

Nursing Associates Medication Administration

Administration of Medicines must not be undertaken until the Registered Nursing Associate has completed the Assessment as detailed in the Assessment of Administration of Medicines by Nurses, Midwives and Nursing Associates Policy (B13/2009)

The standards and the differences between the two roles are summarised by Figure 1 produced by the NMC

Nursing associate	Registered nurse
6 platforms	7 platforms
Be an accountable professional	Be an accountable professional
Promoting health and preventing ill health	Promoting health and preventing ill health
Provide and monitor care	Provide and evaluate care
Working in teams	Leading and managing nursing care and working in teams
Improving safety and quality of care	Improving safety and quality of care
Contributing to integrated care	Coordinating care
	Assessing needs and planning care

Figure 1.

The Proposed scope of the Nursing Associate in Medicines.

Background

Health Education England Guidance was published in 2017 to provide guidance on the role of nursing associates in medicines administration (Advisory Guidance, Administration of Medicines by Nursing Associates, Health Education England).

The guidance states that, as part of their training, nursing associates are educated to understand medicine management and, '*within the confines of local employer policies*', administer prescribed medicines safely and appropriately. The guidance states that it is for each organisation to determine whether nursing associates administer medicines and the extent of that role.

Nursing associates are registered with the Nursing and Midwifery Council. As a registrant, they are accountable for their actions, are required to continue to meet their standards of proficiency and are subject to the regulatory functions of the NMC. Competencies required for administering medicines safely are included as part of the NMC nursing associate proficiencies and therefore it is expected that they will play a role with medicines.

As a starting point, it is proposed that all Nursing Associates who have a role in medicines administration:

- 1) Complete a core competency framework to assess safe and effective practice within six months of commencement in post i.e. Medicines With Respect and further link to competency framework currently being developed at SHSC. The competency framework will be repeated yearly as part of competency checking overseen by the locality nursing leadership.
- 2) Included in the yearly review will be observed practice as part of the competency maintenance and assessment
- 3) Attend CORE TRAINING: Medicines Optimisation training

This is for registered nurses/those administering medicines - to be done on commencement in role (usually face to face) and then two-yearly updates thereafter.

These must both be completed before the Nursing Associate administers medicines without supervision.

Additional training available to support practice

Online

Controlled drugs – on line training 1 yearly

Antimicrobial Stewardship - eLearning 3 yearly

Clozapine – online training 1 yearly

Rapid Tranquillisation – online training 2 yearly

Nursing Associates (NAs) can

- administer medication via oral, enteral, topical, Intramuscular, subcutaneous, inhalation routes and administer enemas and suppositories in line with a valid prescription. The administration of insulin will continue to be the responsibility of the RN though this will be under review as the NA role becomes more established.
- Administer to those titrated/established on depot medication.
- Administer a Schedule 4 -Benzodiazepine/z-drugs provided they are acting in accordance with the directions of an appropriately regulated prescriber i.e. in accordance with the directions of a doctor, dentist, a supplementary prescriber acting under and in accordance with the terms of a clinical management plan, a registered nurse/pharmacist/ physiotherapist/chiroprapist independent prescriber (within their prescribing authority). As per Trust policy this administration will require a second check and signature.

Nursing Associates can be

2nd checkers only of:

-Warfarin

-Insulin in a syringe / pen

-PRN medicines via IM route

-IM medicines for acute intervention

Absolute Exclusions

Nursing Associates in SHSC will not:

- 1) Administer medicines under a Patient Group Directive
- 2) Prescribe medicines.
- 3) Administer intravenous medications
- 4) Administer controlled drugs as the primary administering nurse but may act as second checker – This does not include Schedule 4 benzodiazepines prescribed for regular administration
- 5) Administer insulin that is not in a syringe or pen.
- 6) Administer desmopressin or methotrexate (due to rare occurrence)
- 7) Hold the controlled drug keys
- 8) Check and supply controlled drugs at the point of discharge
- 9) Will not delegate the administration of medicines
- 10) Will not administer any medicine prescribed as part of a clinical trial.