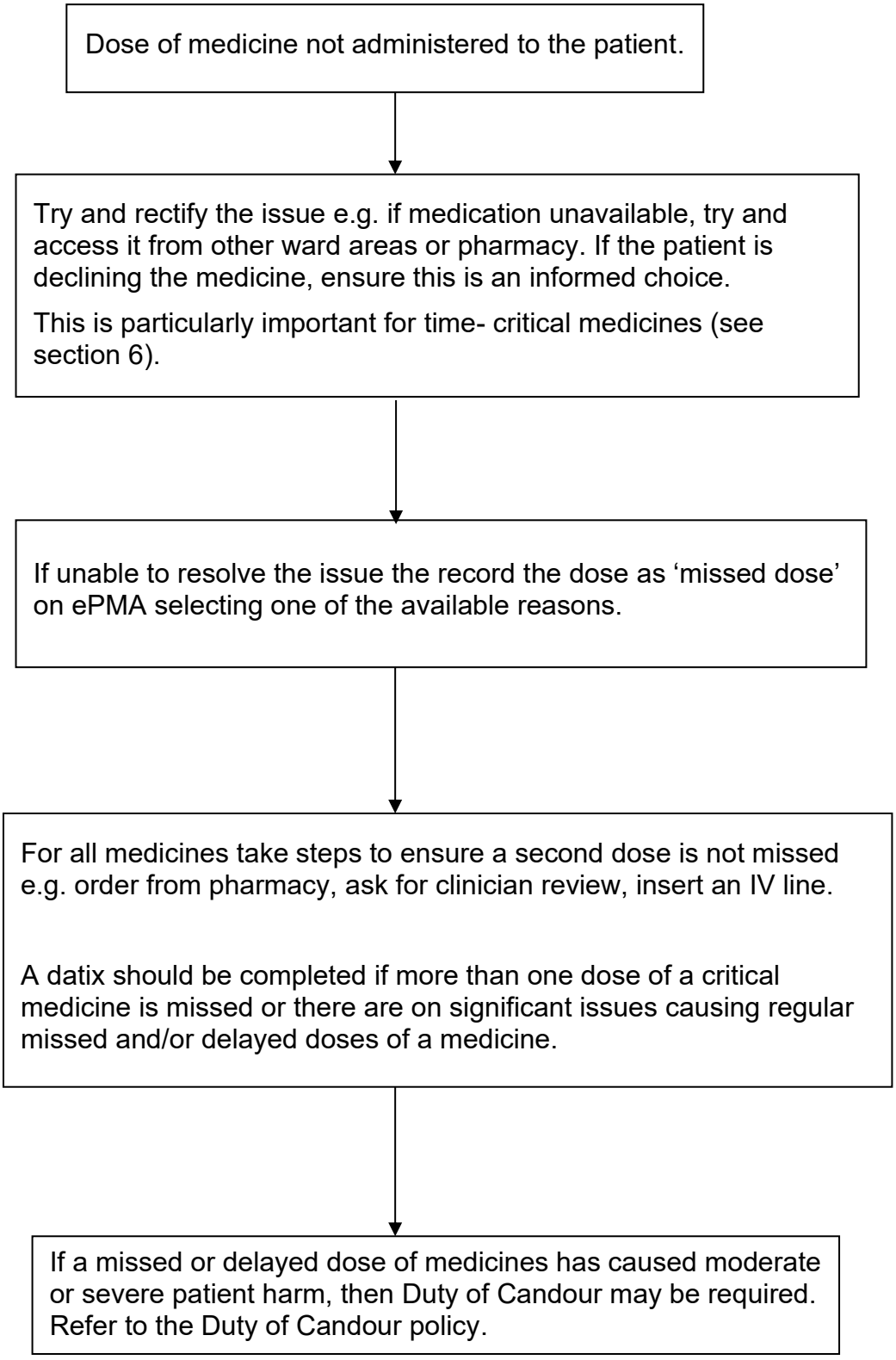
Royal Cornwall Hospitals
NHS Trust

Delayed and Omitted Doses of Medicines Procedure

V5.0

September 2025

Summary.


Dose of medicine not administered to the patient.
Try and rectify the issue e.g. if medication unavailable, try and access it from other ward areas or pharmacy. If the patient is declining the medicine, ensure this is an informed choice.
This is particularly important for time- critical medicines (see section 6).
If unable to resolve the issue the record the dose as 'missed dose' on ePMA selecting one of the available reasons.
For all medicines take steps to ensure a second dose is not missed e.g. order from pharmacy, ask for clinician review, insert an IV line.
A datix should be completed if more than one dose of a critical medicine is missed or there are on significant issues causing regular missed and/or delayed doses of a medicine.
If a missed or delayed dose of medicines has caused moderate or severe patient harm, then Duty of Candour may be required. Refer to the Duty of Candour policy.

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. Delayed and omitted doses of medicines pose a threat to the wellbeing of patients and should be avoided wherever possible. The NPSA published the alert 'Reducing the harm from delayed and omitted medicines in hospital' (NPSA/2010/RRR009) in February 2010 and implementation of this procedure forms part of the Trusts' response. This procedure is developed on behalf of the Medication Practice committee.

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. To ensure that missed and delayed doses of medication are accurately recorded in the clinical record.

2.2. Clearly state the expected response to a missed or delayed dose of medicine and appropriate escalation and duty of candour.

3. Scope

This procedure applies to all healthcare staff involved in the prescribing, supply and administration of medicines to patients at the Royal Cornwall Hospitals NHS Trust.

4. Definitions / Glossary

4.1. A 'Missed Dose' is a dose of scheduled dose of a medication that a patient does not receive.

4.2. A delayed dose is a dose of a medication given in excess of two hours of the scheduled time. However, for time-critical medicines e.g. Parkinsons medicines and insulin, a 'delayed dose' can be a matter of minutes.

4.3. Time-critical medicines are those where the missing of a single dose could have significant patient safety consequences.

5. Ownership and Responsibilities

5.1. Role of the Managers

5.1.1. Line managers are responsible for:

- Ensuring that all staff administering medicines comply with this policy.
- Keeping staff informed about their practice with respect to Delayed and Omitted Doses of medicines.
- Ensure Duty of Candour is undertaken where moderate or severe harm has taken place.

5.2. Role of the Medicines Practice Committee

5.2.1. The Medicines Practice Committee is responsible for:

- Approving and updating this policy.
- Mandating changes to practice as a result of the implementation of this policy.

5.3. Role of Individual Staff

5.3.1. All staff members are responsible for:

- Recording Delayed and Omitted Doses of medicines in accordance with this policy.
- Reporting Patient safety Incidents in accordance with this policy.
- Undertaking Duty of Candour where appropriate.

6. Standards and Practice

6.1. The following sections describe the actions to be taken where doses of medicines are delayed or omitted.

6.2. The following reasons for non-administration of a medication should be entered into the Wellsky electronic prescribing and medicines administration (ePMA) system when a dose is not given. Use of some codes requires staff to take certain actions – see below

Reason	**Reason**
Administration unknown	Patient absent
Alternative route used	Patient asleep
Contraindicated patient factors	Patient declined dose
Dose given on paper chart	Patient on short term leave
Drug awaiting medical review	Route unavailable/no access (e.g. IV access/NG tube unavailable, swallowing difficulties)
Drug discontinued	Self administered (See Guidelines for Patient Self Administration of Medicines)
Medication unavailable	Transferred patient

Reason	Reason
Not charted prior to discharge	Unsuitable allergy/intolerance
Not required- in recovery	Part dose administered (see notes)
Order suspended	Patient “Nil by Mouth” (e.g. before surgery)
Other reason (record in notes)	

6.3. When the Trust moves over to the Cerner/ Millenium EPR in 2026, the missed dose options will change to:

- Clinical reason.
- Medication free interval.
- Medication unavailable.
- Nil by mouth.
- Patient refused.
- Patient unable to tolerate medication.
- Patient unavailable.
- Prescriber request.
- Route unavailable.
- Drug awaiting medical review.

6.4. Cerner/Millenium also has 'not done' reasons, which are more generic for 'tasks' but can also be applied to medicines, so they are not duplicated in the medicines-specific non-administration reasons:

- Charted at Incorrect Time.
- Charted on Incorrect Order.
- Charted on Incorrect Patient.
- Equipment/Supplies Unavailable.
- Family Refused.
- Not Appropriate at this Time.
- Parent/Guardian Refused.
- Patient Expired.

- Patient Out on Pass.
- Patient Refused.
- Patient Sleeping.
- Schedule Conflict.
- Task Duplication.
- Task Rescheduled.
- Administration Unknown.
- Patient Unavailable.

6.5. During times of business continuity for ePMA, when the Trust reverts to paper drug charts, the missed dose codes are stated on the drug chart and should be followed.

Delayed and omitted doses - See procedure for actions required					
1=Patient declined dose	3=Self administered	6=Patient absent	8=Route unavailable / no appropriate access	10=Patient asleep	12=Drug awaiting medical review
2=Medication unavailable	4=Contraindicated due to patient factors	7=Patient 'Nil by mouth'	9=Dose given >2hrs after prescribed	11=Drug unsuitable due to allergy or intolerance or allergy status unknown	13=Other reason (record on back page)

6.6. Time-Critical Medicines

6.6.1. Any medicines in the groups outlined in the table below are considered time-critical medicines and their omission or delay should be considered to be serious and be avoided where it is possible.

6.6.2. A useful acronym as a memory aid for staff is shown below and is part of a number of resources provided by the Parkinson's UK charity. [Time critical medication and Get It On Time campaign resources | Parkinson's UK]

Not sure if your medication is time critical?

It may be if you have a condition or are on a medication mentioned below:

Movement disorders - Parkinson's/myasthenia medication
Immunomodulators including HIV medicines
Sugar - diabetes medication
Steroids - Addison's and adrenal insufficiency
Epilepsy - anticonvulsants
Direct oral anticoagulants (DOACs) and warfarin

Drug Name or Class	Rationale For Inclusion
Systemic anti-infective (all routes) including: • Antibiotics. • Antifungal. • Antivirals. • Antimalarial.	Potential worsening of systemic infection and deterioration of condition.
Emergency/Resus medication: • Glucose/glucagon. • Naloxone. • Flumazenil. • IV Acetylcysteine. • Anaphylaxis treatment. • Resuscitation medication. • Plasma expanders (colliods/crystalloids).	Failure to treat medical emergencies with risk of patient harm.
Strong opiates (po/transdermal/injectable): • For the management of severe chronic pain. • For the management of post-operative pain.	Loss of pain control/Increased need for intermittent analgesic doses. Patient experiences avoidable pain.
Anticoagulants - therapeutic • Treatment dose heparin/LMWH. • Oral anticoagulants (unless suspended intentionally).	Loss of pain control/Increased need for intermittent analgesic doses. Patient experiences avoidable pain.
Anticoagulants – therapeutic: • Treatment dose heparin/LMWH. • Oral anticoagulants (unless suspended intentionally).	Progression of thrombus and risk of serious embolic episode (stroke/PE).
Anticoagulants - thromboprophylaxis	Risk of thrombus and serious embolic episode.
Antiepileptic agents	Loss of seizure control.
Anti-Parkinsonian agents	Loss of symptom control. ‘Get it on time’ campaign.
Antiplatelets and thrombolytics for acute coronary events/acute stroke	Increased risk of poor outcomes following MI/stroke. Risk of re-stenosis in patients undergoing PCI.

Drug Name or Class	Rationale For Inclusion
Benzodiazepines and parenteral vitamins for the management of acute alcohol withdrawal syndromes	Potentially fatal delirium tremens and or life-long brain damage (Wernickie-Korsakoff syndrome).
Beta-blockers perioperatively	May cause tachyarrhythmias.
Blood- GSCF	Prolonged neutropenia with life threatening sepsis.
Bronchodilators: Nebulised salbutamol	In life threatening acute asthma.
Calcium resonium, glucose/insulin	Emergency treatment of symptomatic hyperkalaemia.
Chemotherapy, including adjunctive therapies	Delay in treatment and disruption of chemotherapy regimen scheduling. Treatment failure.
Clozapine - antipsychotic used in treatment resistant schizophrenia	Rebound psychosis can be sudden and set the individual back by years, missing 48 hours necessitates a re-titration taking 1-2 months.
Corticosteroids	Treatment failure in acute conditions. Risk of Addisonian crisis in steroid dependency.
Desmopressin - all routes for diabetes insipidus	Life threatening dehydration/hypernatraemia[2].
Insulin	Poor glycaemic control and potential for symptomatic hyperglycaemia.
Oral hypoglycaemic agents	Poor glycaemic control and potential for symptomatic hyperglycaemia.
IV Proton Pump Inhibitors for patients with GI bleed	Increased likelihood of poor outcome for patient.
Parenteral electrolyte replacement (including potassium, calcium, magnesium, phosphate) for the urgent treatment of symptomatic deficiencies	Deterioration in clinical condition.

Drug Name or Class	Rationale For Inclusion
Immunosuppressants	Increased likelihood of disease flair or transplant rejection.
Myasthenia Gravis- anticholinesterases and stimulators	Increased risk of severe harm to patient.

6.7. Actions to take when dose omitted

6.7.1. Certain reasons for omitting doses require actions to be taken.

Reason	Action
Patient declined dose	Identify any patterns in refusal and ensure the patient is fully informed of the potential risks of declining the medicine. Refer to the prescriber/ team caring for the patient for their awareness and so alternatives can be considered. Discuss with the patient alternative routes/ formulations or drug choice. Where anticoagulants for thromboprophylaxis are declined, ensure the patient is fully informed of the risk and check that TED stockings are prescribed.
Medication unavailable	Attempt to obtain medicine. Identify if the medication is available from ward stock. If not: 1. Identify if patient has brought a suitable supply in with them. If not: 2. Order medication from pharmacy during pharmacy opening hours. Mark the request as urgent. 3. When the pharmacy is closed attempt to obtain medicines from other ward or the emergency cupboard (using the KWARD function on the Wellsky system to search for other areas that stock the drug- refer to the Accessing Medicines chapter of the Medicines Policy on the Documents Library). If it is a controlled drug, follow the procedure for borrowing controlled drugs. 4. If a “Time-Critical medicine” is not available during times when the pharmacy is closed the on-call pharmacist should be contacted via the site-coordination team.
Self administered	Ensure self administration is in line with the Guidelines on Self Administration of Medication.
Contraindicated due to patient factors	This might occur in situations e.g. antihypertensive medication contraindicated when a patient’s BP is low. Monitor patient’s condition and give medicines when patient’s condition allows.

Reason	Action
	Refer to Prescriber to review the patient's medication regimen if situation persists.
Patient absent	Ascertain reason (e.g. off ward for investigations or of own free will). Remind patient of drug round times and ask them to be present if appropriate. Give medications when patient returns to ward if appropriate.
Patient "Nil by Mouth" (e.g. being starved before surgery)	Refer to prescriber and/or pharmacist for advice. Refer to the pre-operative assessment guidelines on the Document Library or consult the ward pharmacist or pharmacy Medicines Information for information on giving medicines prior to surgery. Be aware that most medicines can be given orally when 'nil by mouth' for pre-op. Medications likely to be withheld include anticoagulants, clopidogrel and diabetes medications.
Route unavailable/no access (e.g. IV access/NG tube unavailable, swallowing difficulties)	**Swallowing difficulties:** Immediately - Refer for SALT review if patient has not already had. Immediately - Refer to prescriber or pharmacist for review to find alternative route for medicines, alternative drugs or alternative formulations. **IV Access unavailable:** Immediately - Refer to prescriber for replacement of IV access or prescribing via alternative route. **NG/NJ/PEG/PEJ Tube unavailable:** Immediately - Refer to prescriber for replacement of tube or prescribing of medicines via alternative route.
Patient asleep	For time-critical medicines awaken the patient and give medicine. Get prescriber to review timing of dose and alter if appropriate. For non time-critical medicines omit the dose and refer to prescriber for a review of need for medicine or for alternative medicine/timing.
Unsuitable allergy/intolerance	If allergy status unknown attempt to ascertain allergy status. If unable to do so contact prescriber and discuss risks/benefits of giving drugs. If patient has a documented allergy to the prescribed drug refer to prescriber immediately and record as a patient safety incident via Datix.

Reason	Action
Drug awaiting medical review	Refer to prescriber/ team caring for the patient.
Other reason	Record reason in the patient's nursing notes and refer to prescriber for review, if appropriate.

6.8. A delayed or omitted dose (as defined above) should be reported as a patient safety incident via Datix if it has caused harm to the patient or a near miss. This information will be used to identify issues where actions can be taken to prevent similar such incidents in the future.

6.9. Missed Stat doses of Medicines on ePMA

6.4.1 If stat doses are not able to be given it is important that the issue is resolved rather than simply entering a reason for non-administration on the system.

6.4.2 Once a reason for non-administration for a stat dose is given on ePMA it is no longer available to administer against and therefore a significant risk that a patient may not get a timely dose of a time-critical medicine.

6.4.3 For example, if a patient is prescribed a stat dose of an antibiotic for immediate IV administration but has no IV access, do not record 'route unavailable'. Instead, try and resolve the IV access issue and then give the stat dose as soon as possible. If IV access is not possible, a discussion with the prescriber is required and an alternative treatment plan decided before a reason for non-administration of a stat dose is recorded.

6.10. Reducing Delayed Doses of Medicines

6.4.4 For particular time-critical medicines, such as IV antibiotics in sepsis, fast treatment is essential and can be lifesaving.

6.4.5 Prescribers MUST be aware when prescribing on the ePMA system, when the first dose will be administered. If required, a STAT dose should be prescribed to ensure the patient gets treatment quickly.

6.4.6 In situations such as sepsis, it is recommended the prescriber also gives the first dose.

6.4.7 It is good practice for prescribers to verbally inform the nurse caring for the patient when a stat dose or a new drug has been prescribed.

6.11. Duty of Candour

6.4.8 Missed or delayed doses of medicines can cause harm to a patient e.g. a missed dose of anti-epileptic leading to a seizure.

6.4.9 Where moderate or serious harm has been caused, please refer to the Trust's 'Being Open and Duty of Candour Policy and Procedure' available on the Documents Library for further information of what process needs to be followed to ensure we carry out our Duty of Candour responsibility.

7. Dissemination and Implementation

7.1. The document will be hosted on the document library and the previous version archived in the pharmacy department records.

7.2. The policy is already implemented and is part of the mandatory medicines optimisation training and Trust induction.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Rates of missed doses of medications and the reasons
Lead	The Medication Safety Officer
Tool	EPMA Reports produced by the EPMA information analysts
Frequency	Rates will be monitored monthly. A yearly reports will be completed as part of the Chief Pharmacist Medication Review
Reporting arrangements	This will be reported to the Pharmacy Governance and Quality Management Group and to the Medication Practice Committee
Acting on recommendations and Lead(s)	Medication Practice Committee
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders

9. Updating and Review

This procedure will be updated as necessary in response to any future publications, NPSA alerts, patient safety incidents or by the review date. It will also be updated as required during the pilot and deployment of EPMA where updates to practice are shown to be necessary.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Delayed and Omitted Doses of Medicines Procedure V5.0
This document replaces (exact title of previous version):	Delayed and Omitted Doses of Medicines Procedure V4.0
Date Issued / Approved:	August 2025
Date Valid From:	September 2025
Date Valid To:	September 2028
Author / Owner:	Iain Davidson, Chief Pharmacist.
Contact details:	01872 252593
Brief summary of contents:	Provides clear actions that need to be taken by nursing and medical staff when a dose of medication is delayed or omitted to ensure the requirements of the NPSA RRR009 – Reducing the harm from delayed and omitted medicines in hospital are complied with.
Suggested Keywords:	Missed, Doses, Medicines, Delayed, Omitted, EPMA.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Medication Practice Committee. Clinical Support Care Group Governance Meeting.
Manager confirming approval processes:	Richard Andrzejuk
Name of Governance Lead confirming consultation and ratification:	Kevin Wright
Links to key external standards:	CQC - medicines Management. NPSA alert
Related Documents:	Medicines Policy
Training Need Identified:	Yes

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Pharmacy

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
November 2010	V1.0	Final amendments approved: EIA. Completed; document published.	Ian Nicholls, Medication Safety Lead Pharmacist
November 2015	V2.0	Amendment of Governance coversheet to include 'Suggested Keywords', 'Training Need' and 'Publication Location'.	Ian Nicholls, Lead Pharmacist Governance and Electronic Prescribing
November 2018	V3.0	Expanded the list of critical medicines. Included reference for the requirement of Duty of Candour where missed and delayed doses cause moderate to severe harm.	Iain Davidson, Chief Pharmacist
July 2022	V4.0	General review. No major changes. Reissue	Iain Davidson, Chief Pharmacist
August 2025	V5.0	Changed terminology from critical medicines to 'time-critical medicines'. Included missed dose codes for Cerner Millenium ePMA product. Included the 'MISSED' acronym from the Parkinson's Excellence network. Removal of requirement to Datix when two doses of time-critical medicines are missed but requirement to record Datix if a near-miss or patient harm.	Iain Davidson, Chief Pharmacist

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Delayed and Omitted Doses of Medicines Procedure V5.0
Department and Service Area:	Pharmacy, Clinical Support
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Iain Davidson, Chief Pharmacist
Contact details:	01872 252593

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Reduce patient harm from missed and delayed doses of medicines.
2. Policy Objectives	To provide clear actions that need to be taken by nursing and medical staff when a dose of medication is delayed or omitted. To ensure RCHT complies with the requirements of the NPSA RRR009 Reducing the harm from delayed and omitted medicines in hospital and to ensure patient harm from missed doses is minimised. Reduction in the amount of delayed and omitted doses of medication, increase in reporting of missed doses as patient safety incidents and therefore to overall reduce the harm from delayed and omitted doses of medicines. Ongoing missed dose monitoring.
3. Policy Intended Outcomes	Reduce patient harm from missed and delayed doses of medicines.

Information Category	Detailed Information
4. How will you measure each outcome?	Daily and monthly monitoring of missed doses of medicines.
5. Who is intended to benefit from the policy?	Patients.
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Parkinson's UK, SPS.
6c. What was the outcome of the consultation?	Amendment to policy, approved.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** Yes.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	Applies to all patients at RCHT.
Sex (male or female)	No	Applies to all patients at RCHT.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	Applies to all patients at RCHT.
Race	No	Applies to all patients at RCHT.
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Applies to all patients at RCHT.

Protected Characteristic	(Yes or No)	Rationale
Religion or belief	No	Applies to all patients at RCHT.
Marriage and civil partnership	No	Applies to all patients at RCHT.
Pregnancy and maternity	No	Applies to all patients at RCHT.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	Applies to all patients at RCHT.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Iain Davidson, Chief Pharmacist.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis