



*Kerry  
Parents &  
Friends  
Association*

## **Safe Administration of Medication**

### **Policy & Procedures**

|                              |   |
|------------------------------|---|
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# KERRY PARENTS AND FRIENDS ASSOCIATION

## SAFE ADMINISTRATION OF MEDICATION POLICY

### (SAM POLICY)

#### INTRODUCTION

Kerry Parents and Friends Association provides Day, Residential and Support Services for more than 250 adults with an intellectual disability in various locations throughout Co. Kerry.

It is the policy of Kerry Parents and Friends Association to meet a broad range of needs of the people we support and this includes their medical needs. Kerry Parents and Friends Association seeks to safeguard and protect individuals using our service and also staff members in the safe administration of medication.

Within Kerry Parents and Friends Association, there is a responsibility to follow good practice, to maximise the level of safety and security in all areas of medication management and to minimise the risk of error. Staff roles and responsibilities in the safe administration and recording of medication are determined in this procedures handbook. The policy and procedures are provided to achieve a safe system of work for the staff, supporting those who self-medicate and thereby ensuring safety for all in the administration of medication.

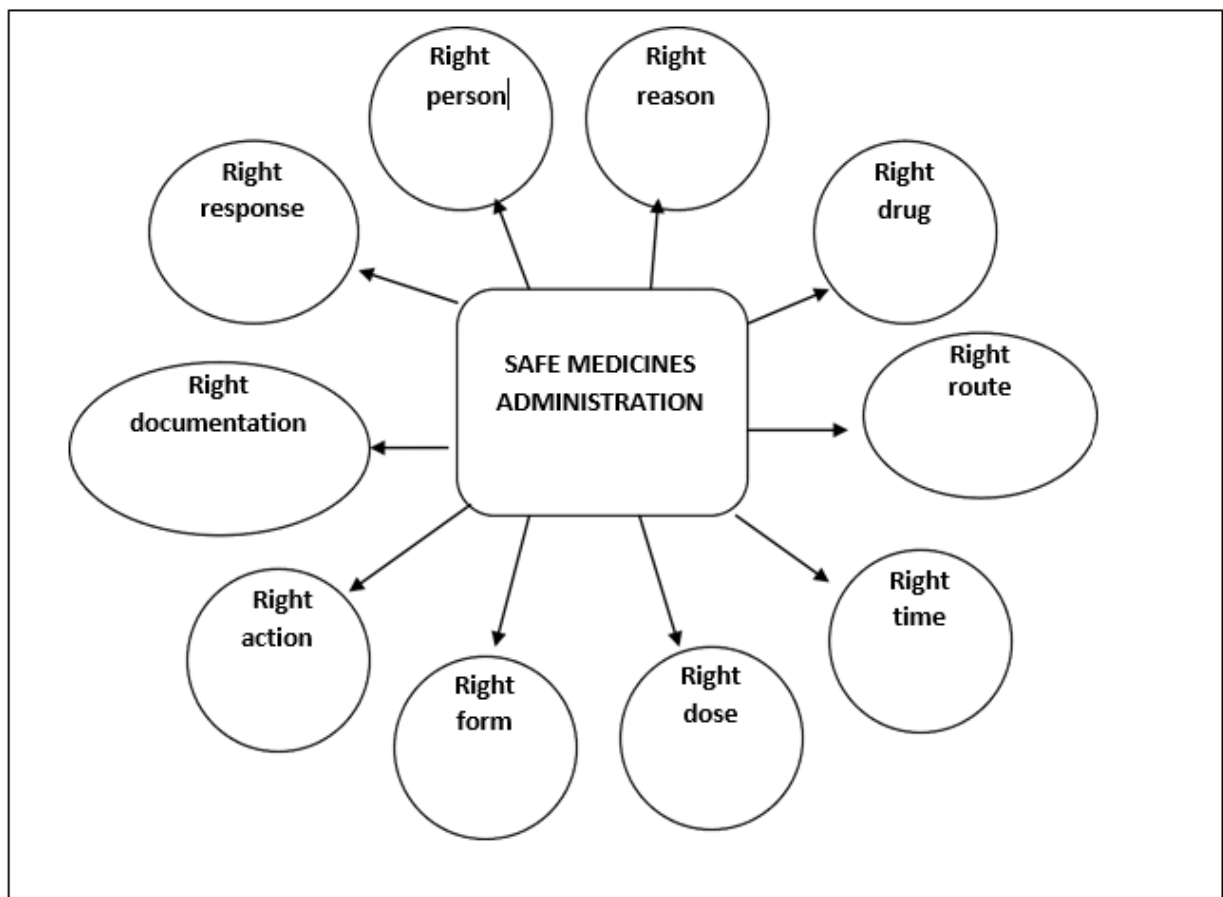
Given the type of issues arising from the administration of medication, there is a need for a safe, standard and consistent approach.

The policy will be open to review on a regular basis.

#### PURPOSE

The purpose of this policy is to detail 'best practice' in the ordering, storage, administration and disposal of medication and thereby ensure:

- The **Right person** receives the **Right medication**, in the **Right dosage**, in the **Right form**, by the **Right route**, at the **Right time**, for the **Right reason**, for the **Right response**, with the **Right action** where appropriate and all **Right documentation**.



- Staff are afforded maximum protection, by following standardised procedural policy guidelines.

## SCOPE

Kerry Parents and Friends Association's policy endeavours to comply with 'An Bord Altranais' guidelines, whilst at the same time protecting the people we support and staff - in the implementation of a safe, practical, operational policy.

### **This policy covers:**

#### Day Settings

Rota Systems generally dictate which staff administer medications

#### Residential Settings

The staff on *sleep in duty* is responsible for administering medications, unless the situation dictates otherwise.

#### Respite Settings

As above

#### Outreach Services

## DEFINITION OF MEDICATION

A prophylactic, diagnostic or therapeutic substance which may be used for the prevention or treatment of any human ailment, infirmity, injury or defect. All medications have side effects.

## RESPONSIBILITY

**Designated staff employed by Kerry Parents and Friends Association are responsible for ordering/transportation/storage/administration/safe disposal of medication.**

Professional Nursing support is available within the Association with regard to compliance with this policy.

**It is the policy of the Kerry Parents and Friends Association to protect the individual and staff members in the administration of medication.**

A centre specific policy must be put in place or any person centred deviation from this general policy and must be approved by the Centre Manager and the Medication Committee

It is the Centre Manager / Social Care Leader's responsibility to ensure that staff undergo training in "Safe Administration of Medication" (SAM Training) as part of their induction. Until the SAM Training is completed, new staff are not covered to administer medication on their own. Observing the administration of medication is advisable.

## TRAINING

### **Standard for KPFA Staff**

New Entry Staff of Kerry Parents & Friends Association will undergo training in the Safe Administration of Medication (SAM Training) during induction and will undergo re-evaluation and refresher training every 3 years or as dictated by the Association.

SAM Training is included in the list of mandatory training courses for Staff. It is also open to Nurses, should they wish to take part. Nurses are responsible for ensuring that they comply with An Bord Altranais Guidance to Nurses and Midwives on Medication Management July 2007 and are available to give advice within their scope of practice to non nursing staff and to support them in complying with the SAM policy.

### **Standard for Nurses**

(An Bord Altranais Guidance to Nurses and Midwives on Medication Management July 2007)

Each nurse/midwife is expected to develop and maintain competence with regard to all aspects of medication management, ensuring that her/his knowledge, skills and clinical practice are up to date. The activities of medication management require that the nurse/midwife is accountable to the patient/service-user, the public, the regulatory body, her/his employer and any relevant supervisory authority. This relates to both actions and omissions.

### **Supporting Guidance**

The nurse/midwife has a responsibility to ensure her/his continued professional development, which is necessary for the maintenance of competence, particularly with regard to medicinal products. She/he should seek assistance and support where necessary from the health service provider concerning continued professional development.

## AUDITS

Medication Audits are to be carried out as scheduled on the XYE A system. Any actions or recommendations will be completed by the centre manager. These audits will be reviewed by the Assistant Director of Services. Audits will include procedures (S.O.P's), storage, contents of medication cabinets, medication sign off and error / incident lists etc.

## GENERAL ADMINISTRATION GUIDELINES

- ✓ All medications prescribed by a G.P. or other registered prescriber must carry the following information on the printed pharmacy label:
  - Person's name and address.
  - Name of medication.
  - Dosage and method of administration.
  - Frequency of administration.
  - Date of commencement and discontinuation date, where necessary.
- ✓ Dispensing Systems in Use for Medications
  - Original Container
  - Nomad Cassette in Residences
  - Venalink, Blister Packs etc.

} Must contain Pharmacy Labels
- ✓ Details of the prescription may be written up by either the Prescriber or the Transcriber on the Association's prescription sheet but must be signed by both the Prescriber and Transcriber.
- ✓ Any change in medication may be written up by either the Prescriber or the Transcriber on the Association's prescription sheet but must be signed by both the Prescriber and Transcriber.
- ✓ The medications will be collected / delivered on an agreed date to allow for checking prior to commencement of administration. The Medication Handover Record is signed when medication is received at the relevant location. See **Appendix 15**
- ✓ **Checking the Medication:** Two staff one of whom must be a Nurse except in emergency situations where two social care staff can check medication and record the reason a nurse was not available on the medication checking sheet under Comments. Medications must be checked against the Prescription Sheet / Backing Sheet and where applicable or online at drugs.com. The number of tablets and capsules should be checked. The tablets / capsules should be identified using the backing sheet / online. The pharmacist is to be notified of any inconsistencies which must be rectified immediately. When the medication check has been satisfactorily completed both staff must sign the Medication Checking Record. See **Appendix 14**. The final aspect of the checking procedure lies with the person administering the medication, who has a responsibility to check, against the prescription sheet and backing sheet, the actual medications being given.

**\*Please Note:** All Medications are listed on the Prescription Sheet whether in the Nomad Cassette or in their original containers. Any doubts relating to the identity of a medication should be referred to the pharmacist / prescriber without delay.



**Tip:** Drugs.com and Meds.com website may be accessed online and is also available as an App for iPhone.

- ✓ **Administering medication:** A standard operating procedure (S.O.P.) is available to all staff as a guideline in the Safe Administration of Medication. See [Appendix 3](#).
  - Staff must check the prescription sheet and start date on the Nomad Cassette. All medications administered from the Nomad Cassette can be identified individually from the description on the backing sheet.
  - **Administration of medication is a responsible procedure and should not be rushed.**
  - Medication must be given directly to the individual, in accordance with SAM guidelines and not stored in a secondary container as an interim measure. Medication is accessed from the Nomad Cassette by pulling the slider down for the current day to reveal the appropriate medication compartment. The perforated seal is then pierced in one of the top corners, and “picked” out rather than “pushed” in. Then the medication is placed in a plastic medicine cup **without** handling it and administered immediately to the individual. Use gloves, to remove medications, if having difficulty with this procedure.
- ✓ Staff administering medication must initial the medication recording sheet after administration, when certain that the medication has been ingested. See [Appendix 12](#)
- ✓ Any adverse reactions observed must be recorded, reported and nursing and medical advice sought.
- ✓ **Refusal / Omission:** If a medication is refused by an individual – refer to XYEA
  - If a parent or guardian refuses to administer or allow administration of medication - refer to “Withholding Medication” – [Page 25](#). See also XYEA. Medication may only be discontinued by the prescriber and signed by him/her on the prescription sheet.
- ✓ **Review** of medication must be ongoing. See “The Prescription” on [Page 12](#). Notify the pharmacy regarding any discontinued / changed medication and ensure that the cassette is amended as soon as possible.
- ✓ **Expiry date of medication** not in the nomad cassette must be checked before administration. This includes dates on eye drops, creams etc. Commencement date of creams, drops etc. are to be written on the product once they are opened.
- ✓ Medication administered in error. See “Medication Errors & Procedure for Medication Errors” on [Pages 26-29](#).
- ✓ **Please Note:** Under no circumstances must a bottle label, cassette or medication recording sheet be altered or modified by staff.
- ✓ The Nomad cassette must contain the individual’s name and photograph.

- ✓ Completed medication recording sheets and other relevant records should be retained for 7 years.
- ✓ **Staff must not take for himself / herself any medication from the service supplies. Staff must not offer another staff member any medication from the service supplies**

## THE PRESCRIPTION

**People receiving a service from Kerry Parents and Friends Association attend *local* General Practitioner Surgeries wherever possible.**

**All Medications must be prescribed by a Registered Prescriber, eg. G.P. / Consultant / Nurse Prescriber.**

- 1 The prescription must be given to the Pharmacist **allowing adequate time** for the medication to be inserted in the Nomad cassette. The Pharmacist is solely responsible for filling the cassettes and making any necessary changes to medication in the cassettes.
- 2 Short term prescription e.g. Antibiotics or P.R.N. medication that are not in the nomad cassette, must be supplied in its original bottle/pack, with clear instructions on the label. Administration of this medication will be from this bottle / pack.
- 3 The prescription must state the name of the medication, dosage, route of administration, frequency, duration, person's name, address, Prescriber's name and date of prescribing.

### **Transcription of Prescription or Medicine Order**

Transcribing is the act of transferring a medication order from the original prescription to the current medication administration prescription sheet. Transcribing is carried out by nursing staff and requires that a second nurse checks the prescription transcribed. The decision to transcribe a prescription should be made in the best interest of the people we support. Transcribed orders should be signed and dated by the nurse transcriber, the second nurse and co-signed by the prescribing doctor or registered nurse prescriber within 72 hours and before administration of the medication.

If the transcribed prescription or order is ambiguous or unclear verification and confirmation must be sought from the prescriber before administering the medicines to the people we support.

An Bord Altranais agus Cnaimhseachais 2007 states that a nurse or midwife who transcribes is professionally accountable for his or her decision to transcribe and the accuracy of the transcription.

If nurse transcribing is in practice a robust risk management process must be in place.

The practice of transcribing will be subject to audit.

## GUIDELINES FOR NURSE TRANSCRIBING

- The process of transcribing is copying from the sources without any alterations or additions.
- Transcribing should always be carried out in a quiet area. A specific time should be set aside for this activity.
- A nurse should not transcribe medication unless they understand the therapeutic uses of the medication. If in doubt, they should consult the Summary of Product Characteristics, medical practitioner, pharmacist or reliable drug reference.
- Transcribing should either be computer-generated or if in the transcriber's own handwriting, should be written in block capitals in black ink so as to be indelible.
- When transcribing use only approved abbreviations, as per KPFA policy.
- Transcribing a prescription should involve two registered nurses - one nurse to transcribe and a second nurse to independently verify the prescription which has been transcribed. It is recommended that the format includes read back with spelling

Ensure the following are correct:

- ✓ Persons name
- ✓ Date of birth
- ✓ Medical practitioner's name
- ✓ GMS number/unit number
- ✓ Allergy status
- Medication transcribing should include the following information as it appears from the source,
  1. The medication Name
  2. The form as it appears e.g tablet, capsule, solution
  3. The Strength e.g 100mgs.
  4. The dose, usually as the number of tablets or capsules.
  5. The frequency, e.g BD or TID
  6. The date of transcribing.
- Do not abbreviate medication names.

- Transcribed orders should be signed and dated by the transcribing nurse and the second nurse.
- The transcribed order should be co-signed by the prescribing medical practitioner within 72 hours and should not be put into circulation until this has been completed.
- Any nurse administering medication who is unclear about a transcribed prescription should not proceed until they verify or confirm the prescription with the medical practitioner or pharmacist.
- Care should be taken when reading and transcribing decimal points. The advice to prescribers is to write a nought in front of a decimal point for clarification e.g. 0.25mg NOT .25mg; 0.5ml NOT .5ml. If the prescriber has not followed this advice then please check with the prescriber before transcribing and add the nought if appropriate.

#### FAXED / EMAILED PRESCRIPTION

The faxed / emailed prescription must be written on the Prescriber's headed paper with the Prescriber's stamp clearly visible. A faxed / emailed prescription must be written up by the prescriber, in the individual's prescription sheet within 72 hours. The original faxed prescription must be retained in the individual's file.

When recording from a faxed / emailed prescription – dedicate the next available letter on the prescription sheet from the relevant section, to the faxed / emailed prescription.

#### EMERGENCY PRESCRIPTION

The only acceptable time a verbal or telephone order for medication should be taken from a medical practitioner is in an emergency situation, where there is an immediate unplanned need, eg. where rescue medication is immediately required, i.e. when a G.P. / Emergency Services directs staff to administer Disprin 300mgs if a heart attack is suspected.

This verbal prescription must be supported by a written order within 72 hours. A faxed /emailed prescription is acceptable either to pharmacy or Centre and only if the Prescriber's directions are legible.



## SAMPLE OF THE GENERAL MEDICAL SERVICES (GMS) PRESCRIPTION

| GENERAL MEDICAL SERVICES  |                       |       |      | PRESCRIPTION FORM  |                          |   |  |
|---|-----------------------|-------|------|--|--------------------------|---|--|
| NAME AND ADDRESS OF PATIENT<br><b>Mary Oswald</b><br><b>Killarney, Co. Kerry.</b> |                       |       |      | PATIENT'S NUMBER AND CODE LETTER<br><b>1234567</b> <b>1031002A</b> |                          | PHARMACY SEQUENCE NO.                                 |  |
| DATE<br><b>10/01/2004</b>   |                       |       |      |  |                          | DOCTOR NUMBER<br><b>23456</b> <b>688</b> <b>00000</b> |  |
| Precise strength, quantity and dosage must be stated                              | Age if under 12 years | Years | Mths | NP   | PHARMACIST MUST COMPLETE |   |  |
| SERENACE 1.5MG TABLET mitte 40 tabs<br>2 tabs 2 time(s) per 1 day(s)              |                       |       |      | PRN  | Month Dispensed          | Drug Code   | Qty. Supplied                          |
|   |                       |       |      |  |                          |   | This column is for official use only   |
|   |                       |       |      |  |                          |   |  |
|   |                       |       |      |  |                          |   |  |
|   |                       |       |      |  |                          |   |  |
|   |                       |       |      |  |                          |   |  |
| Dr. George O'Halloran,<br>Killarney,<br>Co. Kerry.                                |                       |       |      | PHARMACY STAMP AND COMPUTER NUMBER<br><b>22222</b>                 |                          |   | SERIAL NO.<br><b>371</b> <b>CP2222</b> |
| DOCTOR'S SIGNATURE _____  |                       |       |      |  |                          |   |  |

General Medical Services prescriptions may vary.

## KERRY PARENTS AND FRIENDS ASSOCIATION PRESCRIPTION SHEET

Kerry Parents and Friends Association's Prescription Sheet must include:

**(a) The following information:**

- 1 Full Name
- 2 Date of birth
- 3 Health Insurance Number
- 4 Medical Card Number
- 5 Any known medication sensitivity / allergies.
- 6 G.P.'s Name
- 7 Date and times medications are prescribed
- 8 Details of dose, frequency, method of administration of the medication
- 9 Discontinuation date (if known), dated and signed by Prescriber
- 10 A typed prescription sheet is acceptable, once signed by Prescriber

**(b) Staff may PRINT LEGIBLY the following information on the Prescription Sheet**

- 1 the person's name and address
- 2 date of birth
- 3 Health Insurance Number
- 4 Medical Card Number
- 5 Medication Sensitivity / Allergy
- 6 G.P.'s Name

**Do not write / print below this Section**

**(c) It Must be signed by the Prescriber and Must clearly state:**

- ☐ The date of commencement of the medication
- ☐ The medication to be administered.
- ☐ The dosage and method of administration
- ☐ The route of administration
- ☐ The frequency and/or time interval of administration.
- ☐ The duration of treatment and discontinuation date if known

**(d) Must be unique:**

Only one prescription sheet is allowed per individual. Completed prescription sheets must be kept in individual's file for 3 years, then transferred to central administration and retained for 7 years in total.

**Exception:** To facilitate the updating of a prescription sheet by the Prescriber, it is acceptable that a photocopy of the current prescription sheet can be used in place of the original, for the specific period of time until the updated one is available, max. 72 hours. Insert a comment in the Medication Recording Sheet to indicate that a photocopy of the original is used on this occasion.

**Please Note:** When a medication is discontinued, the Registered Prescriber must sign and date it and may, or may not, draw a line through the prescribed medication.

**(e) All prescription sheets and supporting protocols are to be reviewed and updated annually**

## DROPPED TABLETS

Must be placed in a sealed envelope with specific notation describing its contents and instructions for return to the pharmacy. The envelope is signed and dated by the staff in attendance at the time. The Pharmacist and staff then sign the Medication Handover Record. Replacement tablet may be taken from the **last day's** medication in the nomad cassette, which corresponds to the same time of day. Advise pharmacist that it needs replacing.

## LOST MEDICATIONS

Misplacing medication is a serious and potentially dangerous occurrence. It is vital to immediately investigate the loss and track the last known contact through the medication handover sheet and staff discussion. The Centre Manager / Social Care Leader should be informed immediately and he / she will initiate a search of all areas. The Centre Manager / Social Care Leader will guide staff on how to proceed regarding relevant reports on the occurrence.

## CHANGE IN DOSE

In an emergency where the G.P. insists on immediate treatment, the medication will be dispensed from a labelled pharmaceutical package according to the Prescriber's written instruction.

## SHORT TERM MEDICATION

Antibiotics or P.R.N. medication are supplied in the labelled pharmaceutical package, Administration of this medication will be from this bottle / pack.

In other instances, where feasible, short term medication may be placed in the nomad cassette by the pharmacist and administered from the cassette until its completion.

## ADMINISTRATION OF RECTAL AND VAGINAL PREPARATIONS

Internal rectal and vaginal medication should be administered only by a Registered Nurse, taking care to respect the individual's privacy. Disposable gloves must always be used. Follow the '**ten rights**' of Medication Administration guidelines.

- ☐ right person
- ☐ right reason
- ☐ right drug
- ☐ right route
- ☐ right time
- ☐ right dose
- ☐ right form
- ☐ right action
- ☐ right documentation
- ☐ right response

Initial medication recording sheet immediately after administration.

If the internal medication is a rescue medication, to be administered in an emergency, follow the appropriate protocols for its use.

## PARENTERAL ADMINISTRATION OF MEDICATION (VIA INTRAMUSCULAR/SUBCUTANEOUS INJECTION)

The full procedure of preparation and administration of medication by injection must be performed by the same nurse / designated person as evidenced by best practice. Two staff, one of whom is the nurse, must check the expiry date and dosage prepared. Follow the '10 rights' of Medication Administration guidelines. Both staff must initial the medication recording sheet after administration of injection.

**EXCEPTION:** In the administration of Insulin / Epipen, where a specific Protocol / Management Plan exists, and **one** designated staff is approved to perform this procedure. See Diabetes Management Plan **Appendix 8**.

### **EXCEPTION:**

Non nursing staff can administer glucagon following successful completion of the Cardiac First Response Glucagon training. Refresher training must be completed every 2 years.

## MANAGING MEDICATION FOR AN INDIVIDUAL ON RESPITE

It is the responsibility of Centre Managers / Social Care Leaders to ensure that all criteria is met when booking an individual for respite in another Centre. This includes medication, prescription sheet, care plan outline etc. The Outreach Manager should be informed of all respite.

The Outreach Manager will ensure that families of day attenders are informed regarding the Association's requirements for safe administration of medication when availing of respite in a residential Centre.

Individuals who avail of respite must have the Kerry Parents and Friends Association's prescription sheet signed by their G.P. **prior** to admission. It is the responsibility of the family to ensure that the prescription sheet is in order. Each morning, Staff of the Day Service should check the prescription sheet and medication of those availing of respite directly from that service, so that any discrepancies may be rectified as soon as possible. Respite **may be cancelled** if the necessary documentation and/or medication is not in place.

In an emergency, where a prescription is required after hours for an individual, the Centre Manager / Social Care Leader / Staff should call South Doc.



## SELF-MEDICATION

1. Self-administration should be facilitated where possible to encourage and enable independence, based on the outcome of a self-administration of medication assessment tool (See Appendix 4) and support required will be outlined in the person's individual support plan.
2. The decision to self-administer should be supported by the team to ensure proper supports are in place for the individual. This should include a comprehensive individual risk assessment with ongoing reviews. It should be taken in consultation with the person, their family and key worker.
3. The assessment must be completed by all the relevant parties prior to self-administration of medication taking place.
4. It should involve a trial period with built in monitoring.
5. It should involve a period of necessary training.
6. Reviewing – The agreement for self-medication should be reviewed every six to twelve months, or as required, particularly if the individual's needs change.
7. Nominated staff should provide support to the individual.

## CUSTODY OF MEDICATION FOR INDIVIDUALS WHO SELF MEDICATE

As a rule, medications should be kept in a locked cabinet on site and the key should be held by staff.

**Exception:** A person receiving occasional respite and who is competent in administering his / her own medication while living independently outside of the service, may retain their own medication if the risk assessment supports this.

On arrival at the unit, the individual will request that staff open the cabinet and he/she puts his/her medication inside.

When it is time for medication, the self-medicating individual asks staff for the medication and administers himself/herself.

If staff become aware that an individual is not complying with self administration guidelines, they should discuss the issue with the person, a report is made and the individual is re-assessed to self-medicate.

When the individual returns home it is his/her responsibility to self-medicate when deemed competent to do so using the assessment procedures. The individual may seek advice at any time, if necessary.

## MAINTAINING RECORDS

All records pertaining to the safe storage and administration of medications are legal documents and must be stored locally and retained safely for 3 years. After this time they may be transferred to Central Administration, The Old Monastery, Port Rd., and Killarney where they will be maintained and retained for a further 4 years. (7 years in total).

## RECORDING MEDICATION ADMINISTRATION

All medication administered to an individual must:

- Be recorded immediately following administration on the medication recording sheet.
- Be clear, accurate and recorded in black ink.

## STORAGE OF MEDICATION

Medications must be kept in a locked cabinet. The key should be kept in a safe place, as agreed in each centre or carried by named personnel at all times.

Medications may be required to be stored in the medication fridge. Daily temperatures of all medication fridges need to be recorded.

Locked cabinet should be clean, dry and out of direct sunlight.

Liquid medication should be stored in its original bottle at all times, in the appropriate environment as indicated on the label or packaging. Lids should be tightly closed after each use.

Dates of opening/commencing medication in cream, ointment or drops needs to be written on the medication packaging.

The upkeep of the medicine cabinet is the responsibility of all staff but one staff should be nominated to assume overall responsibility.

A Log of Medication cabinet contents should be maintained and checked monthly. Log must be signed after each check.

Any discrepancies in the medication stock must be reported to Centre Manager / Social Care Leader and a record made in the log book.

Out of date medication should be returned to local pharmacy for destruction. Both pharmacist and staff sign the medication handover record to log the return. (see appendix 16)

Gloves to be worn at all times when handling loose medication.

## STORAGE OF INSULIN

Follow Instructions on Pharmaceutical Packages for Storage of Insulin

Store Insulin securely

Do not expose insulin to excessive heat or sunlight.

Do not freeze insulin

## STORAGE OF MIDAZOLAM

Midazolam must be stored in a secure place at all times, either in a locked cabinet or in a secure bag with a combination lock. The prescription sheet and laminated supporting protocol must travel with the Midazolam at all times.

It is advisable that the Midazolam box is stored in a lunch box type container each dose must be individually wrapped in bubble wrap to protect its packaging and some disposable gloves should also be included. Tamper proof seals should be checked and should be returned to the pharmacy to be replaced if the seal is broken.

Follow Instructions on Pharmaceutical Packages for further information on Storage of Midazolam. Do not freeze Midazolam. Do not expose Midazolam to excessive heat or sunlight.

## P.R.N. MEDICATION

P.R.N. is a method of administering medications only as required.

Common types are:

- (A) P.R.N. Rescue Medication for epilepsy, diabetes, anaphylaxis (allergic reaction) and breathing difficulty, eg. Midazolam, insulin, epipen and oxygen which are supported by individual protocols.
- (B) Post Administration of Midazolam Assessment Form must be completed after administration of Midazolam (see appendix 7)
- (C) P.R.N. Medication for managing challenging behavior which is supported by a protocol for the administration of psychotropic medication. (see appendix 10)
- (D) P.R.N. Medication for Analgesia, Gastric Disturbances, Mild Allergies and Skin Conditions

**PRN Medications for analgesia only i.e. *Paracetamol* can be administered from a multi-use supply which is stored in the Medication Cabinet**

The medication must be prescribed for the condition the person is experiencing.

PRN or “as required” medications are those medications that the GP has prescribed to be given only when certain conditions or criteria are met.

PRN Medication must be written on the dedicated area of the prescription sheet and associated protocols must include a clear description of the conditions under which it can be administered, along with the maximum daily frequency and dose or time lapse between any administrations and any special conditions to trigger a review. (see appendix 13)

All PRN Medication administration must be appropriately recorded in the Medication Recording Sheet and separately in the PRN Medication Recording Sheet, where a Protocol is in place. This ensures that all medications are recorded, as normal, in the medication recording sheet, but separately, a record is kept of the behaviour / incident prior to administration / time to take effect and / the effect - for the prescriber / staff to review.

PRN Medications for the management of seizures:

Medicines for the management of seizures are administered using a number of routes, many of which are non-oral. Epilepsy care plans and protocols must be developed which outline the following:

- the circumstances when it is to be used and the time to wait before administering the medicine
- dose interval
- the timing of respective doses
- the maximum dosage in a 24-hour period
- action to be taken if symptoms persist.

If a second dose of medicine is prescribed, then the prescription must state the period of time after administration of the first dose in which the second dose can be administered. The protocol and plan should form part of the resident's care plan. Medicines used for the management of seizures should be reviewed and evaluated on a regular basis.

Buccal Midazolam can only be administered by staff who have received the required training. Refresher training must be completed every 2 years.

## CONTROLLED DRUGS

**Terminology:** Controlled Drugs are a specific category of medication which have extra controls in place for their use, and for that purpose, will be termed “drugs” in this policy document.

The administration of controlled drugs requires special precautions and in the event of a individual being prescribed such medication, the Association may seek a licence under the Misuse of Drugs Act 1977 and 1984. This license legally permits the supply, distribution and control of scheduled controlled drugs. Follow the guidelines set out below.

**The administration of controlled drugs should be conducted by two persons, one of whom should be a nurse when possible.**

- Controlled medication must be transported in a locked bag.
- Upon receipt of Controlled medication, the person receiving them must immediately count the amount received. This amount received must be recorded then in the individual’s Controlled Drugs Recording book (DDA book).
- Controlled drugs must be stored in a double-locked press/cabinet. The key to this press must be held by the senior staff on duty or must be securely locked away.
- Where a direct handover occurs (including night duty), from one staff member to another, a count of the amount of controlled drugs will be carried out by both staff who will agree the amount and co-sign re same.
- In situations where staff do not handover directly to another staff e.g. Low support houses, a Local protocol for auditing the amount of controlled drugs, must be developed to ensure best and safe practice.
- The checking, preparation, administration or destruction of controlled drugs must be witnessed and recorded.
- Any wastage should be recorded and the entry witnessed.
- One staff member must witness the other administer the drugs where possible.
- When a controlled drug is administered, it should be recorded in the medication recording sheet and in the controlled drugs register. **All documentation is signed by both staff involved.**

- Nurses in the community who are administering controlled drugs to an individual for whom they have been prescribed, must liaise with the prescriber to ensure that the individual's requirement for these drugs is regularly reviewed. Nurses acting in this capacity are not entitled to hold medication in their possession. Where necessary, the controlled drugs are obtained on prescription and retained in the individual's home. \* Unused or out of date controlled drugs should be returned to the pharmacy, from which they were dispensed, for destruction.

#### **Administration:**

- Where possible, two staff members must sign for the administration of the drug and for the amount remaining in stock.
- Where possible, one of these staff must be the nurse or senior person on duty.
- In situations where a staff member works alone and is required to administer Controlled Medication, a local protocol must be developed which must include regular audit and review.
- The individual's pharmacist will be involved in developing this local protocol.

\* refers to family home or community group home.

The above guidelines are not exhaustive. Further information is available from "An Bord Altranais" or its publication entitled "Guidance to Nurses and Midwives on Medication Management 2007."

#### **TRANSPORTATION OF MEDICATION**

Individuals supported by Kerry Parents and Friends Association travel to and from their homes/Centres in various modes of transport. Wherever necessary, the individual is accompanied by a staff member who is then responsible for handing over medication to a family member or other staff member on arrival at the destination. The following guidelines should be adhered to:

- \* Staff will safely store all medication while travelling. Midazolam and insulin are stored in a locked container. On arrival, the medication will be given to the person meeting the individual. Both parties sign the Medication Handover Record.

**Exception:** When an individual is risk assessed to transport his / her own medication.

**Exception:** When staff is collecting numerous medications from pharmacy and travelling directly to the Centre.

**Exception:** Where individual protocols have been approved and signed off by the medication committee.



- \* When individuals travel on public transport, without accompanying staff, their medication should be packed securely, in a locked container and labelled with their name, address and contact numbers, and ensure that the nominated person at the destination is aware that the individual has medication.
- \* When an individual takes a trip with persons not employed by KPFA – the procedure for medication administration should be explained thoroughly, the medication handover record signed and contact numbers given in case of any difficulty on the outing.
- \* When an individual takes holidays with staff, their medication is administered and recorded in the same way as in their Centre.
- \* When individuals go home for short or extended periods, agreement should be reached with the family on the most suitable method of providing the medication for their stay.

Options available are:

- (a) Providing medication for the entire stay.
- (b) Providing medication for an agreed time and a prescription for the remainder.

## OUT OF DATE MEDICATION

All medication for return to the pharmacy should be stored in a clear plastic box (lunch box) clearly labelled PHARMACY RETURNS, a pharmacy handover form is maintained. All out of date medication should be returned to the pharmacy for disposal. Staff should sign the Pharmacy Handover form.

## UNUSED MEDICATION

The range of medication stocks in all Centres must be strictly limited. All medicine should be disposed of when it reaches the expiry date or when a course of treatment has been completed or has been discontinued

## OVER THE COUNTER MEDICATION

Some over the counter medications can be used to treat minor ailments or are used for maintenance of health and wellbeing. There are 2 approved lists of over the counter (OTC) Medications not requiring prescription.

See **Appendix 2** for the approved lists of over the counter (OTC) Medications not requiring prescription.

One list requires recording and one does not. Recording will be specific to the appropriate referencing letter as on appendix 2.

The list of OTM is under regular review.

The use of over the counter medications must be reflected in the person's individual support plan.

Decisions regarding the commencement of OTC medication should be made by the team, who will take into account all the relevant considerations and best practice. Advice is freely available through nursing staff within the team, from the Prescriber and from the pharmacy.

## SAFE DISPOSAL OF SHARPS

All needles, syringes and ampoules should be placed in the Sharps Box after use and when it is three quarters full, it should be returned to Kerry General Hospital / Local Health Centre to be disposed of and replaced.

It is the responsibility of the person who administers medication by injection to dispose of syringes safely. **Refer to the Infection Control Policy for Guidance.**

**Syringes must never be recapped.**

Items should not be forced into the sharps box as this may cause an injury.

## **NEVER PUT YOUR HAND INTO THE SHARPS BOX**

The Sharps Box should be closed and locked away when not in use.

## MEDICATION INCIDENTS

Please make reference to the Medication Matrix on the XYPEA system when rating incidents being recorded. **(see appendix 17)**

## WITHHOLDING MEDICATION/ INSTRUCTED OMISSION

It is the policy of Kerry Parents & Friends Association not to withhold medication from any individual, unless indicated or directed by a qualified Practitioner. Written notification of these changes should be placed in the individual's file as soon as possible. The following situations may occur which must be dealt with, according to procedures:

If contraindications to the administration of medications are observed, a nurse and if necessary, the pharmacist/prescriber should be contacted immediately.

Accurate records should be made on the XYPEA for situations that are clearly not errors unless it is indicated or directed by a qualified practitioner where this is noted on the comments and discrepancies section of the medication recording sheet.

## REFUSAL TO TAKE MEDICATION

If an individual refuses his/her medication, then it should be tried again in 30 minutes. If a individual refuses to take medication or if a medication is not given, under medical advice, this must be recorded, in the comments on discrepancies column, on the medication recording sheet.

If a medication is refused by an individual, or if a parent or guardian refuses to administer, omits or disallows administration of that medication, follow the procedure for omissions

## PROCEDURES FOR MEDICATION REFUSALS AND OMISSIONS

A manager must be informed when any refusals/Omission occurs. The manager will advise if it is necessary to contact the Prescriber. The Centre Manager / SCL must be informed of all omissions and the appropriate form must be **fully completed**.

See XYE A Refusals / Omissions.

Continuous refusals are recorded in the individual's care plan and a protocol is developed with the multidisciplinary team to manage the situation.

## SEE MEDICATION ERRORS FOR OMISSIONS THAT ARE NOT INSTRUCTED

### NEAR MISS

**Near misses: a near miss is when an error is prevented by being picked up before administration time**

These can include:

1. Such as out of date medication being noticed and replaced before being administered
2. Documentation errors
3. Any incident that does not result in causing harm to the person

Near Misses must be recorded and the cause investigated so that learning can come from the incident in an effort to prevent a reoccurrence.

When a near miss incident occurs follow the guidelines set out below:

The Centre Manager must be informed of all incidents and a Medication related safety incident record form fully completed.

- Follow advice from manager
- All incidents recorded on Xyea will be reviewed by the Assistant Director of Services when fully completed.

## MEDICATION ERROR

It is of primary importance upon noting a medication error that the individual's health is monitored. If a medication error has been identified, nursing and if necessary, medical interventions should be implemented immediately to limit potential adverse effects/reactions. The safety of the person we support is paramount. An open culture for reporting medication errors is key to supporting staff.

### IMPORTANT NOTE

It is the responsibility of the staff who made a medication error to **complete the medication error form fully** on XYEА. Any relevant documentations must also be attached to the XYEА system, e.g fax/email from GP. He / she must also ensure that the G.P. adds notation and signs same, if necessary. When completed, the medication error will be reviewed by the Centre Manager. The Centre Manager will discuss the error with the staff involved and determine any actions. Disciplinary Procedures will be invoked in cases of repeat errors / serious breach of procedures. The error report will be noted in the individual's file.

### PROCEDURE FOR MEDICATION ERRORS

**(A) A medication error means administering:**

- the incorrect medication
- the incorrect dose
- at an incorrect time
- to the wrong individual
- omitting a dose without instruction to do so

**(B) When an error occurs, follow the guidelines set out below:**

### WHO TO CONTACT?

The manager must be contacted immediately when an error occurs. The manager will advise if it is necessary to contact the G.P. The Centre Manager must be informed of all errors (**refer to XYEА**). Serious errors may warrant a call to the emergency services first.

**If advised to do so**, contact the individual's G.P., explain the situation and seek advice. The G.P. will require the following information:

- individual's name and address
- name and dosage of incorrect medication given
- name and dose of individual's other medication
- any other relevant medical information
- any observations made since administration of incorrect medication
- Ensure safety of individual. Check pulse, respiration, blood pressure

The G.P. will give advice on what to do and what to observe for. Follow the advice and document the G.P's instructions. Request a written copy Fax/Email of G.P's instructions for filing.

- (E) Contact Beaumont Hospital Poisons Information Centre, if necessary, for further advice:

**BEAUMONT HOSPITAL - 01-8379966**



- (F) Inform Centre Manager of error.
- (G) Complete the medication error on XYEA, this will be reviewed by the Assistant Director of Services when fully completed and checked by local Manager

## COMPLEMENTARY THERAPIES

Vitamin Supplements, Homeopathic Medicines, Essential Oils.

There is a growing recognition that complementary therapy has a role to play in services for people with an intellectual disability. The use of essential oils, homeopathic medicines, herbs in any setting, for any purpose, must be prescribed by a qualified Prescriber. Proof of registration and insurance should be supplied to the Centre Manager / Social Care Leader on an annual basis.

### **Complementary Medicines**

When any complementary medication is prescribed, the individual must consult with the G.P. prior to administration of this new medication, taking care to note any co-existing conditions and treatments as these therapies may interact with prescribed medicinal products, by increasing or decreasing their effect, or by combining to create a toxic effect. It is acceptable to withhold this complementary therapy until clarification with the person's G.P. is received.

### **Labelling of Complementary Therapy Medicine Bottles:**

Herbalists and homeopaths often prescribe medicine which they may supply. It is important that the label is clearly written and signed by the practitioner and that the signature on the labelled bottle will correspond with the prescription entered in the Association's prescription sheet. Under no circumstances should staff become involved in labelling.

### PEG FEEDING (PERCUTANEOUS ENDOSCOPIC GASTROSTOMY)

PEG feeding involves an incision made in the abdominal wall. A permanent gastrostomy tube is fed into the stomach and pulled through the abdominal wall, thus creating an artificial tract that leads into the stomach.

In designated Centres, prescribed medications are administered via PEG, by nursing staff / designated carers who are trained to do so. Gastrostomy Care is provided by Nursing Staff under the direction of the individual's G.P., Home Care Team and local Hospital. Complications occurring require the individual to be treated in hospital. Please refer to relevant policy for more information and guidance.

## APPENDIX 1 PRESCRIPTION TERMS

|                        |   |                                       |
|------------------------|---|---------------------------------------|
| <b>A.M. / Mané</b>     | - | Morning                               |
| <b>B.D.</b>            | - | Twice Daily                           |
| <b>T.I.D. / T.D.S.</b> | - | Three times a day.                    |
| <b>Nocté</b>           | - | Night time.                           |
| <b>P.R.N.</b>          | - | As needed.                            |
| <b>Q.I.D. / Q.D.S.</b> | - | Four times a day.                     |
| <b>T</b>               | - | One Tablet                            |
| <b>TT</b>              | - | Two Tablets                           |
| <b>TTT</b>             | - | Three Tablets                         |
| <b>TAB</b>             | - | Tablet                                |
| <b>CAP</b>             | - | Capsule                               |
| <b>mg</b>              | - | Milligrams                            |
| <b>ml</b>              | - | Millilitres                           |
| <b>O.D.</b>            | - | Once Daily                            |
| <b>Stat.</b>           | - | At once.                              |
| <b>mcg</b>             | - | Microgram                             |
| <b>S.O.S.</b>          | - | If necessary (only once)              |
| <b>P.R.</b>            | - | By the Rectum (suppositories, enemas) |
| <b>P.V.</b>            | - | By the Vagina (pessaries)             |
| <b>P.O.</b>            | - | Orally (Tabs, caps, liquids)          |
| <b>Parenterally</b>    | - | I.V. / I.M. / S.C.                    |
| <b>I.V.</b>            | - | Intravenously                         |
| <b>I.M.</b>            | - | Intramuscularly                       |

|                                      |   |  |
|--------------------------------------|---|--|
| <b>SC</b>                            | - | Subcutaneous (under the skin)                              |
| <b>SL</b>                            | - | Sublingual   |
| <b>INSTIL</b>                        | - | Eye, ear, nose drops                                       |
| <b>INHAL</b>                         | - | By inhalation (inhalers, nebulisers)                       |
| <b>TOP</b>                           | - | Topical (Creams, lotions)                                  |
| <b>ID</b>                            | - | Intradermal (into the dermis of the skin)                  |
| <b>D/C</b>                           | - | Discontinued   |
| <b>Via G. Tube</b>                   | - | Through gastrostomy tube (PEG – crushed tabs, liquid meds) |
| <b>N.A.D.</b>                        | - | No abnormalities detected.                                 |
| <b>NEBs</b>                          | - | Nebulisers / Nebules                                       |
| <b>NKDA</b>                          | - | No known medication allergy.                               |
| <b>N.P.O.</b>                        | - | Nil by mouth.  |
| <b>S/B</b>                           | - | Seen by  |
| <b>Tx/ Px</b>                        | - | Prescribed treatment                                       |
| <b>1/12</b>                          | - | 1 month  |
| <b>1/52</b>                          | - | 1 week   |
| <b>1/7</b>                           | - | 1 day  |
| <b>2<sup>o</sup> / 4<sup>o</sup></b> | - | 2 hourly / 4 hourly  |
| <b>Hs</b>                            | - | hours of sleep   |

### **Terms - Routes of Medication Administration**

|        |   |  |
|--------|---|--|
| Take   | - | oral medication                        |
| Insert | - | suppository/applicator                 |
| Apply  | - | cream/ointment                         |
| Inject | - | intramuscular / subcutaneous injection |



## APPENDIX 2 OVER-THE-COUNTER MEDICATION LISTING

### Over-the-Counter Medications Used Primarily for Medical Care.

\*While no recommendation / prescription from a health care provider is required, it is advisable to check interactions with other medications prior to commencement of treatment, and mention to GP at next visit, preferably in advance of treatment. This is not an exhaustive list; it will be reviewed and updated as items arise.

|     | RECORDING                             |  | NON RECORDING  |
|-----|---------------------------------------|--|--|
| W1  | Anthisan cream                        |  | Sudocream  |
| W2  | Cerumol Ear Drops                     |  | Aqueous Cream  |
| W3  | Corsodyl Mouthwash, Gel, Toothpaste   |  | Emulsifier   |
| W4  | Daktarin Powder                       |  | Bonjella   |
| W5  | Desenex Powder                        |  | Lip Balm   |
| W6  | Lemon & Honey Cough Mixture           |  | Nizarol Shampoo  |
| W7  | Waxol Ear Drops                       |  | Saline pods  |
| W8  | Zovirax Cream                         |  | Vicks Vapor Rub  |
| W9  | Vitamin C                             |  | Veet Cream   |
| W10 | Vermox(treatment for thread worms)    |  | T-Gel Shampoo  |
| W11 | Dioralyte                             |  | Tears Natural  |
| W12 | Motillium                             |  | Oprex Actimist   |
| W13 | Immodium                              |  | Caldescene Powder  |
| W14 | Non medicated eye mists               |  | T-Tree Mist diluted form   |
| W15 | Non medicated eye cleaning treatments |  | Alovera  |
| W16 |                                       |  | Thickening agent: must be prescribed by SLT/GP and included in care plan |
| W17 |                                       |  | Sun Cream  |
| W18 |                                       |  |  |
| W19 |                                       |  |  |
| W20 |                                       |  |  |
| W21 |                                       |  |  |
| W22 |                                       |  |  |
| W23 |                                       |  |  |
| W24 |                                       |  |  |
| W25 |                                       |  |  |
| W26 |                                       |  |  |
| W27 |                                       |  |  |
| W28 |                                       |  |  |
| W29 |                                       |  |  |
| W30 |                                       |  |  |
| W31 |                                       |  |  |
| W32 |                                       |  |  |
| W33 |                                       |  |  |
| W34 |                                       |  |  |
| W35 |                                       |  |  |

## APPENDIX 3 STANDARD OPERATING PROCEDURE

| <b>(A) PREPARATION PHASE</b>   | <b>(B) PREPARE THE EQUIPMENT</b>   | <b>(C) PREPARE YOURSELF</b>   |
|--|--|---|
| <ol style="list-style-type: none"><li>1. Prepare the environment.</li><li>2. Ensure the area is secure.</li><li>3. Ensure privacy.</li><li>4. Ensure safety.</li></ol> | <ol style="list-style-type: none"><li>1. Prescription Sheet.</li><li>2. Recording Sheet and Pen.</li><li>3. Medications.</li><li>4. Drinks, yoghurts, syringe, gloves, spoons, cups.</li></ol> | <ol style="list-style-type: none"><li>1. Clear your mind.</li><li>2. Make yourself available.</li><li>3. Wash your hands.</li></ol> |

### **(D) EXPLANATION AND EMPOWERMENT PHASE**

1. Explain the procedure to the person you support.
2. Gain their consent.
- 3.
4. Be familiar with the preferred way the person takes their medication e.g. with a drink or a yoghurt.

### **(E) ADMINISTRATION PHASE**

1. Be familiar with the Prescription Sheet.
2. Know and use the 5 Rights.
3. Research the intended effects and side effects of the medication that you are administering – Refer to MIMS.
4. Proceed systematically through the Prescription Sheet.
5. Take only one person's medication from the medicine cabinet for each administration and check the start date on the backing sheet.
6. Check the person's name, medicine, dosage, route and time of administration on the Prescription Sheet. Observe for any discontinuation dates.
7. Cross check labels on containers making sure that they correspond with Prescription Sheet.
8. Select and place correct medicine in container / spoon.
9. Stay with the person until medication has been swallowed.

### **(F) DOCUMENTATION PHASE**

1. Document the correct code letter on the Recording Sheet.
2. Initial the Recording Sheet and in doing so take full responsibility that the correct medication has been administered to the right person, at the right time via the right route.

### **(G) RESTORATION PHASE**

1. Return all medications to the dedicated storage cabinet and tidy away any equipment that was used.

#### **APPENDIX 4 ASSESSMENT TOOL FOR SELF-ADMINISTRATION OF MEDICATION**

[Assessment Tool for the Safe Administration of Medication.docx \(sharepoint.com\)](#)

#### **APPENDIX 5 EASY READ SELF ADMINISTRATION OF MEDICATION TOOL & CONSENT**

[Easy Read Self Administartion of Medication Tool and Consent.docx \(sharepoint.com\)](#)

#### **APPENDIX 6 PROTOCOL FOR THE ADMINISTRATION OF MIDAZOLAM**

[Protocol for the Administration of Midazolam.docx \(sharepoint.com\)](#)

#### **APPENDIX 7 POST ADMINISTRATION OF MIDAZOLAM ASSESSMENT FORM**

[Post Administration of Midazolam Assessment Form.docx \(sharepoint.com\)](#)

## **APPENDIX 8 DIABETES MANAGEMENT PLAN**

[Diabetes Management Plan.docx \(sharepoint.com\)](#)

## **APPENDIX 9 COMPLEMENTARY THERAPIES CONSENT FORM**

[Complimentary Therapies Consent Form.docx \(sharepoint.com\)](#)

## **APPENDIX 10 PROTOCOL FOR THE ADMINISTRATION OF PSYHCOTROPIC MEDICATION**

[Protocol for the Administration of Psychotropic Medication.docx \(sharepoint.com\)](#)

## **APPENDIX 11 MEDICATION PRESCRIPTION SHEET**

[PRESCRIPTION FORM.doc \(sharepoint.com\)](#)

## **APPENDIX 12 MEDICATION RECORDING SHEET**

[Medication Recording Form.docx \(sharepoint.com\)](#)

## **APPENDIX 13 P.R.N. MEDICATION RECORDING SHEET**

[PRN Medication recording form.docx \(sharepoint.com\)](#)

## **APPENDIX 14 MEDICATION CHECKING RECORD**

[Medication Checking Form.docx \(sharepoint.com\)](#)

## **APPENDIX 15 MEDICATION HANDOVER RECORD**

[Medication Handover Form.docx \(sharepoint.com\)](#)

## **APPENDIX 16 PHARMACY MEDICATION HANDOVER RECORD**

[Pharmacy Medication Handover.docx \(sharepoint.com\)](#)

## APPENDIX 17 MEDICATION INCIDENTS MATRIX

| NEGLIBLE  | MINOR  | MODERATE   | MAJOR  | CATASTROPHIC   |
|---|--|--|--|--|
| Circumstances or events that have the capacity to cause error | An error occurred but the error did not reach the person (An "error of omission" does reach the person)  | An error occurred that may have contributed to or resulted in temporary harm to the person and required intervention                         | An error occurred that may have contributed to or resulted in permanent harm | An error occurred that may have contributed to or resulted in the person's death |
|   | An error occurred that reached the person but did not cause person harm  | An error occurred that may have contributed to or resulted in temporary harm to the person and required initial or prolonged hospitalization | An error occurred that required intervention necessary to sustain life       |  |
|   | An error occurred that reached the person and required monitoring to confirm that it resulted in no harm to the person and/or required intervention to preclude harm |  |  |  |