Safety of Medicines in Care Homes

Learner's workbook: Safer medication in care settings

Acknowledgements

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My Medicines My Choices

Safety of Medicines in Care Homes

This is a charter that helps you to understand your rights about the medicines you take and says what help you should get from your doctor, pharmacist and care staff.

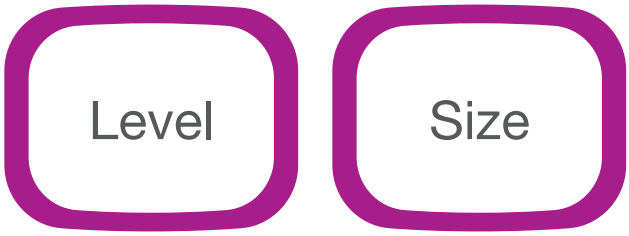
- I am informed about all my medicines and fully involved in decisions concerning them and how I take them.
- My family or representative is, with my permission, also informed of decisions involving my medicines.
- My doctor, pharmacist and care home staff work together to make sure I receive my medicines safely. These people will always act in my best interests.
- It is assumed that I can look after and take my own medicines and I know I can always ask for help from the care staff.
- I can agree that the home can manage my medicines.
- My medicines are kept in my room or wherever else I want to keep them.
- My care home keeps records of my medicines and makes sure the staff caring for me are aware of any changes.
- All staff helping me with my medicines are trained and competent. If my health changes, my medicines will be reviewed.
- My doctor will check I am on the right medicines at least twice a year. They will also be checked when I am admitted to my care home or on my return following a stay in hospital.
- I know that I can ask my doctor to review my medicines at any time.

What is the workbook for?

This workbook is designed to help you to develop safer professional practice in working with medicines for people in care settings. Whatever your role (whether it is working in a residential care home, providing support in someone's own home, working in a GP surgery or a pharmacy), you can improve and develop your practice so that medicines are administered more safely and drug errors are reduced. It will also support you to understand how to work with colleagues in other settings to provide a better service to people who are taking medicines. The key underlying principle in relation to medicines is that people are free to choose how they wish to administer their medicines. Do not forget that medicines belong to the person for whom they are prescribed, not to a care setting or to the staff. Under no circumstances should one person's medicine be given to another resident. If people wish to retain all their medicines and take them themselves without any involvement of care staff, it is their right to do so. If they wish to retain their medicines, but to have support from care staff to administer them, then that should be their choice to make. This is about supporting the use of medicines – not telling people what to do.

What can you achieve?

Qualifications in England, Wales and Northern Ireland are part of the Qualifications and Credit Framework (QCF). Qualifications are identified by two factors:



The units in this workbook are at Level 3 which is similar to A levels. Each unit has a certain number of credits. Each credit represents about 10 hours of study and learning time. Qualifications are identified through size (ie the number of hours work involved)

- Qualifications with one to 12 credits are Awards
- Qualifications with 13-36 credits are Certificates
- Qualifications with more than 37 credits are Diplomas

You can keep hold of credits you have achieved and put them towards a larger qualification at a later date if you want to.

This workbook will support you in demonstrating the necessary knowledge and skills to achieve the Learning Outcomes in the Qualifications and Credit Framework unit.

HSC 3047: Support use of medication in care settings

HSC 3047 is aimed at people who work in care settings such as residential care, domiciliary care or supported living. The learning in this book will prepare you for achieving the unit. Each learning session or activity will show you which parts of the unit it is aimed at.

Your workbook has space to record the time you have spent in self directed study along with the time you have spent with your assessor and/or trainer if you have one.

Unit HSC 3047 carries five credits. This means it will involve about 50 hours of learning, study time and preparation for assessment.

If you are working towards a qualification and have an assessor, they will need to see your workbook and sign off the evidence that you have recorded here. If you are not using this learning for a qualification, you should still record evidence of the work you have done for your employer, your manager and for your own professional development record.

How to use the workbook

There is information, case studies and exercises in the workbook. Some of the exercises will indicate they can be recorded as part of your evidence if you are working towards a qualification. Some exercises will require you to do some additional research and reading, some will ask you to write something down or to prepare something, such a presentation. There may also be suggestions for group discussions, if you are working with colleagues you could have a group discussion in your workplace, or if you are working towards a qualification and have a trainer or assessor, then you should be able to undertake the group discussions in a learning session with others. You will need to follow signposts to more detailed information that may be found in books, articles or websites.

HSC 3047: Support use of medication in care settings

When you have completed the eight learning outcomes of this unit you will:

- Understand the legislative framework for the use of medication in care settings
- Know about common types of medication and their use
- Understand roles and responsibilities in the use of medication in care settings
- Understand techniques for administering medication
- Be able to receive, store and dispose of medication supplies safely
- Know how to promote the rights of the individual when managing medication

Each learning outcome has a set of assessment criteria that are used to judge whether or not you have met the outcome. The workbook uses the assessment criteria as headings for each section of learning.

Learning outcome 1

This will contribute towards achieving **Learning outcome 1** from Unit HSC 3047.

Understand the legislative framework for the use of medicines in social care settings

The assessment criteria for this outcome are that you can:

1. **Identify** legislation that governs the use of medicines in social care settings
2. **Outline** the legal classification system for medicines
3. **Explain** how and why policies and procedures or agreed ways of working must reflect and in corporate legislative requirements

Legislation for administration of medicines

There are several pieces of legislation that govern how medicines can be prescribed, dispensed and administered, but a brief outline of the key Acts includes:

The Medicines Act 1968

This is the basis for the licensing, sale, supply and manufacture of medicines. It lays down that medicines can only be dispensed by a pharmacist after they have been prescribed by a qualified person such as a doctor, dentist or vet. Some healthcare professionals can also prescribe after they have undertaken specialist training and achieved a qualification. Possession of prescription drugs without a prescription is an offence under the Act. Categories of medicines covered by this Act will be examined in more detail in a later section. The Act has been amended and added to over time.

The Misuse of Drugs Act 1971

This Act is designed to control the use of dangerous or potentially harmful drugs such as opiates (drugs derived from opium). It designates these as 'controlled drugs' and lays down restrictions about how they must be stored, recorded and administered. This Act is designed to prevent the misuse of controlled drugs.

The Misuse of Drugs Regulations 2001

Controlled drugs are divided into Classes A, B and C.

The Act is intended to prevent the non-medical use of certain drugs, particularly those that can lead to dependency, such as morphine and other drugs and medicines derived from opium. For this reason it controls not just medicinal drugs (which will also be in the Medicines Act) but also drugs with no current medical uses.

The Health Act 2006

This Act provided strengthened governance and monitoring arrangements for controlled drugs. The Health Act is primary legislation and applies across the UK.

The Act states that:

- All designated bodies such as healthcare organisations and independent hospitals are required to appoint an Accountable Officer.
- A duty of collaboration placed on responsible bodies, healthcare organisations and other local and national agencies including professional regulatory bodies, police forces, and the Healthcare and Social Care Commission to share intelligence on controlled drug issues. (These two Commissions have been replaced with the Care Quality Commission.)
- A power of entry and inspection for the Police and other nominated people to enter premised to inspect stocks and records of controlled drugs.

The Misuse of Drugs Safe Custody Regulations 2007

This relates to handling, storing and keeping records about controlled drugs.

The Health and Social Care Act 2008

In England, all providers of social care services must comply with the requirements of this Act. It identifies the responsibilities of the Registered Manager in a care setting for protecting people in relation to the risks presented by medicines. This is inspected and regulated by the Care Quality Commission (CQC).

Find out more

www.npc.nhs.uk
National Prescribing Centre, information about the Acts relating to medicines

www.legislation.gov.uk
information about all government legislation

Assessment activity 1

Write down all the key points for each piece of legislation on separate pieces of paper. Then write down the different Acts listed above also on separate pieces of paper. Pick one at random from each pile and match them up so that you have the right key point with the right legislation.

If you can do this with a colleague, you can do it as a quiz instead where one person calls out a key point and the other has to say which Act it comes from.

Complete the table below to show how you have matched them up.

Legisiation	Key points

The legal classification system

The Medicines Act 1968 classified medicines into three categories:

- Prescription only medicines (POM); available only from a pharmacist if prescribed by a doctor or another registered practitioner licensed to prescribe. This covers all controlled drugs and groups of medicines such as antibiotics, anti-depressants and anti-psychotics, medicines for conditions such as diabetes and heart disease, asthma medication and inhalers, some opiate based pain killers and medicines like paracetamol in large quantities (eg packs of 100).
- Over the counter or pharmacy medicines (OTC or P); available only from a registered pharmacist but without a prescription. These must be provided with a pharmacist on the premises, but not necessarily prepared by a pharmacist. These include medicines such as those containing codeine, decongestants containing pseudoephedrine, anti-diarrhoea medication such as Loperamide, Aspirin and antibiotic eye drops. These medicines also include smaller packs of paracetamol (eg packs of 32) and Ibuprofen up to 400mg.
- General sales list (GSL); medicine that may be bought from any shop without a prescription and without the need for a pharmacist. This includes analgesics, such as Ibuprofen up to 200mg, antacids, antiseptic gels and ointments for cuts and grazes, creams for haemorrhoids and cold and flu remedies. General sales list medication only includes packets of up to 16 paracetamol tablets.

Controlled drugs (CDs)

These are powerful medicines that are usually prescribed for serious conditions and pain relief. They are the subject of abuse when taken without a medical reason. They include drugs such as diamorphine, fentanyl and methylphenidate. They require additional safety precautions and requirements for their storage, administration, records and disposal are laid down in the Misuse of Drugs Act Regulations 2001.

These drugs are very powerful and as well as being very beneficial to people for whom they are prescribed, they are open to being misused. The additional precautions are necessary, not only because they are highly dangerous if given to the wrong person or in the wrong dosage, but also because many CDs are valuable to criminals who supply illegal drugs.

The requirements for residential care settings do not apply if people are being supported in their own home. In residential provision:

- Secure storage is required for CDs
- Hard bound registers are recommended for CD record keeping
- It is recommended good practice that there is a second member of staff as a witness when CDs are administered
- Special arrangement must be made for the disposal of CDs

Find out more

www.nhs.uk - NHS choices has further information about the medicines in the different classifications

www.mhra.gov.uk - the Medicines and Healthcare Products Regulatory Agency has more information about classifications and includes updates on any changes of classification

www.rpharms.com - the Royal Pharmaceutical Society has further information and greater detail about the classifications

Assessment activity 2

Complete the table by giving the classification for each medicine.

Medicine	Use	Classification
Loperamide (Imodium)	Anti-diarrhoea	
Fluoxetine (Prozac)	Anti-depressant	
Ampicillin	Antibiotic	
Ibuprofen	Analgesic/ Anti-inflammatory	
Chloramphenicol	Antibiotic eye drops	
Cetirizine 10mg	Anti-histamine	
Senokot	Laxative	

Complete the table by giving two examples of each classification

Prescription only medicine (POM)	
Over the counter/pharmacy (OTC/P)	
General sales list (GSL)	

Policies and procedures must reflect legislation

The legislation that governs medicines should be the basis for all the workplace policies and procedures.

Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 states that:

'The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity'

Medicines policy

All care establishments should have a medicines policy to give care workers and nurses' guidance on procedures for medicines management including:

- Storage and ordering/disposal procedure
- Medicines error/incident management
- Covert medicines/consent
- Non prescribed medicines
- Administration of creams and nutritional supplements
- PRN medicines (medicine taken occasionally as required)

The CQC outcomes that are required to be met in all care settings make it clear what is expected in relation to the management of medicines.

This is Outcome 9:

People who use services:

- Will have their medicines at the times they need them, and in a safe way
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

This is because providers who comply with the regulation will:

- Handle medicines safely, securely and appropriately
- Ensure that medicines are prescribed and given by people safely
- Follow published guidelines about how to use medicines safely.

All providers have to comply with these standards and regulations, so the policies and agreed ways of working in the settings must take these into account. For example, there will be a policy on the safe handling of medicines in all care settings, there will also be a clear procedure to be followed if there is a medicines error. There will be clear policies and procedures about all aspects of medicines including handling, storage, administration and record keeping. If the policies and procedures did not comply with the outcome required by CQC, the setting would be at risk of failing to achieve the outcome.

If you look at the outcomes required by CQC, you can see that they are designed to make sure that the law is complied with as well as ensuring that people experience high quality services that meet their needs.

For example, the law states that medicines can only be provided in particular ways depending on their classification – the outcome requires that medicines are 'prescribed and given by people safely'.

Care settings can make sure that they are complying with the legislation by looking carefully at their policies and procedures and checking them against the legal framework for medicines.

They can also look at outcome 9 from CQC and check that the practice in the setting means that they are meeting the outcome.

It is important that everyone who works in a care setting understands the legal requirements, so safe handling of medicines should be part of the induction for all new members of staff and everyone should have regular updates and further training before actually administering medicines.

Medicines and Healthcare product Regulatory Agency (MHRA)

This organisation regulates medicines, medical devices, advanced therapy medicinal products and blood.

According to the MHRA the law defines a medicine as something used in disease, whether it is used to prevent, treat or diagnose it, in anaesthesia, investigating conditions or interfering with the normal operation of the body.

The MHRA explains that the term 'medical device' covers all products, except medicines, used in healthcare for the diagnosis, prevention, monitoring or treatment of illness or disability. The list is extensive and covers hundreds of items from contact lenses to defibrillators, wheelchairs to pregnancy testing kits. There is more information on their website, www.mhra.gov.uk

MHRA are also responsible for regulating Advanced Therapy Medicinal Products (ATMPs). These are products for therapies such as gene therapy, somatic cell therapy or tissue engineering.

National Institute for Health and Clinical Evidence (NICE)

NICE (www.nice.org.uk) is an independent organisation that provides:

- National guidance on the promotion of good health and the prevention and treatment of ill health
- Clinical practice guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS

One of its aims is to maintain and improve cost effective services and treatment. It partly does this through the National Prescribing Centre (NPC) which provides support for people in the NHS to improve quality, safety and value for money of the use of medicines.

There is more information on their website, www.npc.nhs.gov.uk.

Find out more

www.rpharms.com

The Royal Pharmaceutical Society has a publication called *The handling of medicines in social care* which has a section on staff training that gives more information

www.cqc.org.uk

The Care Quality Commission is just one of the organisations who support and regulate the administration of medicines.

Assessment activity 4

You need to explain to your assessor how and why practice and policies in the setting in which you work must follow legislation, regardless of whether your workplace is a pharmacy, a residential care home or a GP surgery. You can write your explanation in the box below, or if you are going to explain this verbally to your assessor using a presentation or discussion, you can use this space to make notes. Remember that this is an explanation, so do not just describe. Make sure you use words such as ‘because’, ‘therefore’, ‘as a result of’, ‘so that’, ‘in order to’.

Notes

Learning outcome 2

This will contribute towards achieving **Learning outcome 2** from HSC 3047.

Know about common types of medicines and their use

The assessment criteria for this outcome are that you can:

1. **Identify** common types of medicines
2. **List** conditions for which each type of medicines may be prescribed
3. **Describe** changes to an individual's physical or mental well being that may indicate an adverse reaction to a medicines

Common types of medicines

You have learned about the classification of medicines, but within the classifications, there are different types of medicines. The commonest ones that you are likely to come across include:

Antibiotic	**Amoxicillin**
Analgesic	**Paracetamol**
Antacid	**Gaviscon**
Anticoagulant	**Warfarin**
Diuretic	**Furosemide**
Antihypertensive	**Ramipril**
Laxative	**Lactulose**
Non-steroidal anti-inflammatory	**Aspirin**

There is an appendix to this workbook that lists the medicines that you are most likely to come across in a care setting. It also tells you:

- The generic names
- The brand names
- The conditions they are used to treat
- Issues that indicate caution
- Contra-indications
- Possible side effects

You will not need to know all of the medicines listed in the table, but make sure that you know about the ones that you use regularly in your care setting.

Key terms

Contra-indications – reasons that mean a particular medicine should not be prescribed for an individual. It can be because of a medical condition, or a physical condition such as age, a lifestyle choice such as being a heavy smoker or known allergies or reactions to particular drugs.

Medicine names

There are literally thousands of different names for medicines, some of which are brand names and some of which are generic names.

Generic names are based on the main ingredient and names may often sound similar. For example a group of antibiotics that all work in a similar way (penicillin, amoxicillin, flucloxacillin, ampicillin) have names that sound alike.

A very common medicine that is known by its generic as well as brand names is Paracetamol, which is the generic name, but it is also sold under brand names such as Panadol and Calpol.

The British National Formulary (BNF) contains information about all the medicines that are prescribed in the UK. Prescribers use it to check information such as appropriate dosage, side effects, interactions with other medicines and the contra-indications. Whilst it is helpful to have a current BNF in the workplace it is available online. It contains helpful information about medicines so it is useful to look at it.

Complementary or alternative medicines

In addition to the classifications of drugs covered by the Medicines Act, there are also other remedies that people may choose to use.

Homeopathic medicines

These work on the principle of 'like treating like'. They often use substances that would be harmful in large doses, but if taken in minute doses, it is thought that they can stimulate the body to heal itself. The medicines are usually herbal in origin and can use substances that would be poisonous if the quantities were not so tiny.

Herbal remedies

Many people will take herbal remedies. These are not classed as medicines, so are not governed by the Medicines Act, they are usually sold in health food shops, although they are also available in many pharmacies. For example, Evening Primrose Oil is popular for helping women with pre-menstrual tension, Cod Liver oil is believed to be beneficial to relieve bone and muscle pain associated with arthritis and many people will take Echinacea to ward off colds and flu. Herbal remedies can cause reactions with prescribed medicines, so it is important that the prescriber is informed if a person is taking herbal remedies.

Assessment activity 5

Answer each of the questions. If you are working with others you can do it as a quiz and record your answers.

1. **What are the classifications of medicines?**

2. **If someone has a throat infection, which classification is their medication likely to come from?**

3. **What type of medicine would you expect to be prescribed for a throat infection?**

- **Antacid**
- **Antibiotic**
- **Anti-coagulant**

4. **If someone has arthritis, what medicine would you expect to be prescribed for pain?**

- **Laxative**
- **Decongestant**
- **Analgesic**

5. What would an anti-hypertensive or ACE inhibitor medicine be prescribed for?

- Influenza
- High blood pressure
- Depression

6. What would an anti-histamine medicine be prescribed for?

- Hay fever
- Constipation
- Oedema

7. If you were told that someone was to be given an anti-emetic would you expect them to have:

- Constipation
- Vomiting
- Diarrhoea

Adverse reactions

Not all medicines suit everyone and some may cause adverse reactions in some people. Staff working in care settings must be alert to the possibility of an adverse reaction and ensure that it is reported immediately and emergency medical attention obtained if necessary. When someone has had an adverse drug reaction (ADR) it is important that they are monitored closely to ensure that there are no ongoing health issues.

ADRs can take various forms, so it is important to be alert for anything unusual. Common ADRs may include:

- Breathing difficulties
- Swelling of face or mouth
- Nausea
- Vomiting
- Sudden rashes or blotches
- Confusion
- Hallucinations or delusions

Not all ADRs are so dramatic or so sudden. You may notice that some of them over a period of time, but some may not be evident until MHRA have collected quite a large amount of data. For example, it was many years before the link was established between certain types of contraceptive pill and an increased risk of blood clots.

ADRs are important on more than one level. They are important for:

- The individual concerned
- The person who prescribed the medicines
- The person who dispensed the medicines
- The agencies who regulate medicines
- The company who makes and supplies the medicines

Any adverse drug reactions must be recorded in the person's medicines administration record and care plan, and the prescribing doctor and dispensing pharmacist must be informed. However, if the reactions:

- Are serious – fatal or life threatening, or result in hospitalisation
- Are the result of a new medicine
- Occur in children

Then they should be reported to the MHRA through the 'yellow card' process.

The MHRA has a standard card that identifies all the necessary information about an adverse reaction. This reporting enables the MHRA to gather information on medicines and can occasionally result in a medicine being withdrawn because there have been too many adverse reactions. The easiest way to make the report is online through the special website.

Find out more

www.yellowcard.gov.uk

Side effects are not always the same thing as ADRs, although the term ADR only tends to be used by health and care professionals. The general public are likely to use the term side effects to cover both meanings. Side effects are usually known and expected consequences of taking a particular medicine. Side effects may be unpleasant, such as nausea, or undesirable, such as drowsiness, but they are not serious or harmful. They will have been identified during drug trials and people are warned about them in the information leaflet that must be included with all medicines.

ADRs are unexpected results of taking a medicine and they can be serious and harmful. Any unexpected reaction to a medicine should be treated seriously until its severity and risk to the person can be confirmed.

Assessment activity 6

Read the short scenarios and answer the questions. This can usefully be discussed with your colleagues, fellow learners or your assessor.

Mr Morrison is 87, he has just developed a rash and swollen hands that are rapidly getting worse. He has a toe that has become infected after a cut. He has been prescribed flucloxacillin and he has been given two doses.

1. What would be your first response?

2. What and where will you record information?

Mrs Kahn is 73, she has been complaining of swollen feet and legs and she is becoming quite breathless. She takes Tramodol for her arthritis pain and Ramipril for her high blood pressure. She has been prescribed Furosemide and is due to begin the medicine today.

1. What will you do following Mrs Kahn's first dose of the medicine?

2. Why?

Learning outcome 3

This will contribute to the achievement of Learning outcome 3 from HSC 3074.

Understand roles and responsibilities in the use of medicines in care settings

The assessment criteria for this outcome are that you can:

1. **Describe** the roles and responsibilities of those involved in prescribing, dispensing and supporting the use of medicines
2. **Explain** where responsibilities lie in relation to 'over the counter' remedies and supplements

Responsibilities of the person prescribing medicine

Usually, someone's General Practitioner will prescribe medicines, but they can sometimes be prescribed by others such as a hospital consultant, dentist, midwife or nurse prescriber.

The responsibilities of the person prescribing are to:

- Prescribe in the best interests, and appropriately for the patient
- Be familiar with the current guidance published in the BNF
- Be aware of the evidence about clinical effectiveness and cost effectiveness published by NICE
- Be familiar with the patient's history including previous ADRs, medical history, other current medicines and any non-prescription medicines
- Share information with the patient and clarify any concerns. Ensure that the patient has enough information to make an informed choice about agreeing to the use of the medicine
- Be satisfied that the patient understands how to take the medicine and is able to take it as prescribed
- Prescribe the appropriate dosage for the patient
- Make arrangements for follow up

Find out more

www.gmc-uk.org

The General Medical Council website has more information on the responsibilities of doctors in relation to prescribing.

www.dh.gov.uk/en/Healthcare/Medicinespharmacyandindustry/Pres criptions/TheNonMedicalPrescribingProgramme

The Department of Health has more information on prescribers who are not doctors, dentists or vets. These can include pharmacists, midwives and nurses.

Responsibilities of the person dispensing medicine

Dispensing medicines is the overall responsibility of a qualified, registered pharmacist. They may work in a community pharmacy or in a hospital. There are other pharmacy staff who also have roles in relation to the safe dispensing of medicines.
A pharmacist is responsible for:

- Overall checking of a prescription to make sure that it is legal and written by a person qualified to do so
- Clinical scrutiny of a prescription to identify any errors
- Dispensing the right quantity of the correct medicine
- Ensuring that medicines are correctly labelled with the person's name, the name of the medicine and the dosage
- Providing advice and treatment for minor illnesses, injuries and health concerns
- Providing a repeat prescription service in co-operation with GP surgeries

Pharmacy support staff have a range of roles:

Medicines Counter Assistants (MCAs) are the first point of contact with the general public, they accept prescriptions and help people to complete them. They may also provide healthy lifestyle advice and advice about minor illnesses. They have had appropriate training to do this and be under the supervision of a pharmacist.

Dispensing Assistants support the pharmacist in dispensing prescriptions and managing the stock of the dispensary. They have to be competent to the level of S/NVQ L2.

Pharmacy Technicians and Accredited Checking Technicians (ACTs) support the pharmacist in dispensing and managing the dispensary.

They have to be trained and accredited and are required to be registered. ACTs have undertaken additional training so that they can undertake final accuracy checks before medicines leave the dispensary.

Supporting the use of medicines

The day to day term used for assisting and supporting people with their medicines after they have been prescribed and dispensed is 'administration of medicines'.

Depending on where people live, they may have professional support with their medicines from a nurse, a registered manager of a residential home, a residential support worker or a domiciliary support worker. People may also have support from informal carers, who do not have professional responsibilities but will need advice and information about handling medicines.

All care workers must have had training before they can administer medicines. After training they can:

- Support people to take tablets, capsules or oral mixtures
- Apply creams and ointments
- Insert ear, nose and eye drops
- Support inhaled medicines

Additional specialist training is needed before care workers can undertake:

- Rectal administration – eg suppositories
- Injections – eg insulin
- PEG (Percutaneous Endoscopic Gastronomy) feeding
- Giving oxygen

Medicines must be administered from the container they were supplied in. It is not permissible to put medicines into pots for later use and administer from these as this can lead to errors and mix ups.

It may help you to remember that there are seven 'rights' to medicines administration – they are:

1. **Right person**
   Check that the medicines you have are for the person you are giving it to.

2. **Right medicines**
   Check that these are the medicines that are on the person's Medicine Administration Record (MAR).

3. **Right dose**
   Check the dose against the MAR and on the label.

4. **Right time**
   Check that the time is right for the medicine and if there is a requirement for before or after food.

5. **Right form**
   Check the record that the medicine is in the form you are expecting – pills, capsules, cream, suspension etc.

6. **Right route**
   Check that the medicine is being administered through the right route – orally, topically, eye drops etc.

7. **Right outcome**
   Finally, it is important that the medicine achieves the right outcome, that of improving someone's condition.

Residential care providers

Residential care providers also have responsibilities in relation to drug safety, record keeping and ensuring that people only administer medicines they have been trained for. They also must have clear, accessible policies and procedures for managing and administering medicines.

Complete the table by listing the responsibilities of each of the people shown in the columns. Try to identify at least five responsibilities for each person.

Prescriber	Dispenser	Administrator

Responsibilities for over the counter remedies and supplements

Pharmacy medicines must be sold under the overall supervision of a qualified pharmacist. They cannot be sold in general stores or anywhere without a pharmacist.

The person, usually a Medicines Counter Assistant or Pharmacy Technician, who sells the medicines, has a responsibility to ask questions of the person before selling it. These questions are designed to make sure that the medicine is suitable for the person and for the medical condition they want it for.

The questions vary depending on what the customer asks for.

If the customer asks for a specific product they have to ask what are known as **WHAM** questions.

Who is it for?

How long have you had the symptoms?

Are you allergic to any medicines?

Are you taking any **Medicines**?

The questions are slightly different if the person asks for a remedy rather than a specific product. In this case, the **2WHAM** questions must be asked:

Who is it for?

What are the symptoms?

How long have you had the symptoms?

Have you taken any action about your symptoms?

Are you taking any other **M**edicines?

In asking the questions, the pharmacist will have the information to stop a sale if they consider that the product is unsuitable or is likely to cause a reaction with anything else the person may be taking.

Homely remedies

There are many medicines that people purchase either in a pharmacy or elsewhere for treating minor conditions such as headaches or indigestion. In care settings, people should still be able to make those choices to have such remedies if they wish. However, they can be potent and they can interact with other prescribed medicines. If homely remedies are purchased for occasional use by residents, the care provider must have a written policy that details the following:

- Which medicines are kept, for immediate relief of mild symptoms, that a resident may choose to self-treat in their own home.
- The indications for offering the medicines.
- The dose to give and how often it may be repeated before referring to the resident's doctor.
- How to establish with the resident's GP that the remedies will not interact with other prescribed medicines.
- How to obtain the resident's consent to treatment that the doctor has not prescribed.
- How the administration will be recorded.

Assessment activity 8

You need to explain to your assessor where responsibilities lie in relation to over the counter remedies and supplements. You can write your explanation in the box below, or, if you are going to explain this verbally to your assessor using a presentation or discussion, you can use this space to make notes. Remember that this is an explanation, so do not just describe. Make sure you use words such as ‘because’, ‘therefore’, ‘as a result of’, ‘so that’, ‘in order to’.

Notes

Learning outcome 4

This will contribute to the achievement of Learning outcome 4 of HSC 3047.

Understand techniques for administering medicines

The assessment criteria for this outcome are that you can:

1. **Describe** the routes by which medicines can be administered
2. **Describe** different forms in which medicines may be presented
3. **Describe** materials and equipment that can assist in administering medicines

Routes of administration

Most medicines are designed to be taken orally because they are tablets, capsules or liquid medicine, but there are several other routes to administration. For example:

Sublingually

Under the tongue. This is used where fast absorption is necessary. Angina tablets and sprays are used this way.

Intravenous injection (IV)

Directly into a vein. This route is usually used in serious conditions as medicines as absorbed very quickly. IV injections can only be given by doctors or trained midwives and nurses.

Intra muscular injection (IM)

Directly into a muscle. This route is used for medicines that may not work if taken orally and for speed of absorption. This is only done by doctors and trained midwives and nurses

Subcutaneous injection

Under the skin. This can be undertaken by care staff if they have had special training to do so and are following policies and procedures. People will quite often administer their own medicines with a subcutaneous injection, particularly people with diabetes who will inject themselves with insulin.

Rectally

Directly into the rectum. This is used in care settings for the administration of diazepam rectal tubes for treating epileptic seizures. Medicines cannot be taken orally during a seizure and this is the most rapid method of absorption. Rectal medicines can be administered by care staff if they have had additional training.

Vaginally

Directly into the vagina. This method is usually used for treating vaginal conditions such as thrush. As with rectal administration, care staff need additional training to administer medicines in this way.

Instillation

Eye, nose or ear drops. Following training, care staff can administer these medicines. If you provide support to people with glaucoma, people who suffer with ear wax or people who have rhinitis you may need to administer any of these medicines.

Topically

Directly onto the skin. This is used for creams or ointments to treat skin conditions; it can also be used for painkillers that are sometimes administered as creams or gels. Care staff can administer topical medicines, but must follow procedures and wear gloves in order to avoid cross contamination or absorption of the medicines.

Inhalation

Inhaled directly into the lungs. This route is appropriate for people who have chronic respiratory diseases such as asthma. Inhalation is the best way to get medicines into the lungs.

Transdermally

A patch placed directly onto the skin. These are being used increasingly and are common for hormone replacement therapy (HRT) and nicotine replacement. The patch release the medicines over a prolonged period and it is absorbed through the skin. Care staff who are applying patches should place the patch in a site recommended in the information leaflet, making sure that it is not the same site as previously. It is important to move the patch site each time it is applied so that the skin does not become sensitive. The MAR should record where the patch has been placed for future reference.

Assessment activity 9

Think about three people you support and the medicines they take. For each person, write down the medicines. Look up the medicines in the BNF (there should be one in your care setting) and see how many different routes there are for administration.

For example:

Salbutamol (Ventolin) – can be administered by:

- Inhalation – using inhaler or nebuliser
- Injection - (IM or subcutaneous)
- Orally – tablets or syrup
- IV – intravenous infusion

Repeat this for each person and each medicines they take. Make sure that people are not identifiable, use letters, numbers or fake names for your three examples.

Notes

Different forms of medicines

Medicines come in a range of different forms. Sometimes, there is only one formulation, and some medicines come in several different forms. You may come across:

- Tablets, capsules
- Liquids
- Creams, ointment and gels
- Patches (transdermal)
- Implants
- Injections
- Pessaries, suppositories
- Inhalers
- Drops and sprays

Tablets and capsules can also come in several different formulations. This is done to make the medicine most effective, either because of where in the body it is absorbed or over what period of time it is absorbed, to improve the taste or to make it soluble. For example:

Enteric coated (EC)	**Helps to protect the stomach from adverse effects of the medicines by avoiding absorption until after the medicines has left the stomach.**
Slow, modified or controlled release (SR, MR or CR)	**Releases medicines over a period of time. These should never be crushed or capsules should not be opened.**
Sublingual	**Fast dissolving through being placed under the tongue. Absorbed rapidly into the bloodstream.**
Chewable	**Used where tablets would be too big to swallow.**
Soluble	**Medicines are easier to take if dissolved in water. Sometimes tablets are also effervescent.**
Sugar coated	**Improves the taste of medicine.**

Crushing tablets or opening capsules may alter the form of the medicines and it will become unlicensed. It may be acceptable in some circumstances depending on the medicine and its formulation. It should never be done without consulting the person who prescribed the medicine and/or the pharmacist who dispensed it.

Assessment activity 10

The following is a list of complaints about taking medicines. Next to each one, write down what formulations you could ask the doctor about prescribing in order to make people happier with taking their medicine.

It tastes horrible!

I can't swallow it – it's too big

I can't swallow it – it makes me gag!

I'm fed up - I have to take it so many times during the day!

I get heartburn and a 'sour' stomach after taking it!

Materials and equipment for administering medicines

One of the commonest pieces of equipment for administering medicines is the monitored dosage system (MDS). Pharmacists can dispense medicines in these systems where the tablets or capsules that are to be taken by an individual at particular times of the day are in individual compartments labelled with days of the week and times of the day.

These can be convenient, especially for people who are administering their own medicines, but there are some issues with them and they are not suitable for all people, nor for all living circumstances or for all types of medicines.

In a residential care setting, they can be problematic. As they tend to only be used for tablets and capsules, there will need to be two systems operating in order to administer other forms of medicines. They also cannot be used for certain types of tablet, for example, those that are light sensitive like chlorpromazine or those that have to be in glass bottles like GTN. Effervescent tablets can be a problem in MDS as they may be exposed to moisture and those that are cytotoxic such as methotrexate are also unsuitable. Medicines that are taken as needed (PRN) such as painkillers cannot be included in an MDS and neither can medicines such as warfarin where the dose changes depending on the results of blood tests.

Percutaneous endoscopic gastrostomy (PEG) and naso-gastric (NG) tubes

Where people are unable to swallow and are given nutrition through a PEG or NG tube, medicines can also be administered through this route. This can only be undertaken by care staff who have received additional training.

Other commonly used pieces of equipment are aids such as inhalers, eye and ear droppers, aerosols and syringes for injecting medicines.

Assessment activity 11

If you work in a residential setting, look at the MARs and list all the different materials and equipment that are being used to support medicine administration and what they are used for. If you work in a domiciliary setting, think about the different people you support, or ask colleagues about people they support and list all the different materials and equipment that are being used.

If you work in a pharmacy or a GP practice then think about the materials and equipment that have been prescribed or dispensed over the last two weeks and list as many as you can and their uses.

Notes

Notes

Learning outcome 5

This will contribute to the achievement of Learning outcome 5 of HSC 3047.

Be able to receive, store and dispose of medicines supplies safely

The assessment criteria for this outcome are that you can:

1. **Demonstrate** how to receive supplies of medicines in line with agreed ways of working
2. **Demonstrate** how to store medicines safely
3. **Demonstrate** how to dispose of unused or unwanted medicines safely

If you are working towards achieving a qualification you need to be aware that each of the assessment criteria for this outcome requires you to demonstrate what you are able to do. This means that your assessor, or another competent person acting as an 'expert witness' will have to observe you in the workplace. You cannot use a simulated situation as evidence to achieve a qualification.

Receiving supplies of medicines

Ways of receiving medicines will differ depending on the setting in which you work. In a residential setting, there is likely to be a process of checking which medicines need to be ordered from the GP surgery. It is important to order them in time to check the prescriptions against the MAR charts before they are taken to be dispensed. If people have chosen to manage their own medicines, then their prescriptions are likely to be dealt with separately either by the person or by a family or friend carer.

If you work to support someone in their own home, and you have been asked to support their medicines use, you may need to do something similar on an individual scale. You will need to check when the prescription needs to be ordered and check it before it goes to the pharmacy for dispensing.

The prescription should be checked for accuracy against the MAR chart for the person, so that it is certain that the prescription is what was ordered. If there are any changes, it will be necessary to check with the surgery in case the medicines have been altered.

Care homes will have their own procedures for how to ensure there are no errors. Many settings will photocopy the prescription before it goes to the pharmacy so that any discrepancy with the dispensed drugs can be identified and resolved quickly.

When the medicines have been dispensed, check the medicines and the MAR charts against the prescription. This should identify any errors before the medicine is administered.

There should be a space on the MAR chart to record the quantity of medicine received. This should tally with the amount printed on the label by the pharmacy. Two members of staff should do this together and both should sign the MAR chart.

Safe storage of medicines

In a residential care home medicines must be held in a locked cupboard, this can also be in the residents bedrooms or trolley with keys held by the person in charge or in a key safe.

- A lockable facility must be provided for people who are self-medicating, they do not need a separate cabinet for controlled drugs.
- Attention must be paid to temperature requirements – most medicines need to be stored below 25°C. It is important that medicines are not stored in damp or humid conditions as this can affect the stability of the medicines.
- A dedicated, lockable medicines fridge must be maintained in the range of 2-8°C and there should be a procedure to follow if the temperature falls out of range.
- The specification for controlled drugs cabinets is laid down in the Misuse of Drugs Regulations 2001 and 2007. Controlled drugs must be kept in the locked cabinet and there are strict procedures for accessing them.
- If a patient dies the medicines must be kept for seven days after the death as details may be required by the coroner.

None of the legal requirements apply in a person's own home, but it is important to check that medicines are kept in the correct conditions. Some may require refrigeration, and it is still important that they are stored at the right temperature and away from damp and humidity.

Disposing of unwanted medicines

Each care setting must have a written policy about how to handle the disposal of unwanted medicines and a clear set of procedures for staff to follow. There can be many reasons why medicines may need to be disposed of:

- Someone dies and their medicines must be disposed of. They must be kept for seven days following a death in case the Coroner wishes to examine them.
- Medicines have reached their expiry date. Some PRN (as required) medicines may go out of date before they are used.
- Treatment has been completed or changed and the medicine is no longer needed.

All unwanted medicines from a residential care home must be returned to the pharmacy for safe disposal. They can be left in the containers they were dispensed in.

Medicines from a nursing home can be removed from their containers, but not from blister packs, and then collected by someone with a clinical waste license. This may be a pharmacist or a specialist waste disposal company.

Unwanted medicines must not be used for any other person - this includes dressings and oral nutritional supplements. Medicines awaiting removal or return to the pharmacy must be kept in a locked cupboard until they are collected for disposal.

Normal rubbish collections or the drainage system via toilets or sluices are not suitable for disposing of medicines.

Needles and syringes must be placed in a 'sharps' box to reduce the risk of injury. These should be taken to the pharmacy or removed by the clinical waste contractor when full.

Liquid medicines should be stored in a special bin whilst awaiting disposal, it is not acceptable to pour them down the sink where they would eventually find their way into the general drainage and water supply system.

It is important to record any drugs that are disposed of. There should be a 'returns' system where a record can be kept and the quantity disposed of should be recorded on the relevant MAR sheet.

Disposing of controlled drugs is governed by strict regulations. If the CDs are in a nursing home they must be destroyed using a special destruction kit, in a residential home they must be returned to the pharmacy where they will be destroyed. The CD register and the medcines returns book must be written up to show exactly how many CDs were destroyed and the balance must be checked with contents of the CD cupboard. There should always be two members of staff who sign and witness any handling of CDs.

Remember that medicines belong to the person for whom they are prescribed, so, if appropriate, permission must be sought before destroying them.

Find out more

www.npc.co.uk

The National Prescribing Centre has more detailed information, particularly in relation to controlled drugs.

www.npa.co.uk

The National Pharmacy Association has information about how pharmacists can manage the safe disposal of medicines.

Assessment activity 12

Assessment for these outcomes must take place in the workplace. You must be able to demonstrate your ability to meet the assessment criteria and show that you understand safe practice in receiving, storing and disposing of medicines. Whatever your workplace, you will have a role to play in relation to these aspects of medicines management. Even though this assessment requires the demonstration of skills, it may still be helpful to make some notes here about your understanding of these aspects in order to inform any discussions with your assessor and to support your practice.

Notes

Learning outcome 6

This will contribute to the achievement of Learning outcome 6 of HSC 3047.

Know how to promote the rights of the individual when managing medicines

The assessment criteria for this outcome are that you can:

1. **Explain** the importance of the following principles in the use of medicines:
    - Consent
    - Self medication or active participation
    - Dignity and privacy
    - Confidentiality
2. **Explain** how risk assessment can be used to promote an individual's independence in managing medicines
3. **Describe** how ethical issues that may arise over the use of medicines can be addressed

Consent

Medicine, in general, cannot be given to someone without their consent. Specific steps may be taken to administer with the consent of the person in some circumstances, but this is not the usual approach. Of course, prescribed medicines must be offered to the person for whom they have been provided, but they have every right to refuse to take it. Consent, or refusal of consent, should always be a decision that is made with full information. People should know about the medicines before they decide to take them, and they should also know about the potential consequences if they refuse them.

If someone persistently refuses to take medicines after they have had all the information, the refusal should be recorded and their doctor should be informed.

Some people may be judged not to have the capacity to make decisions about their medicines; this could be as a result of severe learning disability or because of a progressive condition such as dementia. In this case a judgement about capacity under the Mental Capacity Act 2005 will have to be made. There are five underlying principles of the Act:

- A person must be assumed to have capacity unless it is established that he/she lacks it.
- A person is not to be treated as unable to make a decision unless all practicable steps to help him/her to do so have been have been taken without success.
- A person is not to be treated as unable to make a decision merely because he/she makes an unwise decision.
- An act carried out, or a decision made, under this Act for or on behalf of a person who lacks capacity must be carried out, or made, in his/her best interests.
- Before anything is done or a decision made, regard must be given to whether its purpose can be as effectively achieved in a way that is less restrictive of the person's rights and freedoms of action.

All ways of supporting people to make decisions must have been tried and found to have failed before a judgement about incapacity can be made. Seeking and gaining consent is important because it confirms people's dignity and rights to make choices about matters that affect their lives.

Find out more

www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Consent

Further information about consent and key documents relating to consent to treatment forms and guidance.

Self-medication active participation

The basic assumption when administering medicines should be that everyone will self-medicate unless there is reason not to. Most people will want to maintain control of their medicines and how and when they take them, but there will be others who will want support with some or all of their medicine management.

It is most likely to be a 'mix and match' approach rather than one or the other for many people. They may wish to maintain control, but may need help with the actual process of administering the medicine, or some people may like a reminder so they can feel secure that they will not forget.

Even when people decide that they need support with their medicines, they may still be able to do some aspects for themselves. The principle of active participation is that people should do as much as they possibly can for themselves. It is a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

This could mean that people may not actually be able to open containers to take their own medicine, but they can decide when and where they want to have their medicine. Rather than having to fit in with the medicine round, people must be able to have medicines at the time and in the place they choose.

Dignity and privacy

Maintaining people's dignity is very much part of making sure that they have choice and control. Many people may prefer to have their medicines in their own room rather than in a communal lounge, this is particularly important when creams or ointments are being applied.

Wherever possible, staff should avoid handling medicines. If an individual needs support the medicines should be handed to them so they can put them into their own mouth rather than having a care worker 'pop in a pill'. Similarly residents should be encouraged to apply creams and ointments for themselves.

The role of supporting someone to administer medicines should be exactly that – support provided only to do things that people really cannot do for themselves. The best way to maintain a person's dignity is to give support only where it is needed.

Confidentiality

People's medicines are as personal and confidential as any other information about them. Their medical history and prescribed medicines records must be kept securely and not left anywhere they can be seen by people who have no need to see them. In the same way, discussions about medicines should be held in private and not in a public room. It is not acceptable to discuss a person's medicines with anyone without the person's consent. Family members may ask questions about medicines and treatments, but these issues cannot be discussed unless the person has agreed and the agreement has been recorded.

Assessment activity 13

You should read the case study and answer the questions. This assessment criteria requires you to explain, so you should give full answers so that it is clear that you understand the reasons why this is important.

Case study

George is 76, he has just arrived in a residential care home because his wife died suddenly a few months ago and it then became clear that he was developing Alzheimer's Disease. He seemed to have got worse since his wife died, but his daughter thinks that her mother was probably covering up much of his confusion. George is coping quite well, he does struggle with words and phrases and will sometimes appear with his trousers back to front and a pyjama top instead of a shirt. But he enjoys going to the pub with a few of the other men, he likes pottering in the garden and looks forward to his grandchildren visiting at the weekends, he has their names written on their photos so he doesn't forget.

George has his medicines given to him during the medicine rounds each day, members of staff come into the lounge with a drugs trolley with everything in little pots. They walk all round the room and give people their medicines. His daughter asked him what he was taking, but he said he didn't know, he had asked once, but he had forgotten and didn't like to ask again.

Notes

1. **How would George's life be different if he was self medicating?**

2. **Has George consented to the medicines he is taking? If not – why not?**

3. **What could be done differently to give George more dignity, choice and control?**

4. **What information do you have from the case study that tells you about George's capacity to make decisions about his medicine?**

Assessment activity 13

Using risk assessment to promote independence

Risk assessments will not eliminate risks, but they will identify ways to reduce the risks as much as possible. Exercising a duty of care, a care setting must undertake a risk assessment if someone wants to self-medicate. Good risk assessments do not stop people from doing things; they should enable people to do more because safeguards are put in place to support people in doing what they want.

The questions to be asked of someone in a risk assessment are likely to be around how much information they have about what is involved, do they know how to store medicines and all the requirements of locked cupboards. They may also look at whether a person can open child proof containers and if plain tops would help, whether people need to be able to see the labels clearly, or the labels need to change. All aspects of self-medication need to be considered.

If the risk assessment starts from the premise that everyone should be able to self-medicate and seeks to find ways to make it happen rather than to stop it, then it is more likely that the person will be able to maintain a level of control over their life through managing their own medicines.

Notes

Assessment activity 14

Think of a person you support, or one whom you know who comes to your workplace for medicines. With them in mind, develop a risk assessment of them managing their own medicines. Include all the risks and the strategies that would need to be put in place in order to fulfil your duty of care whilst still promoting the person's independence. Your risk assessment is likely to cover at least seven or eight risks.

Risk	Reduction strategy

Ethical issues

Medicines can give rise to ethical issues for a range of reasons.

A difficult issue arises when someone decides they no longer wish to continue with treatment, even though this may mean that they will die or their quality of life will become very poor. In this situation, you can only make sure that they have all possible information and have had plenty of opportunity to discuss their decision with health professionals, family and friends. Unless there are issues of capacity, the decision is theirs to make.

Alternatively, there can be situations where families may request that medication is stopped because they feel that someone's quality of life has deteriorated and they should not go on. This is not a decision that families can make on behalf of someone. Many such cases have gone to court for a decision. In the absence of a decision from the person concerned, there can be no question of stopping medicines at the request of a family.

Other issues can arise over matters of personal or religious convictions. Vegans, vegetarians and some people's religious beliefs mean that they are not willing to take capsules that are made from gelatine which is an animal based product. Often this can be resolved by a discussion with the doctor and prescribing the same medicines in a different formulation.

There can be religious and cultural issues around the administration of medicines during fasting. All sorts of issues can arise with medicines that need to be taken with food or at times when someone is fasting and cannot take the tablets. This can often be resolved as there are exemptions from the requirements of fasting for people who are ill. It may also be possible to discuss with the doctor the possibility of adjusting the times of the administration.

Notes

Assessment activity 15

Write a case study that involves an ethical issue relating to medicine administration. The study should describe the situation and the reason the issue has arisen and then describe how the issue was addressed. The case study should be no longer than 300 words.

Notes

Learning outcome 7

This will contribute towards achieving Learning outcome 7 of HSC 3047.

Be able to support use of medicines

The assessment criteria for this outcome are that you can:

1. **Demonstrate** how to access information about an individual's medicines
2. **Demonstrate** how to support an individual to use medicines in ways that promote hygiene, safety, dignity and active participation
3. **Demonstrate** strategies to ensure that medicines are used or administered correctly
4. **Demonstrate** how to address any practical difficulties that may arise when medicines are used
5. **Demonstrate** how and when to access further information or support about the use of medicines formation on prescribers who are not doctors, dentists or vets. These can include pharmacists, midwives and nurses

If you are working towards achieving a qualification you need to be aware that each of the assessment criteria for this outcome requires you to demonstrate what you are able to do. This means that your assessor, or another competent person acting as an 'expert witness' will have to observe you in the workplace. You cannot use a simulated situation as evidence to achieve a qualification.

Information about an individual's medicines

The best way to find out about someone's medicines is to ask them. This may not always be possible, or may not give you information that you can rely on. Permission should always be sought before finding out information about a person's medicines. With the person's agreement you should do the following to find out as much as possible:

- Check the MAR to identify the medicines the person is taking.
- Research information about the medicines using the BNF and any other sources.
- Make sure that you know the type, the classification, the dose, the frequency, the formulation, the route of administration, possible side effects and cautions.
- Discuss any issues with the GP if you still do not have all the information you need.

Find out more

www.bnf.org

The BNF contains information about all medicines.

www.mims.co.uk

MIMS (the Monthly Index of Medical Specialities) is a drug database that contains current information about medicines.

Support medicine administration and promote hygiene, safety, dignity and active participation

Hygiene

All medicines should be administered hygienically. Hands should be washed in running water following the standard procedures to ensure that they are clean before administering medicines. Medicines should not be handled; they should be prepared using a 'clean' technique and pushed out of a blister pack straight into a clean medicines pot. If you are handling cytotoxic drugs, you should always wear gloves.

Safety

Care settings should have clear policies and procedures about how medicines are administered, these policies should be robust enough to minimise the risks of errors, mix ups or omissions of medicines.

The basic requirements of administering medicines are:

Make sure that you are giving the right medicine to the right person. Only administer from a pharmacy labelled container and check the person's name before giving it.

New staff and agency workers must be trained and competent in administering medicines. They should also be accompanied by another member of staff or use a system of photographs attached to the MAR chart.

Use the MAR chart to make sure that all the medicines needed at that time of day for that individual are being administered.

Check with the person that they want their medicine before removing it from the pack. If a person is going to refuse, it is advised you try several times in supporting the person to have their medicines. If there is a refusal you will have to dispose of medicines that you have taken out of the container or blister pack.

It is also important with PRN medicines to know how the person will communicate that they want the medicine. This means of communication should be recorded on the MAR sheet.

Check the MAR sheet when the dose to be administered is dependent on blood test results, such as with Warfarin.

Make sure you have any equipment or devices ready for administering medicines and a drink of water available for people to swallow tablets.

Prepare one person's medicine at a time, administer it then move on to the next person and never try to do two at once.

Find out more

www.pharms.com/support-pdfs/handlingmedsocialcare.pdf

This publication contains further information about administering medicines in the 'medicines toolkit'.

Dignity

Treating people with respect and offering the opportunity to have medicines in private rather than in a communal room is important. This is particularly important when the medicines may be of a personal nature. Any medicines which are administered through an invasive procedure should be administered in a private room.

Some people prefer workers of the same gender to administer medicines. This may be for religious or cultural reasons. This should be respected and appropriate arrangements made.

Active participation

People should be encouraged to take as active a part as they wish to in administering their medicines. Some people may not be able to open a tube or bottle, but will happily take their own medicines if help is provided to open the container. Others may want help with working out tablets, but are fine to put on cream or lotion. This will vary from person to person and it is essential to be sensitive to this and encourage people to do things for themselves. Do not be tempted to do it yourself because it is quicker.

Medicines to be administered correctly

Your responsibility is to ensure that the individual receives:

- The correct medicines – check MAR sheet and container
- The correct dose – check MAR sheet and container
- By the correct route – check MAR sheet and container
- At the correct time – check MAR sheet and container
- With agreed support – check with the person
- With respect, dignity and privacy

If you can go over this checklist, then you can be sure that the medicine has been administered correctly.

Practical difficulties

Sometimes things do not go according to plan and there are various problems that can arise. It is important that you know how to deal with them.

Lost medicines

Clear audit trails with everyone recording exactly what they have received and administered should help to identify if there are any medicines missing. All medicines should be able to be accounted for. If controlled drugs are missing, the police must be informed.

Missed medicines

People can miss doses of medicine for many reasons; they may have been asleep or out when the medicine round was done. People should not be woken up or made to stay in just to fit in with the medicine round. If it is clinically acceptable, administer the dose when they wake up or come back in. If it is not possible to give the dose at a different time for clinical reasons, the missed dose must be recorded on the MAR sheet.

Spilt medicines

A replacement dose should be given if medicine is spilt or dropped. The MAR sheet must record that this has been done and the audit trail must show what happened to the medicine. Safe disposal of the spilt or dropped medicines is important.

Refusal of medicines

People have a right to refuse medicines, but they must be given all the information they need to ensure they are making an informed decision. It is important that you sit down with them to discuss their reasons and to make sure they know the potential consequences. Refusals of medicine must be recorded and the GP informed. The covert administration of medicines should only be considered in extreme situations and never when someone has been judged to have the capacity to make an informed decision.

Find out more

www.nmc-uk.org.uk

The UKCC position statement on the covert administration of medicines, can be found at the Nursing and Midwifery Council website.

Wrong medicines

Unfortunately, medicines errors do happen, and they happen in care settings too often. In October 2009, a study into care homes use of medicines (CHUMS) led by Professor Nick Barber from the University of London, School of Pharmacy revealed unacceptable levels of errors:

- Seven out of ten residents were exposed to at least one medicines error during the study.
- More than a third of patients in care homes experienced a prescribing error and a similar number experienced a dispensing error.
- Overall, there was an 8-10% chance of an error happening during each act of prescribing, dispensing or administering a medicine.

It is important that, if an error is made, attempts must not be made to cover up – this poses a risk to the patient and the person making the error. This requires a culture change for many care settings into a 'no blame' culture.

It is essential that errors are acted on and reported in the correct manner. This should be stated in the medicines policy, and the reporting system may be different in each establishment.

Vomiting after taking medicines

It is usually wise to seek medical advice when this happens as it could be an adverse reaction. In some circumstances, it may be a regular occurrence and there may be no need for a medical opinion. It is important, though, to record the fact on the MAR sheet as well as in the daily record that the person has vomited before the medicine had been absorbed.

Adverse reaction

This has been examined in detail in an earlier section. Emergency medical help should be sought if necessary, a record should be made of the reaction and if necessary it should be reported via the 'yellow card' system.

Assessment activity 16

Assessment for these outcomes must take place in the workplace. You must be able to demonstrate your ability to meet the assessment criteria and show that you understand how to support the use of medicines. Whatever your workplace, you will have a role to play in relation to these aspects of medicines management. Even though this assessment requires the demonstration of skills, it may still be helpful to make some notes here about your understanding of these aspects in order to inform any discussions with your assessor and to support your practice.

Notes

Notes

Learning outcome 8

This will support the achievement of Learning outcome 8 from HSC 3047.

Be able to record and report on the use of medicines

The assessment criteria for this outcome are that you can:

1. **Demonstrate** how to record use of medicines and any changes in an individual associated with it
2. **Demonstrate** how to report on use of medicines and problems associated with medicines, in line with agreed ways of working can include pharmacists, midwives and nurses

If you are working towards achieving a qualification you need to be aware that each of the assessment criteria for this outcome requires you to demonstrate what you are able to do. This means that your assessor, or another competent person acting as an 'expert witness' will have to observe you in the workplace. You cannot use a simulated situation as evidence to achieve a qualification.

Record and report

A record of medicines must be made in all settings.

- Records must be clear, complete and up to date
- An audit trail should be maintained for each medicines: medicines entering the premises, administered and disposed/ leaving the premises
- Medicines carried over from one month to the next must be recorded on the MAR chart
- In care homes CDs must be recorded in a CD register as well as on the MAR chart
- The MAR chart must be supplemented by a care plan

It should be clear for anyone to see from the records exactly what you have done in relation to medicines. It is important that you do not record medicine as taken until it actually is. If you record medicine when you prepare it, the record is wrong if someone refuses it. Accuracy is important with all medicines, but particularly with CDs.

Reporting of problems with medicines will be in line with the policies of the care setting, but national requirements must be met such as the requirement to inform the police if CDs are missing and the requirement to make a report via the Yellow Card system for an adverse reaction to a new medicine.

Assessment activity 17

Assessment for these outcomes must take place in the workplace. You must be able to demonstrate your ability to meet the assessment criteria and show that you understand how to support the use of medicines. Whatever your workplace, you will have a role to play in relation to these aspects of medicines management. Even though this assessment requires the demonstration of skills, it may still be helpful to make some notes here about your understanding of these aspects in order to inform any discussions with your assessor and to support your practice.

Notes

Assessor record

Unit: HSC 3047

Support the use of medicines in care settings

Learning outcome	Competency domain	Assessment evidence	Assessor	Date
1. Understand the legislative framework for the use of medicines in care settings	3 a) b) c) d) e) 8 f) 10 d) f) 11 a) b) c) e) f) g)	Assessment activity 1,2,3,4		
2. Know about common types of medicines and their use	4 i) j) k) 5 e) 8 a) b) c) 9 a) b) c) 11 d)	Assessment activity 4,5,6		
3. Understand roles and responsibilities in the use of medicines in social care settings	3 g) 7 a) d) e) f)	Assessment activity 7,8		
4. Understand the techniques for administering medicines	4 b) f) g) 5 e) 9 d) f) g)	Assessment activity 9,10,11		

Learning outcome	Competency domain	Assessment evidence	Assessor	Date
5. Be able to receive, store and dispose of medicines supplies safely	2 j) 3 d)	Assessment activity 12		
6. Know how to promote the rights of the individual when managing medicines	3 b) e) 5 b) 6 a) b) c) d) e) f) 7 b) 9 e)	Assessment activity 13, 14, 15		
7. Be able to support use of medicines	1 a) b) c) d) 4 a) b) e) f) g) h) k) l) m) 8 h) 10 a) e)	Assessment activity 16		
8. Be able to record and report on use of medicines	2 a) b) c) d) e) f) g) h) i) j) k) l) 5 c) d) g) h) 8 g) 10 b) c)	Assessment activity 9,10,11		

Commonly used medication in a care home setting

Drug	Amoxicillin (antibiotic)
Common brand names	Amoxil
Common uses	UTI Oral infections Otitis media Bronchitis Uncomplicated community acquired pneumonia Exacerbation of COPD
Common adult doses	250mg-500mg every 8 hours (can be increased to 1g every 8 hours for pneumonia)
Cautions	History of allergy, renal impairment, erythematous rashes, common in glandular fever, acute/chronic lymphocytic leukaemia
Contra-indications	Penicillin Hypersensitivity
Common side effects	GI disturbance e.g. nausea, vomiting, diarrhoea Rashes Antibiotic associated colitis

Drug	Trimethoprim (antibiotic)
Common brand names	Trimopan
Common uses	UTI
Common adult doses	**Acute infection** 200mg every 12 hours **Prophylaxis** 100mg daily
Cautions	Renal impairment, pregnancy, breast feeding, elderly
Contra-indications	Blood dyscrasias
Common side effects	GI disturbances Pruritus and rashes Hyperkalaemia Angioedema and anaphylaxis

Drug	Aspirin (non-steroidal anti-inflammatory)
Common brand names	Angettes, Nu-seals, Caprin, Dispirin
Common uses	Mild to moderate pain Pyrexia Anti-platelet
Common adult doses	**Pain:** 300mg–900mg every 4-6 hours (max 4g daily) **Antiplatelet:** 150mg–300mg as soon as possible after ischemic event **Cardiovascular disease:** 75mg daily
Cautions	Asthma Allergic disease Hepatic impairment Renal impairment Dehydration Preferably avoid during fever or viral infection in children
Contra-indications	Children or adolescent under 16 years Breast feeding Previous or active peptic ulceration Haemophilia Gout
Common side effects	GI irritation Asymptomatic blood loss Increased bleeding time Skin reactions in hypersensitive patients

Drug	Warfarin (anticoagulant)
Common brand names	
Common uses	Prophylaxis of embolisation in rheumatic heart disease Prophylaxis and treatment of venous thrombosis and pulmonary embolism
Common adult doses	Dependent on patients INR
Cautions	Hepatic or renal disease Recent surgery Breast feeding
Contra-indications	Pregnancy, peptic ulcer, severe hypertension bacterial endocarditis
Common side effects	Haemorrhage, hypersensitivity Rash Alopecia Diarrhoea, nausea, vomiting

Commonly used medication in a care home setting

Drug	Ramipril (ACE inhibitor)
Common brand names	Tritace
Common uses	Hypertension Heart failure MI Prophylaxis of cardiac events following MI
Common adult doses	This drug needs to be titrated up to achieve the following maintenance doses: Hypertension: 2.5mg-5mg (max 10mg) once daily Heart failure: Daily dose of 2.5mg or more in one or two divided doses (maximum 10mg daily) MI: 2.5mg-5mg twice daily Prophylaxis of cardiac events: 10mg once daily
Cautions	Hepatic impairment Take care with patients also taking diuretics Hypotension Peripheral vascular disease Generalised atherosclerosis Monitor renal function (reduce dose in renal impairment)
Contra-indications	Patients with hypersensitivity to ACE inhibitors Patients with known reno vascular disease Pregnancy
Common side effects	Profound hypotension Renal impairment Persistent dry cough Angioedema Rash Pancreatitis Upper respiratory tract Symptoms such as sinusitis, rhinitis and sore throat. GI disturbances Altered liver function tests and jaundice Headache, fatigue, dizziness, taste disturbance and malaise

Drug	Digoxin (cardiac glycosides)
Common brand names	Lanoxin, Lanoxin PG
Common uses	Heart failure supra-ventricular arrhythmias eg Atrial fibrillation and atrial flutter
Common adult doses	**Rapid digitalisation:** 1-1.5mg in divided doses over 24 hours **Usual maintenance of Atrial fibrillation:** 125-250mcg daily **Heart failure:** 62.5-125mcg daily
Cautions	Recent MI sick sinus syndrome Thyroid disease Rapid infusion causes nausea and arrhythmias Renal impairment Elderly
Contra-indications	Intermittent complete heart block Second degree AV block
Common side effects	Hypokalaemia Hypotension Nausea, vomiting, diarrhoea Arrhythmias Blurred/yellow vision

Drug	Simvastatin (lipid regulator)
Common brand names	Zocor, Simvador
Common uses	High cholesterol, hyperlipidaemia Prevention of cardiac events in atherosclerosis
Common adult doses	**High cholesterol with hyperlipidaemia:** 10-80mg at night **Familial high cholesterol:** 40mg at night or 80mg 3 times daily in divided doses **Prevention of cardiovascular event:** 20-40mg at night (max 80mg at night)
Cautions	Renal impairment, liver disease, high alcohol intake, hypothyroidism
Contra-indications	Active liver disease Consistently abnormal liver function tests Pregnancy Breast feeding
Common side effects	Muscular effects eg myositis, myalgia, myopathy Headache Dizziness Sleep disturbance Altered liver function tests GI disturbance Hypersensitivity reactions

Commonly used medication in a care home setting

Drug	Gliclazide (sulphonylureas)
Common brand names	Diamicron, Diamicron MR
Common uses	Type 2 diabetes mellitus
Common adult doses	Initially 40-80mg daily, adjusted according to response (max single dose: 160mg with breakfast) Higher doses should be divided (max total dose: 320mg daily)
Cautions	Weight gain Elderly mild-moderate hepatic and renal impairment
Contra-indications	Severe hepatic and renal impairment Pregnancy and breast feeding Ketoacidosis
Common side effects	Nausea, vomiting, diarrhoea/constipation Disturbance to liver function

Drug	Metformin (biguanide)
Common brand names	Glucophage, Glucophage SR
Common uses	Diabetes mellitus
Common adult doses	500mg-1g daily in divided doses, adjusted according to response (max total dose: 320mg daily)
Cautions	Renal impairment Dehydration Acute heart failure Respiratory failure Hepatic impairment
Contra-indications	Ketoacidosis General anaesthesia Pregnancy
Common side effects	Anorexia Nausea, vomiting, diarrhoea Abdominal pain Taste disturbances

Drug	Levothyroxine (thyroid hormone)
Common brand names	Eltroxin
Common uses	Hypothyroidism
Common adult doses	Initially 50-100 micrograms daily adjusted in steps of 50 mcg every 3-4 weeks until metabolism normalised (usual maintenance dose: 100-200mcg daily)
Cautions	Elderly Cardiovascular disorders Diabetes
Contra-indications	Thyrotoxicosis
Common side effects	Usually at excessive doses: Arrhythmias Palpitation Muscle cramps Gastro-intestinal disturbances

Drug	Lactulose (osmotic laxative)
Common brand names	Duphalac, Lactugal, Regulose
Common uses	Constipation Hepatic encephalopathy
Common adult doses	**Constipation:** Initially 15ml twice daily initially then adjust to response **Hepatic encephalopathy:** 30-50mls three times daily
Cautions	Lactose intolerance
Contra-indications	Galactosaemia Intestinal obstruction
Common side effects	Flatulence Cramps Abdominal discomfort

Commonly used medication in a care home setting

Drug	Senna (stimulant laxative)
Common brand names	Senokot
Common uses	Constipation
Common adult doses	15mg-30mg at night, initially low dose, gradually increased
Cautions	Intestinal obstruction Pregnancy
Contra-indications	
Common side effects	Cramps Diarrhoea Hypokalaemia

Drug	Omeprazole (proton pump inhibitor)
Common brand names	Losec
Common uses	Gastric/duodenal ulcer Gastro-oesophageal reflux Acid related Dyspepsia
Common adult doses	Usual maintenance dose 20mg daily
Cautions	Liver disease Pregnancy and breast feeding Gastric cancer
Contra-indications	None identified
Common side effects	Nausea, vomiting, abdominal pain, flatulence, diarrhoea, constipation Headache and dizziness Dry mouth Insomnia, drowsiness, malaise, blurred vision, rash and pruritus

Drug	Prednisolone (steroid)
Common brand names	Deltacortril
Common uses	Suppression of inflammatory allergic disorders
Common adult doses	**Initially:** 0-20mg daily **Severe disease:** 60mg daily in the morning, can be reduced after a few weeks **Usual Maintenance:** 2.5-15mg daily (higher doses may be needed)
Cautions	Adrenal suppression and infection Hypertension Recent MI Congestive heart failure Renal impairment Epilepsy Peptic ulcer
Contra-indications	Systemic infection Avoid live virus vaccines in immunosuppressed
Common side effects	Dyspepsia, peptic ulcer, abdo distension, acute pancreatitis candida Osteoporosis, impaired healing, skinatrophy, bruising Adrenal suppression, menstrual problems, amenorrhoea Weight gain/increased appetite Increased susceptibility to infection Depression, insomnia

Drug	Paracetamol (non-opioid analgesia)
Common brand names	Panadol, Panadol soluble
Common uses	Mild/moderate pain Pyrexia
Common adult doses	0.5-1g every 4-6 hours to a max of 4g daily
Cautions	Hepatic impairment Renal impairment Alcohol dependence
Contra-indications	None identified
Common side effects	Rash Blood disorders e.g. thrombocytopenia, leucopoenia and neutropoenia Liver damage following over dosage

Commonly used medication in a care home setting

Drug	Codeine (Opioid analgesia)
Common brand names	None
Common uses	Mild/moderate pain diarrhoea
Common adult doses	30-60mg up to 4 hourly when required (max: 240mg daily)
Cautions	Hypotension Hypothyroidism Impaired respiratory function/asthma Pregnancy and breastfeeding Renal impairment Hepatic impairment Prostatic hypertrophy IBS Epilepsy Opioid dependent patients
Contra-indications	Acute respiratory depression Acute alcoholism Raised intracranial pressure/head injury Comatose patients
Common side effects	Nausea, vomiting, constipation Hypotension Respiratory depression Confusion, drowsiness, headache, dizziness Dry mouth, sweating and facial flushing Bradycardia/tachycardia/palpitations Urinary retention Rash, urticaria, pruritus

Drug	Zopiclone (non-benzodiazepine hypnotic)
Common brand names	Zimovane, Zimovane LS
Common uses	Insomnia
Common adult doses	3.75mg-7.5mg at night
Cautions	Elderly Muscle weakness Drug abuse Psychiatric illness Prolonged use Hepatic impairment Renal impairment Pregnancy
Contra-indications	Neuromuscular respiratory Weakness Sleep apnoea Breast feeding
Common side effects	Taste disturbance Nausea, vomiting, dizziness, drowsiness, dry mouth, headache

Drug	Salbutamol (short acting beta agonists)
Common brand names	Ventolin, Salamol
Common uses	Asthma and other conditions associated with reversible airways obstruction
Common adult doses	**Via aerosol:** 100mcg-200mcg up to four times daily **Via nebules:** 2.5mg-5mg up to four times daily (max: 40mg daily)
Cautions	Hyperthyroidism, cardiovascular disease, arrhythmias, pregnancy and breast feeding
Contra-indications	Normally no contra-indicators if nebulised
Common side effects	Fine tremor, especially of the hands Nervous tension Headache Muscle cramp Palpitations Tachycardia and arrhythmias

Improving medication management in care homes is a systemwide issue, which needs to be tackled by many different groups working together. This work is now being taken forward in an integrated programme led by the National Care Forum, funded by the Department of Health, working as part of a wider cross-sector partnership. This partnership involves:

Age UK

English Community Care Association

National Care Forum

Royal College of General Practitioners

Royal College of Physicians

Royal Pharmaceutical Society

Care Provider Alliance

National Care Association

Registered Nursing Home Association

Royal College of Nursing

Royal College of Psychiatrists

The Health Foundation

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