

**Sheffield
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**ADMINISTRATION OF MEDICINES WORKBOOK
FOR STUDENT MIDWIVES**

**Faculty of Health and Wellbeing
3 Year Midwifery Programme**

September 2019 Cohort



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Introduction

In regard to the administration of drugs/medicines within your practice, the NMC state:-

"Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations" (NMC 2015)

This workbook should enable you to discuss the responsibilities of the midwife in relation to the administration of medicines Section 18 The Code (NMC 2018) and Section 3 of Practising as a Midwife in the UK (NMC 2017) and is designed to help with your study and knowledge in relation to your learning outcomes in pharmacological principles.

Throughout the workbook you are directed to work through activities which will enable you to meet the learning outcomes and meet the standards of proficiency you are expected to achieve in the assessment of practice in the clinical placement. It will allow you to explore issues around safe drug administration which you can then put into practice on your clinical placement with supervision and guidance by your mentor.

The workbook is **compulsory** and is **formatively assessed**. It can be used for discussion with your placement mentors/supervisors and/or your academic advisor if you feel you require guidance in some areas. It should be handed in with all your assessment documentation at the end of each year.

You should read the following prior to starting your workbook:-

- National Service Framework for Children, Young People and Maternity Services (2004) *Standard 10 Medicines for Children and Young People* DOH Oct 2004
- Nursing and Midwifery Council (2017) *Practising as a Midwife in the UK*, Nursing and Midwifery Council, London

- Nursing and Midwifery Council (2018) The Code: Professional Standards of practice and behaviour for nurses and midwives Nursing and Midwifery Council, London

You should supplement your reading from the suggested texts listed at the end of this workbook and any other relevant literature. You will find links within the NMC guidance which you may find useful and your placement areas will have their own policies and guidelines which may contain additional references. Please also bear in mind the content of the Essential Skills Clusters and how these relate to the administration of medicines.

There is further information on the eLearning medicines management site, including reading material, and useful tools.

Thank you to Lucy Millward for updating the workbook in July 2019.

Learning outcomes

BSc (Hons) Pre-registration Midwifery Definitive Document (2014)

You will be able to explain:-

2.1.5 Pharmacological principals in relation to Midwifery practice

2.3.8 Administer safely a range of permitted drugs

Standards of Proficiency

- Observes and participates in the administration of drugs, using a variety of methods, in accordance with local policy and Practising as a midwife in the UK (NMC, 2017).
- Observes and participates in the maintenance of treatments via the intravenous route.
- Observes and participates in the completion of records pertaining to drug administration.
- Observes and participates in the safe custody of drugs in accordance with statutory guidance and local policy.
- Is familiar with local format of professional records e.g. Care records, prescription chart
- Observes and participates and subsequently leads in discussions with women about their choices for analgesia in labour.

Year 1

5. What do you understand about the Medicines Act Exemptions?

6. What might a Midwife administer under this act?

7. What do you understand by the term "Patient Group Directive (PGD)"?

8. Does your Trust have a PGD in place? What drugs will you find on here?

9. What do you understand by the term "prescription"?

10. Is a drug chart the same as a prescription? Explain your answer.

11. Compare how drugs might be prescribed and administered in community and hospital settings

12. What resources would you access to acquire more information in relation to a specific drug when considering the suitability, dosage, route and side effects?

Mentor name.....

Mentor signature.....

- c. You only require half the amount from a controlled drug ampoule.
- 9.** Controlled drugs need to be transferred with a patient to another ward. What is the procedure?
- 10.** With regard to all drugs which of the following are the registered midwife and the registered nurse not allowed to do?
- a. Prescribe.
 - b. Take responsibility for drug storage.
 - c. Decide into which type of cupboard drugs are stored.
 - d. Administer drugs to patients.
 - e. Delegate administration to a healthcare support worker.
 - f. Dispose of drugs on the ward.
- 11.** Describe the circumstances when a midwife can leave tablets in a medicine pot by the client's / patient's bed.
- 12.** Where would you store the following?
- a. Insulin.
 - b. Penicillin for injection.
 - c. Chlorhexidine.
 - d. Intravenous fluids.

- e. Oxytocic drugs
- f. Anti- D
- g. Aromatherapy oils

- 13.** You need to keep a temporary stock of potassium chloride on the ward. Where would you store it?
- 14.** Brooke Smith is a 25 year old primigravida who is admitted to your ward for elective caesarean section the following day. She hands you a small bag saying: "These are the tablets I take." What do you do with them?
- 15.** Identify the drug keys that have to be kept on the person of a member of staff. Which members of staff are allowed to keep them?
- 16.** The drug keys go missing and cannot be traced. What happens next?
- 17.** Emily Jones is transferred to the postnatal ward with her newborn baby girl, Elsie. Her partner, Jack, complains to you that he is suffering from a headache and asks you for a couple of paracetamol. What should the registered midwife do?

- 18.** What services does the ward pharmacist provide?
- 19.** What procedures are used for the ordering of medicines in your local maternity unit?
- 20.** How are all medicines transported to the ward?
- 21.** Who may keep the keys of a client's / patient's own self-administration medicine locker?
- 22.** How would you ensure the safe storage of drugs in a refrigerator? Consider the health and safety aspects of this.
- 23.** You overhear a student midwife ask the registered midwife: "Can I have the medicines cupboard keys to put this antiseptic solution away?" What mistake has the student midwife made?

Mentor name.....

Mentor signature.....

- 5.** Compare how pharmacokinetics occurs differently in the mother, the fetus and the neonate.

- 6.** Name some drugs which may pass via the placenta into the fetal circulation and what effects they have on the fetus.

- 7.** Identify factors which might affect the absorption of a drug.

- 8.** Identify factors which can interfere with the metabolism of a drug.

- 9.** Do you think maternal size matters in drug metabolism?

- 10.** What are the signs and symptoms of anaphylaxis and how would you manage a pregnant woman experiencing an anaphylactic reaction. What dosage of drugs would you give?

9. What advice would you give to a woman administering medication to her baby?

Mentor name.....

Mentor signature.....

Activity 5

1. Describe how you would safely administer intramuscular drugs. Does this differ between mother and baby?

2. Describe how you would administer an intramuscular injection.

3. Give examples of medicines administered via this route. Discuss the relevance to the mother and/or baby's care, considering side effects and contraindications.

4. Describe how you would administer a subcutaneous injection.

5. Give examples of medicines administered via this route. Discuss the relevance to the mother and/or baby's care, considering side effects and contraindications.

6. What medicine might you commonly see administered via an intra-dermal injection? What is the advantage of this route of administration?

7. In the clinical area ask your mentor to witness the safe administration of an IM (intramuscular) and a SC (subcutaneous) injection. Explain your reasons for administration; provide evidence of calculations and the relevant site area.

Mentor name.....

Mentor signature.....

Activity 6

1. What medications maybe administered to a woman per vagina?
Discuss the midwife's role and responsibility in the administration of such medicines.

2. What medications may be administered per rectum? When might you consider this route of administration?

3. What are the ethical implications of informed consent in drug administration?

Mentor name.....

Mentor Signature.....

5. Discuss with your mentor how you would use an infusion pump to correctly administer an IV drug

Mentor name.....

Mentor Signature.....

Activity 8

1. What is 'gas and air'?
2. Explain the responsibilities of the Midwife when administering this drug.
3. Discuss how you would assess the use of nitrous oxide during labour and birth giving consideration to any contraindications and side effects for both mother and fetus.
4. Describe how you would explain to a woman how to use nitrous oxide effectively.
5. With your mentor, participate in educating a woman you are caring for in labour about how to use nitrous oxide.
6. With your mentor, participate in assessing the effects of nitrous oxide for a woman in your care.

7. You walk into the room and see the partner of the woman in labour trying the gas and air. What should you do?

Mentor name.....

Mentor Signature.....

Activity 9

Epidural analgesia is available in most obstetric units.

1. Epidurals and spinals are variously described as analgesia and anaesthesia. Can you suggest why this may be?
2. Compare the advantages and disadvantages of using epidural analgesia in childbirth, looking at contraindications and side effects of the use of epidural analgesia.
3. Provide examples of drugs used in epidural analgesia and discuss their side effects.
4. Describe the different methods of administering epidural analgesia (conventional vs 'mobile') with reference to the administration, drugs used and the effects for women.

5. Explain the following. What is the midwife's role in:-
- a. Siting an epidural
 - b. Topping-up an epidural
 - c. Ensuring the epidural cannula is safely removed

6. Describe the differences between epidural and spinal analgesia including where they may be most appropriately used.

Mentor name.....

Mentor Signature.....

Activity 10

Describe how TENS (transcutaneous electrical nerve stimulation) works as an analgesic and when it might be used?

Mentor name.....

Mentor Signature.....

Activity 12

1. Reflect on a time when you administered a medicine to a woman or baby that you have recently cared for. Some examples for discussion are:-
 - a. Why the medication was used?
 - b. Consent and advice/choice.
 - c. Contraindications and side effects.
 - d. What is/are the methods of administration?

2. Use the knowledge and information you have learned from working through this book, and your experiences in practice, to discuss pain in pregnancy, birth and postnatally. Think about the advice you give to women; consider their choices and the self-administration of drugs. Reflect on potential implications for women from vulnerable groups. Think about how pain may be experienced by the neonate and how it might be assessed and managed.

Completion of Year 1

Mentor name.....

Mentors signature.....

Academic Advisor name.....

Academic advisor signature.....

Year 2

Activity 2

1. What drugs are used in the active management of the third stage?
2. Name the drugs which might be administered during a postpartum haemorrhage, considering any contraindications and side effects.
3. Discuss with your mentor the drug dosages and methods of administration for these drugs.
4. Discuss with your mentor who might make the decision to administer certain drugs to treat post-partum haemorrhage.

5. Find out the type of drug, dosage and its administration route for the third stage of labour in your Home Trust and compare these with your companion Trust practices/guidelines.

Mentor name.....

Mentor signature.....

Activity 4

1. Name some drugs used in the management of pre-eclampsia, including their dosages.
2. Consider the methods of administration, contraindications and side effects of these drugs and anything which may determine the choice of drug(s)
3. Name the drugs/medication prescribed by a Doctor that you may administer to a woman with eclampsia.
4. What would be the most important sequence of these drugs?
5. Describe how you would administer these drugs.

Activity 5

1. Donor breast milk may be advised for premature babies in some neonatal units in preference to formula. It is given as a prescribed 'medicine'. Discuss some reasons for this.

Mentor name.....

Mentor Signature.....

Completion of Year 2

Mentor name.....

Mentors signature.....

Academic advisor name.....

Academic advisor signature.....

Year 3

Activity 2

1. Analyse alternative therapies available to childbearing women and discuss the responsibilities a Midwife has regarding their use.

2. Considering local and national guidance, what should the Midwife always check before administering any medicine?

3. What is the role and responsibility of the Midwife with regard to the documentation of drug administration? Consider different forms of documents pertaining to drugs.

Completion of Year 3

Mentor name.....

Mentor signature.....

Academic advisor name.....

Academic advisor signature.....

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Appendix - 'NEVER and ALWAYS: IV'. Guidance for student midwives and Registered Practitioners

'NEVER and ALWAYS: IV'. Guidance for student midwives and Registered Practitioners

NEVER administer any drug unless you are *directly* supervised by a Registered Midwife **at all stages** of the process

NEVER administer drugs to anybody unless you have been involved in checking them

NEVER administer any drug until a client's allergy status has been checked

NEVER administer or dispense a drug under a Patient group Directive [PGD]

NEVER administer any drug intravenously

NEVER flush an intravenous cannula

NEVER prepare any drug for another person to administer intravenously

NEVER regulate any intravenous infusion unless you are *directly* supervised by a Registered Midwife

NEVER leave medicines unattended

NEVER sign a prescription sheet to say a medication has been administered unless you have witnessed this

ALWAYS follow the NMC standards and local policies when checking and administering any medicine [remember that oxygen is a drug too]

ALWAYS ensure a Registered Midwife countersigns your signature on nursing records and prescription sheets

ALWAYS find out about the medicines you are giving:

- What type of drug is it and what is the normal dose?
- Why is this person being given this drug?
- What is the best way to take the medication?
- How will you know if it is having the desired effect?
- What are the side effects and contraindications?
- What are the *nursing* implications of this drug?

ALWAYS educate the patient/service user about the drugs they are prescribed

- Do they know what the medication is and why it has been prescribed?
- Do they know the best way to take this medication and can they do this?
- Discuss their motivation and commitment to adhering to their treatment
- Discuss how they should monitor themselves to assess for positive effects and side effects

NEVER connect a giving set to an intravenous cannula [requires flushing and is IV administration and so RM only]

NEVER flush or insert anything into an intravenous cannula [this is IV administration and so RM only]

NEVER regulate the rate of any intravenous infusion without being supervised

NEVER disconnect any infusion from an intravenous cannula [requires flushing] and so RM only

NEVER insert an intravenous cannula without being supervised

NEVER remove a central intravenous catheter, Hickman line or intra-arterial device [RM only]

ALWAYS ensure that you have been observed removing a peripheral intravenous cannula, deemed competent and have documented this in your clinical skills document before removing them with minimal supervision

ALWAYS ensure you are DIRECTLY supervised when priming an IV giving set [provided Trust policy allows you to do this]

ALWAYS ensure you are DIRECTLY supervised when regulating infusion rate of an intravenous infusion as the rate MUST be checked by an RM

ALWAYS ensure you are DIRECTLY supervised when changing a bag of intravenous fluid [Administration of medicines]

ALWAYS ensure you document appropriately on Intravenous fluids prescription, you are directly supervised when doing this and this is countersigned by the RM supervising you

ALWAYS ensure that you document IV fluid on the patient's fluid balance chart, according to Trust policy

ALWAYS monitor the intravenous cannula site and report/document this according to Trust policy

ALWAYS monitor the patient for complications and report/document according to Trust policy

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