

# Recommendations Re: Operating Suite Drug Policy

Victorian Consultative Council on Anaesthetic Mortality and Morbidity: October 2005

**Background:** The Victorian Consultative Council on Anaesthetic Mortality and Morbidity continues to receive reports concerning drug related errors. These are not only related to drugs drawn up and administered by Anaesthetists, but also include errors with drugs such as local anaesthetics, vasoconstrictors, contrast agents, topical agents for haemostasis, disinfection or other ancillary pharmaceuticals, which may be administered by surgeons, yet be prepared by other staff including operating room nurses. System errors have occurred where there has been no clear policy to guide operating room staff.

1. **Statement of Policy:** The supply, storage, distribution, administration and auditing of pharmaceuticals in the operating suite should be co-ordinated through an advisory group responsible to the Director of Anaesthesia in consultation with the Director of Pharmacy.

2. **Terms of Reference for Operating Suite Drug Policy Advisory Group**

## 2.1 Role

The role of the group should be to co-ordinate the supply, storage, distribution, administration and auditing of all pharmaceuticals used in the operating suite in order to ensure best practice for both patient safety and cost effectiveness.

## 2.2 Membership

The group should include:

- Director of Anaesthesia (or nominee)
- Director of Pharmacy (or nominee)
- Manager of Operating Suite - Nursing
- Manager of Operating Suite – Business
- A surgeon
- NUM of Anaesthesia (or nominee) or Technician
- Operating Room Nurse Representative
- Pharmacy Business Manager

## 2.3 Policy Development

The group should be responsible for the development of specific policies for all drugs administered in the operating room environment. Such policies are to include requirements for access and documentation of drugs of addiction, methods of documentation of administration of all drugs including the appropriate use of the anaesthesia record and the medication chart, and protocols for the preparation of drugs administered by surgical staff during operations. Specific guidelines would be required to ensure appropriate choice of drug, concentration, dosage, and should also take account of documented patient allergies.

Council recommends the above as a 'template' document to be modified as required for local hospital requirements. Included as an *example only*, (see attached), is a current hospital drug policy document.

## **Operating Suite Intra-Operative Drug Policy**

### **1. Policy statement**

This policy is to assist *all* staff members in the correct process for the administration of drugs.

A record must be kept of the drugs that are administered to the patient during the course of the surgical procedure.

Intra-operative drugs (excluding those administered by the anaesthetist) are widely used.

The administration of a wrong drug or an incorrect dose of drug may result in serious morbidity or mortality.

### **2. Persons Affected**

Operating Suite Staff

### **3. Definition of terms**

### **4. Responsibility**

**The Medical Practitioner** who administers any drug in the Operating Suite is responsible for checking that it is the correct drug and the correct dose prior to the drug administration.

By documenting intra-operative drugs on the 'Once Only Administration' section of the Medication Record, a record of drugs administered to a patient as part of the surgical procedure is maintained in the patient's history.

### **5. Criteria**

#### **Implementation**

- All intra-operative drugs to be administered during surgery (except those administered by the anaesthetist) are to be prescribed on the Medication Chart by a medical practitioner. Where possible this should be done before the Practitioner administers the drug.
- If a decision is made to use a drug after the commencement of surgery the anaesthetist or other appropriate medical personnel eg. Registrar/Resident should be requested to prescribe the drug.
- The Medical Prescription is to be written in the 'Once Only Administration' area on the Medication Chart by the surgeon, anaesthetist or an appropriate Medical Practitioner.
- A drug may only be drawn up by a Registered Nurse after consultation and checking by the Medical Practitioner who will be administering the drug.
- The types of drugs to be recorded may include but are not limited to: Heparin, Contrast Antibiotics (including Antibiotic Lavage), Botulism Toxin, Thrombin and all intra-ocular drugs.
- All syringes containing drugs on an instrument trolley must be labelled.
- Drugs that are potentially lethal when injected **MUST NEVER** be on an instrument trolley at the same time as drugs that are routinely injected intravenously eg. Heparin and Bupivacaine.
- Intra-operative local anaesthetic administered by the surgeon is to be recorded by the anaesthetist on the Anaesthetic Record. Nursing staff should check that this is completed.

### **6. Special provisions/reference documents (which may be referred to)**

### **7. Bibliography**