Direction to Administer (DA) Guidance

Background

For a prescription only medicine (POM) to be administered, it must have been prescribed and a legal supply made.

A direction to administer is a written instruction from a registered prescriber that indicates the intent (for a medicine that has already been legally supplied) that it can be administered to an individual by a suitably trained and competent person.[1]

Legal mechanisms to supply and administer medicines to individuals must be included in the employing organisation's overall clinical governance framework. The employing organisations have a legal duty of care and are responsible for ensuring a Medicines Policy that covers these activities is in place, as well as training to undertake these responsibilities.

The governance frameworks for our community nursing providers require that a written direction to administer, with the agreed electronic or physical signature of a prescriber, is in place to authorise their staff to administer all types of medication.

In Nottingham and Nottinghamshire ICS: Primary Care

A direction to administer is required (and must be visible to the healthcare professional who will administer the medicines) when the prescriber is instructing another health care professional to administer prescribed medication. If there is any change to a dose a new DA form is required.

The documents listed below have been agreed for use by community nursing teams in Citycare and Nottinghamshire Healthcare NHS Trust to act as a direction to administer medicines:

A red drug is a medicine that is only prescribed by specialists (not GPs) and available from hospitals. Please see formulary for the classification.

Type of Direction to administer form	**Purpose / used for**	**Validity**
Hospital discharge letter or summary/ **TTO** list	Only for patients recently discharged from hospital using the supply of medicines from/ made by the hospital	Valid for a maximum of 14 days, or until supply runs out (whichever is shortest), except for red drugs, which can be administered against the discharge summary for the full duration of the supply made at discharge. If the TTO contains more than one medicine for administration, it will expire once the supply of any one of these medicines is used up, if the intention is for that medicine to be

		continued. New DAs will be required for all the medicines for administration after this point, except for Red Drugs. Red drugs - The TTO remains valid for the entire duration of supply of a red drug, even if other medicines on the same TTO have required a new DA. If the dose of a red drug changes before the supply runs out, a new DA is required from the prescribing service of the red drug detailing the new dosing directions. If a TTO modifies a pre-existing direction to administer, but no supply is made, the TTO should be followed as instructed. e.g. restart methotrexate subcutaneous injections on the second Thursday after discharge
DA (NUH outpatients)	For patients who have attended an outpatient clinic where a new medicine has been supplied, or there is a change of dose for an existing medicine.	Valid until the medicines supplied run out, unless a shorter duration is specified. If the DA is for a change of dose to a medicine prescribed by a GP, the DA will last 14 days.
DA- AM	For sub cut palliative care medicines / anticipatory medicines	If in use, the continuing clinical appropriateness of the prescribed medicines and doses on the form should be confirmed verbally or via a task with a prescriber each month. This conversation should be documented in the patient's clinical record on SystmOne (S1) or within the journal if the GP is not on S1 (i.e. EMIS) to avoid delay. *If the medication is not currently in use, the DA form should be reviewed by the GP or prescriber every three months to ensure the medication and doses are still clinically appropriate. This can be confirmed verbally or via a task with a prescriber as well. This conversation should be documented in the patient's clinical record on SystmOne (S1) or within the journal if the GP is not on S1 (i.e. EMIS)

DA- SD	Syringe driver	As indicated by prescriber
DA- Vitamin B12		One year
DA	Any medicine that requires administration, if not accounted for by use of the other DA forms listed above.	Valid for 6 months for medicines administered at intervals of less than 3 months e.g. insulin Valid for 12 months for regular long term regular injectable medicines administered at intervals of three months or more.

Why is a DA form needed when a current prescription exists?

It is good practice for a written instruction to be in place to ensure medicines are administered safely. A direction to administer should include:

- the individual's details.
- medication details (e.g., name, strength, dose, frequency, duration)

A prescription is an authorisation against which a supply of medication is made (usually by a pharmacist). It can also be used as a direction to administer a medication to an individual. However, a written instruction is particularly important, where the prescription directions may not specify dose and frequency e.g., insulin, medication administered via a syringe driver or where the dose may have changed since the prescription was written.

1. Medicine administration by registered and non-registered staff – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice