

Nursing Single Check Medicines Policy (UHL Neonatal Units)

1. Introduction and Who Guideline applies to

This guideline is aimed at all health care professionals involved in the care of infants within the Neonatal Service.

Key Points

- Many low risk drugs and regular medicines are given on the neonatal unit and can be administered following a single check by the following staff:
 - Any registered nurse or registered midwife who has undergone local training permanently employed by the University Hospital of Leicester Neonatal service who is no longer working in a supernumerary role
 - And**
 - Has completed the UHL Medicines Management Clinical Competency Booklet
- Only drugs listed appendix 1 in this guideline are permitted to be administered with a single check and only at doses and routes given in the UHL neonatal drug formulary
- All other aspects of good administration practice should be should followed in line with UHL guidelines
- In line with the Leicestershire Medicines Code all single check items should have “single check ” written in the additional information or special instruction box on the prescription by the FIRST person administering the drug

2. Education and Training

Registered nurses or registered midwives must have undergone local training and completed the UHL Medicines Management Clinical Competency Booklet.

3. Supporting References

[Assessment of Administration of Medicines by Nurses and Midwives UHL Policy](#)

[Medication Errors UHL Policy](#)

[Leicestershire Medicines Code UHL Policy](#)

4. Key Words

Medicines code, Medicines management

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

Contact and review details			
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Details of Changes made during review:			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
Sept 2019	1		
Dec 2022	2	Neonatal Guideline Meeting Neonatal Governance Meeting	Aciclovir, Diorolyte powder, Pancrex V powder added to appendix 1, Emla cream removed Ratified

Appendix 1

Drug	Restriction / Notes
Aciclovir 5% eye ointment	
All nappy creams	
Breast milk fortifier	
Carobel	
Cavilon (all varieties of barrier film or cream)	
Chloramphenicol 0.5% eye drops/ 1% eye ointment	
Clotrimazole 1% Cream	
Cyclomydril eye drops (Cyclopentolate 0.2% & Phenylephrine 1%)	
Cyclopentolate Hydrochloride 0.5% eye drops	
Dalivit	
Diclofenac 0.1% eye drops	
Diorolyte powder	
Epimax / Emollient Cream	
Folic Acid	
Gaviscon Infant sachets	
Gentamicin eye drops 0.3%	
Glucose 40%	Gel for hypoglycaemia
Glycerin chip	Suppository
Hypromellose eye drops 0.3%	

Joulies Phosphate	ONLY TO GIVEN ACCORDING TO DOSE BANDING BELOW		
	Weight in kg	Dose	Minimum volume of milk to mix with (mls)
	0.4-0.599	0.25 ml PO BD	4.5
	0.6-0.799	0.35 ml PO BD	6
	0.8-0.999	0.45 ml PO BD	8
	1-1.499	0.6 ml PO BD	10.5
	1.5-1.999	0.9 ml PO BD	15.5
	2-2.499	1 ml PO BD	17
	2.5 and over	1.5 ml PO BD	25.5
Labinic (probiotic)			
Miconazole cream 2%			
Mupirocin	Topical for MRSA, both nasal and wound preparations		
Nitric Oxide	As per PPHN guideline		
Nystatin suspension 100000 units/ml			
Octenisan wash			
Orobace ointment			
Oxygen			
Pancrex V powder			
Phenylephrine hydrochloride 2.5% eye drops			
Proxymetacaine 0.5% eye drops			
Sucrose 24% (Algopedol)			
Sytron			
Tetracaine Gel 4% (Ametop)			
Tropicamide 1% eye drops			