



**Public – To be published on the Trust external website**

# **Prescribing and Administration of Medication in Section 136 suites**

**Ref: PHARM-0157-v1**

**Status: Approved**

**Document type: Procedure**

**Overarching policy: Medicines Overarching Framework**

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## 1 Introduction

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Section 136 suites (place of safety) are used for assessment of patients who are detained under section 135/136 of The Mental Health Act (1983) revised (2007) and may be experiencing a mental health crisis. Detention under section 135 or 136 can be for up to 24 hours with the possibility of extension for an additional 12 hours in particular circumstances. There is a need to reconcile and provide medication to patients in the suites, in particular critical medicines, as lack of access to such medication could have significant impact on their physical health.

This procedure supports Our Journey to Change as set out in the Medicines Overarching Policy.

## 2 Purpose

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Following this procedure will help the Trust to ensure that the assessment of all patients detained under section 135/136 of the Mental Health Act includes a review of the need for medication and to ensure there are processes in place for the prescribing, ordering, supply and administration of such medication.

## 3 Who this procedure applies to

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This procedure applies to all staff employed by TEWV who are involved in the care of patients whilst in the section 136 suites. This includes prescribers, nursing staff and pharmacy staff.

## 4 Related documents

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This procedure describes what you need to do to implement the “Treatment” section of the [Section 136 Policy](#).



The [Section 136 Policy](#) defines principles which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ Medicines Overarching Framework (PHARM-0002)
- ✓ Medicines – preparation & administration procedure (PHARM-0002-007)
- ✓ Patients Own Drugs procedure (PHARM-0056)
- ✓ Nicotine Management Policy (CORP-0002)

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- ✓ Medicines Reconciliation Procedure (PHARM-0026)
  - ✓ Rapid Tranquilisation Policy (CLIN-0014)
  - ✓ Mental Capacity Act 2005 Policy (CLIN-0009)

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## 5 Prescribing and administration of medicines

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### 5.1 Duties

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#### Nursing staff are responsible for:

- Supporting patients to self-administer their prescribed medication when they have it in their possession and doses are due.
- Ensuring that the information regarding current medication and allergies has been requested from the GP or obtained via the HIE viewer function in Cito
- Obtaining information regarding major physical health issues that may require treatment
- Assessing the suitability for use of any patient's own medication as per the Trust [Patients Own Drugs procedure](#).
- Where the patient does not have a supply of their own medicines, or these are not suitable for use, obtaining them from the most appropriate source, e.g. Trust dispensary (in working hours), nearby ward stock, emergency drug cupboard or FP10 prescription presented to a community pharmacy. Family/carers may be contacted to ascertain whether a suitable supply can be brought to the place of safety
- Assessing the need for nicotine replacement therapy as per Trust [Nicotine Management Policy](#) (which enables the use of e-cigarettes, held as stock, in the suites)

#### Medical staff must:

- Undertake a medicines reconciliation process to identify the patient's current regular medication for mental and physical health conditions, and record this in the electronic patient record
- Assess the urgency of the need for medication as part of their initial assessment
- Identify any drug allergies
- Establish significant health co-morbidities that might require urgent treatment
- Assess capacity to consent to the administration of medication
- Prescribe any critical medication to ensure doses are not delayed or omitted
- Prescribe any other medication deemed urgent or potentially urgent, for example, inhalers for asthma, GTN spray for angina
- Prescribe all regular medication if the detention exceeds 6 hours
- Ensure nursing staff are notified if medication needs to be obtained

#### Pharmacy staff must:

- Facilitate the supply of critical medication as a matter of urgency when requested to do so
- Complete a full medicines reconciliation if the detention results in admission to an acute inpatient ward – within 24 hours if admitted during the working week, within 72 hours if admitted over a weekend
- Arrange a supply of all medication required following the full medicines reconciliation

## 5.2 Legal framework



Staff must not administer any medication without valid consent from the patient or by some other authority as such authority is not granted under this section of the Mental Health Act

- Treatment for any **physical** condition can be given with the patient's consent or under the authority of the MCA if applicable
- Sections 135 and 136 provide the authority to detain a person in a place of safety for the purposes of assessment by a doctor and an Approved Mental Health Practitioner (AMHP). The Mental Health Act does not provide any authority to treat a person for **mental** disorder during their detention under s135 or s136. Treatment for mental disorder can be given with the patient's consent or under the authority of the MCA if applicable
- Consent must be obtained in order to administer any medication and it follows that there should initially be a capacity assessment to establish that they have the capacity to consent
- If the patient lacks capacity as defined under the Mental Capacity Act then the authority of a Lasting Power of Attorney or decision-making under best interest could be used even for a mental disorder. Staff should refer to the [Mental Capacity Act 2005 policy](#) for further advice
- Considering that someone may be detained for up to 36 hours on a section 136 it is reasonable to assume that some people may have a requirement for medication during this time. Doctors should consider the immediate needs of the patient when determining if medication should be prescribed. The purpose of s135/136 is to allow assessment only and therefore decisions about ongoing changes to treatment plans should not be made without consultation with the patient's community team
- The prescribing clinician must also consider the potential risks and benefits of not prescribing / prescribing certain medications including:
  - That the treatment is indicated
  - That there are no contra-indications
  - That any required monitoring may be undertaken in the place of safety
- Reference should be made to the [Rapid Tranquilisation Policy](#) for guidance on the use of such medication under the Mental Capacity Act 2005

## 5.3 Regular medication

While awaiting assessment in the 136 suite, patients should be supported to take their regular medication if they have it in their possession and doses are due. A record of which medicines are

self-administered should be made in the electronic patient record. Otherwise the following procedure should be followed as part of the assessment:

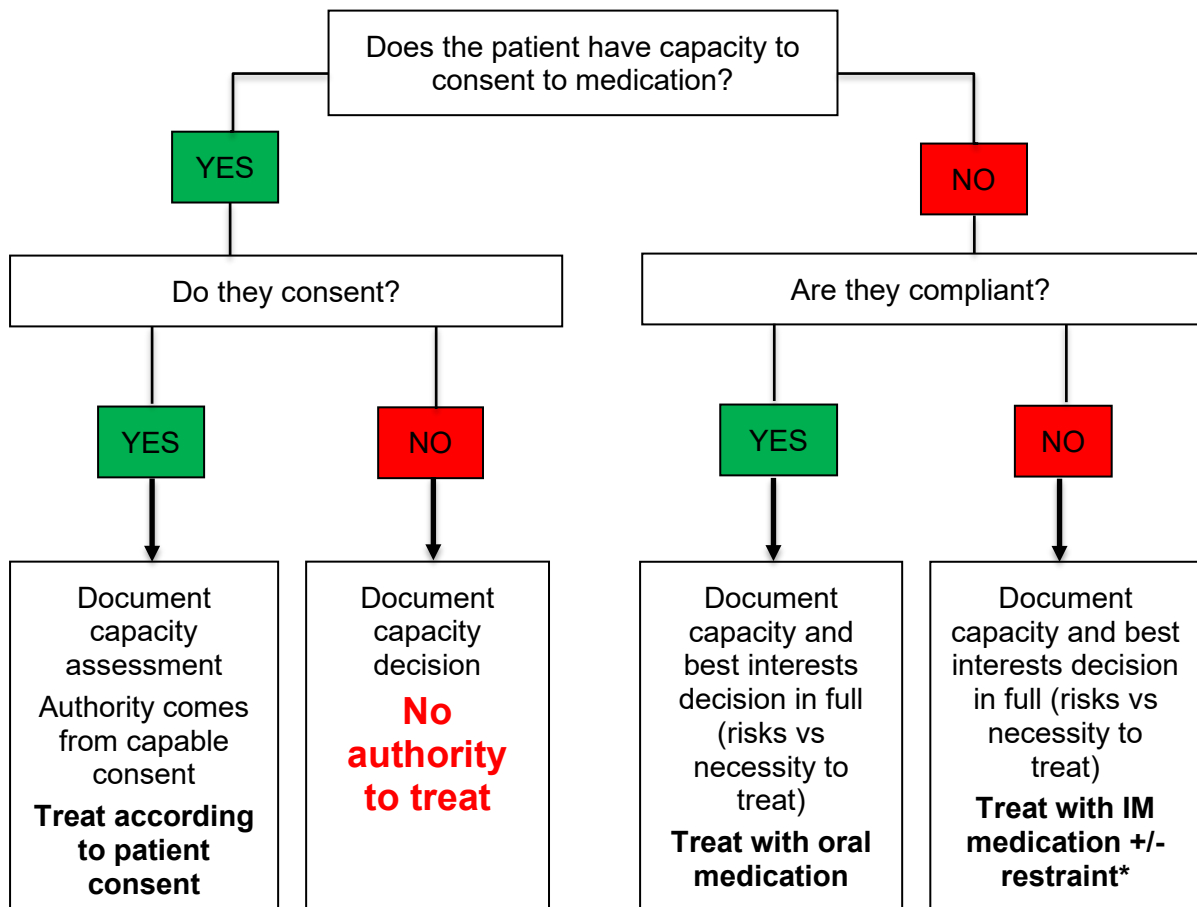
- The receiving nurse must contact the GP practice and/or obtain current information regarding prescribed medication and medical history via the Summary Care Record or HIE function in Cito. This must include information regarding any allergies to medication
- Information should be recorded on the medicines reconciliation form (see [appendix 1](#)) and recorded in the electronic clinical record
- If it is identified that critical medicines are required (see [appendix 2](#)) and/or the nurse identifies a major medical issue such as epilepsy or diabetes then they must inform the doctor who will do the assessment as soon as possible to ensure administration of medication is not delayed.
- The assessing doctor must complete the medicines reconciliation and ensure that they prescribe critical medication as soon as possible
- If the assessment results in an admission or the detention exceeds 6 hours then all regular medication must be prescribed on a standard inpatient prescription and administration chart (“kardex”)
- PODs can be used to administer doses that are due on the prescription chart if they are deemed suitable for use by the nurse as per the checklist in appendix 1 of the [Patient’s Own Drugs procedure](#)
- If PODs are not available, or not suitable for use, and the medication required by the patient is not stocked on the suite, the nearest Trust pharmacy should be contacted as soon as possible to supply the prescribed medication (in working hours). It is particularly important that medicines identified as being critical are ordered and supplied promptly. Medicines should be ordered by completing a yellow inpatient order and taking this, with the kardex (if on same site) or scanning the order + kardex and emailing it (if on a different site) to the nearest Trust dispensary
- Out of hours, required medication (including clozapine) can be accessed in accordance with the [Access to Medicines and Pharmacy Services Out of Hours procedure](#), i.e. from the emergency drug cupboard or from nearby ward stocks, utilising the Trust transfer of medicines documentation to create an audit trail. If the medication is a controlled drug (CD) recorded in the ward CD register [schedule 2 + temazepam, tramadol & buprenorphine], the required dose only should be prepared on the ward and recorded in the register with the details of the patient on the 136 suite in line with section 14 of the [Controlled Drugs SOPs](#). Medication that is not available on site should be prescribed on an FP10 prescription and obtained from a local community pharmacy
- In exceptional circumstances the on-call pharmacist should be contacted to identify other options for obtaining a supply of critical medication
- Any medicines supplied must be stored in a temperature controlled and monitored secure room in the 136 suite or on an adjacent ward to be identified at each site. This should also include any patients’ own medication that has been assessed as suitable for use. The decision as to where medicines are to be stored should be risk assessed as transporting medication from a ward to the s136 suite could represent a significant risk to the nurses involved in transporting and administration
- Administration will be recorded on the “kardex” as detailed in the [Medicines – preparation and administration procedure](#)

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- Should any critical medicines be missed, an incident report should be submitted and the doctor should assess for any adverse consequences of the missed/delayed medication
  - If the assessment results in admission, then the pharmacy team will complete a full medicines reconciliation on the next working day, and order a supply of any medication not otherwise available to the ward as stock, as a personal item supplied to the 136 suite or as a POD
  - Any medication required on discharge from the s136 suite should be prescribed on an FP10 prescription. This should only be in exceptional circumstances where new medication is to be initiated, the dose of current medication is being changed or the individual has no access to a supply of their regular medication



## 5.4 Medication for management of agitation or aggression

- The Mental Health Act does not provide any authority to treat a person for a mental disorder during their detention under s135 or s136. Treatment for mental disorder can be given with the patient's consent or under the authority of the MCA if applicable
- If treatment for agitation or aggression is indicated, staff should assess whether authority is in place to prescribe and/or administer such treatment using the following algorithm:



\* Any action intended to restrain a person who lacks capacity will not attract protection from liability unless the following conditions are met:

- The person taking action must reasonably believe that restraint is necessary to prevent harm to the person who lacks capacity, and
- The amount or type of restraint used and the amount of time it lasts must be a proportionate response to the likelihood and seriousness of harm

- Legally authorised treatment for agitation and aggression should be prescribed, and administration recorded, on a standard inpatient prescription and administration chart ("kardex")

- If IM medication is given, the patient should be monitored in line with guidance in the [Rapid Tranquilisation Policy](#)
- A stock of oral and injectable treatment options in line with Trust “as required” guidelines and the Rapid Tranquilisation policy will be available on 136 suites, subject to the required medication storage facilities being in place (N.B. this must include a refrigerator for lorazepam injection). If stock is not held on the 136 suite, a supply should be obtained from the nearest Trust dispensary (in working hours), or from a nearby ward or emergency drug cupboard (out of hours), and any unused medicines returned to the nearest Trust dispensary for safe disposal. In exceptional circumstances, the stock of oral medication held by crisis teams for supply via Patient Group Direction may be used with the appropriate record-keeping for this stock.

(Note - a more accessible version of the above algorithm is available on request)

## 6 Definitions

Term	Definition
Medicines reconciliation	The process of identifying an accurate list of a person’s current medicines and comparing them with the current list in use, recognising any discrepancies and documenting any changes, thereby resulting in a complete list of medicines
Critical medicines	The National Patient Safety Agency (NPSA) has issued alerts regarding drugs which have been associated with significant level of harm to patients if they are omitted or administration is delayed. See <a href="#">appendix 2</a> for the list of critical medicines defined in TEWV
Patients Own Drugs (POD)	Medicines that are the legal property of the patient which have been prescribed for, or purchased by the patient prior to admission or whilst on leave.
Controlled drug (CD)	A medicine subject to prescribing, ordering, storage and record-keeping requirements of the Misuse of Drugs Act

## 7 How this procedure will be implemented

- This procedure will be published on the Trust’s intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

## 7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Nursing staff	Medicines Management training	E-learning	Every two years
Medical staff	Medicines reconciliation training	1 hour	Once only

## 8 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Critical medicines should not be omitted or delayed	Medicines assessments (ad-hoc)	Medicines Management Group
2	Medicines are stored safely and securely	Medicines assessments (ad-hoc)	Medicines Management Group
3	Patients receiving RT under restraint are monitored in line with the RT policy	Per event reported as an incident	AMH Urgent Care Specialty Governance Group
4	Medicines reconciliation completed for all patients within 72 hours of admission to an inpatient ward	Medicines reconciliation data analysis (monthly)	Pharmacy locality management meetings

## 9 References

- With thanks to Lancashire & South Cumbria NHS Foundation Trust – Standard Operating Procedure for the Prescribing and Administration of Medication in the section 136 suites
- UK Medicines Information. NPSA Rapid Response Report: Reducing Harm from omitted and delayed medicines in hospital – a tool to support local implementation [online]. Available at: <https://www.ukmi.nhs.uk/filestore/ukmiaps/RRR09-ukmiTOOL.pdf>
- National Institute for Health and Care Excellence (NICE). 2015. Medicines Optimisation: the safe and effective use of medicines to enable the best outcomes. NG5 (accessed online). Available at: <https://www.nice.org.uk/guidance/ng5>

## 10 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	27 July 2023
Next review date	01 August 2026
This document replaces	n/a – new document
This document was approved by	Drug & Therapeutic Committee
This document was approved	27 July 2023
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	General EA for pharmacy documents applies
Document type	Public
FOI Clause (Private documents only)	n/a

### Change record

Version	Date	Amendment details	Status
1	27 July 2023	New procedure	Approved

## Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
<b>1.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	Procedure
<b>2.</b>	<b>Rationale</b>		
	Are reasons for development of the document stated?	Yes	
<b>3.</b>	<b>Development Process</b>		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
<b>4.</b>	<b>Content</b>		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
<b>5.</b>	<b>Evidence Base</b>		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
<b>6.</b>	<b>Training</b>		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	<b>Title of document being reviewed:</b>	<b>Yes/No/ Not applicable</b>	<b>Comments</b>
<b>7.</b>	<b>Implementation and monitoring</b>		
	Does the document identify how it will be implemented and monitored?	Yes	
<b>8.</b>	<b>Equality analysis</b>		
	Has an equality analysis been completed for the document?	Yes	General EA for pharmacy documents
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	General EA for pharmacy documents
<b>9.</b>	<b>Approval</b>		
	Does the document identify which committee/group will approve it?	Yes	
<b>10.</b>	<b>Publication</b>		
	Has the document been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	

## Appendix 1 – Section 136 medicines reconciliation form

<p><b>To be completed by nursing staff / medics completing the assessment</b></p> <p>Name:</p> <p>Date:</p>	<p><u>Sources of information used</u> (tick circle):</p> <ul style="list-style-type: none"> <li><input type="radio"/> Summary Care Record / HIE viewer function in Cito</li> <li><input type="radio"/> Repeat prescription (GP)</li> <li><input type="radio"/> Recent discharge letter</li> <li><input type="radio"/> TEVV electronic patient records (inc. EPMA)</li> <li><input type="radio"/> Patient's Own Drugs</li> <li><input type="radio"/> Patient</li> </ul>			
Allergy status:				
<b>Current medication</b>				
Name:	Form:	Dose:	Critical medicine?	Next dose due
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
			Yes / No	
Physical health conditions:				
Smoker? YES / NO				
Nicotine replacement offered? YES / NO If YES, form offered.....				
Signature:				

## Appendix 2 – Critical Medicines

See Medication Safety Series MSS17: Critical Medicines via the [MO Interactive Guide](#)  
Medicines defined as “critical” in TEWV are:

<b>Critical Regular Medication</b>	<b>Consequences of missed doses</b>	<b>Action required</b>
<b>Anti-infective medicines:</b> Oral antibiotics / antifungals / antivirals	Untreated / worsening infection Risk of antibiotic resistance	Seek medical advice Consider alternatives
<b>Anticoagulants:</b> e.g. Dalteparin Tinzaparin, Enoxaparin, Rivaroxaban, Apixaban, Edoxaban, Dabigatran, Warfarin	Risk of Stroke Risk of venous thromboembolism	Seek medical advice Consider alternatives
<b>Insulin:</b> All types	Impact on glycaemic control & risk of diabetic emergency	Seek medical advice Consider alternatives Ensure PRN rescue medication prescribed
<b>Clozapine</b>	Deterioration in mental health Potential need for re-titration	Seek medical advice; If missed for > 48 hours, re-titration is necessary
<b>Lithium</b>	Deterioration in mental health Potential delayed impact on serum levels	Seek medical advice Record in ECR to inform interpretation of serum levels
<b>Parkinson’s disease:</b> e.g. Co-careldopa, Co-beneldopa, Rasagiline, Selegiline, Entacapone, Tolcapone	Delaying medications by more than 1 hour, can cause worsening tremors, increased rigidity, loss of balance, confusion, agitation, & difficulty communicating	Seek medical advice Consider alternatives
<b>Epilepsy:</b> All Anti-epileptics	Risk of seizures - higher if once-daily dosing	Seek medical advice Ensure PRN rescue medication prescribed
<b>Immunosuppressants &amp; Immune-modulating drugs</b>	Risk of relapse in condition or rejection of transplanted organ	Seek medical / pharmacy advice to ensure supply

### **Critical Medication for emergencies**

<b>Anaphylaxis:</b> Adrenaline 1:1000 IM ( <b>EDB</b> )	<b>Opioid overdose:</b> Naloxone ( <b>EDB</b> )
<b>Hyperglycaemia:</b> Insulin – short-acting	<b>Reversal of anticoagulation:</b> Oral Vitamin K (phytomenadione)
<b>Hypoglycaemia:</b> Glucagon IM ( <b>EDB</b> )	<b>Status epilepticus (convulsive):</b> Diazepam PR or Midazolam buccal ( <b>EDB</b> )

Other medicines that should be prescribed:

- Inhalers for the relief of exacerbations of obstructive lung disease, e.g. asthma, COPD
- Medication for the relief of angina, e.g. GTN spray or sublingual tablets
- Any other medicines required for immediate relief of an established physical condition