community Children’s Nursing (CCN) Teams: Formulary (Agreed List) for Injectable Drugs

This document sets out the list of injections that the CCN team employed by the Trust will accept.

Subcutaneous	Intramuscular	Intravenous
<ul style="list-style-type: none"> • Adalimumab (Humira) • Cyclizine • Diamorphine • Enoxaparin Sodium (Clexane) • Erythropoietin • GCSF (SC only) • Goserelin (Zoladex) • Methotrexate * • Normal Immunoglobulins 	<ul style="list-style-type: none"> • Ceftriaxone • Hydroxocobalamin • Testosterone • Triptorelin 	<ul style="list-style-type: none"> • Ambisone * • Amoxicillin • Benzylpenicillin • Ceftazidime • Ceftriaxone • Cefuroxime • Cytarabine * • Dalteparin * • Ertapenem • Flucloxacillin • GCSF * • Gentamicin* • Granisetron • Heparin (central line flush 100u/ml and 10iu/ml for QMC CVL and peripheral lines when requested) • Hydrocortisone • Levomepromazine (palliative care) • Meropenem • Methylprednisolone * • Paracetamol (palliative care) • Piperacillin with Tazobactam * • Sodium Chloride • Teicoplanin • Tobramycin * • Vancomycin *

*** Only when an Essential Shared Care Agreement is in place to clarify relative responsibilities**

If requested to administer any other items not listed, CCN will not accept, but will contact the Pharmacy & Medicines Optimisation Team, within South Staffordshire & Shropshire Healthcare NHS Foundation Trust.