**Department of Health and Social Care**

**Medication Management in Care Homes**

**February 2021 Update**

**Training Workbook for Care Workers**

**Name…………………………………………………..**

**Name of Care Home …………………………….**

**Training Date ……………………………………….**

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# Introduction to Medication Management for People in Care Homes

This is your personal workbook that you will use and complete alongside the pre-recorded training session. We recommend you print it off prior to starting the session.

City of Edinburgh Council (CEC), Department of Health and Social Care has agreed policy and procedures on Medication Management. The relevant content parts of the relevant procedure are incorporated into this training. Your Care Home might have procedures that differ from CEC procedures, you must be aware of these and apply at all times. This session will provide you with an introduction to medicines and their use and your role and responsibilities in the management of and administration of medicines for people in a care facility.

This training session has been recorded by an experienced NHS pharmacist, and you will have the opportunity for discussion, and to raise any questions you may have on the issue of working with medicines in your role.

**What does the training involve?**

This workbook contains a summary of all the topics that will be covered during the training sessions, so there will be no need to scribble down lots of notes. Afterwards, you can use the book to refer back to if there is something, you’re not sure about or want to recap.

 **Why do I need to complete the workbook?**

There are various activities throughout the workbook that should be completed during the training session, if possible. All the activities require you to jot something down, so make sure you have a pen ready.

The types of activities include:

“think of...” these will ask you to think about the medicines you may work with

“discuss...” these will ask you to discuss something and then jot down your thoughts. Your trainer will talk about the discussion during the presentation.

“complete the table...” other activities require you to complete a table and there will usually be an example already done for you

“what if...?” these ask you to jot down what actions you would take in an imaginary scenario.

Some of today’s activities will be particularly useful if you are working towards your SVQ in Care, as they can be used as part of your evidence portfolio.

 **Any questions?**

Everything you need to know should be explained at the start of the training. However, if you are unsure about anything, or have any questions, speak to you line manager following completion of the training. They want you to get the most out of the training, so don’t be so afraid to ask!

**Questions you may have following your training**

If you have any queries concerning the specific procedures regarding medicines in your area you can speak with your pharmacist or manager.

# Session One

# Introduction to medicines and their use

**Learning Outcomes**

After completing this session, you will be able to:

* **Explain the difference between a medicine and a drug**
* **Classify different types of medicines**
* **Explain the different forms of medicines and routes of administration**
* **Describe the importance of strength, dosage, frequency and timing**
* **Define the difference between generic and brand names**
* **Explain what should appear on a medicine label**
* **Understand what is meant by “homely remedies”**

## Drugs and medicines

What is the difference between a medicine and a drug?

**What is a drug?**

A drug is something that is taken into the body and changes the way the body works.

What do you think of when you hear the word “drugs”? We usually think of drugs that are abused, such as heroin or cocaine. However, there are some common examples of drugs that we all probably take sometimes. For example, nicotine, alcohol and caffeine are all drugs as they alter the way the body acts after taking them.

**What is a medicine?**

Medicines contain drugs in a specially prepared form and are taken for one of the following reasons:

To treat an illness, e.g. a chest infection

To stop an illness occurring e.g. vaccinations

To relieve the symptoms of an illness e.g. to control the pain of arthritis

To keep the body working normally, e.g. to keep blood sugar levels normal in diabetics

To improve the quality of life, e.g. treating depression

One example of a drug, which is contained in many medicines, is **Paracetamol -** an importantingredient in **Lemsip.**

**Activity**

Can you list the medicines you know about that contain Paracetamol and what they are used for.

|  |  |
| --- | --- |
| **Medicine** | **What is the medicine used for?** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Different classes of medicines

Not all medicines need to be dispensed by a pharmacist from a prescription.

There are three classes of medicines:

**General Sales List – GSL** These are medicines that do not have to be sold in a pharmacy. They are unlikely to cause serious side effects if taken as instructed on the packet. They are only available in small quantities and can be bought from supermarkets, grocery stores and garages, as well as pharmacies.

Example – 16 Paracetamol tablets (e.g. Panadol)

**Pharmacy medicines – P**

These are medicines that can only be sold in a pharmacy under the supervision of a pharmacist. This is so that the pharmacist, or their staff, can check that the medicine is suitable for the customer to prevent side effects and interactions with other medicines. They could do this by asking a series of questions (WWHAM):

**W**ho is the medicine for?

**W**hat are the symptoms?

**H**ow long have the symptoms been present?

Other **A**ctions taken

Other **M**edicines taken

It could also be larger quantities of GSL products. There is a P on the packaging of these medicines.

Example – 32 Paracetamol and Codeine tablets (e.g. Paracodol)

**Prescription Only Medicines – POM**

These are medicines that can only be supplied from a pharmacy. They need to be dispensed from a prescription written by a doctor, dentist or certain pharmacists and nurses. They will be prescribed for a particular patient at a certain dose with specific instructions that must be included on the label by the pharmacist. You can tell these medicines are prescription only by the POM on the container.

Example – 100 Paracetamol and Dihydrocodeine tablets (e.g. Remedeine / Codydramol)

**Controlled Drugs – CDs**

These medicines are prescription only but also have additional restrictions, as they are particularly addictive or likely to be misused. We will discuss the requirements of Controlled Drugs later in session 3.

Example – 60 Morphine tablets 10mg (e.g. MST 10 mg tablets)

**Different forms and routes of administration**

As you will already be aware, medicines come in a huge variety of shapes, colours, sizes and forms. Even an ordinary white tablet may not be as straightforward as it first seems! Some tablets have special coatings (e.g. enteric coated, EC) and others are made to release the medicine in a special way in the body (e.g. slow or modified release, SR/MR).

**Different forms of medicines**

There are many different forms of medicines, such as:

**Tablets** – can be dispersible, soluble, modified or slow-release (MR/SR), enteric-coated (EC), chewable, sublingual, buccal

**Oral Sachets** – medications usually mixed with water before taken

**Capsules** – can be modified or slow-release (MR/SR) or can contain enteric coated granules

**Liquids** – syrups, suspensions, linctus’s

**Suppositories** – administered rectally (via the back passage)

**Ear/eye/nose drops** – administered into the relevant parts

**Pessaries** – administered via the vagina

**Injections** – administered via the skin with a needle

**Creams/ointments/lotions** – applied to various parts of the body

**Inhalers/nebulisers** – inhaled into the lungs

**Sprays** – applied to the mouth or under the tongue

**Patches/Medicated plasters** – applied to the skin from where the drug is absorbed

**Not all of these medications will be given by care workers - pessaries, suppositories, and injections are normally given by the nurses.**

**Different routes of administration**

The different forms of medication described above have different routes of administration:

**Oral** – by mouth

**Rectal** – via the back passage

**Vaginal**– via the vagina

**Topical** – directly to the site where needed, e.g. onto the skin or inhaled into the lungs

**Intravenous/intramuscular/subcutaneous/depot** – for injections

**Activity**

Complete the table below with the correct route of administration for each form.

|  |  |
| --- | --- |
| **Form of Medicine** | **Route of administration** |
| Suppositories |  |
| Tablets |  |
| Inhalers |  |
| Eye drops |  |

## How the form of a medicine can affect how it is given

As you can see from the previous list there are so many more forms of medicine than ordinary tablets that are swallowed with water. The form of the medicine affects how it is administered.

**Tablets**

Example – Glyceryl Trinitrate (GTN) tablets are sublingual, which means they have to be placed under the tongue and allowed to dissolve. If they are swallowed like ordinary tablets they will not work.

Example – some indigestion tablets have to be chewed or sucked before swallowing. Again, if they were swallowed whole they would not have the desired effect.

Some people may have difficulty swallowing tablets and ask for them to be broken in half or crushed. If tablets have a score-line it is often acceptable to break the tablet along this line however it should be discussed with the prescriber/pharmacist first and agreed with a senior member of staff. If you are halving a tablet, make sure you wear gloves to keep the tablet clean and to protect yourself. Tablet-cutters are available to purchase from the pharmacy. You should always check with the pharmacist before breaking a tablet without a score-line or crushing a tablet because tablets are not meant to be crushed or broken, unless stated on the label. Tablets that are slow-release or enteric-coated are designed to be broken down in the stomach or intestine in a special way, not chewed or crushed before being taken as they will not work properly. These types of tablets will probably have a warning on the label – “Swallow this medicines whole. Do not chew or crush”.

There may be a liquid form of the tablet that the person could be changed to. The prescriber would have to change the prescription before the pharmacist could then dispense it.

**Liquids**

Some types of liquid medicines contain powder that has to be mixed properly before giving a dose. When the liquid is stored in a bottle the powder can settle to the bottom, so it is really important that the bottle is shaken well before pouring. If it isn’t shaken then the dose might not contain the right amount of medicine.

A proper 5ml-measuring spoon or oral syringe, obtained from a pharmacy, should always be used to give the doses of liquid medicines. Ordinary teaspoons should not be used – they may not hold 5ml of liquid, so a person may receive too much or too little medicine.

How do medicines work?As discussed, some medicines are administered directly where their effects are needed, like creams or inhalers. These are **topical** medicines. All other types of medicine are known as **systemic** medicines as they are taken internally to have an effect somewhere in the body.

**But how do they get to the part of the body that needs them and how do they know where to go?**

There is one thing that every part of the body has – the blood. The blood is taken everywhere in the body by the arteries and veins, carrying essential substances to and from the major organs and all the body’s cells. **Medicines are carried in the blood to the part of body that need them to have the desired effect**. Where exactly the medicine works depends on the drug it contains, and they don’t always work at the place where the problem occurs.

**Example** – if someone breaks their toe, they will need to take a painkiller. Depending on the type of painkiller taken it may act on the toe itself or it may work in the brain to stop the pain messages being sent to the toe.

Medicines given orally, like tablets or capsules, have to first be taken into the stomach and broken down before being absorbed into the blood. This can take some time. Liquid medicines do not need to be broken down in the stomach first and so usually act more quickly than tablets or capsules. When intravenous (IV) injections are given they are administered directly into the blood, so they can travel immediately to where the medicine is needed and have a very quick action. This is why they are often given in an emergency situation.

**Strength, dosage, timing and frequency of medicines**

Strength of medicines
The strength of a medicine tells you how much drug it actually contains. Strengths are usually stated as milligrams (mg) but may be as micrograms (mcg) or grams (g). For liquid medication it can be stated as (mg/ml) or (mcg/ml). Strengths can be very confusing, especially as they don’t have anything to do with the size of the tablet or the amount of a liquid. There are many other ingredients included in medicines apart from the drug to make sure it works in the correct place in the correct way. Some ingredients are used to “bulk” the medicine into a form that makes it easy to take, or apply etc.

Example – an ordinary paracetamol tablet contains 500mg of paracetamol. If you compare it with a soluble paracetamol tablet, that also contains 500 mg paracetamol; you can see it is much bigger in size, even though the strength is the same.

Different medicines that are taken for the same reason can vary in strength as well.

Example – a person has been taking a sleeping tablet with a strength of 1mg. The prescriber decides to change the prescription to a different sleeping tablet that has a strength of 20mg. Because different drugs require different amounts to have their desired effects this doesn’t mean that the person is taking a new tablet, which is 20 times stronger!

**Dosage**The amount of medicine that is taken is very important. If too much is taken this can lead to unpleasant or dangerous side effects and if too little is taken the medicine may not work and cause more problems. The amount of medicine to be taken is called the dosage. The prescriber will have decided on a specific dosage for each patient according to the severity of their condition and other factors, like age, weight and how well their liver or kidneys are working. So even though two people may be taking the same medicine, they may not be taking the same dosage.

The dosage is normally expressed as a quantity. Example – “two tablets to be taken” or “two 5ml spoonfuls” to be taken.

**Timing and frequency**To work at their best medicines have to be taken or given at the right time and as often as the prescriber has specified on the prescription. Some medicines also have to be taken at specific times in relation to food. For example, some anti-inflammatory tablets need to be taken with or after food to stop them causing stomach problems. Other medicines, like certain antibiotics need to be taken on an empty stomach because food affects their absorption. This will mean that people will have to wait for a while after taking the medicine before eating.

Where medicines have to be taken at regular intervals it is important to make sure that these intervals are spaced out evenly. If doses are taken too close together the level of drug in the patient’s blood stream may be too high at a particular time and could cause side effects. If taken too far apart the medicines may not work properly.

Some medicines are prescribed to be taken “as required”, such as painkillers or Glyceryl Trinitrate (GTN), which is taken for angina. It is important that the person is able to have these medicines when they need them. These “as required” medicines sometimes have a maximum dosage per 24 hour period or minimum time interval between doses.

Example – the maximum dosage of paracetamol tablets is 8 in a 24-hour period. If this dose is exceeded, it can lead to liver damage.

## Generic and brand names

When a medicine is first produced it has two names – a generic name and a brand name. The generic name is the active ingredient, such as paracetamol or aspirin. The brand name (also known as the proprietary or trade name) is given by the manufacturers who first produce the medicine, e.g. Panadol. After a number of years the medicine comes “off patent”, which means that other pharmaceutical companies can then manufacture it. However, other manufacturers cannot use the original brand name; they have to market it using the generic name.

**Example** – when omeprazole (used to treat heartburn and other stomach conditions) was first manufactured it had the brand name of Losec; because it has now come off patent there are several manufacturers producing their own generic version that they have to market it as omeprazole. This can cause confusion for patients, especially if they have been receiving the brand named medicine for years and then it is changed to the generic version. This may look different to the branded product, as it may be a different shape or colour. However, it will contain exactly the same amount of medicine.

If someone in your service notice a change in their medicines it may be due to this reason; however, you should always check it with your pharmacist. If a person has a problem with different colours or shapes of the same medicine, then ask the pharmacist to give the same one if possible.

## Medicine labels

**Activity**

From what we have discussed so far, write down below what you think should appear on a medicine label.

|  |
| --- |
| **Medicine Label** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

You probably included some of the following:

 Medicine name – may be as the generic or brand name

 Form of the medicine – e.g. tablets or cream

 Strength

 Quantity

 Directions for use – dosage and frequency

Any warning labels – e.g. if the medicine causes drowsiness or has to be discarded after a certain period

 The person’s name

 Date the medicine was dispensed

“Keep out of the reach of children” will always be on the label and for external liquid preparations, “For external use only” will be on the label.

The pharmacy name and address will also be on the label. Usually the pharmacy telephone number will be on the label too and this can be used to contact the pharmacist in case of problems or queries about the persons medicines.

## Warning labels

There are many different warning labels that can appear on medicine labels. Again, some can be confusing so if you are unsure about the meaning of any warnings make sure that this is checked with the pharmacist.

Some examples of warnings that appear on labels are shown below:

Warning: This medicine may make you sleepy. If this happens, do not drive or use tools or machines. Do not drink alcohol.

Warning: Do not stop taking this medicine unless your doctor tells you to stop.

This medicine may colour your urine. This is harmless.

## Homely remedies

These are medicines that are kept in a Care Home which can be bought over-the-counter in a pharmacy. They will be kept as stock to be given to people when they need them, or they may be purchased for an individual person for their own personal use.

There is an agreed list of Homely remedies which can be stored in a Care home. It details the medicines that can be given with instruction on administration.

A homely remedy policy should be filled out for each resident and signed by the GP giving you permission to administer homely remedies. Administration should be recorded on the back of the MAR chart. Homely remedies should only be used for 72 hours without seeking advice from the GP.

Homely remedies should be stored in a locked cupboard, separate from other prescribed medication.

If your Care Home does not currently have a homely remedy policy in place you need to discuss with the GP’s and get them to agree before you can implement one.

**Activity**

If homely remedies are used in your care home, please think of 3 homely remedies that you keep and what they are used for?

|  |  |
| --- | --- |
| Homely Remedy | Used for |
|  |  |
|  |  |
|  |  |

**What if....?**

One of your residents is having difficulty swallowing one of her tablets that she has been taking for a long time. She asks you to crush it and put it into her yoghurt so that it will “slip down more easily”. She says that one of the other care staff have done this for her previously.

|  |
| --- |
|  |

Jot down below briefly what you would do in this situation and why.

# Evaluation questions Session one

At the end of this training session, complete the relevant section below. This will check that the learning objectives of the session have been met and help to identify any areas that you’re not sure about so that you can ask your manager or pharmacist for clarification.

Your manager or supervisor may like to take a photocopy of these pages after completion as a record of the training that you have received on medicines.

**Session one**

**Introduction to medicines and their use**

After completing this session, do you... **Yes No Not sure?**

|  |  |  |  |
| --- | --- | --- | --- |
| Know the difference between a medicine |  |  |  |
| and a drug? |  |  |  |
| Know the different classes of medicines? |  |  |  |
| Know the different forms of medicationand routes of administration |  |  |  |
| Understand the importance of strength,dosage, frequency and timing? |  |  |  |
| Understand the difference betweengeneric and brand names? |  |  |  |
| Know what should appear on a medicine label? |  |  |  |
| Understand what is meant be “homely remedies”? |  |  |  |
| Is there anything else I need to ask following this session? |  |  |  |

#  Session Two

# Providing support with the administration of medicines

Learning Outcomes

After completing this session, you will be able to:

* **Explain the importance of having a Policy and Procedure on Medication Management**
* **Explain how the law applies to medicines and their use**
* **Describe the Medication Assessment process**
* **Understand your role in the administration of medicines to people in your Care Home.**
* **Know how to administer different forms of medicines.**
* **Be clear about the specific records to be completed in relation to medicines e.g. Medication Administration Record (MAR chart).**
* **Explain the action you will take in the event of a Medicine Incident**

## Policy on medicines

All policies and procedures in Care Homes are put in place to promote the safety and wellbeing of the people you care for and the safe practices of all care staff.

You need to be aware of the specific service procedure for your area of work and apply them at all times. You should also adhere to the Scottish Social Services Council (SSSC) code of practice for social service workers, be aware of The Health and Social Care Standards and other guidelines from the Care Inspectorate.

## Medicines and the law

Medicines prescribed for a person are that person’s property and may not be used by another person. However, anyone can administer a POM to another person with that person’s consent, provided it is in accordance with the directions of a doctor. Please note that in Care Homes only trained staff should administer medication.

It should be remembered that medicines should be treated like any other property, e.g. money. If medicines are a person’s property, then they have the right to refuse them and we will discuss this and issues around patient consent in Session Three. Medicines, like other property, need to be kept safely and we will be discussing the storage of medicines later in this session.

## Medication Assessment

**Supporting people to manage their medicines**

The type of support that people require when taking medication will depend on their physical, mental and emotional state. It will also depend on their age and should take into account their personality, temperament and character. Some will require a high degree of support, with you doing everything for them. Whilst others, as we will discuss, will be able to self-administer their medicines with minimal involvement from care staff.

When addressing people’s needs you may be involved with a range of tasks such as the following:

* Assisting in self-administration and helping a person to find a good way of remembering when to take their medicines e.g., linking to another action like getting up, or having lunch
* Helping people to take their medicines, e.g. pouring liquids onto a spoon
* Proving physical assistance, e.g. helping someone to sit up
* To provide encouragement and prompts to aid compliance
* Observing and listening to people
* Passing on information to others, e.g. line managers, prescribers, pharmacists
* Providing people with information about their medication – but, importantly, never offering advice on medicines, whether prescribed, herbal, homeopathic or bought over the counter.
* Administering medicines to people
* Reacting to unexpected problems and emergencies

Whatever the needs are of the people using your service you should ensure that their medicines are used:

* Safely, so no harm comes to themselves or others
* Effectively, so that they receive the right medicines and get the most benefit from them
* In a way that encourages and maintains their independence
* In a way that promotes their rights

**Information on peoples support needs can be found in:**

* The persons Personal Plan including the Management of Medication Care Plan
* The assessment documentation or review forms
* Your service documents
* Information from other staff, which will often be verbal

If you are at all unsure about any information you’ve been given, then you should check with your manager.

Remember that a person’s support needs may change. For example, if someone becomes ill, they may need more support than normal.

## Different levels of support

Before starting a service, the persons assessor will have completed an assessment stating clearly the support the person requires with their medicines. On admission to a care home a Medication Risk Assessment should be completed along with a Management of medication care plan detailing the level of support the person needs to manage their medication.

**Self-Administration**

 Some people can retain full control of their medication and need no intervention from care staff.

Self-administration, or self-medicating, involves people taking responsibility for their own medicines. The responsibility of taking and looking after their own medicines will normally enhance a person’s self-esteem and we will be looking at this later on in the training.

Before a decision can be made as to whether a person can self-medicate, they will have had a risk assessment. The ability of the person to continue to safely self-medicate should be monitored and reviewed every 6 months or sooner if the persons mental or physical health changes. However, people have the right to self-medicate even if the manager and GP don’t think they can manage it.

The person will have to show that they understand the dosage regime (i.e. how much and how often the medicine should be taken), that they can physically take the medicine without assistance, and that their mental and emotional state will not affect compliance

If people have difficulty remembering to take medicines, then medication aids can be provided to prompt individuals. It may also be helpful to link medicine taking with certain daily activities, like getting up, going to bed or a particular mealtime.

The person must have a lockable drawer/cupboard where the medication can be stored securely.

**Self - Administration with some practical assistance or prompting**

People will maintain overall responsibility and maximum control of their medication but might need some support.

The person may require assistance with tasks such as:

* Verbal prompts and reminders to take their medications
* Ensuring people have a drink to take their medication
* Assist opening compliance aids/original packaging
* Organise prescriptions from GP and receive medication from the pharmacy

As mentioned above a person who is self-administering must have a lockable drawer/cupboard where the medication can be stored securely.

**Administration of Medicines**

People are assessed as unable to manage and understand their own medication and cannot retain full responsibility for the management of such.

Care staff are:

* Taking instruction from the MAR sheet/eMAR for all medication
* Administering tablets/capsules to the person
* Pouring liquids from the bottle as per MAR instruction
* Applying or assisting with creams/ointments
* Putting tablets into person’s hand or mouth
* Applying or assisting with eye, ear drops/ointments or nasal preparations
* Administer or assist with inhaled medication
* Applying patches
* Record on MAR sheet/eMAR

Please note: It is important to be methodical and thorough when administering medicines to people. Try not to do more than one thing at once and allow enough time.

**Potentially invasive medicines**

Care staff will not undertake procedures other than those detailed above unless specific training is agreed between staff and service manager. Qualified health care professionals with the required medical knowledge, skill and training should perform procedures such as:

* any invasive procedures for example, injections, enemas, suppositories, pessaries
* removal of stitches

Dressings should be applied by a Nurse or as directed by a Nurse.

**Emergency Medication for Epilepsy**

Care staff will in some instances have to provide emergency medicines for people with epilepsy. This would usually involve administering buccal/nasal midazolam. For care staff to be able to provide this medication there needs to be an epilepsy care plan written by a speciality nurse or other Health Care Professional. The care plan will include details such as seizure description, indication for the use of midazolam, when and if a second dose can be given, who to inform after administering and when to seek emergency medical assistance. The persons consent must also be documented.

The care staff must have attended training prior to administering these medications. The emergency medication must have been administered under medical supervision on at least one prior occasion before care staff will be able to administer.

## Administering medication

**Preparation….**

Before giving medicines, it is important that the following preparation is carried out:

* Wash your hands
* Assemble the medicines
* Have 5ml spoons/ oral syringes available for liquid medicines and medicine cups for other medicines
* Have some drinking water ready
* Locate the relevant medication administration record (e.g., MAR chart)
* Have a pen ready for recording

**Remember ……**

**Administration of medicines to people**

**The processes set out in this procedure are designed to help you ensure that the:**

**Right person** -is offered the

**Right Medicine** - at the

**Right dose** - at the

**Right time** - given through the

**Right route**

**Right person**

First check medicine has not already been given .

Check the person’s identity using name, date of birth and as good practice there should be a photograph in front of the MAR chart. Also check allergies.

Confirm the name and the date of birth on the MAR chart and the name on the labels on the boxes of medication.

**Right medicine**

Any queries about the medication should be raised on receipt of the medication.

Check that labels on the medicine containers match the MAR chart and identify the correct medicine. Check that it is in date.

**Right dose**

Remove the correct dose of medicine from the packaging: the correct number of tablets or the correct volume of liquid using the proper measure. Check against the label and the MAR chart

Check whether halved tablets have been pre-halved for you or if this is something you need to do prior to administration

For variable doses check with the care plan when each dose should be given

If a medication is prescribed “when required” or “as directed” refer to the care plan for when this administration should take place. Care home staff should make sure that an “when required protocol” has been filled in prior to administering when required medicines.

**Right time**

Some medications should be given before food and other with or after food

Some medication needs a break between doses (i.e. paracetamol)

Some medications need to be taken at a specific time (i.e. Parkinson medicines or antipsycotics)

Some medicines are time limited (i.e. antibiotics)

What is right for one person is not necessarily right for another person. The structure of the day might differ, so make sure that the times of medication administration are adjusted to individual people.

**Right route**

Different types of tablets should be taken in different ways (i.e. dissolved, chewed or swallowed), so check the manner in which the medicine should be taken

Take care with nose/ear/eye drops

If unsure refer to the patient information leaflet

If everything has been checked and is correct, then administer the medicine to the person according to the detail on the MAR Chart

**Medication Administration Record (MAR chart)**

All administration of medication must be recorded on the MAR chart/eMAR. Any additional information must be recorded in the Personal Plan or on the back of MAR chart as appropriate. This is essential to aid communication between care staff who are involved in the person’s care.

**Record the Medication given using paper MAR chart:**

* Initial the MAR chart in ink immediately in the correct date and time section
* If there was a choice of dosage, record the dose or amount given on the back of the MAR chart – sign and date this entry
* If the medicine was **refused or not given**, then you must record this on the MAR chart using the correct code from the MAR chart. Then record any details on the back of the MAR chart including any reasons for refusal
* If you become aware that a medicine has been **discontinued**, the appropriate time and date box on the MAR sheet should be annotated D/C. A vertical line should be put through the remaining recording boxes and the reason for discontinuing the medicine should also be recorded. Document who gave the instructions to discontinue the medication and sign and date.
* **Remember** – always initial the MAR chart immediately to show the medicine(s) have been taken and never sign for medicines you have not personally administered.

**Use of “When Required” Medicine** **(sometimes referred to as “PRN” medicine):**

When a “when required” (PRN) medication is prescribed, the dose, time given and reason for administering must be recorded on the back of the MAR sheet. This must be done each time the when required medicine is given. The result of the administration should also be documented on the back of the MAR chart. It is good practice to have a “When required medication protocol” where the following information should be documented (alternatively record this in the care plan):

* How frequently the “when required” dose can be given in 24 hours
* The maximum number of times the medicine can be given within 24 hours
* The condition of the person that would call for the administration of the “when required” medicine including noticeable symptoms
* Expected results after administering the “when required” medicine
* When to see the GP, side effects to the when required medication and any other special instructions

This information should be easily available so staff can refer to it before administering a when required medication.

When “as required” (PRN) medicine is repeatedly requested a senior staff member must be informed.

**Important points to note:**

If you are unsure about the person’s identity or there is a discrepancy with medicines, then do not administer - contact a senior staff member.

Medication should not be handled: Push tablets out of blister packs directly into a medicine pot or other receptacle used for this purpose

You should not administer medicines which are not prescribed on the MAR chart, other than homely remedies.

Do not leave medicines for a person to be taken later. Sign the MAR chart only after the person has been witnessed taking the medicines.

**After completing administration**

When you have completed the administration of all medicines, make sure that all records have been completed and any notes required are made in the Management of Medication Care Plan or the Personal Plan. You should get into the habit of writing these at the time, rather than leaving it to do later. We will discuss other charts used in the care home later on in this session.

## Acute Prescriptions and Changes

The pharmacy should provide any acute medication with a mid-cycle MAR chart. If a mid-cycle MAR chart is not available, the person in charge can hand write a mid-cycle MAR chart. MAR charts will need generated for people coming in for respite or for people coming into the care home from hospital

* Make sure the name and date of birth of the person is clearly written on the MAR chart. Also document any allergies (if known) or record “No known drug allergies.”
* All medicine names and instructions for administration must be written in full as printed on the label or from other source
* The form of the medication (tablet, capsule etc) and the strength must be clearly documented (NB: write microgram in full, gram (g), milligram (mg) and millilitre (ml) can be abbreviated)
* Any warning labels/special instructions must be documented on the MAR chart but if they cannot fit onto the MAR chart it should be highlighted for example by adding “see advice label” or “see warning label”
* The quantity of medication should be noted on the MAR chart
* Document the duration of treatment if applicable and known
* If a person needs more than one MAR chart, each chart should be clearly marked on the front 1 of 2, 2 of 2 etc.
* Include the name of the person who did the transcribing, the date and make a reference to the prescriber/source of information

If a dose is changed by a doctor e.g. over the phone ask for written instructions to back up the dosage change. The MAR chart must be checked by a second member of staff who must sign, date and print their name to document they have checked each entry on the MAR chart.

We will go through how to handwrite a MAR chart correctly.

**Changes to dose/labels**

For medicines that are prescribed on a repeat basis, the doctor will want to see the patient at regular intervals to assess their condition and make any necessary changes to their medicines. If a prescriber makes changes to the dose or frequency of a medicine, without issuing a new prescription, then they must give written authorisation to the pharmacy, so they can be included in the person’s care plan and medication administration record (MAR chart). If a new prescription is not issued and the current supply is deemed to be ok to use, an alert sheet should be filled out to make staff aware that the MAR chart and the label on the box of medication do not match:

**Example of an Alert sheet**

Please note there has been a change in medication.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of medicine:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Instructed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alert sheet completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please follow the MAR chart, NOT the instructions on the box of medication

Activity:

Complete both the front and the back of the MAR chart on the following page for the 1st of the month using the instructions below (for this exercise use the code R for refused dose of medication):

We will go through receiving medication in later in session 3 but try to check in all the medications assuming all quantities are correct and all labels and medications are correct. There are 5 tablets of furosemide to be carried forward.

1. Administer all morning medicines
2. Administer all lunchtime medicines except for paracetamol which she refuses as she is not in pain
3. Administer all teatime medication
4. Administer night time medicines including as required medication Zopiclone, which is a sleeping tablet

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| MEDICATION DETAILS | TIME | Dose | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| **FUROSEMIDE 40MG TABLETS**ONE to be taken in the MORNING  |  MOR | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Quantity: 28 | Qty. Received: | By: | C/F:  |  | Qty. Returned: | By:  |  |  |  |
| **ZOPICLONE 3.75MG TABLETS**ONE to be taken at NIGHT when required Warning: This medicine makes you sleepy. If you still feel sleepy the next day, do not drive or use tools or machines. Do not drink alcohol |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Quantity: 28 | Qty. Received: | By: | C/F |   | Qty. Returned: | By:  |  |  |  |
| **PARACETAMOL 500MG CAPLETS**TWO to be taken FOUR times daily Do not take more than 2 at any one time. Do not take more than 8 in 24 hours. Contains paracetamol. Do not take anything else containing paracetamol while taking this medicine. Talk to a doctor at once if you take too much of this medicine, even if you feel well. | 8.00 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 12.00 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Quantity: 224 | Qty. Received: | By: | C/F |   | Qty. Returned: | By:  |  |  |   |
| **CO-BENELDOPA 25/100 CAPSULES**ONE to be taken FOUR times dailyWarning: Read the additional information given with this medicine. This medicine may colour your urine. This is harmless. Take with or just after food, or a meal | 8.00 | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Administering specific forms of medicine**

**Tablets, capsules**

Medicines should not be touched with your fingers. The container should be tipped to allow the tablet to drop into a medicine pot or spoon, or the tablet pushed through from the blister pack into the pot or spoon. Remember that tablets and capsules should never be given to a person who is lying flat, as they may not be able to swallow them correctly.

Most oral medicines should be taken with at least half a glass of water whilst sitting or standing.

**Crushing/Chewing Tablets**

As mentioned in session one some people may have difficulty in swallowing tablets whole and may suggest that crushing the tablets would make them easier to swallow. Crushing some tablets however can change the way they work; it can cause an initial surge in the blood level of the drug – which may be harmful; it may result in the drug being destroyed by acid in the stomach and not absorbed at all producing no effect; it may expose the person crushing the tablet to increased risk of contact with drug particles. If a medicine has the warning label “Swallow this medicine whole. Do not chew or crush” then it is a clear indication that this tablet must not be crushed. It is important to note though that some tablets with this warning label can be halved.

In such situations, contact should be made with the pharmacist who can advise if crushing is safe or if there are other forms of the medicine available (e.g. a liquid or dispersible tablet).

Please also be aware of people chewing their tablets/capsules. It can have the same effects as mentioned above for crushing tablets. Chewing some tablets can also cause side effects such as blisters in the mouth.

You might have people at your Care home that needs medication administered through a PEG tube. In these cases, the pharmacist should be contacted to ensure the medication is suitable to be administered via a PEG. A nurse should visit the Care Home to show the care staff how to administer feed and medication though the PEG tube.

**Dispersible tablets**

These tablets are designed to be dissolved in water before taking. The tablets should be dropped into a glass of fresh water and allowed to dissolve. The number of tablets and amount of water to use should be on the medicine packet. People should be in a sitting or standing position to drink the dissolved tablets. Ensure the person drinks the entire volume of water after the tablet(s) are fully dissolved.

**Sublingual/buccal tablets**

We mentioned these forms of tablets in Session One. Remember to check that tablets do not have to be taken in a particular way. **Sublingual** tablets should be placed under the tongue and allowed to dissolve**. Buccal** tablets need to be placed in the space between the side of the mouth and the gums and allowed to dissolve. These tablets should NOT be swallowed with water.

**Liquids**

Remember to follow any instructions about shaking the bottle. Use a correct measure and if using an oral syringe do not squirt the medication into the back of the throat. Always pour the liquid out away from the label so it doesn’t get worn away. Wipe any excess from the bottle with a cloth after giving the required dose. Write the date the bottle was first opened on the bottle as some liquid medicines have a reduced expiry after opening.

**Topical preparations**

Disposable gloves should be worn when administering any type of topical medicine, e.g. creams or lotions. Make sure the area where the medicine is to be applied is cleaned and dried first then apply it as gently as possibly because the area may be sore. Use all preparations as instructed (e.g. sparingly, generously ets) and never return unused product to the original container as this could contaminate it with bacteria.

If both a moisturising cream/lotion and a medicated cream is to be applied at the same time, apply the medicated cream 15-20 min after the moisturiser.

It is good practice for a Topical Administration record to be be filled out for each person for each of their topical treatments and signed after each administration.

Write the date of opening on the container of all topical medication.

**Eye drops/ointment**

People may wish to administer these preparations themselves. If they can’t they will probably prefer that you administer them in their own room. Remember that the eyes are very delicate. Ask the person to tip their head back slightly and the pull down the lower eyelid gently. The drops should be placed in the space between the lid and the eye itself. Avoid touching the eye with the end of the dropper. If a second drop needs to be given, then wait at least a couple of minutes in between.

Eye ointments are put into the same space, but a small length of ointment is given from the nose side of the eye outwards. If the person is prescribed both eye drops and eye ointment at the same time, the eye ointment should be applied last.

If the person is prescribed an eye product for both eyes they will often have separate bottles or tubes for each eye to prevent infection spreading between the eyes. Make sure the products are clearly labelled as to which is left and right.

There are compliance aids that attach to eye drops to help people administer them themselves. Ask your pharmacist about these.

Write the date of opening on all eye drops and ointments as they have a reduced expiry after opening.

**Eardrops**

When applying eardrops, ask the person to tilt their head to one side or ask them to lie down on the side. You can then administer the required number of drops. Make sure the person stays in the same position for a few minutes and when they tilt their head back there may be some excess liquid to wipe away.

Eye drops/ointments and ear drops should come with patient information leaflets that will provide more information and often diagrams showing the correct technique for administration.

**Nasal spray**

People might want to administer nasal sprays themselves. If you are administering, first get the person to blow their nose. Then shake the nasal spray and remove the cap. Make sure one nostril is closed using a finger and put the nozzle of the nasal spray into the other nostril. Ask the person to tilt their head slightly forward and then breathe in through the nose at the same time as you spray one spray into their nostril. Repeat on the other side.

**Inhalers**

There are many different types of inhalers that have to be administered in different ways. If a person is having difficulty with their inhaler, then speak to the pharmacist. There are compliance aids which can help people use inhalers, or they may be able to be changed to a different type of inhaler.

We will now go through some of the different inhaler devices and how to use them. If you have not assisted with inhalers recently and you feel your skills need updated speak to the community pharmacist or a practice nurse.

For all inhalers containing steroid (e.g Seretide®, Beclometasone) it is best practice to make sure that people rinse their mouth after using. This will reduce the risk of oral thrush and dysphonia (hoarse voice) which both can be a side effect of steroid inhalers.

**Metered dose inhalers (MDI’s)**

An MDI requires coordination between pressing down the canister to release the dose and inhaling the dose. Poor coordination can mean that the dose will not be inhaled into the lungs but deposited at the back of the throat and possibly swallowed instead.

How to use the device:

* Remove the cap
* Shake the inhaler
* Put the mouthpiece in the mouth and when starting inspiration press the canister down. Breathe in steadily and deeply
* Hold breath for 10 seconds or as long as possible and breathe out slowly
* Wait 30 seconds before repeating
* Replace cap

A spacer device can be used with MDI inhalers if poor coordination is an issue. There are both small and large spacer devices with or without masks on the market. All spacer devices made of plastic are susceptible to static charge which means that the medication would be attracted to the walls of the spacer instead of being available for inhalation. The static charge can be reduced if the spacer is soaked in warm soapy water for a few minutes and allowed to drip dry without rinsing. A spacer device should be replaced yearly.

How to use a spacer device:

* Remove the cap from the MDI inhaler and potentially the spacer device
* Shake the inhaler and insert it into the spacer device
* Put the mouthpiece of the spacer in the mouth and press down on the canister releasing one dose of medication
* Breathe in slowly and deeply. For a small spacer device if the “whistle” on the spacer sounds you are breathing in too quickly
* Remove spacer from mouth and hold breath for 10 seconds or as long as possible and breathe out slowly
* Wait 30 seconds before repeating
* Replace cap(s)



For people who have difficulty pressing down on a MDI inhaler due to physical impairment such as arthritis a Haleraid® might be of benefit. Instead of pressing down on the canister a Haleraid® allows you to squeeze the device instead. Two sizes of Haleraids® are available depending on the size of the MDI.

**Breath activated devices**

The breath activated inhalers do not require coordination like the MDIs. They are easy to use but do require a certain amount of inspiratory effort to use the inhaler.

Easybreathe® inhalers

How to use the device:

* Shake the inhaler
* Open the cap whilst holding the inhaler upright
* Breathe out gently
* Keeping the inhaler upright put the mouthpiece in the mouth and close lips and teeth around it
* Breathe in steadily and deeply. Do NOT stop breathing when the inhalers “puffs” but continue taking a deep breath.
* Hold breath for 10 seconds or as long as possible and breathe out slowly
* Close the cap immediately
* Wait 30 seconds before repeating

**Respimat® inhaler (Soft mist inhaler)**

This inhaler needs to be prepared before first use.

First the cartridge should be inserted:

With the cap closed press the safety catch and pull off the clear base.

Insert the cartridge into the inhaler with the narrow end first.

Push the cartridge against a firm surface to ensure it has gone all the way in.

Replace the clear base.

Then the inhaler needs prepared:

 Hold the inhaler upright with the cap closed.

Turn the base in the direction of the red arrows until it clicks (half a turn).

Open the cap.

Point the inhaler towards the ground and press the dose release button.

Close the cap

Repeat above until a cloud is visible, then repeat 3 more times and the inhaler is ready for use.

The inhaler needs to be prepared again if not used for a prolonged period of time.

To clean the inhaler wipe it with a damp cloth or tissue at least once weekly making sure the metal part inside the mouthpiece is also cleaned.

How to use the device:

* Hold the inhaler upright with the cap closed.
* Turn the base in the direction of the red arrows until it clicks (half a turn).
* Open the cap.
* Breathe out slowly
* Close lips around mouthpiece without covering air vents
* Point inhaler towards the back of the throat
* Whilst taking a slow deep breath, press the dose release button and continue to breathe in as long as possible
* Hold breath for 10 seconds or as long as comfortable
* Repeat above steps for second dose
* Close the cap

**Accuhalers®**

This inhaler contains 60 doses of medication sealed in separate blisters inside the device. There is a counter which counts down from 60. Remaining doses are highlighted in a counter on top of the Accuhaler®

To clean the inhaler, use a dry tissue only.

How to use the device:

* Open the Accuhaler® by holding the outer casing whilst pushing the thumb grip until a click is heard
* Slide the lever until it clicks. A dose is now available
* Breathe out gently away from the inhaler
* Put the mouthpiece in the mouth and inhale quickly and deeply
* Remove the inhaler from the mouth and hold breath for about 10 seconds
* Close the device by sliding the thumb grip back

**Turbohalers®**

This inhaler is susceptible to damp. Do not wash it and do not breathe into the inhaler. It does contain a desiccant to absorb moisture. When the inhaler is shaken it is the desiccant which can be heard and not the amount of drug remaining in the inhaler. The inhaler has either a dose indicator which starts turning red once there are 20 doses left, or a dose counter which counts down from 120 doses. The inhaler will still twist and click even when empty so it is important to take note of dose indicator/counter.

To clean the inhaler, use a dry tissue only.

How to use the device:

* Unscrew and lift white cover
* Hold the Turbohaler upright and twist the grip one way and then the other until you hear a click
* Breathe out gently taking care not to breathe out into the inhaler
* Put the inhaler between teeth and close lips around mouthpiece
* Breathe in as deeply as possible
* Remove the inhaler from the mouth and breathe out
* Repeat above step for a second dose
* Replace white cover



For people with physical impairment such as arthritis a Turbohaler aid can be fitted on the bottom of the Turbohaler. This makes it easier to grip the Turbohaler and twisting it.

 

**Handihaler®**

This inhaler has to be loaded with a new capsule every time it is used. Make sure only one blister strip is used at the time as the expiry of the capsules is only 9 days after first opening the strip.

To clean the inhaler wash and air dry once a month. It will take 24 hours to dry so will have to wash it immediately after dose given. The mouthpiece can be cleaned with a damp but not wet tissue.

How to use the device:

* Open the dust cap of the inhaler
* Open the mouthpiece by pulling it upwards
* Peel back foil in blister strip exposing one capsule only
* Remove capsule from blister strip and insert it into the chamber of the Handihaler®
* Close the mouthpiece until your hear a click
* Press the green button on the side of the Handihaler ® as far as it will go and release
* Breathe out away from the inhaler
* Close your lips around the mouthpiece and breathe in forcefully and deeply
* Hold your breath as long as comfortable
* Remove inhaler from mouth and breathe out normally
* Repeat 4 last steps of process to make sure capsule is completely empty
* Open mouthpiece and remove capsule
* Close mouthpiece and dust cap

Easyhaler®

This device is susceptible to moisture. If it needs cleaned this should be done with a dry cloth only. It has a dose counter which shows the number of doses left in the device. When the dose counter shows 0 the inhaler should be replaced even if powder can still be seen in the clear window on the back of the inhaler.

How to use the device:

* Remove the dust cap
* Shake the device 3-5 times then hold it upright.
* Release the dose by pressing the device between thumb and forefinger once until a click is heard
* Breathe out away from the inhaler
* Put the inhaler into mouth, close lips around and take a deep, strong breath in
* Hold breath for 5-10 seconds
* Repeat if more than one dose have been prescribed
* Replace dust cap after use

 

Ellipta®

This device is another dry powder inhaler so it will be susceptible to moisture. If it needs cleaned this should be done with a dry cloth only. Once it is removed from its box (sealed tray) it has an expiry of 6 weeks. The date of opening should be recorded on the label on the inhaler. The dose counter on the inhaler will count down from 30 doses.

How to use the device:

* Slide the cover back until you hear a click
* Breathe out away from the inhaler
* Put the mouthpiece between your lips and close your lips firmly around it (do not block the air vent with your fingers
* Take a strong deep breath in and hold your breath for as long as possible (at least 3-4 seconds)
* Remove the inhaler from your mouth and breath out slowly and gently
* Slide the cover upwards as far as it will go to cover the mouthpiece

 

Nexthaler®

This is another dry powder inhaler so should be kept away from moisture. If it needs cleaned it should be done so with a dry cloth only. It will expire 6 months after being removed from the pouch so make sure to record the date of opening the pouch, on the label on the box.

How to use the device:

* Slide the cover back until you hear a click
* Breathe out away from the inhaler
* Put the mouthpiece between your lips and close your lips firmly around it (do not block the air vent with your fingers)
* Take a forceful and deep breath through your mouth. You should hear a click
* Remove the inhaler from your mouth
* Hold your breath for 5-10 seconds or as long as possible
* Breath out slowly and gently
* Repeat above steps if a second dose is needed
* Close the cover fully until you hear a click

 

**Using a Nebuliser**

Some people might have medicines that need to be taken via a nebuliser. A nebuliser is a device that turns a solution of medicine into a fine mist for inhalation. It consists of a compressor, a nebuliser chamber and a mask or mouthpiece.

![[Diagram of Patient using a Nebuliser]]()

**How to use the Nebuliser**: Plug the compressor into the mains and connect the tubing from the bottom of the nebuliser chamber to the compressor. Unscrew the top of the nebuliser chamber. Break the top of the vial of nebuliser solution and pour the correct amount into the nebuliser chamber. Screw on the top of the nebuliser chamber and attach the facemask or the mouthpiece.

The facemask should be placed over the mouth and nose of the person and the strap over the head; alternatively, if using a mouthpiece, it should be placed between the persons lips. Make sure the person is sitting up and the nebuliser chamber kept in an upright position.

Switch on the compressor and tell the person to breathe in and out as normal. If small drops of solution form on the sides of the nebuliser chamber these can be knocked back into the nebuliser solution by gently tapping the side of the nebuliser chamber with your fingernail.

When the nebuliser starts to splutter the treatment has finished. This will take between 10-15 min. It is normal if a small amount of solution remains in the nebuliser chamber. Switch the compressor off and disconnect the nebuliser chamber from the tubing.

The nebuliser chamber should be cleaned frequently. Wash it in warm soapy water and rinse thoroughly with water. Then allow it to air dry overnight.

If the nebuliser unit has been lent to the person by the community respiratory team it will have a sticker on it with contact details for whom to contact if you have any problems with the nebuliser. If it has been bought by the person, then the person is responsible for maintenance themselves. If you have any concerns, contact the persons GP.

**Administration of Oral Cytotoxic Medications (Additional Precautions)**

These medicines change how cells work in the body and are used mainly, but not exclusively, in the treatment of cancers.

Oral cytotoxic medications should be highlighted as such by the Community Pharmacist and should not be administered by staff who are pregnant, planning pregnancy (both male and female staff) or breastfeeding. It is important to realise that other medication than cytotoxics can pose a risk in pregnancy. Therefore, it is always advisable to wear gloves when handling medication if you think you might be pregnant or is trying to become pregnant.

Any care staff undertaking this task who suspects that she may be pregnant should inform her line manager immediately.

Disposable gloves should always be worn when administering these medicines.

**Patches**

There are different patches containing medication and they need to be applied for various lengths of time, from 12 hours to 7 days. Some patches have to be rotated around the body, others will be applied to the same area every time. Explicit instructions must be followed for patch application i.e. knowing where the patch is to be applied, how often and what time of day. A patch should be applied to a non-hairy, clean and intact area of skin. If hair has to be removed prior to administering the patch do this by cutting the hair with a pair of scissors. Never shave the area just before administering the patch as this will irritate the skin. The patch should be pressed onto the skin for 20-30 seconds to ensure it is touching the skin and that the edges will stick.

The Care homes should use a chart to record the administration of patches that has to be rotated on the body and a separate chart to monitor fentanyl patches.

**Warfarin and other variable medication**

Warfarin prescriptions might change often for some people. It is important that these people get regular blood tests done and that the dose of warfarin is recorded accurately, as warfarin is a high-risk medication. If the incorrect dose is administered, it could have severe consequences for the person. Any medication that is variable should be recorded on a variable dose chart as it is difficult to record variable doses on a MAR chart. An example of what a variable dose chart can look like will be shown by your facilitator.

**Other forms of medicines**

**Pessaries, suppositories or injections**

You will not be involved in administration of these unless you have had specific training as agreed with your Line manager. These medicines are usually administered by a health care professional like a district nurse.

**Over the counter medication**

People may take medicines they have bought, or someone has bought for them, such as over-the counter medicines (including herbal remedies). These should not be administered to people in your care home, unless the medicines are written on the MAR chart or it is a homely remedy. If you have concerns about non-prescribed medicines being taken, then speak to your line manager.

**Dressings**

Care staff should only be involved in changing dressings after thorough guidance from the community/district nurse. Always apply infection control guidelines when applying plasters or dressings. If you notice any adverse reaction after applying a plaster or dressings, then your line manager and the community/district nurse should be informed.

## Monitored dosage systems (MDS)

These systems provide an alternative to medicines being supplied in their original containers. Tablets are stored in sealed trays or compartments according to the times at which they have to be taken. Different tablets may be stored together, or separate trays may be used for different medicines. There are various types of systems available.

MDS can only be used for some oral forms of medicines. Not all medicines are suitable to be dispensed into these systems, e.g. liquids, suppositories. Therefore, these other medicines have to be dispensed in traditional or original containers and administered from these as previously discussed. Some tablets or capsules may not be suitable for dispensing into MDS trays if they are light or moisture sensitive.

People might bring in their own MDS systems to a care home if they come in for respite or in an emergency. It is important that staff clearly check the contents of the device with the labels to ensure the correct medication is administered.

Examples of some issues that can arise with MDS containers will be raised during this session.

**Oxygen**

You may have residents that require oxygen treatment.

All people needing long term oxygen will have an Oxygen Concentrator – this supplies oxygen from the atmosphere and is used in place of cylinders for people who require oxygen on a frequent or constant basis.

People needing oxygen when they are out and about might have small cylinders or a Homefill system to use with their Oxygen Concentrator which allows them to fill their own cylinders.

If required, care workers will be given training on the method of use of oxygen cylinders and oxygen Concentrators. Oxygen usage must be recorded in the persons Management of Medication Care Plan.

All people in Scotland receive their oxygen supply from a single provider and oxygen is no longer provided by the community pharmacies. The name and contact details of the provider will be documented in the Medication log and the provider should be contacted if there are any concerns about the functioning of Oxygen Concentrators or cylinders.

## Respite Admissions and Emergency Admissions

Prior to a respite admission a senior member of staff must make sure that a list of current medications is available and that the level of Medication Support is known. The person must bring a supply of medication as well as the current MAR chart if assessed as needing medication administered to them in their own home. The senior staff member should also ensure that the person has enough medication for the entire stay and re-order if needed. If the medication changes during the respite stay a new MAR chart and medication must be requested. Medication must be returned to the person at the end of the respite admission stay.

If a person is admitted as an emergency the GP must be contacted by a senior staff member to confirm any current prescribed medications. The medications should be administered as per packet instructions. If medications cannot be clarified or identified it should be withheld until the GP can be contacted. NHS 24 can be contacted out of hours if there are concerns regarding a person’s health.

## Transfer to other care setting or discharge

If a person is transferred to a hospital or another Care Home at least 7 days’ supply of medications together with a copy of the MAR chart must go with the person. If transferring a person to A&E just send a copy of the MAR chart. Any medication leaving the Care Home must be documented on the MAR chart. Any known allergies should be highlighted at the point of transfer. GP and pharmacist should be informed of any discharges, so prescriptions can be cancelled.

# Reporting Incidents

When you are involved in the administration of medicines it is important to understand the actions you need to take if something goes wrong. There should be a procedure for reporting incidents that should always be followed.

Incidents or near misses can occur during administration, like giving the wrong medicine, dosage, frequency or timing, or even the incorrect route of administration. If an incident occurs, then it should be brought to the attention of the person in charge of the care home. The GP and potentially the pharmacist should also be informed, and advice should be sought. If it is out of hours contact NHS24.

Mistakes can happen; after all we are only human! It is in the best interests of you and the people using your service to report incidents, you should report any incident to your line manager who will support you in recording these correctly. Attempts to cover up and conceal incidents could make the situation worse and affect the health and wellbeing of people in your care.

**Medication Incidents Activity**

Consider the following examples of real medication incidents which have occurred and answer the questions.

**Right Person**

Four people received the wrong medication in a care home after the administration started in the first person’s room with the medication meant for the person next door, this continued down the corridor with everyone receiving their neighbours medicine until the person in the fourth room stated they did not recognise the medication and the incident was discovered.

What might have led to this incident occurring?

How could this have been prevented from happening?

**Right Medicine**

A person was given their liquid medication, the person thought it tasted odd and once investigated it turned out to be their calamine lotion instead of their Milk of Magnesia indigestion remedy.

What might have led to this incident occurring?

How could this have been prevented from happening?

**Right Dose**

A person received the wrong dose of levothyroxine after the pharmacy supplied a different strength. The dose was 100 micrograms. The pharmacy had previously supplied 25 microgram tablets with the instruction: Take FOUR tablets in the morning. This month the pharmacy supplied 100 microgram tablets with the instruction: Take ONE tablet in the morning. A care worker mistakenly gave 4 x 100microgram tablets.

What might have led to this incident occurring?

How could this have been prevented from happening?

**Right Time**

A person in their own home was prompted to take their medicine from their dosette box but they took them from the wrong side and managed to take all their night time tablets – simvastatin, diazepam, zopiclone and co-codamol - instead of their morning tablets – furosemide, aspirin and co-codamol.

What problems might this cause for the person?

How can this be prevented from happening?

**Right Route**

A person was administered all morning medication which included a capsule called Spiriva (tiotropium bromide) which is intended to be used in an inhaler, not swallowed.

What would you do if you discovered this incident?

How could this have been prevented from happening?

**An incident report form should be filled out for every medication incident which occurs and also for any near misses.**

# Alcohol Consumption

Alcohol should not be taken at the same time as medicines.

If you are aware that a person has recently taken alcohol, you should not administer medicines until you have contacted a senior staff member who might contact the GP, NHS24 or the pharmacist for advice.

In addition, if you are aware that a person has an alcohol dependency, you should seek advice from the GP/pharmacist if medicines require to be administered. Record the advice in the Management of Medication Care Plan.

**Evaluation Questions**

At the end of this training session, complete the relevant section below. This will check that the learning objectives of the session have been met and help to identify any areas that you’re not sure about so that you can ask the pharmacist to go over them again.

Your manager or supervisor may like to take a photocopy of these pages after completion as a record of the training that you have received on medicines.

**Session Two - Administration of medicines**

After completing this session, do you.... **Yes No Not Sure**

|  |  |  |  |
| --- | --- | --- | --- |
| Understand the importance of your service policy and procedure for Managing medicines? |  |  |  |
| Have a basic understanding of the law and handling medicines? |  |  |  |
| Understand the Medication Assessment process?  |  |  |  |
| Understand what is involved in the administration of medicines to people? |  |  |  |
| Understand how to administer different forms of medication? |  |  |  |
| Know what records need to be completed in your service? |  |  |  |
| Know what action to take if a medication incident occurs?  |  |  |  |
| Is there anything else I need to ask following the session? |  |  |  |

### Session three

### Monitoring & Supporting Medicine Use

Learning Objectives

After completing this session, you will be able to:

* **Describe what is involved in ordering prescriptions and receiving medicines from the pharmacy.**
* **Understand the requirements of controlled drugs**
* **Describe how medicines should be stored correctly and disposed of safely**
* **Explain how people should be monitored after medicines have been administered**
* **Known the most common side effects to some common medicines**
* **Explain how to protect and promote peoples’ rights**
* **Understand how to administer covert medication**
* **Know where to find information on medicines**

# Ordering prescriptions and receiving medicines

**Obtaining supplies of medicines, including** **Repeat prescriptions**

Medicines can be prescribed for 28 or 56 days at a time.

People will often need a continuous supply of a medicine, for example when it is being taken for a long-term condition such as high blood pressure. In this situation, a repeat prescription will be issued by the prescriber without the need for them to see the individual.

The care home will have to request prescriptions in plenty of time to allow the surgery to prepare the prescription, the prescriber to sign it or change it if necessary, send it back to the care home who will then pass it on to the pharmacy.

Make sure you compare the repeat prescription slip with the current MAR chart and make any updates if required. Copy the repeat prescription slips before sending to the GP practice and compare these copies with prescriptions you receive from the surgery.

Before sending the prescriptions to the pharmacy, photocopy them and store them safely.

Do not over order. Only order what you need for this particular cycle especially think of when required medication, inhalers, creams and ointments.

When receiving medication, it should be stored in a locked cupboard until it can be checked in. Carefully compare the new MAR chart with the existing one and record any changes to the medicines in the Management of Medication Care Plan in the Personal Plan. Also annotate the MAR chart with information like: “See Topical MAR” or “See patch application record”. The medication must be checked against the MAR chart to ensure correct medication has been received. The quantities of medications received should be recorded on the new MAR chart. If you find any discrepancies this must be brought to the attention of a senior member of staff immediately.

Any medication carried over from last cycle should also be recorded on the new MAR chart. If medication is carried forward the expiry date must be checked to ensure it does not expire before the end of the next cycle. Once you start using a box of medication, this box should be dated with the date of opening.

# Requirements of Controlled Drugs

When receiving controlled drugs these should be checked in immediately by two members of staff, recorded in the controlled drugs book and stored in a locked cupboard which is secured to the wall or floor.

The controlled drugs book must have a record of type and quantity of all controlled drugs stored. The quantities should be checked at least once a weekly by qualified members of staff. Two people should always be involved in dispensing and administering controlled drugs to people in Care Homes

**Running out of medication**

For whatever reason, there may be occasions when a medicine runs out. Every effort should be made to prevent such occurrences, but if it does happen then you can either

* Contact the doctor’s surgery and get an urgent prescription issued
* Contact the pharmacist who can issue an emergency supply of the medicine if the prescriber cannot be contacted and the need for the medicine is crucial.
* As the law concerning the supply of medicines is so strict there are specific requirements that need to be met in all of the above options.

# Storage, stock control and disposal of medication

**Stock control**

Stock control means knowing how much of each medicine is kept.

Medicines should be kept in the original container in which they were dispensed until they are administered to the person. They must not be moved from one container to another, even if they are nearly empty. This is because medicines manufactured and dispensed at different times will have different expiry dates and batch numbers.

**Stock rotation and Storage**

When storing medicines, it is good practice to know how much medicine is being stored and have a stock rotation system in place, like you have in shops or on your food shelves at home. New medicines should be put behind the older ones to make sure the ones dispensed first get used first.

When receiving and administering medicines you will need to check medicines that have special storage requirements. Make sure medication is kept at the correct temperature and record temperatures for storage areas and fridge daily.

Some medications will have a reduced shelf life after opening. For example, eye and eardrops usually have to be discarded 28 days after they are opened. This is because they can become contaminated with bacteria and cause infections. Some liquid medication will also have a reduced expiry date after opening. It should tell you in the patient information leaflet if this is the case. Any medicines with limited shelf lives after opening should have the date they were opened clearly written on the container and this date must be checked carefully at each administration.

Medication should be stored in locked cabinet or in lockable trolley which is secured to the wall when not in use.

**Activity**

Let’s consider the storage requirements for some medicines.

Complete the table below with the storage and expiry requirements. The first one has been done for you.

|  |  |  |
| --- | --- | --- |
| **Medicine** | **Stored where?** | **Discard after** |
| GTN tablets | Original container | 8 weeks |
| Insulin |  |  |
| Oramorph oral solution (10mg/5ml) |  |  |
| Antibiotic liquids |  |  |

**Return of Medicines**

There are occasions when it is necessary to return medicines to the pharmacy, such as:

**Treatment is completed or discontinued**

**Out of date medicines**

**Resident has passed away**

They should be returned by listing them on the MAR chart and returned to the Pharmacy where they will be checked and signed for – a copy of returns should be kept in the Care Home. The pharmacist can then ensure they are disposed of in accordance with the current waste regulations. Medicines that has been refused or dropped can be disposed of in a medication waste bin, which should be returned to the pharmacy once full. Alternatively they can be bagged and tagged and returned to the pharmacy.

For Care Homes, if returning controlled drugs, two staff members will record this in CD register and record in CD returns book. The pharmacy driver will sign CD returns book and bring top copy with returned CDs to the pharmacy

Following the death of a person in a care home, medication must be kept for 1 week before they are returned to the pharmacy.

# Monitoring and Observing people after medicine administration

It is one of the duties of all care staff to monitor the condition of people they look after. If there are any concerns about changes in someone’s condition, then the G.P. and senior staff should be contacted as soon as possible.

A change in a person’s condition could be due to their medication. Particular attention should be paid to people who have started a new medicine or had a change in dose of an existing medicine. Some severe allergic reactions to new medicines can occur, in which case an ambulance will need to be called. Likewise, if someone develop difficulty in breathing or become unconscious, call 999.

Care Staff are in an ideal position to spot side effects of medicines that develop over time. Doctors and pharmacists may not see the person regularly enough to notice changes in their behaviour or everyday habits. You’re not expected to know every side effect caused by every medicine, but just noticing something different could help identify a side effect.

**What is a side effect?**

In Session One we saw how medicines are absorbed into the blood and carried around the body. Obviously, they can act in more than one place and have other effects from those required. The other undesired effects that the medicine has are called the side effects.

Most medicines have side effects to some degree. They vary in severity and not all individuals who take a medicine will experience all or any of the side effects.

Common side effects include:

* Drowsiness or dizziness – can lead to falls and broken bones
* Diarrhoea – loose or more frequent bowel movements
* Constipation – decreased bowel motions from the norm for that person
* Upset stomach – could include nausea and sickness or indigestion-type pain

Of course, all of these symptoms can occur for other reasons but if you are aware that a person in your care is experiencing any of these it is worth mentioning them to your line manager, who can contact the person’s prescriber or pharmacist. They can then decide whether their medicines are a likely cause. If so, it may be decided to change the dose of the medicine or to try a different one.

Some side effects will occur when a medicine is first started but will wear off after a period of time without the person stopping it. However, the line manager should still be informed.

It is also important to realise that it isn’t just medicines taken by mouth that can cause side effects. Creams or other topical medicines can make the skin sore, red and itchy. Topical medicines can also be absorbed into the blood and taken round the body, so they can cause side effects that you might not expect. For example, gel rubbed in for a muscular ache could be absorbed and cause an upset stomach. Likewise, certain eye drops can be absorbed and cause the person’s blood pressure to decrease.

Sometimes side effects go unnoticed. For example, if you are caring for an elderly person who becomes more and more forgetful you may put it down to old age when it could be due to their medication. If side effects aren’t recognised, quite often people are prescribed another medicine to treat the side effect of the first. This can lead to the person taking a long list of medicines, which often happens in elderly people.

Some information about medicines and their side effects is given in the Patient Information Leaflets (PILs) which are issued from the pharmacy with dispensed medicines. It is good practice to keep all PILs stored in a folder in the Care Home so you know where you can find information about the different medication. The internet is also a good source of information however be aware the sources you use on the internet as not all sources are reliable.

Any suspected side effects should be reported to your manager and discussed before further administration of the medicine concerned.

**Activity**

Below is a list of some commonly used medicines in Scotland and what they are used for. For each medicine write down the most common side effects you think they might have if any.

| MEDICINE | WHAT IT IS USED FOR | MOST COMMON SIDE EFFECTS |
| --- | --- | --- |
| Aspirin | Used to prevent clots forming to reduce the risk of heart attack or stroke |  |
| Diuretics (furosemide, bendroflumethiazide) | Used to reduce blood pressure or to remove excess fluid from the body |  |
| Atenolol/Bisoprolol | Used to reduce blood pressure or to stabilise the heart |  |
| Amitriptyline | Used in high doses for depression and in low doses for pain |  |
| Salbutamol | Used in people with asthma/COPD for wheeze or shortness of breath |  |
| Steriod inhalers (Seretide, Clenil, Symbicort) | Used to prevent asthma or to reduce symptoms in people with COPD |  |
| Lisinopril/ramipril  | Used to reduce blood pressure or to stabilise the heart |  |
| Tramadol | Used for pain relief |  |
| Mirtazapine | Used for depression |  |

# How we Support People at all Levels

**Observing and Monitoring**

Observing and monitoring people on a regular basis is very important. This allows you to gather relevant information about the person. Speaking with your colleagues and Manager to share your observations and completing the Personal Plan will ensure you have a record of any changes you observe in regard to the well-being of the person. Be aware of any notable increase in pain, and also monitor any increase someone may have in taking ‘as required’ medicines.

**Promoting independence**

The Health and Social Care Standards which are set by the Scottish Government and used in inspections by the Care Inspectorate (who regulates and inspects all Care services) states: “If I need help with medication, I am able to have as much control as possible”. Care staff needs to promote peoples’ independence rather than doing everything for them. Promoting independence can include encouraging self-medication, but also encouraging independence in those people who require a higher level of support.

Independence is important for the following reasons.

* Promotes self-esteem – being in control and able to make choices makes us feel good
* Helps maintain skills for independent living
* Means increased motivation and compliance – when people are in control it usually means they are more motivated to do something, so encourages compliance

You have a big role in enhancing the effective use of medicines. Remember that simple things can make a huge difference.

For example:

* If a person is having difficulty-swallowing tablets, perhaps a liquid would be easier
* If a person really doesn’t like the flavour of a liquid, you could find out if it comes in another flavour
* When a person has been prescribed an “as required” medicine, make sure it is taken as soon as possible to have the best effect when needed.
* Make sure people who self-administer don’t have trouble opening their medicines, which could lead to them not taking them.

# Protecting and promoting the rights and welfare of people:

As care staff, you are in an important position to protect the rights of the people you work with. Within your service there will be policies on peoples’ rights.

The rights that are most relevant to the use of medicines are:

* **Consent**
* **Confidentiality**
* **Freedom of choice**

 **Consent:**

Where people are mentally able to understand and respond to information about their medicines they must consent to their treatment and have the right to refuse medicines. The right to refuse must be respected, even if it means the person may come to harm. People may insist on self-medicating, despite the advice of their GP and service providers. Such a decision must be recorded in the persons case notes.

Consent must be voluntary and not made under threat. Consent must be informed, which means the person has been given and understands all the information needed to make a decision.

Where there is a question about the competence of someone, it may be necessary for a health professional, like their doctor, to make a decision in their best interest. This should ideally be done in consultation with relatives and others involved in the person’s care. If a person is unable to give consent, the assessor should follow procedure under the Adults with Incapacity Act (AWIA)

An area of consent that can often cause difficulty is that of disguising medicines in food. In Scotland, the Mental Welfare Commission for Scotland and the Care Inspectorate has issued guidance on this subject and recommended that those care staff making the decision to disguise medicine in food must ensure that it is in the best interest of the person and be accountable for their decision. Later in this session we will discuss covert administration of medication.

If a person’s condition changes so that they are no longer competent in making decisions about their treatment, then their earlier wishes should still be respected. Some people, who are worried about their condition deteriorating such as those with Alzheimer’s disease or cancer, can make a “living will” to ensure their wishes are adhered to.

**Confidentiality**

Personal details, like which medicines a person is taking, should be kept confidential (i.e. secret). All information about medication is personal and should not be disclosed to anyone without the person’s consent.

Personal information that is in written records, held on computer, is regulated by the GDPR. The GDPR requires that the service keeps personal information confidential and secure so that unauthorised people cannot gain access.

**Freedom of choice**

When people have to rely on care staff for their medicines, it is important to allow them to maintain as much choice as possible. Even small things - making a choice to take a tablet before or after a meal, can influence how someone may feel empowered.

Being able to choose is an important part of feeling in control and good about yourself. If choice is taken away from someone it can make them feel angry and lead to compliance problems. Medicines may be more effective if the person knows the best time to take them, or if they have a preferred way of taking them.

Self-administration of medicines is an effective way of maintaining control and choice. If this is not possible, other ways should be found to give a choice. For example, a person could be offered water or tea with which to take their medication, which might mean a lot to that person.

# Covert Administration of Medicine

Covert administration of medicines is the administration of any medical treatment in a disguised form. Usually medication will be disguised in food or drink. Covert administration should never be considered for a person who is capable of making decisions on their own medical treatment. Care staff must never make the decision of giving someone their medication covertly without referring to the GP.

A Covert Medication Care Pathway and Review Record should be included in the Personal Plan for any person who is receiving covert medication. Prescribing and recording documentation must clearly show that medication is to be administered covertly.

Care staff involved in covert administration should have a clear understanding of how to administer the medication and must make sure that the person is supervised whilst taking the medication.

If the covert administration of medicine involves disguising medicines in food or drink, advice from a qualified pharmacist must be sought before administering.

**Activity**

A person in your care is refusing all his medication as he thinks you are trying to poison him. He has a heart condition which requires him to have medication every day and without this medication he will deteriorate very quickly. What would you do in this scenario….

|  |
| --- |
|  |

**Information on Medicines**

# Patient Information Leaflets (PIL)

If people have any questions about their medication the first place to look would be the Patient Information Leaflet (PIL). In the PIL you will be able to find information like: the name of the medication, what it is used for, how to take the medication, side effects to look out for and how it should be stored. The PIL can be found in every packet of medication and if medication is not supplied in its original packaging the PIL should be provided by the pharmacist.

**www.medicines.org.uk**

This website contains both PILs and the SPC (Summary of Product Characteristics) which has more detailed and technical information on the medication. The prescriber and pharmacist will have access to the SPCs. The information in the PIL will be based on information contained in the SPC.

**British National Formulary (BNF)**

This is a book that is updated twice a year containing information on medicine and its clinical use. A copy might be held within the home. Prescribers and pharmacist will also have copies.

**Monthly Index of Medical Specialities (MIMS)**

This gives a summary of all prescription only medicines. Again prescribers and pharmacist will have copies.

**Safe Med**

The Scottish Social Services Council (SSSC), in partnership with the Care Inspectorate has developed a smartphone app, **SafeMed**, designed to provide on-the-job guidance and learning in this vital area of practice for people working in care. The free app is available now for both iPhone and Android devices from iTunes and GooglePlay by searching for Safe Med.

**What if....?**

Imagine the following scenario:

Over the last week you’ve noticed that one of the people you care for seems regularly drowsier in the afternoons. On checking his medication administration record you notice that he has been having the maximum dose of his “as required” painkiller after lunch each day.

What would you look for on the label of the “as required” painkiller?

What would be your best course of action?

|  |
| --- |
|  |

**Evaluation Questions**

At the end of this training session, complete the relevant section below. This will check that the learning objectives of the session have been met and help to identify any areas that you’re not sure about so that you can ask the pharmacist to go over them again.

Your manager or supervisor may like to take a photocopy of these pages after completion as a record of the training that you have received on medicines.

**Session Three**

**Monitoring & Supporting medicine use**

After completing this session, do you.... **Yes No Not sure**

|  |  |  |  |
| --- | --- | --- | --- |
| Understand about ordering prescriptions and obtaining medicines? |  |  |  |
| Understand the requirements of controlled drugs? |  |  |  |
| Understand the importance of safe storage and stock control? |  |  |  |
| Understand how medicines should be disposed of?  |  |  |  |
| Know how people should be monitored after medicines have been administered? |  |  |  |
| Understand how to support people and adapt to their different needs? |  |  |  |
| Know how to protect and promote peoples’ rights? |  |  |  |
| Understand how to administer covert medication? |  |  |  |
| Know where to find information on medication? |  |  |  |
| Is there anything else I need to ask following the session? |  |  |  |

### Session four

### Medicines and Older people

Learning Outcomes

After completing this session you will:

* **Explain how the ageing process can affect the medication needs of the older person**
* **Describe how to make administration of medicines easier for older people**
* **Outline how to provide support to older people**

These days most people live well into their seventies and may remain fit and healthy into their old age. However, the ageing process happens in everyone and these changes can affect how older people respond to both illnesses and medicines.

As we’ve already mentioned, older people often take a lot of medicines and this can lead to a complicated regime of doses and timings. They can often find this confusing and difficult to manage. Also, as the number of medicines increases so does the risk of interactions and side effects. In session three we discussed what happens when side effects are treated so that a person ends up with even more medicines to remember to take. For example, certain painkillers can cause constipation, which, if it cannot be resolved by increasing dietary fibre and fluids, will need to be treated with a laxative.

Older people who take a large number of medicines should have their treatment reviewed regularly and their regime kept as simple as possible. For example, they may be able to be prescribed medicines that are taken once a day rather than two or three times a day.

**Short-term memory loss**

Some mild short-term memory loss can often be associated with the ageing process. However, conditions like dementia and Alzheimer’s disease can cause significant memory loss, which can create problems with the self-administration of medicines. In this situation it is best if medicines administration is always supervised and information about taking them is consistently reinforced. Remember to be patient and don’t change routines involving medicines. Some older people with memory loss can remain independent if they are allowed to follow the same routines.

**Changes in body systems**

As we get older, our kidneys and liver don’t work as efficiently. Most medicines are removed from the body via one of these organ systems, which means if they don’t work as well there may be more medicine left in the body than there should be and higher blood levels. This can lead to side effects, which is why the dose for some medicines is lower in the older people.

With age the muscles in the stomach and intestines become weaker, leading to problems with constipation (discussed overleaf). Another problem is that the absorption of medicines from the stomach isn’t as efficient.

The heart, lungs and circulation can also become less effective with age. Older people can often be taking several medicines for heart conditions, e.g. diuretics to get rid of excess water, other tablets to reduce blood pressure and others to lower cholesterol levels. Diabetes can also affect the circulation, especially that to the hands and feet, which may mean that individuals lose the feeling in these extremities. These people will need special help with the care of their feet, and may often see a chiropodist for specialist care. You should always look for any changes in the feet or hands of diabetic people in your care and report them as soon as possible.

Older people will often develop arthritis or other problems with their joints. This can mean that they have difficulty opening medicine containers or picking up and holding tablets. This can also extend to pushing medicines out of foil blisters and using inhalers.

Failing eyesight and hearing can also occur in old age, which can mean that older people may not be able to see or listen to instructions about medicines. Large print or Braille labels on medicines can help.

As we age, our immune system does not work as efficiently either, which means that the body is unable to fight off infection as well. This means that older people may be more prone to colds, stomach bugs, or other infections. When they become ill, the effects in older people tend to be worse and their recovery may be slower than in younger people. Older people are usually offered an influenza vaccination once a year in the autumn.

The muscles that control the bladder also weaken with age, which can lead to some degree of urine leakage. However, urinary incontinence (bed-wetting or being unable to get to the toilet in time) is a condition that can be treated with medicines, so don’t assume that incontinence pads or sheaths are the person’s only options. Sensitivity will be required as incontinence can be an embarrassing topic for discussion with people.

It is also important to apply good practice in infection control at all times and wash your hands between contacts with people.

# Compliance aids

For all the above changes you can help older people with their medicines when necessary, although try and give them as much independence as possible. There are a lot of aids and devices that can help older people with the administration of their medicines.

These include:

* Special grippers to help open bottles
* Magnifying glasses or large print on labels
* Aids for eye drops, inhalers and many others

Your pharmacist will be able to advice on which aids may be helpful for individual people.

For a person who is self-administering and has difficulty remembering which medicine to take when, the pharmacist may be able to dispense their medication into a dosette box. This is a compliance aid that is a special container with compartments in which the person’s tablets are placed. There are different compartments according to the times of day.

**Other considerations**

**Depression**

Older people may withdraw socially and become isolated, particularly after the loss of close friends or loved ones. This withdrawal can lead to depression and people may not want to take their medication. You may have to gently remind such people to take their medicines and report to your line manager if you think they are depressed.

**Constipation**

As we get older we also tend to be less active, which can be as a result of a disease like arthritis or angina. Not being physically active can lead to problems such as constipation, which can then lead to medication being prescribed. Constipation can be made worse if the person does not drink enough fluids as well, or if they are taking medicines that have constipation as a side effect.

It should be remembered that constipation is a decrease in that person’s normal bowel movements. Many older people have been brought up thinking that they need to have a bowel movement every day, but this is not the case. A normal bowel movement can be anything from three times a day to once every three days, depending on the individual.

To prevent constipation:

* Encourage mobility and exercise where possible
* Encourage adequate fluid intake and a high fibre diet
* Make sure prescribed laxatives are reviewed regularly and used correctly. e.g. lactulose only works effectively when taken for a few days, not just as a one-off dose

Remember that the over-use of laxatives can actually make constipation worse.

**Falls**

In older people the risk of falls and injuries is much higher. Even a small fall can result in broken bones and serious injury. Osteoporosis, a common disease in older people that causes the bones to become hollow and brittle, can make minor falls extremely dangerous and mean bones can fracture easily. Many older people who have had strokes may be unsteady on their feet and unfortunately some medicines can also increase the risk of a fall. Many of the medications in the previous activity can cause falls due to side effects of low blood pressure, dizziness or drowsiness. Other medications such as antipsychotics also have side effects of low blood pressure and drowsiness. If you notice these effects in a person taking medicines then you should contact your line manager, as it may be possible for an alternative medicine to be prescribed or the dose to be decreased.

**Activity**

Write down below three specific ways that you could suggest to a person to help prevent constipation, e.g. by suggesting they eat a piece of fruit at a regular time each day.

|  |
| --- |
|  |

**Evaluation Questions**

At the end of this training session, complete the relevant section below. This will check that the learning objectives of the session have been met and help to identify any areas that you’re not sure about so that you can ask the pharmacist to go over them again.

Your manager or supervisor may like to take a photocopy of these pages after completion as a record of the training that you have received on medicines.

**Session Four**

**Medicines and older people**

After completing this session, do you.... **Yes No Not sure**

|  |  |  |  |
| --- | --- | --- | --- |
| Understand how the ageing process can affect the medication needs of the older person? |  |  |  |
| Know how to make administration of medicines easier for older people? |  |  |  |
| Understand how to provide support to older people? |  |  |  |
| Is there anything else I need to ask following the session? |  |  |  |