

High-alert medicines

Standard operating procedure (SOP) | HOS-SOP-006

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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Replaces	None (new document)
Standards and criteria supported	System S1 (Hospital), criterion S1.6
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Use the hospital list of high-alert medicines.
2. Every high-alert dose has an independent second check.
3. Keep concentrated electrolytes and insulin apart from general stock.
4. Label concentrated electrolytes as high-alert on every ward.

Stop and get help straight away if: a high-alert dose is given without a second check.

1. Purpose

To prevent serious harm from medicines that carry a high risk when wrong (S1.6).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
High-alert medicine	A medicine that can cause serious harm when given in error, from the hospital list
Second check	An independent check of the dose, the drug and the patient by a second trained person

4. Background and rationale

High-alert medicines cause serious harm when given wrongly. An extra independent check and separate storage prevent the most common errors.

5. Responsibilities

Role	Duties in this SOP	Competence needed
Prescriber	Writes the dose clearly	Doctor
Nurse giving the dose	Asks for the second check; gives the dose	Trained
Second checker	Checks independently and records the check	Trained

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Hospital high-alert list	Current	Displayed on each ward
Separate storage for concentrated electrolytes and insulin	In place	Checked on the ward

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Identify.	Check the medicine against the high-alert list.	If it is on the list, the second check applies.
2	Second check.	- A second trained person checks the drug, the dose, the route and the patient. - Both sign on the record.	The second check is independent, not a glance.
3	Give and record.	- Give the dose. - Record the check and the time.	No record, no check.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
High-alert doses with second check recorded	100%	Monthly	Chief pharmacist	Escalate to chief executive
Separate storage in place	100%	Monthly	Ward pharmacist	Escalate to chief pharmacist

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
HOS-FRM-005	High-alert second-check record	Record of each check
HOS-POL-001	Medicines management policy	Policy

16. Evidence

ID	Source and status
E-007	WHO Nine patient safety solutions (2007).
E-009	Hospital list to be set by the pharmacy and therapeutics committee.
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval