

Time critical medication, on time, every time. Ten recommendations for your hospital

- 1) Parkinson's medication is time critical medication. Time critical medications must be given within 30 minutes of when they are due, highlighted as a risk to patient safety and added to every hospital risk register. Compliance is audited and any dose over 30 minutes reported as an adverse event.
[2019 Get It On Time report](#)
[NICE quality statement](#)
- 2) All staff within hospitals are made aware of time critical medication. Make this 3 minute video [Time Matters : It's Critical](#) mandatory viewing for all staff.
- 3) Hospitals identify which staff are to undertake further Parkinson's medication training. Recommended online training courses are available in the Parkinson's Excellence Network's learning hub:
 - a) [Parkinson's UK 15 minute Educational Video](#)
 - b) [Parkinson's UK Medication Educational Module produced by Lancashire Teaching Hospitals](#)
 - c) [Parkinson's medication for staff who don't administer medications](#)
- 4) Hospitals develop, maintain and update a self-administration policy for those patients who can administer their own medication. The Policy should be reviewed regularly. See [NHS Guidance. NHS Specialist Pharmacy Service.](#)
- 5) Hospitals identify all patients on Time Critical Medication when they arrive in the Emergency Department (ED) or through an elective or emergency admissions unit.
- 6) EDs and admissions units develop and update an agreed list of Time Critical Medication visible to patients when they arrive so they feel empowered to inform staff that they take Time Critical Medication. For elective admissions, people with Parkinson's will have prepared themselves. [Parkinson's UK Guidance.](#)
- 7) Hospitals have a designated pharmacist who is responsible for ordering and stocking the Time Critical Medications in the ED and on appropriate admissions units and wards to ensure they are always available.
- 8) Where appropriate the prescribing of a patient's Time Critical Medication should reflect their normal daily schedule and should continue during the full admission period. Hospital systems, including electronic prescribing where available, should be maximised to support this.

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- 9) Ensure that hospitals have a Standard Operating Procedure / guideline for all Time Critical Medication, including those patients who are nil by mouth (NBM) or require a nasogastric (NG) tube. This should signpost to one of the [NBM medication calculators](#).

- 10) Ensure hospitals devise and implement a system so that staff can administer all Time Critical Medications outside of the normal medication rounds if self-administration is not appropriate. See a [successful example from Leeds Hospitals](#) and [resources available from Parkinson's UK](#).

These recommendations have been developed by the Healthcare Professionals with Parkinson's group in collaboration with the Parkinson's Excellence Network to support health professionals in implementing time critical medications management.

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Further resources available at www.parkinsons.org.uk/time-critical-medication-resources