

Whilst all medicines should be administered in a timely manner, there are some that must not be omitted or their administration delayed as this has the potential to cause harm. These are referred to as '*critical medicines*'. The list below is **not exhaustive** but serves as a reminder of the medicines that need timely administration.

Any omission or delay in the administration of the medications on this list must be discussed with the Prescriber or relevant Physician and recorded on ASSURE as a patient safety incident.

Drug Group / Class	Rationale for Inclusion / Risk if Drug Delayed or Omitted
<b>STAT doses of any drug</b>	Any drug that is deemed urgent enough to be prescribed as a "STAT" on the medication chart
<b>Emergency treatment of anaphylaxis / allergy</b>	When used for the treatment of acute anaphylaxis an urgent response is required as anaphylaxis is a life-threatening event.
Systemic <b>Antimicrobials</b>	Potential worsening of systemic infection and deterioration of condition
<b>Anticoagulants</b> (Deep vein thrombosis/pulmonary embolus treatment or thromboprophylaxis)	Risk of thrombus and serious embolic episode
<b>Antiepileptic Agents</b> (including the management of prolonged seizures/status epilepticus)	Loss of seizure control  When used for the management of prolonged seizures/status epilepticus an urgent response is required
<b>Anti-Parkinsonian Agents</b>	Loss of symptom control
<b>Bronchodilators and Respiratory stimulants</b>	Deterioration in clinical condition  When used for the management of an acute Chronic Obstructive Pulmonary Disease exacerbation or in the management of respiratory emergencies an urgent response is required.
<b>Corticosteroids</b>	Treatment failure in acute conditions  Risk of acute adrenal insufficiency with abrupt withdrawal after a prolonged period of corticosteroid use
<b>Disease-Modifying Anti-Rheumatic Drugs</b>	Treatment failure e.g. when used in the management of inflammatory disorders such as rheumatoid arthritis
<b>Immunomodulating drugs</b>	Disruption of regimen scheduling

<b>Drug Group / Class</b>	<b>Rationale for Inclusion / Risk if Drug Delayed or Omitted</b>
<b>Immunosuppressant</b> drugs for transplant	Risk of rejection due to sub-therapeutic levels
<b>Insulin</b>	Poor glycaemic control with the risk of hyperglycaemia
<b>Oral Hypoglycaemic Agents</b>	Poor glycaemic control with the risk of hyperglycaemia
<b>Emergency treatment of hypoglycaemia</b>	Risk of life-threatening hypoglycaemia
<b>Management of Symptoms at End of Life</b>	Poor symptom control
<b>Opiates</b>	Poor pain control
<b>Posterior Pituitary Hormones</b>	Desmopressin (when used in cranial diabetes insipidus) – risk of life threatening dehydration and hypernatraemia