



Paediatric Nursing Preceptorship Programme

MEDICINES MANAGEMENT

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Wessex Paediatric Nursing Preceptorship Programme: Medicines Management

Name

NMC number

Workplace

Preceptor

Preceptor NMC number

Buddy

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Definitions

Adverse Event	an event or circumstance that either did or could have unintentionally or expectantly caused harm, loss or damage to an individual or a Trust/team
Adverse Event Reporting (AER)	the process used to report an adverse event and used to provide information for Trusts/teams to learn, develop and improve practice
Bolus	the rapid administration of a medicine or fluid within a short amount of time
Duty of Candour(DoC)	the responsibility to provide necessary support and relevant honest information to patients and their family members in an adverse event
Infusion	the administration of a medicine or fluid over a long period of time; using infusion equipment e.g. specific infusion pumps and/or infusion lines
Intravenous (IV)	the use of a vein to deliver medicines to the patient as part of their agreed patient care
Medicines management	principles that underpin the clinical, cost-effective and safe use of medicines to ensure the maximum benefit and minimal harm is achieved during administration to the patient
Never Event	a serious event that is wholly preventable or avoidable
Non-intravenous	the administration of medicines via any route other than a vein as part of their agreed patient care; including oral, buccal, rectal, vaginal, topical, nasal, subcutaneous or intramuscular
Personal Protective Equipment (PPE)	items of clothing / equipment that are designed to protect the user against health or safety risks at work e.g. gloves, apron and mask
To Take Out (TTO)	medicines given to the patient on discharge from hospital

Scope and expectations

This workbook includes two separate competencies, designed to guide you in becoming confident and competent in administering **non-intravenous** and **intravenous medicines**.

- You must be a registered paediatric nurse and hold an active NMC pin number
- You can start to practice (under direct supervision) the administration of **non-intravenous** medicines as soon as you have received your NMC pin number and should be commenced within the first 3 months of your employment
- On completing the non-intravenous medicines competency, you will be able to administer non-intravenous medicines identified as single-checked drugs¹
- You can start to practice (under direct supervision) the administration of **intravenous medicines** once you have successfully passed your final assessment in your safe administration of non-intravenous medicines **and** have attended the Wessex intravenous study day
- During your practising periods, you must be supervised in all aspects of this patient care by a qualified nurse employed in your Trust who has **at least** 1 year of experience in this element of patient care
- It is expected that you should demonstrate a level 2 on a **minimum** of 5 separate occasions with commonly used medicines in your area before undertaking your final competency assessment
- You should complete a reflection that demonstrates your understanding of and ability to, safely administer non-intravenous and intravenous medicines prior to your final assessment
- Your final assessments can only be undertaken and signed by a qualified nurse employed in your Trust who has **at least** 2 years of experience in this element of patient care in your speciality
- These competencies should be completed at a pace agreed between you and your preceptor. However, gaining competence in the administration of non-intravenous medicines must happen **before** you attend your intravenous medication study day. If you are unable to achieve this, it is your responsibility to identify this with your preceptor and nurse educator as soon as possible
- If you are struggling to complete any of the elements of the competency, it is your responsibility to highlight this to your preceptor or nurse educator as soon as possible
- It is recommended that you should use the wider reading section as a resource that supports and guide your learning – including completing any activities that will provide opportunity to practice drug calculations

¹ This does **not** include *control drugs, cytotoxic medicines, sedatives, anti-coagulants, anti-arrhythmics and “To Take Out” (TTOS) drugs*

Accountability

- You must confirm the identity of the patient to whom the medicine is to be administered (comparing patient name band against the chart)
- You must check for any patient allergies prior to administering medication
- You must understand the therapeutic uses of the medicine to be administered, the normal dosage, identify possible side effects, precautions and contra-indications
- You must consider the patient's plan of care (care plan or pathway) prior to administration
- You must check that the prescription or the label on medicine dispensed is clearly written and unambiguous
- You must check any expiry dates (where they exist) of the medicine to be administered
- You must confirm that the medication dosage, patient weight, method of administration, route and timing are correct
- You must demonstrate clear understanding of the implications of both administering and withholding the medication in the context of the patient's condition; the reason for any omission must be recorded
- You must understand how to contact the prescriber or another authorised prescriber without delay where contra-indications to the prescribed medicine are discovered
- You must document any medication administration or omission clearly, accurately and immediately, ensuring the signature is clear and legible
- You must take any action to prevent any potential harm to the patient. You must report as soon as possible to the prescriber, line manager or employer (according to local policy) any medication error and document all actions

SECTION 1: THEORETICAL COMPETENCIES

Theoretical competencies

Medicines Management						
The preceptee has demonstrates that they:	0-3 months	3-6 months	6-12 months	KSF point	Achieved (sign) Preceptee/Preceptor	Date
Have completed Trust medicines management training	✓					
Are aware of how to access Trust medicines management policy	✓					
Have attended the regional medicines management session	✓					
Can identify the “five rights” of medicine administration	✓					
Can describe the appropriate process to follow if drug prescription is incorrect	✓					
Are aware of the implications of the omission or delay of a medicine	✓					
Are aware of local guidelines for storing drug cupboard keys	✓					
Can describe how to obtain, store and dispose of medicines that are: <ul style="list-style-type: none"> • Stock items • Controlled Drugs (CD) • Patient own (including TTO medicines) 	✓					
Can describe the correct process of dispensing TTO’s	✓					
Can describe how to report a medicine error (including awareness of the importance of AERs and duty of candour)	✓					
Can identify sources of support and information for medicine administration	✓					
Can describe the difference between allergy and anaphylaxis	✓					
Can describe the pathophysiology of anaphylaxis	✓					
Can identify the clinical signs of anaphylaxis	✓					
Can describe the management of anaphylaxis (including knowing where the anaphylaxis box is kept)	✓					
Can identify current “never events”		✓				
Have attended regional IV study day		✓				
Are able explain the ANTT procedures that must be followed during IV drug preparation and administration		✓				
Has attended local intravenous pump training and been assessed as competent in using equipment appropriately		✓				

SECTION 2: ADMINISTRATION OF NON- INTRAVENOUS MEDICINES

Levels of competence: administration of non-intravenous medicines

Use the descriptors in the table below to assess the level of competency. The preceptee must demonstrate ability to act as a **level 2** on a *minimum* of five separate episodes of supervised administration before the preceptee can undertake a final assessment that will allow them to be identified as competent in the administration of non-intravenous medicines.

Level	Description
1	Individual lacks confidence to demonstrate safe practice in identifying rationale for prescribed medication. They can identify reasons for medication prescribed, confirming dose and identifying side effects, however requires supportive cues as knowledge continues to develop. Individual takes additional time to complete medication preparation and administration.
2	Individual demonstrates sound knowledge of how to check and prepare prescribed medication according to organisational policy without supervision and/or assistance. Medication is consistently and safely prepared and administered within a suitable time frame without supporting cues.
3	Individual can check, prepare and administer medicines at an acceptable speed. They are able to adapt to some situations when the prescription or patient needs exceed the expected normal picture.
4	Individual can check, prepare and administer medicines with more than acceptable speed and quality of work. They demonstrate an ability to appropriately troubleshoot any situation where the prescription or patient needs exceed the expected normal picture.
5	Individual checks, prepares and administers medicines with more than acceptable speed and quality of work. They can troubleshoot any situation where the prescription or patient needs exceed the expected normal picture and lead and support others in performing this activity.

Supervised Practice: administration of non-intravenous medicines

Time & Date		Number of patients						
Routes of Administration (circle all those applicable)		Oral	S/C	IM	PR	Topical	Enteral	Inhaled
<i>Comments</i>								
Assessment Rating (See page 8)	Preceptee Self- Assessment			Supervisors Assessment				
Signatures								

Time & Date		Number of patients						
Routes of Administration (circle all those applicable)		Oral	S/C	IM	PR	Topical	Enteral	Inhaled
<i>Comments</i>								
Assessment Rating (See page 8)	Preceptee Self- Assessment			Supervisors Assessment				
Signatures								

Supervised Practice: administration of non-intravenous medicines

Time & Date		Number of patients	
Routes of Administration (circle all those applicable)	Oral	S/C	IM PR Topical Enteral Inhaled
<i>Comments</i>			
Assessment Rating (See page 8)	Preceptee Self- Assessment		Supervisors Assessment
Signatures			

Time & Date		Number of patients	
Routes of Administration (circle all those applicable)	Oral	S/C	IM PR Topical Enteral Inhaled
<i>Comments</i>			
Assessment Rating (See page 8)	Preceptee Self- Assessment		Supervisors Assessment
Signatures			

Supervised Practice: administration of non-intravenous medicines

Time & Date		Number of patients						
Routes of Administration (circle all those applicable)		Oral	S/C	IM	PR	Topical	Enteral	Inhaled
<i>Comments</i>								
Assessment Rating (See page 8)		Preceptee Self- Assessment			Supervisors Assessment			
Signatures								

Time & Date		Number of patients						
Routes of Administration (circle all those applicable)		Oral	S/C	IM	PR	Topical	Enteral	Inhaled
<i>Comments</i>								
Assessment Rating (See page 8)		Preceptee Self- Assessment			Supervisors Assessment			
Signatures								

Reflection: administration of non-intravenous medicines

Learning Outcome:

The preceptee will be able to demonstrate knowledge and understanding of how to safely administer a range of prescribed non-intravenous medication to the child or young person in their clinical area.

Using a specific patient interaction, the preceptee will be able to demonstrate knowledge and understanding through consistently following the sequence below:

TASK	ACTION
1. Confirm suitability of administering medication	Using recognised and appropriate formulary, confirm patient name, known allergies, weight, drug name and dose, route, frequency, side effects, contraindication and any special instructions associated with medication (especially allergies). Check prescription includes legible dose, time, date and signature and times that drug was last given
2. Follow infection control procedures	Ensure hands and equipment required to prepare medication with are clean; using soap and water, or alcohol gel if hands otherwise clean
3. Prepare the medication	Compare prescribed drug against medication packet/bottle, check expiry date and using appropriate equipment, dispense prescribed medication dose ready for administration
4. Safe Administration	With the prescription, take medication to the patient and confirm patient against prescription using identification bracelet. Once confirmed, administer medication according to prescription
5. Safe disposal	Remove any residual medication and used equipment as per local policy
6. Documentation	Document administration of full, part or refusal of medication on patients notes clearly immediately Communicate any adverse reactions or side effects from medication immediate and clearly document such events in patient notes in a timely manner

Reflection: administration of non-intravenous medicines

Reflection: administration of non-intravenous medication

Learning Actions:

Preceptor/ Supervisor Comments:

Review Date:

Signature:

Date:

Final assessment: administration of non-intravenous medicines

Preceptee name:

Designation:

Grade:

Date:

Assessor

I have assessed _____ in the **administration of non-intravenous medicines via the routes identified in the summative assessment**. In my professional opinion they have demonstrated the skills and knowledge to competently to carry out this role at a **level 2**.

Assessor's Signature _____

Print name _____

Designation & Grade _____

Date _____

Preceptee

I have been assessed, and feel happy to carry out this role unsupervised. I understand that I am responsible for maintaining my competence and keeping up to date.

Preceptee Signature _____

Date _____

Please return a copy of this page to your Education Team

Summative assessment: administration of non-intravenous medicines

Once you have been deemed competent to administer non-intravenous medicines without direct supervision, you and your assessor must identify the routes of administration this competence includes.

Route	Assessed as Competent	Signatures		Assessor to Print Name	Date
		Preceptee	Assessor		
Oral					
Tablets/ Capsules					
Liquids					
Sublingual					
Buccal					
Mouthwashes					
Enteral routes					
Nasogastric					
Nasojejunal					
Gastrostomy/ Jejunostomy					
Inhaled					
Metered Dose Inhaler					
Nebuliser					
Spacer					
Injections					
Subcutaneous					
Intradermal					
Intramuscular					
Rectal					
Suppositories					
Enemas					
Via Stomas					
Vaginal					
Pessaries					
Creams					
Topical					
Patches					
Ear drops/ointments					
Eye drops/ointments					
Nasal Drops/creams					
Creams/ointments					

SECTION 3: ADMINISTRATION OF INTRAVENOUS MEDICINES

Levels of competence: administration of intravenous medicines

Use the descriptors in the table below to assess the level of competency. The preceptee must demonstrate ability to act as a **level 2** on a *minimum* of five separate episodes of supervised administration before the preceptee can undertake a final assessment that will allow them to be identified as competent in the administration of intravenous medicines..

Level	Description
1	Individual lacks confidence to demonstrate safe practice in identifying rationale for prescribed medication. They can identify reasons for medication prescribed, confirming dose and identifying side effects, however requires supportive cues as knowledge continues to develop. Individual takes additional time to complete medication preparation and administration.
2	Individual demonstrates sound knowledge of how to check and prepare prescribed medication according to organisational policy without supervision and/or assistance. Medication is consistently and safely prepared and administered within a suitable time frame without supporting cues.
3	Individual can check, prepare and administer medicines at an acceptable speed. They are able to adapt to some situations when the prescription or patient needs exceed the expected normal picture
4	Individual can check, prepare and administer medicines with more than acceptable speed and quality of work. They demonstrate an ability to appropriately troubleshoot any situation where the prescription or patient needs exceed the expected normal picture
5	Individual checks, prepares and administers medicines with more than acceptable speed and quality of work. They can troubleshoot any situation where the prescription or patient needs exceed the expected normal picture and lead and support others in performing this activity

Supervised Practice: administration of intravenous medicines

Time & Date		Number of patients	
Administration procedure (circle all those applicable)		Intravenous bolus	Intravenous infusion
<i>Comments</i>			
Assessment Rating (See page 17)	Preceptee Self- Assessment		Supervisors Assessment
Signatures			

Time & Date		Number of patients	
Administration procedure (circle all those applicable)		Intravenous bolus	Intravenous infusion
<i>Comments</i>			
Assessment Rating (See page 17)	Preceptee Self- Assessment		Supervisors Assessment
Signatures			

Supervised Practice: administration of intravenous medicines

Time & Date		Number of patients	
Administration procedure (circle all those applicable)		Intravenous bolus	Intravenous infusion
<i>Comments</i>			
Assessment Rating (See page 17)		Preceptee Self- Assessment	Supervisors Assessment
Signatures			

Time & Date		Number of patients	
Administration procedure (circle all those applicable)		Intravenous bolus	Intravenous infusion
<i>Comments</i>			
Assessment Rating (See page 17)		Preceptee Self- Assessment	Supervisors Assessment
Signatures			

Supervised Practice: administration of intravenous medicines

Time & Date		Number of patients	
Administration procedure (circle all those applicable)		Intravenous bolus	Intravenous infusion
<i>Comments</i>			
Assessment Rating (See page 17)		Preceptee Self- Assessment	Supervisors Assessment
Signatures			

Time & Date		Number of patients	
Administration procedure (circle all those applicable)		Intravenous bolus	Intravenous infusion
<i>Comments</i>			
Assessment Rating (See page 17)		Preceptee Self- Assessment	Supervisors Assessment
Signatures			

Supervised Practice: administration of intravenous medicines

Time & Date		Number of patients	
Administration procedure (circle all those applicable)		Intravenous bolus	Intravenous infusion
<i>Comments</i>			
Assessment Rating (See page 17)		Preceptee Self- Assessment	Supervisors Assessment
Signatures			

Time & Date		Number of patients	
Administration procedure (circle all those applicable)		Intravenous bolus	Intravenous infusion
<i>Comments</i>			
Assessment Rating (See page 17)		Preceptee Self- Assessment	Supervisors Assessment
Signatures			

Supervised Practice: administration of intravenous medicines

Time & Date		Number of patients	
Administration procedure (circle all those applicable)		Intravenous bolus	Intravenous infusion
<i>Comments</i>			
Assessment Rating (See page 17)		Preceptee Self- Assessment	Supervisors Assessment
Signatures			

Time & Date		Number of patients	
Administration procedure (circle all those applicable)		Intravenous bolus	Intravenous infusion
<i>Comments</i>			
Assessment Rating (See page 17)		Preceptee Self- Assessment	Supervisors Assessment
Signatures			

Reflection: administration of intravenous medicines

Learning Outcome:

The preceptee will be able to demonstrate knowledge and understanding of how to safely administer prescribed intravenous medication and fluid to the child or young person in their clinical area.

Using a specific patient interaction, the preceptee will be able to demonstrate knowledge and understanding through consistently following the sequence below:

TASK	ACTION
1. Patient preparation	Determines intravenous access, prepares the patient for medication administration including assisting a correct positioning of patient and approaches to minimise anxiety
2. Personal preparation	Aware of personal safety and that of colleagues. Safe use of chemicals gloves and goggles if necessary Ensures that they are familiar with any associate equipment and gathers all relevant equipment together before procedure
3. Medication checks	Using recognised and appropriate formulary, confirm patient name, known allergies, weight, drug name and dose, route, frequency, side effects, contraindication and any special instructions associated with medication (administration rate, allergies, compatibility, diluents and volumes for safe administration and monitoring therapeutic levels) Check prescription includes legible dose, time, date and signature of when drug was last given
4. Follow aseptic and infection control policy and procedures	Ensure hands and equipment required to prepare medication with are clean; using soap and water, or alcohol gel if hands otherwise clean and follow organisational policy on protecting key parts/sites to minimise patient exposure to pathogens
5. Prepare the medication	Compares prescribed drug against medication packet/bottle, check expiry date and using appropriate equipment, dispense prescribed medication dose ready for administration. Uses ANTT during any reconstitution or drawing up of intravenous medicine
6. Safe Administration	With the prescription, take medication to the patient and confirm patient against prescription using identification bracelet. Once confirmed, administer medication according to prescription and according to ANTT Monitor intravenous access for patency throughout and after medication administration. Maintains patency of intravenous device after administration following local flushing guidelines
7. Safe disposal	Dispose of any residual medication and used equipment as per local policy and ensure that intravenous access is secured
8. Documentation	Document full, part or refusal of medication administration on patients notes clearly immediately. Communicate any adverse reactions or side effects from medication immediately, clearly documenting such events in patient notes in a timely manner

Reflection: administration of intravenous medicines

Reflection: Administration of intravenous Medication

Learning Actions:

Preceptor/ Supervisor Comments:

Review Date:

Signature:

Date:

Final assessment: administration of intravenous medicines

Preceptee name:

Designation:

Grade:

Date:

Assessor

I have assessed _____ in the **Administration of intravenous medicines via the routes identified in the summative assessment and table below.**

In my professional opinion they have demonstrated the skills and knowledge to competently (at a **level 2**) to carry out this role without direct supervision

Assessor's Signature _____

Print name _____

Designation & Grade _____

Date _____

Preceptee

I have been assessed, and feel happy to carry out this role unsupervised in the intravenous routes identified below. I understand that I am responsible for maintaining my competence and keeping up to date.

Preceptee Signature _____

Date _____

	Assessor (sign and print name)	Preceptee (sign and print name)	Date
Peripheral line e.g. cannula			
Tunnelled Line e.g. Broviac, Hickman			
Implantable central line e.g. portacath			
Peripherally Inserted Central Catheters (PICC)			

Please return a copy of this page to your Education Team

Summative assessment: administration of intravenous medicines BOLUS

In order to be deemed competent to administer medicines without direct supervision, the practitioner should demonstrate an understanding of the routes of administration used within their clinical area. It is the preceptees responsibility to ensure that the sections relevant to their practice are completed.

	Date assessed	Preceptee (sign and print name)	Assessor (sign and print name)
Bolus			
Obtains verbal consent			
Correct positioning of patient and preparation of environment			
Demonstrates safe ANTT throughout administration			
Familiar with equipment			
Correct preparation of drug for intravenous administration			
Considers pharmacology by stating drug generic name, action and potential side effects			
Appropriately identifies method and drug for intravenous drug administration			
Appropriately identifies correct route for intravenous drug administration			
Aware of the appropriate management for potential complications that may arise and how to manage these appropriately			
Drug administered correctly and safely and disposes of equipment as per Trust policy			
Appropriate use and care of intravenous access device, pre, during and post administration of drug			
Appropriate communication with the patient & relatives throughout			
Completes appropriate and relevant documentation correctly			

Summative assessment: administration of intravenous medicines INFUSION

In order to be deemed competent to administer medicines without direct supervision, the practitioner should demonstrate an understanding of the routes of administration used within their clinical area. It is the preceptees responsibility to ensure that the sections relevant to their practice are completed.

	Date assessed	Preceptee (sign and print name)	Assessor (sign and print name)
Infusion			
Obtains verbal consent			
Correct positioning of patient and preparation of environment			
Demonstrates safe ANTT throughout administration			
Familiar with equipment			
Correct preparation of drug for intravenous administration			
Considers pharmacology by stating drug generic name, action and potential side effects			
Appropriately identifies method and drug for intravenous drug administration			
Appropriately identifies correct route for intravenous drug administration			
Aware of the appropriate management for potential complications that may arise and how to manage these appropriately			
Drug administered correctly and safely and disposes of equipment as per Trust policy			
Appropriate use and care of intravenous access device, pre, during and post administration of drug			
Appropriate communication with the patient & relatives throughout			
Completes appropriate and relevant documentation correctly			

SECTION 4: WIDER READING

Wider Reading

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