Standard Operating Procedure (SOP)

Department:	Maternity Services
SOP Ref No:	**ABUHB/F&T/1362**
SOP Title:	Same Day Emergency Care Medication Record

	NAME	TITLE	SIGNATURE	DATE
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Approved by:	Clinical Effectiveness Forum	Clinical Effectiveness Forum	Clinical Effectiveness Forum	21/07/2026
Issued to:	Maternity Services			

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Change / Amendment History

Version No	Effective Date	Brief Summary of Changes	Author
Version 1	21/07/2026	New SOP	R Clement

1 Introduction

A Same Day Emergency Care Medication Administration Record (one-page medication chart) will simplify the documentation and administration of medicines in Maternity Triage.

The Same Day Emergency Care Medication Administration Record is currently used in the following departments in GUH/ABUHB.

- Emergency Department- ED
- Same Day Emergency Care – SDEC

If you have difficulty understanding any part of this SOP- including due to learning, sensory, or communication needs- please speak with your Line Manager or contact the authors of this guideline for support or clarification.

Staff must take a proactive approach to identifying and meeting the accessibility and communication needs of people with disabilities and/or language barriers, including offering information in alternative formats, arranging interpretation or communication support as required, and not relying solely on individuals to request adjustments.

This SOP supports the requirements of the Welsh Language Standards. Individuals will be offered the opportunity to communicate in Welsh, and reasonable steps will be taken to ensure that Welsh language needs are identified and accommodated where required.

2 Scope

- This SOP is designed primarily for use in the Maternity Triage Unit at the Grange University Hospital (GUH) for walk-in patients who are deemed at triage likely to be discharged.

- The Same Day Emergency Care Medication Administration Record (single page drug chart) will not be used for Maternity inpatients.

3 Roles & Responsibilities

This SOP applies to the following staff within the Maternity Triage Unit-

- Obstetric Medical staff who prescribe medication.
- Midwives who are Independent Prescribers and prescribe medication.
- Midwives administering medications under Midwives Exemptions.
- Advanced Nurse Practitioners who prescribe medication.
- Pharmacists who dispense medication.
- Triage Staff who administer medication.

4 Definitions

Term	Definition
Same Day Emergency Care Medication Administration Record	One-page medication chart
Midwives Exemptions	Specific legal provisions in the UK that permit registered midwives to supply and administer certain Prescription Only Medicines without a doctor's prescription or Patient Group Directive.

5 Procedure

Using the One Page Medication Chart:

- The chart is only to be used for walk-in patients.
- The chart is for patients who are thought likely to be discharged – **if there is any doubt that the patient may become an inpatient, please use the full medication chart.**
- The Same Day Emergency Care Medication Administration Record should not be copied. If a patient is admitted then a full drug chart must be written out.
- A single line must be struck through the Same Day Emergency Care Medication Administration Record once full drug chart is in use.
- If the patient is admitted, a manual alert stating *"single page drug chart started"* is to be added to the BadgerNet record to indicate that medications have been administered on the Same Day Emergency Care Medication Administration Record.
- Same Day Emergency Care Medication Administration Record to be scanned into patient's Badgernet notes upon leaving Maternity Triage
- The document is only to be used in Maternity Triage.

6 Forms / Templates to be used

SAME DAY EMERGENCY CARE MEDICATION ADMINISTRATION RECORD

DRUG ALLERGIES & SENSITIVITIES

PLEASE CIRCLE AS APPROPRIATE: NONE KNOWN YES

SIGNED ..... DATE .....

NAME .....

Drug / Allergen: | Description of Reaction:

This section must be completed. Check allergy status prior to administration of medicine.

HOSPITAL No: .....

SURNAME: .....

FIRST NAME: .....

ADDRESS: .....

DATE OF BIRTH: .....

Date	Height (m)	Sign	Date	Weight (Kg)	Sign	Surface area (m^2)
			Date	Weight (Kg)	Sign	

OXYGEN PRESCRIPTION
This section MUST be completed for all patients

Adjust flow rate and/or delivery device as necessary to achieve target oxygen saturations. Refer to local guidelines. Record and sign for administration, delivery device and flow rate on Early Warning Chart

Circle target O_2 saturation

94-98% 88-92% Other:.....

Prescriber's signature:

Bleep No. Date:

IS THE PATIENT ON TIME-CRITICAL MEDICATIONS?

PLEASE PRESCRIBE BELOW IF YES

PLEASE CIRCLE AS APPROPRIATE: YES NO

SIGNED..... DATE .....

SAME-DAY-EMERGENCY-CARE-CHART

REGULAR MEDICATIONS

DATE	MEDICINE (APPROVED NAME)	DOSE	ROUTE	TIME TO BE GIVEN	PRESCRIBER'S SIGNATURE	PHARMACY	DATE	TIME GIVEN	GIVEN BY	CHECKED BY
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					

PRESCRIPTIONS FOR ONCE-ONLY MEDICATIONS, PRE-ANAESTHETIC MEDICATION AND ONCE-ONLY ANTIMICROBIALS

DATE	MEDICINE (APPROVED NAME)	DOSE	ROUTE	TIME TO BE GIVEN	PRESCRIBER'S SIGNATURE	PHARMACY	DATE	TIME GIVEN	GIVEN BY	CHECKED BY
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					
					Bleep No.					

NON-ADMINISTRATION CODES

2. Patient not on ward
3. Patient unable to receive medicine/no access
4. Patient refused medication
5. Medicine unavailable
6. Other (please document on page 10)
8. Signifies prescriber intent

PATIENT'S NAME ..... HEALTH RECORD NUMBER .....

INTRAVENOUS AND SUBCUTANEOUS INFUSIONS

INFUSIONS TO BE ADMINISTERED ONCE ONLY, UNLESS THE PRESCRIBER SPECIFIES THEY ARE TO BE CONTINUOUS*

DATE & START TIME	INFUSION FLUID TYPE / STRENGTH	INFUSION FLUID VOLUME	ROUTE	MEDICINE ADDED APPROVED NAME	MEDICINE ADDED DOSE	INFUSION RATE OR DURATION	PRESCRIBER'S SIGNATURE	PHARM	TIME START	TIME STOP	VOL. GIVEN	GIVEN BY	CHKD BY
Batch No.	Device No.			* Prescriber to initial if continuous →			Bleep No.						
Batch No.	Device No.			* Prescriber to initial if continuous →			Bleep No.						
Batch No.	Device No.			* Prescriber to initial if continuous →			Bleep No.						
Batch No.	Device No.			* Prescriber to initial if continuous →			Bleep No.						
Batch No.	Device No.			* Prescriber to initial if continuous →			Bleep No.						
Batch No.	Device No.			* Prescriber to initial if continuous →			Bleep No.						
Batch No.	Device No.			* Prescriber to initial if continuous →			Bleep No.						

AS REQUIRED MEDICATION

DATE	MEDICINE (Approved Name)	DOSE	ROUTE	FREQUENCY	MAXIMUM DOSE/24HRS	PHARMACIST SIGN	DATE	MEDICINE (Approved Name)	DOSE	ROUTE	FREQUENCY	MAXIMUM DOSE/24HRS	PHARMACIST SIGN