

RCEM Advisory Statement Time Critical Medication Self- Administration in Emergency Departments

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Background

Time Critical Medication (TCM) is scheduled medication that the patient is already on when they present to the Emergency Department (ED). The medications are time-critical because a delayed or missed dose can result in harm with exacerbation of symptoms and the development of complications leading to an increased mortality if it continues.

RCEM identified important TCM in the ED in November 2023

- M** Movement disorders – Parkinson’s / Myasthenia medication
- I** Immunomodulators including HIV medication
- S** Sugar (Insulin)
- S** Steroids – Addison’s and adrenal insufficiency
- E** Epilepsy – anticonvulsants
- D** DOACs and warfarin

The RCEM TCM Quality Improvement Programme 2023-2026 has concentrated on levodopa for Parkinson’s medication and insulin in diabetes as these TCM need to be given within 30 minutes of when the patient usually takes them.

Acute therapies initiated in EDs (i.e. antibiotics, intravenous fluids and other rescue medications) are not within the remit of this guidance. EDs should ensure they have adequate procedures to ensure acute therapies are initiated by ED clinicians.

The Problem

Many patients who attend EDs across the UK are not given their TCM when they need them with doses being delayed or being missed completely.

It’s acknowledged that not all patients will have the ability or mental capacity to be able to administer their own medications either through incapacity at baseline (i.e. dependence on carers) or acute incapacity through illness or injury causing the ED attendance.

Recommendation

EDs should support those patients who are able to self-administer their own time critical medications to do so. Departments must ensure that self-administration of time critical medications is subject to the same standards of monitoring and governance oversight as non self-administered medication.

An example of an approach to self-administration of time critical medication is shown over leaf.

An example of how emergency departments could approach the introduction of Self-Administration of Time Critical Medication

The four principles below provide an outline of responsibilities for EDs and patients who attend EDs to ensure that TCMs management can continue safely and seamlessly. It is the responsibility of the ED to decide on the implementation and governance of these principles.

SHOW	Patients will usually have their TCM with them which they should be encouraged to <i>SHOW</i> to ED staff.
ASSESS	ED staff should <i>ASSESS</i> which patients are suitable for self-administration of their TCM.
ALLOW OR AID	If patients can <i>SHOW</i> their TCM and following <i>ASSESS</i> are deemed able to self-administer then ED staff should <i>ALLOW</i> patients to do so if they are happy and document appropriately. If patients are unable to <i>SHOW</i> their TCM or are deemed as unable to self-administer after <i>ASSESS</i> then ED staff should <i>AID</i> by requesting clinical review for the prescribing of the TCM.
MONITOR	EDs must <i>MONITOR</i> and record (written or electronic) when patients take their own TCM.

If ED staff are unable to complete these four steps then self-administration is not an option.

Paramedics / ambulance staff should alert ED staff when a patient is taking a TCM and if known, when the last dose(s) was taken and when the next dose(s) are due.

If there is a delay in ambulance handover, paramedics should use the principles outlined above to facilitate the administration of TCM and this may include requesting support or advice from an ED clinician.