

NHS GG&C Mental Health Services Safer Use of Medicines

Administration and Recording of Medication Given Out With Prescribed Times

This document provides advice for nursing staff to help manage situations where patients initially refuse medication but subsequently agree to take it.

The introduction of HEPMA which replaces the paper prescription sheet changes the original advice and the document has been updated to reflect that.

HEPMA process

If a medication is marked as non-administered in HEPMA you cannot go back and administer at a later time.

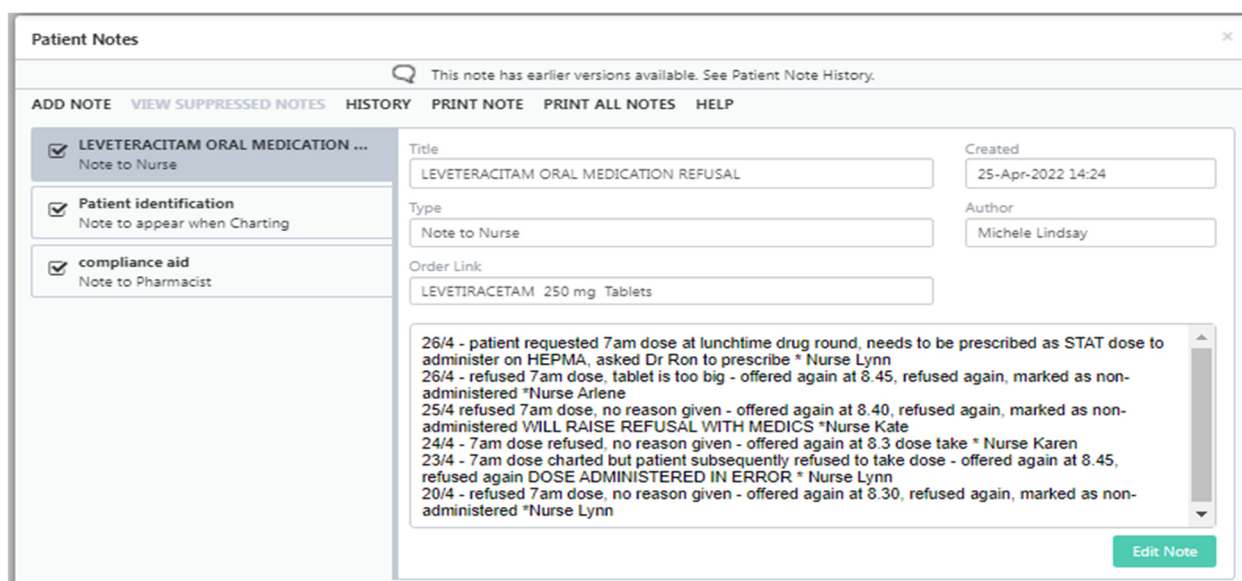
If a patient refuses a dose of medication and you intend to offer at a later point, **do not chart as non-administered in HEPMA**. The Patient Notes function can be used to record refused doses, with information noted for other staff to use if needed - examples of how the Notes can be used below.

Options for future offered doses are as follows:

If a second offer of medication is refused, mark as non-administered at this point; but if patient decides later they do wish to take the dose it will need to be re-prescribed as a STAT dose.

To manage the recording of refusal information you can use the Order Notes function. Add an Order Note titled '**DRUG NAME REFUSED MEDICATION**' when needed linked to the specific medication. Use the same order note to record all dose refusals and related information. As any amendments to the notes then are marked with the last users' name, each addition should have the nurse's name added to easily refer to if needed, rather than having to scan the previous versions to see who added the earlier comments.

How Patient Notes can look:



The screenshot shows the 'Patient Notes' window. At the top, it says 'This note has earlier versions available. See Patient Note History.' Below this are tabs: 'ADD NOTE', 'VIEW SUPPRESSED NOTES', 'HISTORY', 'PRINT NOTE', 'PRINT ALL NOTES', and 'HELP'. On the left, there are three checkboxes: 'LEVETIRACETAM ORAL MEDICATION ... Note to Nurse' (checked), 'Patient identification Note to appear when Charting' (checked), and 'compliance aid Note to Pharmacist' (checked). The main area contains a form with the following fields: 'Title' (LEVETIRACETAM ORAL MEDICATION REFUSAL), 'Created' (25-Apr-2022 14:24), 'Type' (Note to Nurse), 'Author' (Michele Lindsay), and 'Order Link' (LEVETIRACETAM 250 mg Tablets). Below these fields is a large text area containing a detailed history of the medication refusal, including dates, times, and the names of the staff involved. At the bottom right of the text area is an 'Edit Note' button.

How Patient Notes history will be recorded:

Patient Notes - History ×

Communication zone

[VIEW SUPPRESSED NOTES](#) [HELP](#)

LEVETERACITAM ORAL MEDICATION R...
Note to Nurse

PATIENT MEDICATION REFUSAL
Note to Nurse

PATIENT MEDICATION REFUSAL
Note to Nurse

PATIENT MEDICATION REFUSAL
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Note to Nurse

PATIENT MEDICATION REFUSAL
Note to Nurse

PATIENT MEDICATION REFUSAL
Note to Nurse

PATIENT MEDICATION REFUSAL
Note to Nurse

Title
LEVETERACITAM ORAL MEDICATION REFUSAL

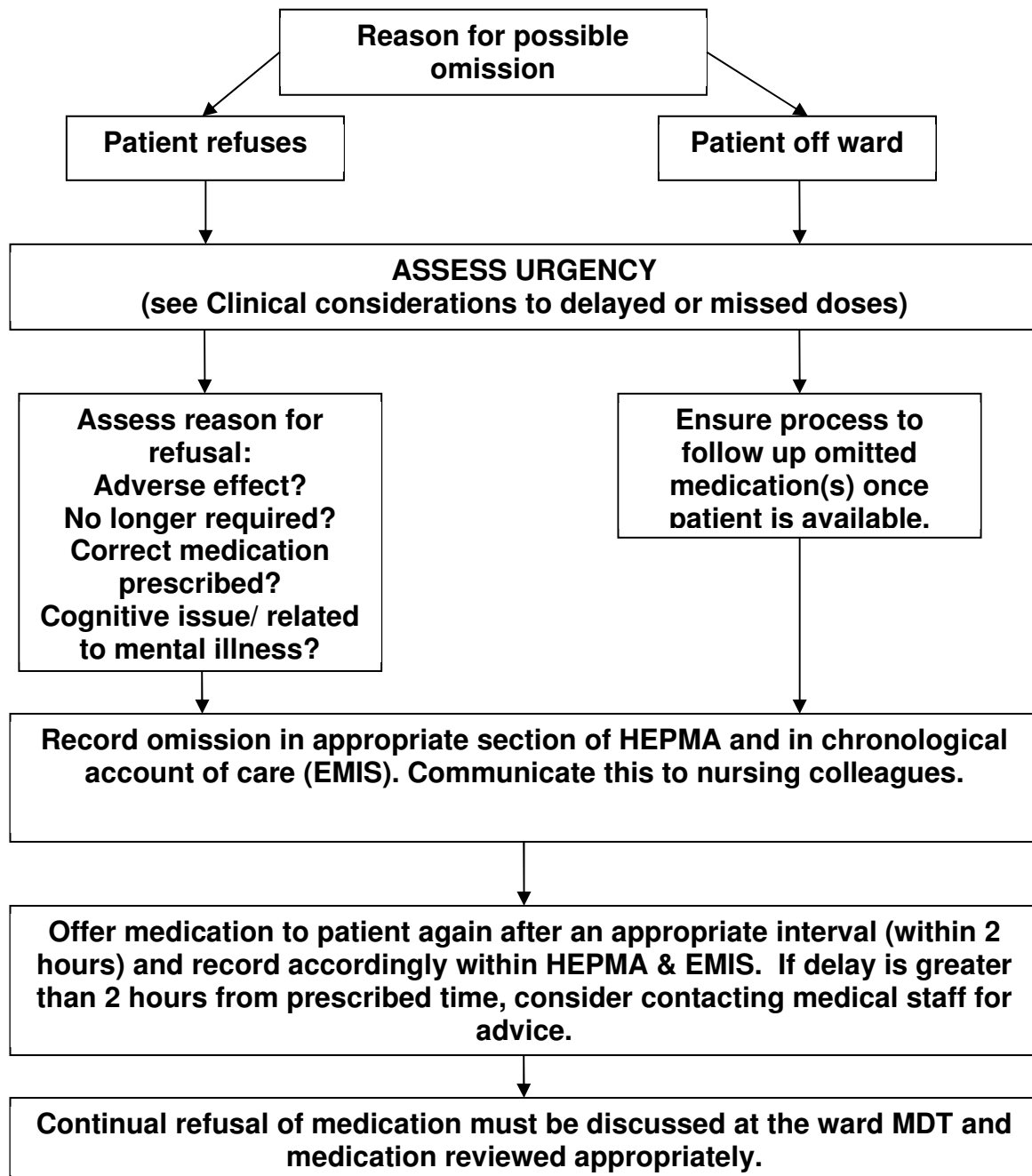
Created
25-Apr-2022 14:24

Type
Note to Nurse

Author
Michele Lindsay

26/4 - patient requested 7am dose at lunchtime drug round, needs to be prescribed as STAT dose to administer on HEPMA, asked Dr Ron to prescribe * Nurse Lynn
26/4 - refused 7am dose, tablet is too big - offered again at 8.45, refused again, marked as non-administered *Nurse Arlene
25/4 refused 7am dose, no reason given - offered again at 8.40, refused again, marked as non-administered WILL RAISE REFUSAL WITH MEDICS *Nurse Kate
24/4 - 7am dose refused, no reason given - offered again at 8.3 dose take * Nurse Karen
23/4 - 7am dose charted but patient subsequently refused to take dose - offered again at 8.45, refused again DOSE ADMINISTERED IN ERROR * Nurse Lynn
20/4 - refused 7am dose, no reason given - offered again at 8.30, refused again, marked as non-administered *Nurse Lynn

The flowchart and notes on pages 3 & 4 provide advice on the process to follow and factors to consider



Clinical considerations to delayed or missed doses

1. The following medications should always be given within 2 hours of prescribed time (this list is not exhaustive, but includes medications more likely to be prescribed within mental health settings)
 - Regular opiate analgesics
 - Parenteral doses of insulin
 - Regular Parkinson's medicines should be given as close to the usual prescribed time as possible, a delay of greater than 30 minutes can result in a significant worsening of symptoms.

2. If the delayed medication is due to be administered at the next scheduled medicine round, nursing staff must seek medical advice to ensure an appropriate dosage interval is maintained (and whether it would be appropriate to withhold completely).
3. If the delayed medication includes paracetamol containing products, the minimum dosage interval is 4 hours, therefore where there has been deviation from the original prescribed administration time, it will be necessary to withhold or delay the next scheduled dose.
4. With medication that is to be administered only once per day, there is likely to be more leeway with regards to administering this later in the day. Contact medical staff for advice.
5. If a delayed dose has to be re-prescribed use the 'stat dose' function within HEPMA.

Every patient/clinical situation is different. Consider the risk to patient of delayed/missed doses e.g. treatment failure, withdrawal effects, etc. Contact medical/pharmacy staff for advice about delayed or missed medications.

References:

1. Prevention of Missed Doses. Safer Use of Medicines of Area Drug and Therapeutics Committee. NHS GG&C. March 2012

Mental Health Services Safer Use of Medicines Group

Approved by PMG(MH) October 2025
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