



# Medicine management Group work activity

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# Purpose of this session:

- Integrate learning and knowledge held by group members whilst considering clinical scenarios
- Utilise some resources that outline expectations of nurses for safe medicine management
- Reflect on examples from practice as you respond to the scenario your group is considering.


# Directions for activity:

- Agree who will report back from your group
- Read the scenario
- As a group, discuss the scenario using the resources provided on your table for reference or any others you can access
- Reflect on similar situations from practice
- Identify any questions you have about the scenario, or further issues it raises



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# Programme

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- 2.30pm activity is outlined to all
- 2.35pm groups to commence activity
- 2.50pm group work to finish,  
representatives to report back  
responses in turn to all  
identify questions to ask panel
- 3.30pm break for Afternoon tea

# Scenario 1

You are working in a busy hospital ward. Controlled Drugs (CDs) are being taken out of the drug cupboard by an RN colleague who is asked to assist a new RN with setting up for a procedure. The RN gives the CDs to the HCA and delegates to the HCA the administration of the CDs to the patient. You notice that not only did the HCA not check the medication she also went to give them without taking the patients drug chart with her.

What should have happened here?

What should you do?

# Scenario 2

A patient is being administered a ketamine infusion plus another IV narcotic. The IVTG policy requires the RN to have successfully completed both Patient Controlled Analgesia (PCA) and IV narcotic education to care for a patient on IV ketamine. No staff on your shift have completed this education. The ward manager, Acute Pain Service CNS and the medical team have told staff its ok for them to look after this patient having the IV ketamine and have directed them to do this. Staff on your ward are regularly being asked to disregard the policy when caring for patients prescribed IV narcotics

What are the issues here?

What would you do?



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# Scenario 3

At times a patient's condition may deteriorate resulting in death or other negative outcome. In the event of a death, what do you understand the coroner expects in relation to these three points?

- Paediatric doses
- IV or subcutaneous doses
- Controlled drugs



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# Scenario 4

You have seen other nurses administering medications before they have been prescribed. Your patient needs some extra pain relief. The doctor is not currently available to prescribe it and you are reluctant to call anyone else. You are not sure if you should give it without prescription like some of the other nurses do.

What should you do?



# Scenario 5

You are a RN working for a community visiting service. Some of the people receiving care are in their own homes and some are in residential care.

Your employer requires you to teach the HCAs to give insulin to their patient.

What are your responsibilities in this situation?



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# Scenario 6

You work in a facility where medication rounds are undertaken by suitably trained HCAs when there is not an RN available. During a medication round an HCA makes an error in medication administration. What are your responsibilities as the RN or EN in relation to this?

# Scenario 7

You are a RN working in a primary care GP practice. The doctor has asked you to insert an IV cannula and give IV fluids & medications in your general practice for a man who has sepsis from a spider bite. How would you manage this situation?

# Scenario 8

Your neighbour states they have a headache and asks your advice on what they can take.

As an RN you are able to give prescribed medications but what about helping people to self-manage or giving advice about over the counter medication?



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# Scenario 9

You are the RN completing the medication round in your wing of the hospital. You keep being interrupted by others (e.g. HCAs asking questions about residents' care, family members wanting to discuss their loved ones)

What are the risks of interruptions, and how could these risks be prevented?

# Scenario 10

Your community mental health services patient has been prescribed an antipsychotic medication (Clozapine) that has side effects including risk of constipation, and its administration is supervised. The patient is also prescribed medications to alleviate the side effects (stool softeners, etc.) however does not take those medications. The patient becomes constipated.

What steps might you take to address this?

# Scenario 11

You are the preceptor for a second year nursing student on clinical placement in your ward. The student nurse tells you she had a problem yesterday when the RN she was working with asked her to administer all the medications to her patients. When the student nurse asked the RN to second check the medications she was told everyone was too busy so she would have to do it without the second checker.

What would you advise the nurse to do?

What would you do?



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