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| **Title of Policy:** | **Medicine – Assistance and Administration** |
| **Section:** | **Health and Safety** |

**Purpose**

The safe and proper administration of prescribed medicines is a critical element within a package of care to be delivered to any Client of the Company. This policy clarifies the clear objectives of the Company to provide a safe service and provides excellent advice and guidance on correct procedures to be followed by employees at all times.

This policy has been designed in compliance with the guidance issued by the National Institute of Clinical Excellence (NICE) in Guideline NG67 (March 2017) and the Royal Pharmaceutical Society of Great Britain’s Principles of safe and appropriate handling of medicines.

**Statement**

***“Today’s medicines are powerful compounds that control disease, ease discomfort and prolong life for millions of people and are generally beneficial.***

***Unfortunately, no medicine is without side effects and some are worse than others. Side effects are not the only potential problem with medicines; sometimes people take medicines when they do not need them or use them in the wrong way or even take someone else’s medicines.***

***Usually, these things happen by accident or because of misunderstandings. Often the consequences are mild but sometimes they can be severe or even life-threatening.***

***In any situation where care-workers are responsible for the looking after and giving of medicines to other people, be they young or old, healthy or sick, it is important to follow a set of general principles to ensure that this is done safely”.***

**Royal Pharmaceutical Society of Great Britain**

This Policy statement, with associated procedure and guidance notes confirms the Company’s commitment to provide you with a comprehensive understanding of your duties and responsibilities for the safe administration of medicines to those allocated to your care. It is the responsibility of every Carer to review this, and all other operational policies, and confirm their understanding. Queries should be raised with your immediate Supervisor.

The Company’s staff are obliged to observe and comply with the the '6 R's', which the National Institute for Clinical Excellence (NICE) define as follows: right resident, right medicine, right route, right dose, right time, resident's right to refuse. This is a simple alliteration that is designed to help staff quickly and easily remember the core responsibilities when handling, administering or assisting with medication.

**Procedure and Guidance**

**The Company and its Care staff - Understanding our joint responsibilities**

We, the Company, will:

* Promote the safe administration of medicines within the service, and ensure that all staff are aware of, understand, and abide by the requirements of this policy
* Underpin the safe and correct administration of medicines by the completion of a Medication Administration Record (commonly abbreviated as a MAR chart), by an appropriately experienced and trained individual, for every Client requiring assistance with the administration of medicines, and this is located in the Client’s home
* Ensure that systems are in place to communicate changes to the MAR chart to those charged with responsibilities for care
* Communicate with other parties involved in the delivery of care to the Client so as to promote a seamless service where everyone understands their individual roles and responsibilities, and are advised of changes to a Client’s medication needs, and their plan of care, etc.
* Evaluate the training needs of all staff delegated with the responsibility for administering medicines to clients upon entry (induction), and in response to changing needs and circumstances
* Provide training to satisfy these needs

You the Carer, will:

* Follow the requirements of this policy, query anything which you do not understand, and advise of any situation where you feel that your training, experience or competence is inadequate for the tasks you are expected to perform.
* Advise of any change in circumstances of the Client such that their medication requirements may need to be reviewed or modified, or risks associated with the administration of medicines re-evaluated
* Seek advice on any issue in relation to the administration of medicines upon which you have a query or a concern
* Always administer medication with the consent of the Client
* Observe the fundamental principle that every Client has the right to receive a consistent and satisfactory standard of care, delivered in a non-discriminatory and dignified way, and which encourages their independence and protects the confidentiality of information relating to them
* Not offer advice to Clients about over-the-counter medication or complementary treatments
* Wear Personal Protective Equipment when administering medicines/delivering care in accordance with initial and subsequent health and safety risk assessments

The majority of people who receive domiciliary care are taking medicines that come as tablets, capsule, liquids, eye, ear and nose drops, inhalers and products that are applied to the skin. However, a small number could also be having specialist treatments such as subcutaneous insulin, intravenous feeding (TPN), cytotoxics, anti-cancer medicines, or intravenous antibiotics. This may result in the person having care at home from several different care providers, and the Company will ensure that collective responsibilities for medicines are defined and clear.

Adults supported in their own homes will normally be responsible for their own medicines, both prescribed and non-prescribed, and such independence is encouraged by the Company, whenever it is possible. Assessment may determine that some Clients can fully administer their own medicines whilst others will require varying levels of support. This may be due to impaired cognitive awareness but can also result from a physical disability. In some cases, the level of support for medication will be substantial. Support needs will be identified as part of the Client Assessment process and recorded in the Client’s plan of care.

This plan of care, together with medicine requirements will be subject to ongoing review and modified when circumstances change.

**Assistance with medication and administration of medication – what is the difference?**

**Assistance**

Where the Client takes responsibility for their own medication, it may well be the case that very little, or only occasional support is needed. The support given may include some or all of the following:

* requesting repeat prescriptions from the GP
* collecting medicines from the community pharmacy/dispensing GP practice
* disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the person)
* an occasional reminder or prompt from you to take their medicines. (A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medicines and should prompt a review of the person’s plan of care)
* manipulation of a container, for example opening a bottle of liquid medication or popping tablets out of a blister pack upon request and when you have not been required to select the medication. (Adults can retain independence by using compliance aids. These should be considered if packs and bottles are difficult to open or if the person has difficulty remembering whether he or she has taken medicines). The compliance aid will normally be filled and labelled by the community pharmacist or dispensing GP. The person may qualify for a free service from a community pharmacist under the Equality Act 2010.

Self-administration of medicines is not an ‘all or nothing’ situation. For example, some people might keep and use their own inhalers but not their other medicines. Alternatively, a person might be able to manage his/her medicines provided that care workers assist him/her.

For example:

* A person who has suffered a stroke and is unable to open containers may want to keep medicines and ask care workers to assist at the time he/she chooses to take the medication
* A young person may be given a tube of cream to apply privately even though care workers give other prescribed medicines
* A person who has limited understanding and awareness may be able to cope with a day’s supply of medicines in a compliance aid

In all cases, the Client’s plan of care will detail the level of support required to be given and how this is to be achieved, together with confirmation of how consent is to be given. Records will be kept to evidence delivery of that level of care. If the Client is unable to communicate informed consent, then medication should only be administered following a best interests decision within the guidelines of the Mental Capacity Act and the prescriber should indicate formally that the treatment is in the best interest of the individual.

**Administration**

The task of administering medicine to the Client will be undertaken where the individual has been assessed as not being able to manage their medicine administration without the help of a Carer (in full or in part), and the risks associated with this assistance, (if any) have been evaluated, and appropriate measures put in place, where necessary. The exact nature of the assistance will be specified in the Client’s plan of care. Administration must always be in accordance with the Prescriber’s instructions and on each occasion with the consent of the Client.

**However, when medication is given by invasive techniques, then this may only be undertaken by Carers who have received appropriate and relevant training**.

**Administration of medication** may include some or all of the following:

* When the Carer selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid
* When the Carer selects and measures a dose of liquid medication for the person to take
* When the Carer applies a medicated cream/ointment; applies patches, inserts drops to ear, nose or eye; and administers inhaled medication
* When the Carer puts out medication for the person to take themselves at a later (prescribed) time to enable their independence

The Company will ensure that only competent and confident staff are assigned to people who require help with their medicines. Further and more detailed guidance on the administration of medicines is at Appendix 3.

**Refusal of medication**

Clients have the right to refuse medication, and to withdraw their consent to its administration. If refusal persists, and the medication due to be given is not given, then this fact must be recorded, with reasons for refusal (if any), and the date and time. Every instance must be reported to the Manager without delay.

**Medicine Administration Errors**

Errors can occur in the prescribing, dispensing or administration of medicines. Most medication errors do not harm the individual although a few errors can have serious consequences. It is important that errors are recorded, and the cause investigated so that you and the Company can learn from the incident and prevent a similar error happening in the future.

Examples of administration errors are:

* Wrong dose is given, too much, too little
* Medication is not given
* Medication is given to the wrong child or adult

The Company promotes a strong culture that encourages Carers to report incidents without the fear of an unjustifiable level of recrimination. Further guidance is contained in Appendix 4.

**Adverse Reactions**

On rare occasions, a Client may suffer an adverse reaction to a new medicine, such as feeling unwell, a rash appearing, breathing difficulties etc. Carers who suspect that a medicine has caused a problem are to report the matter immediately to the Manager so that the situation can be discussed with the Prescriber.

If the reaction is serious, you should consider contacting the Emergency services. Doctors, nurses and pharmacists are usually the one’s to report adverse drug reactions to the Medicine and Healthcare products Regulatory Company.

**Over the Counter (OTC) Medicines**

Over the Counter (OTC) is a term used to describe a medicine that is available from a pharmacist or a supermarket to treat common conditions without a prescription. For example, a cough medicine, pain killers or a hay fever remedy. They can also include some complimentary or homeopathic medicines.

Carers are not authorised to offer advice to Clients about over-the-counter medication or complementary treatments.

Clients may, on occasion ask you to purchase one of these medications from the pharmacist whilst you are out shopping. You must ensure that consent is received from the Client to tell the prescriber what ‘over the counter’ medication has been requested so that any contra-indications or drug reactions can be identified, and permission obtained to purchase this for the Client. All purchases must be recorded in either the plan of care or the MAR chart.

When giving any ‘over the counter’ medication the dosage and time given should be recorded in the care plan or Medication Administration Record in line with the recording procedure. This should include the generic name of the medication, the dosage, the suggested frequency and the number of tablets in the package. You must sign and date the record as per routine.

**Safe disposal of medicines**

There will be occasions when medicines will need to be disposed of, such as when:

* A person’s treatment is changed or discontinued and the remaining supplies of it should be disposed of safely (with the person’s consent)
* A person transfers to another care service. They should take all of their medicines with them, unless they agree to dispose of any that are no longer needed
* A person dies. The person’s medicines should be kept for seven days, in case the Coroner’s Office, Procurator Fiscal (in Scotland) or courts ask for them
* The medicine reaches its expiry date. Some medicine expiry dates are shortened when the product has been opened and is in use, for example, eye drops. When applicable, this is stated in the product information leaflet (PIL)

When medicines are disposed of you need to make a record to show that they were handled properly. You should record the following information:

* Date of disposal/return to pharmacy (or any other location)
* Name and strength of medicine
* Quantity removed
* Person for whom medication was prescribed or purchased
* Signature of the Carer who arranges disposal of the medicines

**STOMP**

The Company supports the STOMP project. STOMP stands for Stopping Over Medication of People with a learning disability, autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the overuse of these medicines. STOMP is about helping people to stay well and have a good quality of life.

Psychotropic medicines affect how the brain works and include medicines for psychosis, depression, anxiety, sleep problems and epilepsy. Sometimes they are also given to people because their behaviour is seen as challenging. People with a learning disability, autism or both are more likely to be given these medicines than other people.

These medicines are right for some people. They can help people stay safe and well. Sometimes there are other ways of helping people so they need less medicine or none at all. It is not safe to change the dose of these medicines or stop taking them without help from a doctor.

Public Health England says that every day about 30,000 to 35,000 adults with a learning disability are taking psychotropic medicines, when they do not have the health conditions the medicines are for. Children and young people are also prescribed them.

Psychotropic medicines can cause problems if people take them for too long. Or take too high a dose. Or take them for the wrong reason. This can cause side effects like:

* putting on weight
* feeling tired or ‘drugged up’
* serious problems with physical health.

Where any of our Clients appear to be suffering from excessive symptoms which may be related to psychotropic medicines, the Company’s policy is to liaise with the most appropriate contact to raise these concerns and to begin the process of requesting a medication review.

In some cases, the most appropriate contact may be a family member of the Client, i.e. if they usually support the Client with medical appointments, the collection of medication from the pharmacy or other clinical processes. The Company would provide the family member with observations and information to justify why a medication review should be requested with the Client’s GP or consultant.

In other cases the Client may have an appointed advocate, and the Company would raise the concern with the advocate so that they can represent the Client’s best interests by contacting the GP or consultant to request a medication review.

Once the concern has been raised, the family member or advocate would be expected to make contact with the GP or consultant either on behalf of, or alongside, the Client.

In some cases the Client themselves may have capacity to raise this concern with their GP or consultant themselves. The Company’s position is to support independence where possible and would encourage a Client to speak to their GP or consultant directly if they are deemed to have capacity. However we will be aware that this may not be the most effective method, especially if the Client is already struggling with clarity of thought or their ability to communicate as a combined result of their disability/condition and potentially the effect of psychotropic medication.

Where there is no appropriate contact (i.e., family member or advocate), or the appropriate contact has been unable to request the medication review for any reason, or the Client themselves lacks capacity or the Client has capacity but is finding it difficult to communicate effectively with their GP or consultant, the Company will contact the GP or consultant on their behalf to request a medication review.

In these circumstances, the Company will state factual observations of the Client to explain reasoning for the request for a review the prescription of any psychotropic medications and will state that the Company’s position is to support the STOMP project wherever reasonably possible.

**Training**

When a Client’s needs mean the Carer must administer medicines, training in safe handling of medicines is important. Where the Carer has very limited, or negligible experience and training, then the Company will provide a training package that will meet both the needs of Carers and Clients.

**The essential elements of this training will include:**

* The supply, correct storage and disposal of medicines
* How to prepare the correct dose of medication for ingestion or application
* How to safely administer medication that is not given by invasive techniques, including tablets, capsules and liquid medicines given by mouth; ear, eye and nasal drops; patches; inhalers; and external applications
* The responsibility of the Carer to ensure that medicines are only administered to the person for whom they were prescribed, given in the right (prescribed) dose, at the right time by the right method/route
* Checking that the medication ‘use by’ date has not expired
* Checking that the person has not already been given the medication by anyone else, including a relative or Carer from another Company
* Recognising and reporting possible side effects
* Reporting refusals and medication errors
* How a Carer should administer medicines prescribed ‘as required’, (PRN) for example, pain killers, laxatives
* What Carers should do when people request non-prescribed medicines
* Understanding the Company’s policy for record keeping

The Company will formally assess whether the Carer is sufficiently competent in medication administration before being assigned to such tasks and will regularly assess their competence through supervision and appraisal.

Care workers should not undertake the following unless they have satisfactorily completed additional training:

* Rectal administration, e.g., suppositories, diazepam (for epileptic seizure)
* Injectable drugs such as insulin
* Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
* Giving oxygen

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| **KLOE Reference for this Policy** | **Regulations directly linked to this Policy** | **Regulations relevant to this Policy** |
| **Safe** | **Regulation 11: Need for consent**  **Regulation 12: Safe care and treatment** | **Regulation 9: Person-centred care**  **Regulation 17: Good governance** |

**Policy Reviewed on Date of Implementation by the Following Company Officer:**

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| --- |
| **Full name:** |
|  |
| James McAlpine |
|  |
| **Job Title:** |
|  |
| Homecare Director |
|  |
| **Signature:** |
|  |
| J. McAlpine |

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**Appendix 1**

**The Royal Pharmaceutical Society of Great Britain’s Principles of safe and appropriate handling of medicines**

1. People who use social care services have freedom of choice in relation to their provider of pharmaceutical care and services including dispensed medicines.
2. Care staff know which medicines each person has, and the social care service keeps a

complete account of medicines.

1. Care staff who help people with their medicines are competent.
2. Medicines are given safely and correctly, and care staff preserve the dignity and privacy of the individual when they give medicines to them.
3. Medicines are available when the individual needs them, and the care provider makes

sure that unwanted medicines are disposed of safely.

1. Medicines are stored safely.
2. The social care service has access to advice from a pharmacist.
3. Medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour.

**All Employees are required to observe these core principles.**

**Appendix 2**

**Controlled Drugs**

Controlled drugs (CDs) are prescribed medicines that are usually used to treat severe pain, induce anaesthesia or treat drug dependence and they have additional safety precautions and requirements. Examples include:

* Morphine
* Pethidine
* Methadone
* Fentanyl
* Methylphenidate

The Misuse of Drugs Regulations 2001 has a [full list of controlled medicines](http://www.legislation.gov.uk/uksi/2001/3998/schedule/1/made).

**Legal controls**

Stricter legal controls apply to controlled medicines to prevent them:

* being misused
* being obtained illegally
* causing harm

For example, these legal controls govern how controlled medicines can be:

* stored
* produced
* supplied
* prescribed

Controlled medicines are classified (by law) based on their benefit when used in medical treatment and their harm if misused. The Misuse of Drugs Regulations include five schedules that classify all controlled medicines and drugs. Schedule 1 has the highest level of control, but drugs in this group are virtually never used as medicines. Schedule 5 has a much lower level of control.

**How does this affect me?**

When you collect a Schedule 2-controlled medicine, such as morphine or pethidine, the pharmacist will ask for proof of your identity, such as your passport or driving licence. You'll also be asked to sign the back of your prescription, to confirm that you've received the medicine. If you're collecting "controlled medication" for someone else, you're legally required to show the pharmacist proof of your identity if asked. To collect certain medicines, you'll need a letter from the Client (check with the Manager in relevant circumstances) giving you authorisation to act as their representative.

The pharmacist will let you know what's required.  To collect a Schedule 3-controlled medicine, such as flunitrazepam, you just need to sign the back of the prescription. Special requirements apply to destroying controlled medicines, so return any unused controlled medicines to the pharmacist who will dispose of them.

**Who can prescribe controlled medicines?**

Doctors and dentists can prescribe all controlled medicines to treat illness or injury. However, doctors must hold a licence from the Home Office to prescribe controlled medicines to treat [addiction](http://www.nhs.uk/Livewell/Addiction/Pages/addictionhome.aspx). Specially trained nurses can prescribe some controlled medicines for specific conditions, such as pain relief in palliative care, but can't prescribe controlled drugs for treating addiction, such as diamorpine and cocaine.

Midwives may use a limited range of controlled medicines such as morphine, and pethidine, to help relieve pain during childbirth. Other healthcare professionals, including nurses and pharmacists, may prescribe controlled medicines. Their level of training in prescribing determines the range of controlled medicines they can prescribe and under what circumstances.

**Prescriptions for controlled medicines**

Prescriptions for controlled medicines in Schedules 2, 3 and 4 are only valid for only 28 days. Prescriptions for Schedule 2 and 3 controlled medicines (except temazepam) must include specific details about the medicine, such as:

* its name and what form it's in
* strength and dose
* total quantity or number of doses, shown in both words and figures

Prescriptions for temazepam and Schedule 4 and 5 controlled medicines are exempt from these requirements. Pharmacists must record prescriptions for controlled medicines in a special register. Before supplying the medicine, they must check that the prescription is correctly written. If it's not, it may need to be rewritten by the prescriber.

**Appendix 3**

**Administration of Medicines/Records**

Safe administration of medicines means that medicines are given in such a way as to maximise benefit and to avoid causing harm. In every service where Carers give medicines, they must have a MAR chart to refer to.

The MAR chart must detail:

* Which medicines are prescribed for the person
* When they must be given
* What the dose is
* Any special information, such as giving the medicine with food

**Procedures for giving medicines**

The following is a process for selecting the right medicines, preparing the right dose and giving in the right way to the right person.

* 1. Ask the Client if they want their medicines and check that it has not already been administered by someone else. People can refuse medicines for different reasons. When this is an important medicine, it may be better to wait a little while and ask them later. It is never acceptable to force medicines upon people, or to hide them in food or drink. Persistent refusal must be reported to the Manager without delay.
  2. Check you are giving the medicines to the right person. All prescribed medicines should be labelled with the name of the person for whom they have been prescribed, the manner in which the medicine is to be administered, and at what frequency.;
  3. Select all of the correct medicines for this time of day for that person. Even when medicines are supplied in a Monitored Dosage System (MDS), there may be other medicines in the fridge. Confirm medicines to be taken with the Medicine Administration Record (MAR) and do not rely on memory. Check whether the medicine needs to be taken before, with or after food.
  4. Some medicines are meant to be taken occasionally, such as those for the treatment of pain, constipation, indigestion or anxiety. Check with the Client whether symptoms are present and administer if directed. Ensure that maximum dosage is not exceeded.
  5. Make sure that there is a glass of water available to wash tablets/capsules down and encourage the Client to sit upright or to stand when taking medication, so as to reduce the possibility of anything being stuck “on the way down”. Taking medicines with hot drinks (e.g., a cup of tea) is not a good idea.
  6. If tablets/capsules are in a monitored dosage system or compliance pack open the appropriate section and empty the tablets/capsules into a medicine pot and hand it to the Client. If the tablets/capsules are in bottles or strip packs, transfer the appropriate number of tablets/capsules into a medicine pot and hand it to the Client. Do not just guess or use any spoon or allow the Client to drink from the bottle.
  7. If the medicine is a syrup or mixture make sure that you use the medicine spoon of measure that the pharmacist provided.
  8. Do not handle medicines – use a “clean”, technique by pushing a tablet or capsule out of a blister directly into a medicine pot.
  9. If you are applying medicines to the skin it is really important to use gloves both for your own protection and also to prevent cross-infection.
  10. Records must be kept of medicines given including the dose, using a Medicines Administration Record (MAR). The record must be dated and signed. Carers must also document if any medication has been left out for the person to take themselves, but they can’t record its actual administration because they didn’t do it or witness it being taken.

If a Client cannot swallow tablets or capsules, or has occasional difficulty, then the problem should be discussed with the Manager who will be able to find out whether a suitable liquid product is available.

This could be a liquid version of the original medicine or a different medicine that has the same effect. In either case, this will have to be discussed with the prescriber or pharmacist.

**Medicines that have been prescribed and dispensed for one person should not, under any circumstances, be given to another person or used for a purpose that is different from the one they were prescribed for.**

**Covert administration of medicines**

‘Covert’ is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. Covert medication is sometimes necessary and justified but should never be given to people who are capable of deciding about their medical treatment. Giving medication by deception is potentially an assault. The covert administration of medicines should only take place within the context of existing legal and best practice frameworks to protect the person receiving the medicines and the care workers involved in giving the medicines.

Carers are specifically instructed, therefore, never to administer medicines covertly unless “best interest” meetings have been held and covert administration is considered (and minuted) as an essential, well-considered and agreed aspect of the Client’s care, is in their best interests and is so documented in their plan of care.

**Administering medication by specialised techniques.**

In exceptional circumstances and following an assessment by a healthcare professional, a Carer may be asked to administer medication by a specialist technique including:

* Rectal administration, e.g., suppositories, diazepam (for epileptic seizure);
* Insulin by injection
* Administration through a Percutaneous Endoscopic Gastrostomy (PEG);

If the task is to be delegated to the Carer, either the healthcare professional must train the Carer or the Company is to provide such training and also and be satisfied they you are competent to carry out the task.

**Children**

When children are supported by the Company, parents or guardians will normally assume responsibility for the child’s medication. You may provide ‘general support’ to the parent or guardian as outlined for adult Clients. This may occur as a result of a request from the parent or guardian but also includes situations when you remind or prompt the parent or guardian to give medication to a child.

In some cases, the parent or guardian may not be able to administer medication to the child and the assessment should identify that you take responsibility for this task. The young person must agree to have the medication and this consent should be documented in the child’s plan of care. Children can give consent themselves providing they are Gillick competent or the parent or guardian can consent if they are not.

**Records**

Keeping records is an essential element in the safe administration of medicines and you must record each and every time that you administer medicine on behalf of your client. It is important to record what you do when you do it. Do not rely on your memory to write information accurately at a later time and if you record giving medicines to people, there is no point making that record when you prepare the medicines. The person may decide they do not want it, but your record means that they have accepted and taken it. From your records, anyone should be able to understand exactly what you, the care worker has done and be able to account for all of the medicines you have managed for an individual.

Records must be complete, legible, up to date, written in ink, dated and signed to show who has made the record. If you prompt a Client to take their medicine then the daily care notes must record this fact, including the date and time.

**This information is vital to other care workers who also visit this person.**

The MAR chart lists a patient’s medicines and doses, when they must be given, any special information such as giving the medicines with food, along with spaces to record when the doses have been given and to specify exactly **how much** is given when the directions state, for example, ‘one or two’. It is also important to keep a record when prescribed medicine has **not** been given. PRN (when required) medicines administered by you must be recorded on the PRN recording sheet.

Clear records will help to prevent drug errors.

Problems are more likely to occur when:

* People have long lists of prescribed medicines.
* Some medicines are taken regularly, and some are taken only when required for specific reasons, e.g., for pain relief;
* Labels say, ‘take as directed’ and the person is unable to explain or cannot remember what this means.
* The dose of a medicine is not constant but depends on the results of blood tests, e.g.
* warfarin (a medicine given to thin the blood to avoid the risk of stroke or thrombosis)
* More than one prescriber is involved. More than one doctor might prescribe medicines for the same person; dentists and a range of other healthcare professionals such as some nurses and pharmacists can also prescribe medicines.
* People have hoarded medicines that the doctor has told them to stop taking.
* People are confused about what they should be taking.
* An individual is also taking complementary medicines. For example, someone with arthritis might have tablets from the GP but could also be buying glucosamine from a health food shop.
* When a new medicine is introduced or the dose changes.
* There are frequent changes to treatment.

When people are at the start of a new home care package, how can you be sure that all of the medication is for a current treatment?

There are two quick checks you can make immediately:

* The label attached to the medicine, which has the person’s name on it, will also have a date when the medicine was prepared. If it is more than six months ago, check with the person’s GP whether they should still have it.
* What is the expiry date printed on the pack? You must not give date expired medicine, and this may also indicate that the person has not been taking this medicine recently. Check with the person’s GP whether they should still have it.

### **Obtaining Prescriptions**

There will be occasions when medicines run out and need to be replaced. In such cases you will need to discuss with the Client how repeat prescriptions may be obtained, and whether a new consultation with the Doctor needs to be scheduled. You are authorised to collect prescriptions from the Pharmacy as part of the Client’s plan of care. Any medication received, that is administered by you, must be recorded in the care plan or Medication Administration Record.

**Appendix 4**

**Errors in Administration**

Errors can occur in the prescribing, dispensing or administration of medicines. Most medication errors do not harm the individual although a few errors can have serious consequences. It is important that an open culture of communication is maintained, and errors are recorded, and the cause investigated so that you and the Company can learn from the incident and prevent a similar error happening in the future.

Examples of administration errors include, but not limited to:

* Wrong dose is given, too much, too little.
* Medication is either not given, or is given, but it is the wrong one.
* Medication is given to the wrong child or adult.

Equally, errors may occur in prescription, or dispensing, in which case the matter will be discussed directly between the Manager and the responsible individual.

On occasion you may be unable to or refuse to give medication to a Client. There may be a number of reasons for this such as:

* Something may be wrong with the medication.
* There may be no medication left.
* There may be concern about a dosage.
* There may be some concern over what is required to be given.
* The Medication Administration Record and/or care plan may be unreadable.
* There may be a lack of understanding about what is required.
* There may have been a lack of training.
* You may not feel confident to give the medication.
* The medication may have already been given by the family.

In such an event you should record the reason for not being able to give the medication on the Medication Administration Record.

Any incident must be reported without delay, and appropriate action such as calling for advice, or medical assistance, taken.

If an error of administration is considered to be the fault of an individual Carer then the matter will be fully investigated so that the reasons can be established, and, if necessary, new and more robust procedures, or retraining implemented without delay. If procedures are changed, then all Carers will be informed. Where the conduct of an individual Carer is considered to be at fault, then disciplinary action needs to be taken via the Company’s disciplinary procedure.

**Appendix 5**

**Glossary**

**Attention deficit hyperactivity disorder (ADHD)** A common developmental and behavioural disorder; characterised by poor concentration, distractibility, hyperactivity, and impulsiveness that are inappropriate for the child's age.

**Analgesic medicine** Pain reliever.

**Anaesthesia** Loss of awareness or feeling, e.g., in preparation for a surgical operation. Induction of anaesthesia — the process of causing loss of feeling or awareness using a drug.

**‘As required’ medicine** Medicine to be given when required for defined problem, e.g., pain, constipation.

**Audit trail** Step-by-step record by which financial and product usage data can be traced to its source.

**Care provider** Organisation that is responsible for providing care.

**Care worker** Individual who works in a care setting.

**Chemist** Community pharmacist or community pharmacy.

**Community pharmacist** Pharmacist based in a community (high street) pharmacy.

**Complementary medicines** Medicines that are used together with mainstream medicines; examples include acupuncture, homoeopathy and herbal medicines.

**Compliance aid** Device that makes it easier for users to take medicines correctly.

**Cytotoxic** Anti-cancer medicine.

**DDA** Disability Discrimination Act.

**Denaturing** Changing the form of a drug. For example, controlled drugs must be denatured before disposal in a pharmacy so that they cannot be retrieved and used.

**Dispensing** Making up of medicines (in a pharmacy).

**Dispensing assistant** Assistant to pharmacist.

**Drug dependence** Also known as drug addiction. A state in which regular doses of a drug are needed to avoid withdrawal symptoms.

**Glyceryl trinitrate (GTN)** Medicine used to relieve pain of angina. Can be a tablet that is put under the tongue to dissolve or a spray that is sprayed into the mouth.

**Homely remedies** Medicines for minor ailments that could be bought over the counter, such as paracetamol for headaches or indigestion remedies.

**Hospice** Health care facility devoted to palliative and end-of-life care.

**Intravenous** Given directly into a vein, e.g., intravenous antibiotics are antibiotics that are injected or infused directly into a vein.

**Licensed medicine** A medicine that has been licensed in the UK (by the Medicines and Healthcare products Regulatory Company (MHRA) for specific conditions.

**Maximum/minimum thermometer** A thermometer that shows the current temperature and also the highest and lowest temperatures since the thermometer was last read and reset.

**Medication review** A review of current medications to check that they are all being used correctly, are having the desired effects and are still needed. Includes clinical medication reviews and medicines use reviews.

**Medicine** Includes all medicinal products — tablets, capsules, drops, inhalers, injections, oral syrups and mixtures, creams and ointments.

**Medicines administration record (MAR)** A document on which details of all medicines given in a care setting are recorded. Usually designed to show the dose given, the time when given and the identity of the person who gave it.

**Medicines management** Medicines management seeks to maximise health gain through the optimum use of medicines. It encompasses all aspects of medicines use, from the prescribing of medicines through the ways in which medicines are taken or not taken by patients.

**Medicines use review (MUR)** A review of prescribed medicines carried out with the patient by a community pharmacist in order to identify problems with the use of medicines and to help people get the best out of their treatment.

**MHRA** Medicines and Healthcare products Regulatory Company — the government Company which is responsible for ensuring that medicines and medical devices work and are acceptably safe.

**Monitored dosage systems** Systems for packing medicines to make use easier, e.g., by putting medicines for each time of day in separate blisters or compartments.

**Nurse prescriber** Nurse who has undertaken additional training in order to enable him/her to prescribe medicines.

**Palliative care** Palliative care is care of patients with serious illness from which recovery is not expected. Dealing with pain and other symptoms is important, but palliative care also looks at the person as a whole, including their overall sense of wellbeing as well as their physical condition.

**PCO** Primary Care Organisation. Exact names differ — in England these organisations are Primary Care Trusts, in Wales they are Local Health Boards and in Scotland they are Health Boards. The local NHS organisation that is responsible for managing the health service in the locality.

**PCT pharmacist** Pharmacist who works for a Primary Care Trust.

**PEG (Percutaneous endoscopic gastrostomy)** A flexible tube that goes through the abdominal wall directly into the stomach. Used for giving liquid food.

**PGD** Patient Group Direction. A written instruction for the sale, supply and/ or administration of named prescription only medicines in an identified clinical situation. It applies to groups of patients who may not be individually identified before presenting for treatment.

**Pharmaceutical care** The process through which a pharmacist co-operates with a patient and other professionals in designing, implementing and monitoring a therapeutic plan that will produce specific therapeutic outcomes for the patient.

**Pharmacist** Person who has studied pharmacy at University and is on the register of Pharmaceutical Chemists.

**Pharmacist prescriber** Pharmacist who has undertaken additional training in order to enable him/her to prescribe medicines.

**Pharmacy technician** Person who has studied pharmaceutical sciences to S/NVQ level 3 and works under the supervision of a pharmacist.

**Prescription only medicine (POM)** Medicine that can only be obtained with a prescription written and signed by a qualified prescriber.

**PRN** Latin abbreviation meaning ‘when required’

**Rectal administration** Giving of a medicine, usually an enema or suppository, via the rectum (back passage).

**Registered manager** The person who is in day-to-day charge of a registered care setting.

**Registered owner** The owner of a registered care setting.

**Registered person** Registered owner or manager of a care setting.

**Secondary dispensing** Re-packaging a medicine that has already been dispensed by a pharmacist or a dispensing doctor

**Stroke** Sudden disabling attack usually due to a blood clot or burst blood vessel in the brain.

**Subcutaneous** Under the skin. For example, insulin has to be injected subcutaneously.

**Synchronised supply** Supply of medicines where all quantities have been adjusted to finish at the same time. Intended to help people to avoid accumulating medicines that they need now and again but do not use very often.

**Temazepam** A ‘sleeping tablet’. Temazepam belongs to the benzodiazepine group of medicines and is also classified as a controlled drug (Schedule 3).

**Therapeutics** The science of using medicines.

**Thrombosis** A blood clot that blocks a blood vessel.

**Unlicensed medicine** A medicinal product that has not been licensed by the MHRA.

**Verbal order** Request to change treatment that is made over the telephone and is not in writing.