15. MEDICINES IN OPERATING THEATRES

This should be read in conjunction with sections of the medicines code relating to prescribing, dispensing, storage, custody and administration of medicines

15.1 Dispensing, Supply, Custody and Storage

15.1.1 The Registered Nurse/Midwife or Operating Department Practitioner (ODP) in charge of the theatre is responsible for the safe custody and issue of medicines including Controlled Drugs (CD). The stock levels and ordering of other medicines and preparations will be provided through agreements with pharmacy.

15.1.2 Storage of Medicines

Medication central storage rooms/cupboards must be locked at all times.

It is acceptable to leave drug fridges and main anaesthetic room /recovery drug cupboards unlocked whilst staff are working within the theatre/recovery area & supervision of the cupboards is possible. However, all cupboards and fridges within the anaesthetic room/recovery must be locked when the theatre/recovery is not working, this includes break times and any delay periods where the cupboards cannot be supervised. When the theatre/recovery is not in use or between operating sessions, all medicines must be returned to lockable medicine cupboards. This includes any pre-prepared labelled syringes that must be secured away.

Because of the risk of wrong product selection, ampoules must be kept in their original packaging and not be decanted from their outer packaging and stored in lin bins/plastic trays.

Lidocaine is a drug and must be stored in the drug cupboard and not on the work surface where water & saline flushes are sometimes kept.

The nurse/ODP in charge must ensure that daily checks of fridge and room temperatures take place, are documented on the record sheets and action is taken if temperature limits are exceeded. The fridge must be reset daily once the temperature has been recorded..

15.2 Keys to Controlled Drugs Cupboards

15.2.1 The keys to the Controlled Drugs cupboard must remain in that theatre when it is in use. CD keys must be signed out of the key lock cupboard by the registered member of staff responsible at the start and end of a theatre session and checked back in and out by floor control. Is this a registered member of staff too

15.2.2 The Registered Nurse/Midwife-in-charge/ODP will normally hold the keys. He/she may delegate control of access (key holding) temporarily to a deputy,

either another **Registered Nurse/Midwife, ODP** or the **anaesthetist**, (e.g. if the registered nurse-in-charge wishes to leave the theatre or if it is difficult for him/her to handle the keys, e.g. when scrubbed). When in possession of the keys the **deputy** becomes **temporary custodian** of the Controlled Drugs and is responsible for the records. The theatre keys can be kept with e.g fridge keys, central drug cupboard keys but must not be kept with other keys e.g. offices.

15.2.3 The Registered Nurse/ Midwife-in-charge/ODP in-charge or the anaesthetist both have the discretion to hand the keys temporarily to an ODP so that the ODP can remove Controlled Drugs on their behalf, bringing them and (where appropriate) the Controlled Drugs Register to the anaesthetist.

15.3 Controlled Drugs Register (see Section 13 for further information)

The special register designed for Controlled Drugs issued in Theatre is to be used. Each Theatre Anaesthetic room has a dedicated CD cupboard and will hold a CD register.

It is the responsibility of the Theatre Nurse/ Midwife or ODP to document the names of the Anaesthetist and the patient & make an entry in the CD register **at the time** they issue a CD.

It is recognised that doses are often administered incrementally and cannot always be witnessed. A record of administration must be documented on the Anaesthetic chart by the Anaesthetist.

Each ampoule issued to a patient will be checked at the end of the operation by the Theatre Nurse/ Midwife ,ODP or anaesthetist to reconcile that the contents were either administered to the patient, or partially used with witnessed destruction of the remainder or returned unused for entry back into stock. The **Anaesthetist** must sign for this in the register at the end of each case. The dose of CD administered must be recorded in mgs or micrograms rather than expressed as per ampoule.

The CD register must be completed at the time an action is completed to provide a clear audit trail of events i.e. during or at the end of the patient operation and should be considered as part of the “sign out procedure” at the end of the operation.

It is recognised that care may be handed over between staff as a result of extended operating sessions or other clinical priorities. It is very important that staff complete register entries for activities that they have undertaken e.g. the actual nurse or ODP issuing the drug must sign the register at the time of issue and the Anaesthetist who actually administers the dose, disposes of any remaining dose or returns the unused CD, must sign for doing so. It is recognised that this may not always be the same Anaesthetist who took receipt of the CD.

Controlled Drugs stocks must be checked a minimum of twice in every 24 hours by two nurses/ODP.

15.4 Responsibility

15.4.1 Medical staff (surgeons/anaesthetists) are responsible for administration of medicines given by themselves. He/she may delegate this responsibility to a qualified nurse or perfusionist (for administration into a bypass circuit) by means of a written prescription/ patient specific order. The system of verbal orders (see Sections 2.3.12) may be used where appropriate but confirmation in writing must be given as detailed in Section 2.

15.4.2 When administering a medicine Patient Identification checks must always take place consisting of three independent points of identification actively: name, date of birth and address. S number should be used where available. The ID check should require active statement of the points of ID rather than confirmation. Please Refer to trust policies on positive identification eg for UHL the Wristband policy.

15.4.3 The application of topical agents is ultimately the responsibility of the Surgeon. He/she may authorise a qualified nurse or ODP to make a topical preparation by written instruction in the form either of an individual prescription /order or by use of a patient group direction (see section 2 for further information).

15.4.4 If an anaesthetist is involved in the case, he/she is responsible for administration of all medicines (anaesthetic agents or otherwise) given orally, parenterally or by inhalation immediately before and during an operation, other than those given by the Surgeon. Such medicines must be drawn up by the anaesthetist him/herself or by a qualified nurse or ODP within his/her sight and under his/her direct supervision and in response to a written prescription or verbal instruction. If an anaesthetist gives a medicine at a surgeon's request, both share responsibility.

15.4.5 Records must be made of the dose given and time in the patient's notes, prescription chart/ electronic medication system or anaesthetic record for all medicines administered in theatre.

15.4.6 Disposal of unused Controlled Drugs within the operating theatre environment is the responsibility of the Anaesthetist /nurse /ODP in charge. Please refer to Trust policy for the use of controlled drugs which gives further details on disposal.

15.4.7 Preparation of Drugs

In order to minimise risk, medicines should not normally be prepared too far in advance of administration and any medicines prepared for a patient who is expected imminently and then delayed, need to be secured in a locked drugs cupboard/ fridge. These should be disposed of appropriately if not used.

Medicines prepared in advance of the case (approximately up to 1 hour of arrival of the patient) must be clearly labelled with the medication name, strength, date and time and should ideally be independently checked by

another theatre Practioner to reduce the risk of error. Any pre-prepared medicines that may have had their security breached or not been in supervised observation must be disposed of.

Operating Department Practitioners may only draw up medicines under the direct instruction verbal/written of the anaesthetist or surgeon.

The policy for the use of single dose and multiple dose injectable medicines must be followed. One ampoule should be issued for use in one patient only. The Department of Health and Association of Anaesthetists guidelines on Controlled drugs discourage the practice of sharing an ampoule amongst several patients.

15.4.8 Preparation of Drugs Requiring Dilution by ODPs/Nurses

The dilution of agents shall be made in the presence of a registered nurse/qualified ODP/Perfusionist or Anaesthetist. The bottles/syringes must be labelled, dated, timed and detail the name of the medicine and diluent strength and be signed by the two persons concerned. This can be done by two ODP's if they have qualified on the UHL Medicines Management day

15.4.9 Intramuscular (IM) Injections

Intramuscular injections may be carried out by qualified ODPs appropriately trained for this purpose in the presence of medical staff or a qualified nurse.

15.4.10 Intravenous (IV) Injections

In theatres, this should only be given in the situation where it is unsafe for the anaesthetist to do so. The anaesthetist must prescribe the medicine, specify the site the injection is to be given and observe its administration.

15.4.11 Open systems :

The practice of emptying injectable medicines into a gallipot or other container to be withdrawn multiple times into a syringe prior to use is not allowed.

The Medicines and Health Regulatory Agency (MHRA) alert NHS/PSA/2016/008 stipulates that the use of open systems is not acceptable and that injectable medicines must be drawn directly from their original ampoule or container into syringes, and then either administered immediately or, if they are not immediate use, the syringe is labelled and checked before later use.

The use of open systems such as using gallipots is not allowed. The only exemption to the above is embolization procedures involving embolic agents that need to be mixed and prepared openly during a procedure.

15.5 Discharge from theatre to recovery, ITU or other clinical area

It is the responsibility of the anaesthetist in charge and the ODP/Anaesthetic Nurse to ensure that all continuing infusions are correctly labelled, running at the correct rate and that the IV lines are patent and securely fastened.and prescribed on electronic prescribing system as appropriate