

Regional template for a Long Stay In-patient Medicine Prescription and Administration Record ('kardex')

Regional templates for an in-patient medicine prescription and administration record (frequently referred to as a 'kardex') were distributed to HPSS in 2006. It was acknowledged that the focus for the templates was acute care. A number of Trusts, while welcoming the templates, have requested that a template be developed for use in facilities where the length of stay was longer than acute care facilities.

A regional template for a Long Stay In-patient Medicine Prescription and Administration Record ('kardex') has been developed following extensive consultation with staff in longer stay facilities, where it is anticipated that the template will be used. The contribution of staff members on drafts of the template has been invaluable.

Many of the explanatory notes for the In-patient Medicines Prescription and Administration Record ('kardex') developed for acute care also apply to the long stay template. Additional notes are also provided where appropriate to support use of the long stay template.

The design of the long stay template followed the design used in the acute care templates, where the prescription and administration record are located alongside each other. This is a design favoured in England, Scotland and for the All-Wales prescription. Medication incident reporting and feedback from users indicated a number of problems with the format previously used in Northern Ireland:

- Documentation of administration may occur on the reverse of the prescription chart or on a separate sheet. As a result:
 - Allergy status may not be checked prior to each medicine administration.
 - Medical staff may not check for omitted doses of medication where treatment appears ineffective.
 - Separate sheets have gone missing.
- 'Kardexes' may not have a dedicated space to record patients' weight.
- Fixed administration times do not accommodate all specialities e.g. paediatrics. 'Other times' sections become overcrowded and duplicate administration may occur where documentation is unclear.
- Where medicine administration is recorded using assigned letters or numbers, spaces can become overcrowded, letters may be indistinguishable from nurses' signatures, numbers may be difficult to decipher (e.g. 1,7,11) and thus documentation is not easily audited.
- The administration record of medicines prescribed on an 'as required' basis does not easily allow identification of the last administered dose.

- Some 'kardexes' do not easily accommodate medicines prescribed on a weekly basis or patches that require to be changed every three days.
- If a medicine is to be withheld for a few doses, it can be difficult to highlight this and verbal communication has proven unreliable in such circumstances.
- 'Kardexes' may not be rewritten for indefinite periods. Such 'kardexes' can be soiled with spillages and become ambiguous due to numerous cancellations. There is also a concern that they may not be regularly reviewed.

These are being offered to HPSS Trusts for local approval and implementation to:

- facilitate safer prescribing and administration through standardisation. Healthcare professionals frequently rotate through or work in several of the region's hospitals; and
- facilitate training of appropriate healthcare professionals at undergraduate level.

Style

The long stay 'kardex' template has been formatted as an A4 booklet. It is valid for a period of eight weeks from the date of commencement. This was the maximum duration that could be achieved with this design that still ensured it is viable for commercial printing and promotes legibility and clarity of the administration record. There a small number of printer specific specifications, for example on hole punching, that are not possible to illustrate on the template.

The long stay 'kardex' template incorporates the essential components listed below; however, Trusts may wish to include some of the optional components following local consultation.

Essential components

- Name of H&SC Trust and logo
- Name of hospital
- Date of admission
- Ward
- Consultant
- Weight (kg)
- Height (cm)
- Allergy box that complies with the regional 'Policy for the documentation of allergy status' should appear on the front cover. A printed reminder to check for allergies/ sensitivities should appear on each internal page of the Kardex.
- Space for patient details (name, hospital number, date of birth) written in capital letters or addressograph. This should be visible on the front and back covers and

on at least one internal page in each plane of vision so that users do not have to refer to the front cover to verify the patient's identification.

- Space to record the number of medicine prescription and administration records in use e.g. 1 of 2.
- Requirements for prescribing and administration (key points from Use and Control of Medicines, February 2008).
- Once only medicines on the first internal page. This should include administration under Patient Group Directions (PGDs). This section may be reduced in length in order to incorporate an optional section for the prescription and administration of depot injections.
- Codes for the non-administration of medicines. An additional code has been included to indicate non-administration for a leave period.

Codes for recording omitted doses	
(N) = nil by mouth	(V) = vomiting
(R) = patient refused	(D) = drug not available
(P) = patient not available	(DR) = prescribed omission
(S) = unable to swallow	(L) = leave period
(O) = other	

As required prescriptions

- In contrast to acute templates, as required medicines appear before regular medicines. This is to ensure that these medicines are not overlooked and to maximise use of space in the layout.
- Documentation of administration occurs alongside the medicine prescription in chronological order. This will include the date, time, dose and route of administration.
- Medicine name
- Dose
- Route
- Maximum frequency
- Space to note special instructions/ directions/ indication.
- Date medicine is commenced and who by. Prescribers should be encouraged to provide a contact/ bleep number to facilitate enquiries and an audit trail. Trusts may have other preferred methods of identifying prescribers, for example, maintaining records of authorised signatures.
- Date medicine is discontinued and who by. Prescribers should be encouraged to provide a contact/ bleep number to facilitate enquiries and an audit trail. Trusts may have other preferred methods of identifying prescribers, for example, maintaining records of authorised signatures.
- This section does allow for more than one route to be prescribed within the same prescription where the dose is the same for different routes since the actual dose and route administered are recorded in the administration record. However some Trusts may decide that only one route may be prescribed within one prescription

in which case, this should be stated in the requirements for prescribing and administration on the first page.

Regular prescriptions

- In contrast to acute templates, there is one section for regular medicines rather than having a separate section for regular injectable medicines. This is to maximise use of space in the layout since it is expected that the majority of medicines will be non-injectable for patients where the template will be used.
- Only one route of administration may be prescribed in each prescription as the regular section does not permit recording of the route administered. Where the route of administration is changed, the prescription should be rewritten.
- Trusts may wish to consider measures to ensure the route of administration for injectable medicines is highlighted, for example by circling this route.
- Documentation of administration occurs alongside the medicine prescription.
- Times of medicine administration. Following consultation, four pre-printed times have been included. Trust may determine other pre-printed times are more appropriate. Since flexibility may be desired for times of medicine administration other than the pre-printed times, blank fields are included for prescribers to insert appropriate times for the clinical environment.
- Medicine name
- Dose
- Route
- Date medicine is commenced and who by. Prescribers should be encouraged to provide a contact/ bleep number to facilitate enquiries and an audit trail. Trusts may have other preferred methods of identifying prescribers, for example, maintaining records of authorised signatures.
- Date medicine is discontinued and who by. Prescribers should be encouraged to provide a contact/ bleep number to facilitate enquiries and an audit trail. Trusts may have other preferred methods of identifying prescribers, for example, maintaining records of authorised signatures.
- Space for pharmacy staff to record information.
- Space to note special instructions/ directions.

Optional components

- Body Mass Index (BMI).
- Diet.
- Space for photograph.
- Abbreviations for routes of administration and frequency.
- Patient factors e.g. diabetes, pregnancy, renal failure.
- Space for additional notes or special instructions.
- Space to record the use of additional or supplementary charts. Trusts should consider the action required once these charts are no longer required for the named patient.

- Date that the medicine prescription and administration record is rewritten.
- Depot injection prescription. The template has been prepared with a depot injection prescription included on one page of the 'As required' prescription to illustrate the design and layout. If a depot injection prescription is not required, it can be removed and an 'As required' template prescription used.
- Variable dose prescription.
- Space to record reasons for omitted doses of medicines. Trusts may alternatively wish to record reasons for other omitted doses and prescribed omission in medical/ nursing notes.

Printer specific specifications

There are a number of details that are not possible to illustrate using available software on the regional templates and that must be included in specifications to a printer:

- Each page must be hole punched and formatted to allow sufficient margin space for hole punching on the left hand side of the kardex.
- Regular medicines section should have horizontal arrows across the spine of each A3 page to aid 'read across' to the corresponding rows on the right hand page.
- Shading on vertical columns should be sufficiently deep to allow differentiation between columns but should not be of a depth that would hinder the content being read.

Training

Trusts should establish a multidisciplinary group to customise the regional template where necessary. Members should consider how relevant healthcare professionals will receive training on the new design so that medication incidents due to the transition can be avoided. Trusts will also need to discuss how the new design will be safely introduced or phased into widespread use. PowerPoint training presentations for the template have been developed to assist with education. One presentation has been developed for use in psychiatry and one for use in elderly care as the main areas of practice where it is anticipated that the templates will be used. These have tips for safe prescribing and administration practice relevant to those areas of practice that may be usefully included in relevant staff induction programmes, which can be modified to incorporate trust specific information.

The regional template and training presentations are available in an electronic format from your Medicines Governance pharmacist.