



SAFE ADMINISTRATION OF MEDICATION POLICY

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INTRODUCTION

Kerry Parents and Friends Association provides Day, Residential, respite and outreach 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 procedure's 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.

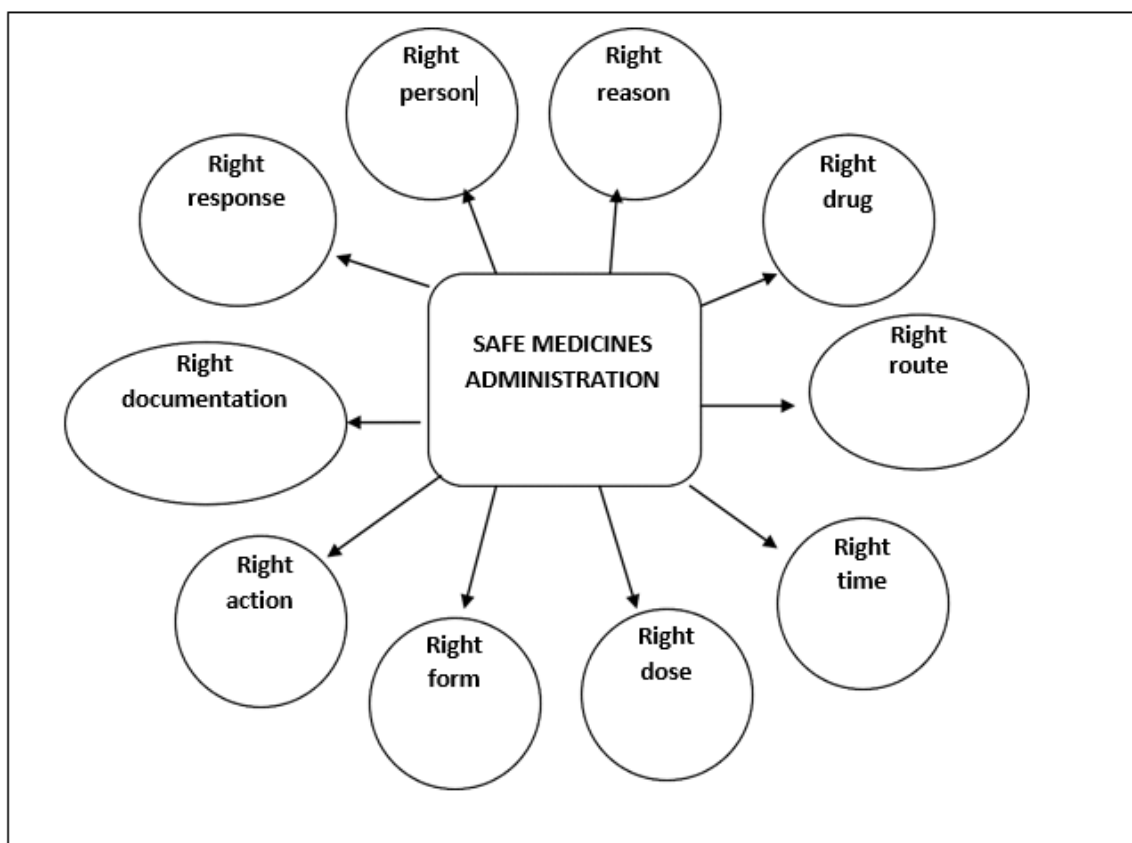
PURPOSE

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**.



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- 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

Printed Policies are only valid for 24 hours.

Please ensure you are accessing SharePoint for the latest approved policy

Policy Owner: Services Department

Classification: Internal Use Only

Date and Time Printed: 04/08/2026 16:58



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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 / handover / 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 Kerry Parents and Friends Association to protect the individual and staff members in the administration of medication.

If there is any deviation from this policy in relation to practices or training, a local policy must be developed and must be supported by a comprehensive risk assessment. This must be approved the Medication Committee

It is the Centre Manager / Person in Charge'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 to 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. *Please refer to SAM training for agency staff document for agency staff used by KPFA.*

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

NMBI Guidance for registered Nurses and Midwives on Medication Administration (2020)



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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 VICLARITY 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 (SOP's), storage, contents of medication cabinets, medication sign off and error / incident lists etc. [See Appendix 20](#)

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.



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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 to be a nurse if possible) must check the Prescription sheet against the backing sheet

The medication is checked against the backing sheet description; as stated (colour/ marking / shape etc)

Notify the pharmacist of any inconsistencies and arrange to have rectified ASAP

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**



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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.
- Medicine cups are either disposable or reusable. If reusable, SOP for washing and drying to be adhered to. [See Appendix 18](#)

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: If a medication is refused by an individual – refer to VICLARITY

- If a parent or guardian refuses to administer or allow administration of medication - refer to “Withholding Medication” – [Page 33](#) See also VICLARITY. Medication may only be discontinued by the prescriber and signed by him/her on the prescription sheet.

Expiry Date of Medication

All medications should be disposed of once it reaches its expiry date.
Creams, ointments eye /ear drops etc. Staff to clearly write:

1. Date of opening on the box/packaging.
2. Date for disposal on the box/packaging i.e when it is to be returned to pharmacy for disposal. There may be specific recommendations around disposal after opening on the enclosed information leaflet. If there is a lack of clarity an enquiry can be made to the Pharmacist.
3. A specific sticker is also available which can be used to support this process. This label clearly states the opening and disposal date. These can be accessed in Killarney or Listowel Day Service.



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Medication administered in error. See “Medication Errors & Procedure for Medication Errors” on [Page 36-37](#).

***Please Note:** Under no circumstances must a bottle label, cassette or medication prescription or 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



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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.



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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 - when possible both nurses to work together during transcribing verifying each transcribed entry. If a second nurse is not available at the time the second nurse is to independently verify the prescription. 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:

- ✓ The medication Name
 - ✓ The form as it appears e.g tablet, capsule, solution
 - ✓ The Strength e.g 100mgs.
 - ✓ The dose, usually as the number of tablets or capsules.
 - ✓ The frequency, e.g BD or TID
 - ✓ The date of transcribing.
- Do not abbreviate medication names.



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- 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 individuals 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, i.e. where rescue medication is immediately required, e.g. when a G.P. / Emergency Services directs staff to administer Disprin 300mgs (effervescent or fast melt) if a heart attack is suspected or for additional dose of buccal midazolam or Glucagon. Two staff should confirm this direction.

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.



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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
7. Transcribers names

Do not write / print below this Section

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

1. The date of commencement of the medication
2. The medication to be administered.
3. The dosage and method of administration
4. The route of administration
5. The frequency and/or time interval of administration.
6. 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.



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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. The copy should be signed and dated and must be shredded after the 72 hours.

Exception: A registered nurse can tick the time of administration once the frequency of medication has been clearly indicated by the prescriber

***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 six monthly



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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 / Person in Charge should be informed immediately, and he / she will initiate a search of all areas. The Centre Manager / Person in Charge 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/ONCE ONLY PRESCRIPTION:

This section of the Prescription sheet is designated for short term and or once only prescriptions.

Medications will be administered from this section as with regular medications, i.e. using the five rights of medication administration.

Staff will be vigilant around monitoring for Discontinuation dates. If the medication is for a short duration the prescriber may forward date the Discontinuation date and/or schedule a review.

Short term medications such as antibiotics may be 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 or blister pack by the pharmacist and administered from the cassette until its completion.



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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.

1. Right Person
2. Right Reason
3. Right Drug
4. Right Route
5. Right Time
6. Right Dose
7. Right Form
8. Right Action
9. Right Documentation
10. 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

Intramuscular

The full procedure of preparation and administration of medication by IM 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. [See Appendix 28B](#)

Exception: Where a specific Protocol / Management Plan exists, non-nursing staff can administer glucagon and epinephrine following successful completion of the Cardiac First Response training. Refresher training must be completed every 2 years.

Subcutaneous Injection

Subcutaneous Injection is a safe and reliable method of fluid replacement therapy and medication administration in non-emergency situation's for treating mild to moderate dehydration, and symptoms associated with End-of-Life Care of residents (Walsh, 2005). Please see Subcutaneous Medication Administration Checklist. [See Appendix 28A](#)



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Exception: In the administration of Insulin, where a specific Protocol / Management Plan exists, and designated staff is approved to perform this procedure. See Diabetes Management Plan [Appendix 8](#) and [Appendix 9](#)

Administration of Medication via Nebuliser.

Staff will follow the SOP in relation to the administration of medication prescribed via nebuliser, and care of equipment used in this procedure. [See Appendix 29](#)

MANAGING MEDICATION FOR AN INDIVIDUAL ON RESPITE

It is the responsibility of Centre Managers / Person in Charges 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 Respite/ Day centre/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 / Person in Charge / 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.



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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 twelve months, or as required, particularly if the individual's needs change.
7. Nominated staff should provide support to the individual.
8. An individual support plan will be developed specific to the supports identified in the assessment, and this will be reviewed every 6 months.

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. A local policy can be developed to meet the assessed needs of individuals which should capture the individuals will and preference. This should be clearly outlined in their administration of medication support plan. All local policies must be sent to the SAM committee for sign off.

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 from staff in their service..

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



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may be transferred to Central Administration, The Old Monastery, Port Rd. in 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.
- A sample staff signature and initials sheet must be available for all persons trained to administer medication in the area and updated accordingly. [See Appendix 25](#)

ORDERING MEDICATION

Individuals have freedom of choice in relation to their pharmacist and where their medicines are dispensed (HIQA, 2015). Orders should in all cases be supported by a prescription and also a document of supply and receipt, Pharmacy handover sheet. [See Appendix 16](#)
Legislation for Covid-19 allows for prescriptions to be conveyed via email to the pharmacy.

Documentation can include ordering by paper or electronic means. All orders placed must comply with General Data Protection Regulation (GDPR) and respect the need for confidentiality of individuals' medicines needs. Specific orders for example PRN, over the counter medicines can be ordered using the Pharmacy order form. [See Appendix 26](#) This will include cross checking the medication ordered and quantity with the medication received. designated centres may further develop local policy in relation to maintaining records of medications ordered

The following process is followed when ordering medication:

- Orders are placed Following a medication review, or a visit to the G.P. / Consultant,
- The G.P / Consultant will make the necessary changes to the GMS Prescription and on the Prescription sheet.
- The prescription may be unchanged and the prescriber may issue a regular three monthly repeat prescription
- He/she will order the prescribed medication on the GMS prescription.
- This prescription is then forwarded to the agreed pharmacist via email or hardcopy.
- Ordering of PRN medication, refer to PRN section of this policy.



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STORAGE OF MEDICATION

Medications should be stored in a secure manner either in a lock cupboard or room. Any medication trolleys are to be fixed securely to the wall when not in use. The key should be kept by named personnel at all times, i.e the senior staff on duty. When staff are going off duty and the house/centre is unoccupied, the keys are to be locked in a safe secure place, as agreed in each centre.

Some Medications may be required to be stored in the medication fridge. Only those medications recommended by the pharmacy must be stored in the medication fridge. Daily temperatures of all medication fridges need to be recorded. A robust risk assessment needs to be completed to determine if a lock is required for the medication fridge.

***Please note: No more than 8 weeks supply of any medication should be stored in the medication press**

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

This list will:

- Help track the requirements for the medication,
- Provide information around the frequency of its use.
- Subsequently highlight the need for reviews of this PRN medication and potential discontinuation.

Any discrepancies in the medication stock must be reported to Centre Manager / Person in Charge 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



SAFE ADMINISTRATION OF MEDICATION POLICY

- 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/poly pocket supporting protocol must travel with the Midazolam at all times.

Some areas have found, where there is a lot of handling and checking of Midazolam that it beneficial for the Midazolam box to be stored in a lunch box type container. Each dose can be individually wrapped in bubble wrap to protect its packaging. However, these are recommendations and not compulsorily. Some disposable gloves should also be included.

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.

Tamper Proof Seal:

- In November 2022 “Neutrapharm UK” the manufacturers of Midazolam removed the self-adhesive strip (tamper proof seal) on the tube and placed better fitting lids for easy access.
- In Lieu of the tamperproof seal Staff/ Parents may ask the Pharmacy to place a pharmacy label over the lid of the Individual Midazolam. However, there is no expectation that the Pharmacy will oblige. Whether this is present or absent it is noted on the checking/handover sheet. Staff will continue to be vigilant around checking for any concerns in relation to the integrity of the tube and its contents.



SAFE ADMINISTRATION OF MEDICATION POLICY

GUIDANCE ON THE SAFE ADMINISTRATION OF P.R.N. MEDICATION

Flowchart

PRN Medication being considered PRN

Prescribe as a PRN on the prescription sheet with clear directions:

- what it is prescribed for/criteria
- maximum dose in 24 hours
- the dose to be given initially and if/when another dose can be administered

Develop protocol with additional information such as:

- Maximum number of doses in 24 hours
- What else has been considered/tried before administering the medication
- If there is more than one medication prescribed for the same condition, is the medication prescribed as a regular medication

Is the resident experiencing side effects?
Has the condition changed?

No



Ye

Contact GP
for review

Review the PRN medication:

- does the condition it is prescribed for still exist
- is the PRN effective
- is it being administered frequently
- Quantity prescribed?**
 - *Enough/ too little/ too much*

Ye



If being administered frequently –
should it be changed to regular?

Ye

Contact GP
for review

No



Notify GP/prescriber to consider
discontinuation

PRN Best Practice:

If the medication is prescribed PRN:

- Administer from original packs
- Check stock/ quantities/ expiry dates before reordering
- Record date of opening on the labels as appropriate e.g. for creams, pumps, eye drops
- Check expiry dates regularly
- Complete documentation records



SAFE ADMINISTRATION OF MEDICATION POLICY

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

Common types are:

P.R.N. Rescue Medication for epilepsy is supported by individual protocols which must be signed by a doctor Midazolam. [See Appendix 6](#)

Rescue medications for diabetes, anaphylaxis (allergic reaction) and breathing difficulty, eg., insulin, epipen and oxygen must be supported by individual protocols (must be signed by a Doctor/Prescriber) [See Appendix 24](#)

- (A) P.R.N. Medication for managing behavior that challenges which is supported by a protocol for the administration of psychotropic medication (must be signed by a Doctor/Prescriber) [See Appendix 10](#)
- (B) PRN Medication for anxiety/agitation or pre procedures are supported by an PRN anxiolytic protocol (must be signed by a Doctor/Prescriber) [See Appendix 10](#)
- (C) P.R.N. Medication for Analgesia, Gastric Disturbances, Mild Allergies and respiratory and Skin Conditions (these protocols can be developed by staff and must be approved by nursing staff, using KPFA PRN protocol Template. [See Appendix 22](#)
- (D) PRN medication for managing constipation is documented on bowel management protocol. [See Appendix 23](#)
- (E) **ANY PROTOCOLS FOR SCHEDULED MDA ANALGESICS MUST BE SIGNED OF BY A DOCTOR / CONSULTANT / PALLIATIVE TEAM**

Shared Medications

Prescribed medication is the property of the person to whom it is prescribed and therefore should not be shared with anyone else, the only 2 exceptions are as follows:

1. Paracetamol tablets/capsules can be administered from a multi-use supply which is stored in the Medication Cabinet. The cost incurred for this shared medication is the responsibility of KPFA.
Checking of this paracetamol stock as per checking of PRN medications using [Appendix 19A/19B](#). If it is indicated that the individual requires their own supply criteria must be met. [See Appendix 27](#)
2. Aspirin/Disprin 300 mgs can be administered for suspected MI and/or on the advice of emergency services



SAFE ADMINISTRATION OF MEDICATION POLICY

Prescribing of PRN Medications

PRN medicines should be prescribed with clear and precise instructions to ensure the PRN medication is taken or administered as intended by the healthcare professional e.g. GP. PRN medications should be prescribed as per manufacturer's guidance.

If a PRN medication is prescribed, the directions/instructions for use should include:

- The criteria or condition the medication is prescribed/used for
- The maximum number of doses within 24 hours
- Clear directions: 'as directed' is not acceptable and must be avoided. If a PRN dose is unclear, contact the prescriber to clarify the dose before administration
- When to offer the PRN medication e.g. symptoms to look out for
- Anticipated length of time the resident is expected to need the medicine
- When the PRN medication should be reviewed or monitored.
- The PRN prescription should be supported by a protocol
- Over the counter products should be incorporated into an individual support plan

Administration of PRN Medications

The prescription and protocol should support staff to administer PRN medication to the individual with the treatment and desired outcome(s) clearly identified.

Staff should:

- Check the PRN Protocol for clear guidance on what the medication is being used for, symptoms to look out for and when to offer the PRN medication.
- Offer the medication to the person when they are experiencing symptoms.
- The PRN medication must not be offered more frequently than:
 - the minimum interval between doses, and
 - the maximum allowed dose in 24 hours.
- Check if there is duplication of the PRN medication on the prescription sheet chart, For example:
 - Is this medication also prescribed as a regular medication?
 - Are there other PRN medications prescribed for this condition?
- Contact a GP/Prescriber if unsure of the dose or quantity to administer.
- Provide decision-making aids such as PAINAD or The Abbey Pain Scale etc

Documentation

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SAFE ADMINISTRATION OF MEDICATION POLICY

When a PRN medicine is administered, the record should include:

- Recording sheet chart signed in usual manner
- PRN recording sheet including
- Behaviour prior to administering the PRN
- When they were offered each PRN
- The exact time of administration, so that staff can check the minimum time period has passed before administering the next dose
- The dose given, including if a variable dose/sliding scale has been prescribed.
- The outcome of giving the medication and if it was effective.

Staff may need to contact GP/ prescriber if the medication does not have the expected effects or if the individual experiences any adverse effects.

The administration of all medication should be recorded on the recording sheet immediately to prevent an incident or accidental overdose occurring.

Reviewing & Discontinuing PRN medication

PRN medication should be regularly reviewed to establish continued need and effectiveness. Time periods will vary between individuals and circumstances; PRN medications and their PRN protocols should be reviewed at least every 6 months.

The individual's prescription sheet states date of medication reviews; the outcome of the review must also be documented in the personal records and transdisciplinary records. The review should involve the individual and staff as appropriate. Records will also be included in the review process such as the PRN recording sheet.

Questions which might be considered during a PRN medication review include:

- Does the indication for which the PRN medication is being prescribed still exist?
- Is the PRN medication effective? If not:
 - Is the PRN being used or administered appropriately?
 - Should an alternative be considered?
- Is the expected outcome of the PRN medication being achieved?
- Is the individual experiencing side effects from the PRN medication?
- Has the condition for which the PRN medication is prescribed deteriorated?
- Is the individual taking or requesting the PRN medication frequently?
 - If so, should this be considered to become a regular medication?
- Is the individual requesting/taking the PRN infrequently? if so, is this medication still needed?
- Is the quantity prescribed enough/too much?



SAFE ADMINISTRATION OF MEDICATION POLICY

Checking of PRN Medication Stock:

A supply of PRN medications is stored in the Locked medication press. A list of these medications is maintained/monitored.

- PRN medications are checked on a monthly basis or more frequently if required. [See Appendix 19A](#)
- **HOWEVER**, Anxylitics, Psychotropics, Benzodiazepines, including Midazolam and medication containing codeine are checked on a weekly basis. [See Appendix 19](#)

Ordering and Reducing PRN Medication Over Accumulation

To Reduce Unnecessary Medication Waste, Staff Should:

- Check existing stocks and their expiry date(s) before re-ordering PRN medication, *(refer to PRN records currently maintained.)* [See Appendix 19A/19B](#)
- Ensure excessive stock does not build up
- Check stock levels of PRN medications are appropriate for the individual's needs
- However, some prescribed PRN medications are used infrequently; therefore, they are not routinely stored in the medication press. These are ordered as required [See Appendix 21](#)

If The Decision is Made to Stop a PRN Medication:

- The date the medication was discontinued must be clearly indicated on the prescription sheet.
- The individuals personal records and transdisciplinary records should be updated
- The supplying pharmacy should be informed
- Any remaining PRN medication should be disposed of, following the policy guidance for disposal of medications (Appendix 16)
- The PRN medication is removed from the PRN in drug cabinet lists [See Appendices 19A/19B and 21](#)

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.



SAFE ADMINISTRATION OF MEDICATION POLICY

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.
- The route of administration

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.

Post Administration of Midazolam Assessment Form must be completed after administration of Midazolam. [See Appendix 7](#)

Buccal Midazolam can only be administered by staff who have received the required training. Refresher training must be completed every 3 years.



SAFE ADMINISTRATION OF MEDICATION POLICY

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 an 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. The 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.



SAFE ADMINISTRATION OF MEDICATION POLICY

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."

HANDOVER OF MEDICATION TO THE PERSON WE SUPPORT, FAMILY OR CARERS

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(General combination 888). 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.



SAFE ADMINISTRATION OF MEDICATION POLICY

- 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:
 - Providing medication for the entire stay.
 - Providing medication for an agreed time and a prescription for the remainder.

All medications given to families/carers should be accounted for in the Handover Sheet Medication. [See Appendix 15](#)

Staff to ensure PRN protocols are shared. All comments and discrepancies are noted and actioned as required.

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 returned to the pharmacy 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.



SAFE ADMINISTRATION OF MEDICATION POLICY

One list requires recording and one does not. Recording will be specific to the appropriate referencing letter as on [Appendix 2](#). Commencement and discontinuation date should be noted in the comments and discrepancies section of the Medication Recording Sheet. The list of OTM is under regular review.

All staff are required to read the information leaflet for any over the counter (OTC) medication before administration. Please ensure that you:

- Check for all potential contraindications, including allergies, existing medical conditions, and any relevant clinical factors.
- Review possible drug interactions, particularly with prescribed medications or other OTC products the individual may be taking.
- Follow all specific instructions in the leaflet regarding dosage, timing, administration method, and age or condition related precautions.
- Adhere strictly to the recommended dose and never exceed the stated maximum within a 24 hour period.
- Report any concerns or uncertainties to the senior staff member on duty before giving the medication.
- Document administration accurately, including reason for use, dose given, time, and any observed effects.

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 in consultation with the individual and their Pharmacist, and nursing staff if necessary, who will take into account all the relevant considerations and best practice.

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



SAFE ADMINISTRATION OF MEDICATION POLICY

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

MEDICATION INCIDENTS

Please make reference to the Medication Matrix on the VICLARITY 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 instructed by a qualified Practitioner. There is a requirement for clear written instruction around the withholding of such medications. Examples of such situations may include pre procedure, pre blood test, withholding of regular movicol if clinically indicated where there is a written option on the prescription sheet to "omit if diarrhoea". This is noted on the comments/discrepancies section of the recording sheet and in personal records.

[There is no requirement to log this on VICLARITY.](#)

WITHHOLDING MEDICATION/ NOT INSTRUCTED OMISSION

- 1. Nursing staff make a professional decision that there is a clinical reason(s) to withhold administering a medication** (Guidance for Registered Nurses and Midwives on Medication Administration (2020) An Bord Altranais)

If a nurse intentionally withholds the administration of a prescribed medication, the nurse should:

- Discuss the reason for withholding the medication with the individual and record same
- Ensure that the decision to withhold the medication is recorded in the comments/discrepancies section of the individual's medication recording sheet.
- Document the event in the individual's personal records along with the reason why the medication was intentionally withheld
- Inform the individual's GP and/or the authorised prescriber if appropriate
- Maintain a record of the individual's clinical status to ensure that their safety is not compromised
- Support the individual to remain involved in the decision-making regarding medications management, update the individual's medication administration individual support plan as required.

[There is no requirement to log this on VICLARITY](#)



SAFE ADMINISTRATION OF MEDICATION POLICY

2. When Non-Nursing staff are concerned that it may be in the individual's best interest to withhold administering a medication they should:

- Ask the advice of the nurse, if there is no nurse on duty then enquire if there is access to a nurse locally (on duty) who is familiar with the individual. If the nurse concurs with the non-nursing staff and **makes a professional decision that there is a clinical reason(s) to withhold administering a medication** (Guidance for Registered Nurses and Midwives on Medication Administration (2020) An Bord Altranais) **the staff should:**
- Discuss the reason for withholding the medication with the individual and record same
- Ensure that the decision to withhold the medication is recorded in the comments/discrepancies section of the individual's medication recording sheet.
- Document the event in the individual's personal records along with the reason why the medication was intentionally withheld and note the nurse that was contacted.
- Inform the individual's GP and/or the authorised prescriber if appropriate
- Maintain a record of the individual's clinical status to ensure that their safety is not compromised
- Support the individual to remain involved in the decision-making regarding medications management, update the individual's medication administration individual support plan as required.

There is no requirement to log this on VICLARITY.

3. When Non-Nursing staff are concerned that it may be in the individual's best interest to withhold administering a medication and where there is no access to a nurse on duty who is familiar with the resident

The staff should:

- Discuss the reason for withholding the medication with the manager/senior staff on duty.
- If appropriate seek advice from the individual's GP/SouthDoc and record same.
- Ensure that the decision to withhold the medication is recorded in the comments/discrepancies section of the individual's medication recording sheet.
- Document the event in the individual's personal records along with the reason why the medication was intentionally withheld.
- Maintain a record of the individual's clinical status to ensure that their safety is not compromised
- Document that the individual has been informed why the medication has been intentionally withheld
- Support the individual to remain involved in the decision-making regarding medications management, update the individual's medication administration individual support plan as required.



SAFE ADMINISTRATION OF MEDICATION POLICY

Document the omission on VICLARITY.

NB. If an omission of a particular medication is becoming a regular event, arrange an appointment with the GP to review this medication and possibly some clear criteria/protocol can be put in place.

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 VICLARITY 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 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.



SAFE ADMINISTRATION OF MEDICATION POLICY

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 ViClarity 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 VICLARITY. Any relevant documentations must also be attached to the VICLARITY 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

1. 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

2. When an error occurs, follow the guidelines set out below:

Who to Contact?

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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 VICLARITY**). 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.

3. **Contact Beaumont Hospital Poisons Information Centre, if necessary, for further advice:**

BEAUMONT HOSPITAL - 01-8379966



4. **Inform Centre Manager of error.**
5. **Complete the medication error on VICLARITY, this will be reviewed by the Assistant Director of Services when fully completed and checked by local Manager**
6. **For supportive learning staff will complete a reflective practice.**

Engaging in reflective practice following a medication error provides an important opportunity for professional learning and growth. the reflective process allows staff to examine the circumstances surrounding the incident, identify contributing factors, and consider what supports or system improvements may be needed. This reflective approach



SAFE ADMINISTRATION OF MEDICATION POLICY

promotes honesty, accountability, and continuous improvement, ultimately strengthening safe medication practices. By taking time to reflect, practitioners can enhance their decision-making, increase awareness of risk, and develop strategies to prevent similar errors in the future, supporting both personal development and overall service quality. [See](#)

[Appendix 30](#)



SAFE ADMINISTRATION OF MEDICATION POLICY

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 / Person in Charge 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.



SAFE ADMINISTRATION OF MEDICATION POLICY

APPENDICES

- 1 – [Appendix 1 - Prescription Terms.docx](#)
- 2 – [Appendix 2 - Over the Counter Medication List.docx](#)
- 3 – [Appendix 3 - Standard Operating Procedure.docx](#)
- 4 – [Appendix 4 - Assessment Tool for the Safe Administration of Medication.docx](#)
- 5 – [Appendix 5 - Easy Read Self Administration of Medication Tool and Consent.docx](#)
- 6 – [Appendix 6 - Protocol for the Administration of Midazolam.docx](#)
- 7 – [Appendix 7 - Post Administration of Midazolam Assessment Form.docx](#)
- 8 – [Appendix 8 - Diabetes Management Plan.docx](#)
- 9 – [Appendix 9 - Insulin Pen Administration Protocol.pdf](#)
- 10 – [Appendix 10 - Protocol for Anxylitics and or Psychotropics.docx](#)
- 11 – [Appendix 11 - Prescription Form.doc](#)
- 12 – [Appendix 12 - Medication Recording Form.docx](#)
- 13 – [Appendix 13 - PRN Recording sheet.docx](#)
- 14 – [Appendix 14 - Medication Checking Form.docx](#)
- 15 – [Appendix 15 - Medication Handover Form.docx](#)
- 16 – [Appendix 16 - Pharmacy Medication Handover Form.docx](#)
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