

# **Standard Operating Procedure**

The operating procedure set out below must comply with the Data Quality Principles set out within Trust Data Quality Policy

Title:	Oxycodone administration round for enhanced recovery in elective orthopaedic areas		
Document	Internet / Intranet Only (delete as appropriate)		
Access:	<pre><further 7="" be="" detail="" in="" provided="" section="" to=""></further></pre>		
SOP Reference:	SOP-CLIN 4425/24		
Version:	<1.0>		
Upload Date:	01/08/2024		
Review Date:	August 2027		
Frequency of Review	<3 Yearly>		

		Date
Author	Haleema Hussain Clinical Pharmacist	09/05/2024
Reviewed by	Suzanne Smith Divisioinal Lead Pharmacist - Surgery Alison Brailey Chief Pharmacist and Accountable Officer for Controlled Drugs UHDB	14/05/2024
Mandatory BU's/Groups consulted (if applicable)	Trauma and Orthopaedic Quality and Risk Group	June 2024
Approved by	Surgical Divisional Quality and Risk Group (DQRG)	June 2024

#### Disclaimer:

This is a controlled document. Printed versions of this document will be classed as uncontrolled.

Please refer to Koha Policies and Guidelines Catalogue for the most recent version.

Version:

Review date:

Page 1 of 5

This is a controlled document. Please ensure that you are reading the current version. Printed copies are only valid on the day of printing.

## SOP Document Controls:

Version Number	Date	Author	Reason for Revision
1.0.0	1/8/24	Haleema Hussain	New

### Contents

- 1. Introduction
- 2. Purpose
- 3. Scope
- 4. Abbreviations and Definitions
- 5. Responsibilities
- 6. Procedure
- 7. Information Governance
- 8. References and Associated Documents
- 9. Appendices



#### 1. Introduction

Oxycodone modified release (Longtec) is prescribed as part of the enhanced recovery protocol for elective orthopaedic patients at UHDB. Administration of this medicine occurs twice a day and is usually undertaken at set times (e.g. 10am and 10pm). Due to the volume of patients that can be prescribed this medicine and the requirements for controlled drug documentation it is operationally challenging for nursing staff to undertake this for individual doses therefore administration is undertaken during a dedicated 'Oxycodone administration round' as documented in the following SOP.

#### 2. Purpose

The purpose of this SOP is to outline the process that must be followed when undertaking the Oxycodone administration round.

#### 3. Scope

This SOP is applicable only to those areas undertaking routine elective orthopaedic surgery at UHDB. At the point of writing these are ward 207 at Royal Derby Hospital and ward 801 at Queen's Hospital Burton.

#### 4. Abbreviations and Definitions

CD	Controlled drug
RGN	Registered Nurse
Keywords (examples)	Controlled Drug, Oxycodone, Orthopaedic,

#### 5. Responsibilities

Registered Practitioner (but not a Nursing Associate): Responsible for administration of controlled drugs in accordance with UHDB CD Policy.

Witness:

The witness provides a second independent check and should follow the principles for independent check as outlined in the Trust Medicines Policy

May be a registered practitioner or Nursing Associate who has completed additional training. MUST directly witness the preparation, administration AND disposal of any residual dose of all schedule 2 Controlled Drugs.



#### 6. Procedure

The administration of Oxycodone must be undertaken by TWO members of staff in accordance with the Controlled Drug Policy. The administration round should be completed separately from any other medication administration and staff undertaking the round must not be interrupted during this process.

- 1. Remove the oxycodone controlled drugs register from the controlled drugs cupboard
- 2. Ensure only **ONE** strength of oxycodone is removed from the controlled drugs cupboard at any time (*consider removing 10mg strength first as this aligns with the standard prescription for most individuals and then, if deemed necessary, return to obtain the 5mg strength*). Remove the entire quantity of the strength required.
- 3. Ensure the **initial** stock check is undertaken and documented in the oxycodone CD register by the same two registered nurses upon the removal of CDs from the CD cupboard.
  - a. Example: 'Initial stock check for ward round administration'
- 4. Controlled drugs must be placed in a designated blue tray throughout the administration round to prevent the loss of individual dose units.
- 5. **Do NOT leave controlled drugs unattended at any time.** Ensure all CDs removed from the CD cupboard are in constant supervision by <u>BOTH</u> members of staff undertaking the administration and checking responsibility.
- 6. After each administered dose, complete and document a balance check to confirm a total running balance as per standard CD policy.
- 7. Ensure the **Final** stock check is undertaken and documented in the oxycodone CD register by the same two registered nurses upon the return of CDs into the CD cupboard.
  - a. Example: 'Final stock check for ward round administration'
- 8. If necessary, repeat steps 3-7 for other strengths of Oxycodone
- 9. Discrepancies must be reported immediately to the designated practitioner in charge of the shift to be investigated.
- 10. In an emergency situation, the registered practitioner must return the CD register and ALL stock to the CD cupboard IMMEDIATELY. On returning to this activity a stock check <u>must</u> be completed prior to any administration and the full SOP restarted.

#### 7. Information Governance

Nil



## 8. References and Associated/Linked Documents

XXX/XXX/XXX	UHDB Trust Policy for Controlled Drugs Controlled Drugs - UHDB
	UHDB Medicines Policy Medicines Management (Medicines Codes) -
	Trust Policy and Procedure
	UHDB Scope of Practice for 2 <sup>nd</sup> checking of Controlled drugs by
	Registered Nursing Associates 2nd Checking of Controlled Drugs for
	Registered Nursing Associates

## 9. Appendices