MIL

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This Medicines Information Leaflet is produced locally to optimise the use of medicines by encouraging prescribing that is safe, clinically appropriate and cost-effective to the NHS.

Time Critical Medicines

The timely administration of medicines is a key aspect of patient care. Local and national data continues to demonstrate patient harm associated with delays to or omissions of medicines. Medicines that must be given urgently to prevent severe patient harm or death are known as "Time Critical Medicines" (TCM).

This document is intended to outline which medicines in the OUH are defined as Time Critical. Medicines are arranged into categories based on how urgently they need to be administered.

Definitions

Delayed dose - Where the dose has not been administered within the timeframes outlined within this document.

Omitted dose - When a medicine has not been administered to the patient before the next due dose.

Delayed or omitted doses of medicines can be due to problems with **prescribing**, **availability, communication and/or administration** processes. All staff play a role in supporting timely administration of time critical medicines.

For all Time Critical Medicines

Stat	Prescribers must say 'yes' to 'give first dose now' or prescribe in the once only section of the drug chart
Say it	Prescribers must **communicate the urgency** of the medicine to the nurse looking after the patient
Source it	Nurses must ensure the medicine is obtained and administered within the time frames in this document

Category 1 Medicines (Lifesaving)

Give immediately

Includes all medical emergencies

Antidotes – including adrenaline for anaphylaxis.
Oxygen
Resuscitation Medicines – including colloids and crystalloid fluids
Fluid resuscitation
Nebulised bronchodilators

Category 2 Medicines (Urgent)

Give within 30 to 60 minutes

Antimicrobials First **injectable** dose of antifungals, antivirals, antibiotics and antimalarials First **oral** dose of antimalarials First dose of antimicrobial for suspected sepsis
Anticoagulants, thrombolytics and antiplatelets Including dalteparin, unfractionated heparin, argatroban, danaparoid, fondaparinux, alteplase, antiplatelets for acute coronary syndrome (ACS) and during vascular stenting procedures, Direct Oral Anticoagulants (DOAC) including apixaban, rivaroxaban, dabigatran, edoxaban
Insulin
Anti-seizure medicines (including benzodiazepines) Note: anti-seizure medicines to treat status epilepticus are Category 1 (Lifesaving)
Medicines for Parkinson's Disease
Medicines for Myasthenia Gravis
Cardiovascular medicines Antiarrhythmics – intravenous and oral (if prescribed as a stat/once only/'give first dose now' dose) Intravenous diuretics and/or glyceryl trinitrate (GTN) Antihypertensives – intravenous and oral (if prescribed as a stat/once only/'give first dose now' dose)
Parenteral electrolyte replacement for symptomatic deficiencies Including potassium, magnesium, calcium and phosphate
Medicines for the management of acutely disturbed behaviour [medicines for Rapid Tranquilisation (RT)]

Category 3 Medicines

Give within 2 hours (or when dose is due if sooner)

Corticosteroids Alternative method of administration must be arranged if unable to take orally
Opioid Medicines Regular opioids for severe chronic pain (including oral, parenteral, transdermal)
Immunoglobulins When prescribed for any High Priority indication
Nasal, oral or parenteral desmopressin

When prescribed for Cranial Diabetes Insipidus (CDI), including CDI caused by disorders of the pituitary or hypothalamus
Ongoing doses of Category 1 or 2 TCM

Unable to administer

When prescribing a TCM, ensure that the route of administration is available. **Pharmacy** staff are able to provide advice about alternative routes of administration or other options.

Clear communication is required regarding what to do when a patient is unable to take medicines by the enteral route. See the Pre-operative and pre-procedural fasting for elective and urgent medical and surgical procedures policy for what to do prior to surgery.

Nurses must alert the clinical team where a TCM is unable to be administered

Documentation on ePMA

If a dose of medicine is unable to be administered at the time prescribed, the administration task may be rescheduled, recorded as "Not done," or the administration task may be left to go overdue. The appropriate action required may vary according to the situation.

Reschedule dose	Record "not done"	Leave task to go overdue
• A single dose or a whole dosing schedule may be adjusted (as described in Quick reference guide) e.g. insulin with meals	• If dose cannot be given • **Caution**: the prompt to administer will be removed • This can be unrecorded (Fig 1)	• If dose cannot be given at time prescribed • If not administered within 2 hours it will appear red as a visual prompt to remind staff the dose is still due

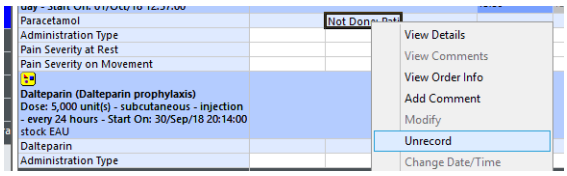

Figure 1. How to "Unrecord" doses that have been marked as "Not done" or "Not Given"

If you patient does not receive a TCM within the time frame

an incident report should be completed

This will aid learning and help improve our systems.

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Revised:
C.Leon; with input from the Delayed and Omitted Medicines Working Group October 2018. Poster for ward use in Appendix 2. and further update by Medicines Safety Team April 2023.

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Appendix 1: Information for nurses - How to obtain Time Critical Medicines

How to obtain a Time Critical Medicine

See the Time Critical Medicines MIL and intranet page for more information about which medicines are urgent

1. Check ward stock

The list of stock medicines kept on your ward is available via OUH Prescription Tracker.
Most commonly used medicines for your ward and essential medicines will be available as stock items.

2. Check with patient & other storage locations

If the medicine you need is not ward stock, consider whether it may be with the patient:

- Did the patient bring his/her own supply?
- Has it been ordered for this patient and stored in the POD locker?
- Is the medicine kept in the fridge or a CD cupboard?

3. Order from pharmacy

Weekdays 09:00 to 17:00	Weekends/Bank Holidays 09:00 to 17:00
Contact your ward pharmacist in person or by bleep	Contact ward pharmacist (if available) or local pharmacy dispensary and request on EPR

Out of Hours

17:00 to 19:00 – Bleep the on call pharmacist on 1884
19:00 to 08:00 (overnight) – Contact the on-call pharmacist on radio-page via switchboard.
08:00 to 09:00 – Bleep the morning pharmacist on 1884

Always let the pharmacy know that the medicine is urgent

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If it is likely that a dose of an urgent medicine is going to be delayed (e.g. not available, patient not swallowing), you **must** discuss with a doctor what action to take

Appendix 2: Ward Poster for Time Critical Medicines

Time Critical Medicines

Stat:

Say yes to "Give first dose now" or prescribe in the once only section of the drug chart

Say it:

Prescribers must communicate the urgency of the medicine to the nurse looking after the patient

Source it:

Nurses must ensure the medicine is sourced and administered within these time frames

Antidotes, Oxygen, Fluid resuscitation, Resuscitation medicines, Nebulised bronchodilators, anti-seizure medicines for status epilepticus

Administer immediately, medical emergency

1

2

Administer urgently within 30 to 60 minutes

3

Administer quickly within 2 hrs

Regular opioid analgesia, corticosteroids, desmopressin for Cranial Diabetes Insipidus, Continuing doses of medicines in Category 1 & 2

First or stat doses of:
Antimicrobials
Cardiovascular medicines
Anticoagulants thrombolytics & antiplatelets
Electrolyte replacement (for symptomatic deficiencies)

All doses of:
Anti-seizure medicines
Insulin
Medicines for Parkinson's disease
Medicines for Myasthenia Gravis
Direct oral anticoagulants
Medicines for Rapid Tranquilisation

Any other medicine deemed clinically urgent by the prescriber

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For more information contact mso.ouh@nhs.net or see the Time Critical Medicines Medicine Information Leaflet