

PREVENTION OF MISSED DOSES

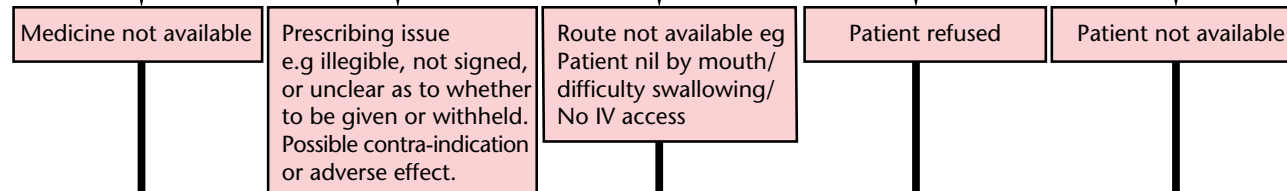
Consider urgency at all stages.
The list below is not exhaustive – every patient/clinical situation is different.
It is not acceptable for multiple doses of any prescribed medicine to be missed. Doses missed at previous medicine administration times should also be followed up – **do not** assume that someone else has done this.

- Urgent/Life Threatening:
Must be given immediately:**
- Initial treatment of life-threatening conditions e.g status epilepticus, emergency resuscitation.
 - Antidotes to medication overdose

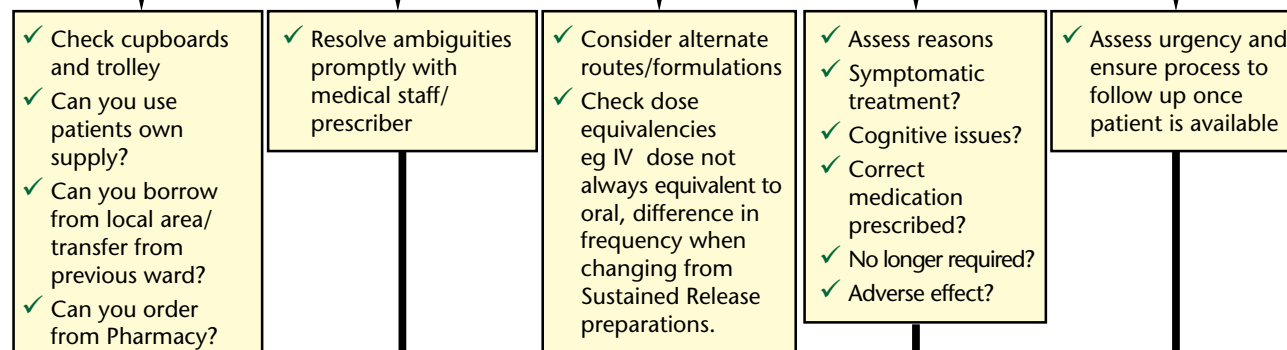
- Urgent/Life Threatening:
Must be given within 1 hour maximum
(also consider critical time window for administration of specific medicines)**
- First parenteral dose of anti-infectives
 - First parenteral dose of anticoagulants or thrombolytic
 - First parenteral dose of Insulin
 - First parenteral doses of anticonvulsants including benzodiazepines
 - First parenteral dose of medicines used in resuscitation including colloid or crystalloid IV fluids

- Critical Category:
Must be given within 2 hours maximum:**
- Parenteral doses of anti-infectives (and G-CSF)
 - Parenteral doses of anticoagulants and thrombolytics
 - Parenteral doses of Insulin
 - Parenteral doses of anticonvulsants including benzodiazepines
 - Parenteral doses of medicines used in resuscitation
 - Parenteral doses of Chemotherapy
 - "Stat" doses of any oral or parenteral medicine)
 - Regular Parkinson's Disease medicines
 - Regular Opiate analgesics
 - Medicines where doses have already been missed

REASON FOR POSSIBLE OMISSION



ACTIONS - CONSIDER URGENCY AT ALL STAGES



To avoid harm to patient from delayed / omitted medicines:
Contact medical staff, agree documented plan of action and follow up promptly - at a minimum before next dose is due. Consider:

- Appropriate to delay treatment?
- Risk to patient of delayed/missed doses – eg treatment failure, withdrawal effects etc
- Can alternative choice of medicine be used?
- It is not acceptable to miss multiple doses of any prescribed medicine

References:
1. Safe and Secure Handling of Medicines in hospital wards, theatres and departments, April 2008
2. Nursing and Midwifery Council Standards for Medicines Management, 2008
3. NPSA Rapid Response Report. Reducing harm from omitted or delayed medicines in Hospitals, 2010