MEDICATION

VERSION No	**7**
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Index for Medication Policy

1. INTRODUCTION

This is one of the most complex areas within the health and social care sector; this organisation is aware of the need for clear and practical guidance for staff involved in this area of work. This policy follows the NICE Guidelines (SC1) 2014 and Quality Standards (QS85) 2015 and the legal requirements from the following legislative framework:

- ✓ NICE guidelines (NG5) Published March 2015 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes.
- ✓ NICE guidance on the administering medicines covertly
- ✓ This guideline offers best practice advice on the care of all people who are using medicines and also, those who are receiving suboptimal benefit from medicines. As an organisation we work closely with our health partners in relation to resident's medication reviews and the monitoring of its effectiveness.

1.1 Legislative Framework

Medicine Act 1968 and Amendments
Misuse of Medications Act 1971
Misuse of Medications (Safe Custody) Regulations 1973
Access to Health Records Act 1990
COSHH Regulations 1999
Data Protection
Hazardous Waste Regulations 2005
Health and Social Care Act 2008

This list is not exhaustive but rather a reminder of the complexities involved. All staff will complete this course within 6 months of the commencement of their duties. All nursing staff will be required to update their medication competencies at least annually or if a situation occurs that requires further training.

It is the intention of the organisation to build up good relationship with Lloyds pharmacy, whose advice and guidance is invaluable and appreciated.

1.2 Prescribing Medication

'Prescribers' are individuals who can write (prescribe) NHS prescriptions. The process by which medicines are prescribed is determined by statute. GP, dentists, physiotherapists, chiropodists and radiographers are all legally-recognised as prescribers and are also recognised as 'appropriate persons'.

The following are excluded from the NHS list: any complimentary health practitioner, medical herbalist, chiropractor, osteopathic practitioner, health shop assistant.
Note: Due to the developing roles within the NHS and local Clinical Commissioning Groups, there is an ever-widening range of prescribe

1.3 Prescribing Medications — Verbal Instructions

Any act by which medicinal products are written from one form of direction to administer to another is transcribing. This includes, for example, phone orders, discharge letters, transfer letters, copying illegible patient administrations charts onto new charts, whether hand-written or computer-generated.

When the doctor is not immediately available to prescribe for a clinical situation, a verbal instruction to two nurses or carers (or one nurse and one member of the care staff), can be given in order that they can check calculations and administer safely, with additional support via a fax message if possible. The following protocol is used:

a) The indications (symptoms / observations) are clearly understood by the doctor
b) A delay in waiting for the written prescription would cause distress to the resident

c) ***The doctor clearly states the patient's full name, date of birth, medication, dosage, strength, timing, frequency and route of administration.***

d) ***The nurse writes the order in the once-only prescription section of the medicine chart.***

NICE Quality Statement 4 QS85 (March 2015)

- *Reference to this quality statement highlighting that "too few instructions given to a resident (if self-administering) or the nursing staff can reduce the effectiveness of a medicine or even potentially increase the risk of harm".*
- *We work closely with our GP's or other visiting medical professionals to ensure that all medication instructions are clear. This is particularly the case with variable dose or 'when required' medicines (when a clear indication of the circumstances to administer the medicine is needed).*
- *If a resident's capacity changes, nursing staff may need to start administering the person's medicine for them, and will need clear instructions. These changes and instructions are recorded in the Medication Plan of Care and on the MAR for all staff to follow.*
- *Staff will not administer medications if there is any discrepancies in the name, strength, dose or timing of their medication. Clear instruction will be sought from the GP*

1.4 Consent

For consent to be valid, it must be given voluntarily by an appropriately informed person who has the capacity to consent to the intervention in question (this will be the resident or someone authorised to do so under a Lasting Power of Attorney (LPA) or someone who has the authority to make decisions as a court appointed deputy.) Consent where the person does not know what the intervention entails is not 'consent'.

Under the Mental Capacity Act, every resident must be presumed to have the mental capacity to consent or refuse treatment or medication, unless they are unable to:

- **Take in and retain information about the medication or treatment provided by staff, particularly regarding the likely consequence of refusal.**
- **Understand the information given about the medication/treatment or condition of which they are suffering.**
- **Weigh up the information as part of the process of arriving at a decision.**
- **Have mental or cognitive impairment that affects their mind or brain work and that impairment means they are unable to make a specific decision at that time it needs to be made.**

An assessment of a person's capacity must be based on their ability to make a specific decision at the time it needs to be made, and not their ability to make decisions in general. This assessment of the resident is a matter for the home's manager or deputy manager with the resident or relevant person, in conjunction with one or all of the professionals mentioned earlier in this policy. This assessment should be clearly documented, dated, signed and a review date set.

General Action

- **Where residents are capable of giving or withholding consent to medication or treatment then neither should be administered without their agreement**
- **Any staff member or health professional who fails to respect the views of a resident with the mental capacity to consent to or refuse medication may be guilty of a criminal offence including, breaching human rights**

- **When a resident is suspected of being or assessed to be incapable of making an informed decision it is the responsibility of the manager or deputy manager to seek guidance and advice from the GP and put in place a Best Interest decision**
- **The relevant person should be involved in these Best Interest discussions**
- **All referrals, discussions and decisions should be clearly dated, documented, signed by the relevant people and the relevant health professionals and filed in the personal notes for the resident**
- **It is the deputy manager's and qualified nursing staff responsibility to complete a resident risk assessment and care plan for each resident**
- **The method of administering medicines should be agreed with the GP and pharmacist and then documented in the resident's notes; all staff should then be made aware of the process**
- **When required regular support should be offered to encourage the resident to take their medication by giving regular information, explanation and encouragement**

2. SUPPLY AND STORAGE OF MEDICATION

2.1 Medication Prescription Record

The Medication Prescription Record allows for a stock balance to be maintained for each Medication prescribed to a resident. The stock balance box must be:

- ✓ Maintained to show a continuing running total of the Medications in stock
- ✓ Checked regularly by the Nurse in charge and audited by the deputy manager as to the actual Medications stocked.
- ✓ A rotational approach should be applied to this, for example covering ten residents' Medications per week. The check can be made during a Medications round, but the person in charge should initial the prescription record in an appropriate spot to indicate the check's completion.

2.2 Stock Levels and Disposal of Medications and Dressing

a) It is unacceptable and unsafe to hold excess stocks of Medications or dressings.
b) Since the GP prescribes it, the deputy manager and trained nurses in charge has the responsibility to ensure that the appropriate amount is ordered.
c) If a repeat prescription is not checked and amended then the full amount will be delivered which might eventually lead to excessive and dangerous levels of stock. Excess Medications will cause problems with the correct storage.
d) With any pre-packed / blister system, such as Lloyds or Nomad®, up to 28-days' stock is held.
e) If a dressing is discontinued then the stock must be dispatched to the pharmacist; this action must be noted on a Nomad® Medication Administration Record (MAR) sheet or Medications record sheet and the Medications stock book.
f) If Medications are discontinued these should also be returned to the pharmacy according to the following: Nursing staff are to have discontinued Medications collected for destruction by a recognised company that is appropriately licensed to deal with clinical waste.
g) Clear, complete records must be kept and signed.
h) In the event of a resident's death the home must hold the medication or dressings for a period of 7 days before returning for destruction.

2.3 Ordering of Medications

a) Medications required by residents are normally ordered for a four-week period (28 days), the Medications being prescribed by the appropriate GP.
b) The nurse in charge will (in the case of repeat prescriptions) ascertain the amounts of Medications that will be required over the forthcoming four- week period.
c) Medications that are no longer required or which are already in sufficient quantities will be deleted from the prescription, in consultation with the GP.

d) Overstocking of any Medications is to be discouraged (see above).
e) The repeat prescription form must be completed to ensure that a record is kept of all Medications ordered and received for a resident.

2.4 Medication Fridge

- The medicines fridge is provided for the purpose of storing Medications that must be kept at a low temperature; it therefore follows that the fridge should contain nothing other than that which serves this purpose.
- To ensure that correct temperatures (between 2° to 8°C) are maintained the fridge should be cleaned and defrosted regularly, with its temperature recorded daily using a min / max thermometer; records should be kept of this.
- If freezing or defrosting occurs whilst Medications are *in situ* this can cause them to be denatured: e.g. vaccinations or insulin and therefore, requiring replacement prescriptions to be ordered.
- The fridge should either be locked or kept in a locked medicines room
- When medicines requiring refrigeration are received within the home they should be immediately identified and placed in the medicines fridge
- **What to do when the medicines fridge temperature is out of range of +2ºC and +8ºC:**
  - **i.** Inform the Registered Manager / Deputy Manager immediately
  - **ii.** Quarantine (separate and put in a safe place), the effected fridge stock by bagging and labelling 'Not for Use' and keep within designated fridge while advice is sought
  - **iii.** Attach a notice to the fridge clearly stating 'Do not use'
  - **iv.** Estimate how many hours the fridge has been out of range (nurses should have the reading from the previous day's check)
  - **v.** Contact your pharmacy provider for advice
  - **vi.** Ensure that the stock which you are advised is no longer usable is disposed of promptly in line with local protocols
  - **vii.** Contact relevant GPs to explain what has happened and request replacement medicines, if required
  - **viii.** If necessary, call out an engineer to repair the fridge
  - **ix.** Remember to record the action taken on the fridge temperature record sheet
  - **x.** Ensure that it is clear where medicines should be stored (in an emergency), if the fridge malfunctions

2.5 Receiving Medications from the Pharmacist

- On receipt of Medications, the dose is noted and signed as correct by a qualified nurse on the repeat prescription form. The Medication is then stored in the stock Medication cupboard until required.
- When required the Medication is added to the current levels of Medications in the medicine trolley and this entered on the resident's Medication Administration Record (MAR).
- ***All liquid medicines must have clearly written on the label the date and time when opened initially!!***

2.6 Storing Medicines

- ✓ *All medicines including controlled Medications are secured safely.*
- ✓ *These are medicines that have legal controls because they may be misused, obtained illegally or cause harm (examples include morphine, pethidine and methadone).*
- ✓ *Medications are stored in the medication trolley that is kept locked at all times and is only accessible by the nurse on duty.*
- ✓ *The medication trolley is locked on a wall fixing when not in used in the Nurse's office which is locked with a combination lock.*
- ✓ *Controlled Medications are stored in a locked, bolted to the wall safe (as specified by the Misuse of Medications (Safe Custody) Regulations 1973), in the Nurse's Office*

and only the nurse in charge have access to the controlled medications.

✓ *People who self-administer have their medications stored as identified in the resident's risk assessment (for example, in a lockable bolted to the wall safe or drawer in a resident's room). Residents should be able to get any medicines that need special storage at a time when they need to take or use them.*

2.7 Disposal of Medication including Controlled Drugs

a) Before disposing of a medicine, staff should check:

- **whether it is still needed**
- **whether it's within its expiry date and**
- **what the shelf-life is once opened.**

b) The home keeps records of all medicines (including Controlled Drugs / Medicines) that have been disposed of or are waiting to be disposed of.

c) Controlled drugs are disposed into a so called 'dooms kit' (or Controlled drugs destruction kit)

d) Medicines waiting for disposal are kept in a locked place until they are collected or taken to the pharmacy.

e) The home has arrangements for the collection of waste medication with a waste disposal company licensed with current waste regulations

f) Controlled Medication are denatured before being handed to the waste disposal company, for example, in specially designed denaturing (dooms) kits containing powdered substance that changes the properties of the controlled drug

g) For 'stock' controlled Medication, a registered nurse and a witness from the care staff for destruction sign the controlled Medication register

h) For controlled Medication supplied to individuals, a registered nurse and a witness from the care staff sign the controlled Medication register

3 SELF-MEDICATION FOR RESIDENTS

3.1 NICE Quality Statement 3 (QS85) March 2015

Promoting self-medication has the aim of achieving the following principles:

- ✓ *To promote independence and the right of choice on the part of the resident, monitoring their ability to take medicines regularly and accurately.*
- ✓ *Medicines are taken regularly and accurately in order to achieve good pain or symptom control and to ensure that the correct medication regime is in place*
- ✓ *To promote autonomy and self-confidence in the resident*
- ✓ *To assure the nursing and medical staff that the resident is capable and has understanding of administering their own prescribed medication.*

3.2 Procedures for Self-Administering

This organisation believes that every resident has the right to manage and administer their own medication if they wish:

- *unless a risk assessment has indicated otherwise*
- *In cases where there is evidence that a self-medicating resident is failing to comply with their prescription, or is taking the wrong amounts of a medicine, then the case should be referred to the resident's GP and / or to the resident's nurse key worker or deputy manager to review their medication risk assessment*
- *Any subsequent request for support from staff should also be risk assessed before being implemented; this is to ensure that the role being requested is appropriate and can be performed safely and competently by staff*
- *No member of staff should proceed with any support involving the administration of medication (tablets, liquids or creams) or support of self-medication unless these changes are recorded in the Medication Care Plan and MAR*
- *All self-medicating residents are offered help and assistance to maintain their self-medicating status whenever possible and wherever an assessment indicates that this is possible or appropriate*

- *In such cases the following forms of support should be considered:*
  - *the use of compliance aids, such as monitored dosage systems (where daily medication is set out by a pharmacist into compartmentalised containers)*
  - *additional support by staff, such as reminders and regular checks*
  - *Assisting for example with eye drops but the resident is able to self-administer tablets.*

4 NON-SELF-ADMINISTERING RESIDENTS

a) This organisation understands 'non-self-administering residents' to refer to residents who require help from staff in the collecting, storing and / or taking of their medication.

b) Such help can range from helping a resident to take their medication out of a bottle, packet or monitored dosage system to administering the correct amounts and helping the resident to take it.

c) All such help should be entered into the care plan and agreed with the managers or deputy manager prior to the help being given.

d) Where residents are helped with or have medication administered by nurses, those nurses should encourage compliance by ensuring that residents take their medication at the time that it is given

- ***Staff should directly observe the taking of medication and medicines should never be left to 'be taken later unless clearly identified in the care plan***
- ***Staff should only sign a resident's medication chart after the direct observation that medicines have been taken***
- **Staff should always be aware of the medication being taken by individual residents and should report any change in condition that may be due to non-compliance immediately to their line manager or supervisor**
- **The manager or deputy manager should then discuss the case with the resident's GP or with the Lloyds pharmacist**
- **A resident has the right to refuse medication and such refusal should be recorded**
- **All such incidents should then be referred back to the prescriber, the resident's GP or Lloyds pharmacist**
- **Nursing staff may make such efforts to encourage the resident to take their medication as are reasonable and appropriate under the Medication Policy but staff have no right to force residents to take their medication**
- **The use of undue pressure on a resident by any member of staff will be recognised as abuse and the basis for disciplinary action**

5. REFUSAL OF MEDICATION

If a resident refuses the prescribed medication then the following actions should be taken:

a) Record on the MAR chart that the resident has refused the medication using the appropriate code

b) Inform the deputy manager at the earliest opportunity.

c) If the person is unable to take the medication because of difficulties in swallowing the medication the GP must be contacted to inform them of the problem and asked:

- *if there are suitable alternatives which can be prescribed or;*
- *if the medication can be reviewed.*
- *If no suitable alternative formulations are available and the medication is still required:*
  - ***it may be possible to crush the tablet or open a capsule.***
  - ***This MUST ONLY be done following the advice of a pharmacist to ensure that the pharmaceutical properties of the medication are not altered and that it is safe to administer the medication in this way.***
  - ***The advice of the pharmacist, including the name of the pharmacist contacted, must be recorded in the care notes.***

- ***The method of administration must be agreed by the GP and recorded on the MAR.***

d) Raising Concerns: Staff should raise any concerns about a person's medicines their manager or deputy manager when:

- **the person is declining to take their medicine**
- **medicines not being taken in accordance with the prescriber's instructions**
- **possible adverse effects (including falls after changes to medicines)**
- **the person stockpiling their medicines**
- **medication errors or near misses**
- **possible misuse or diversion of medicines**
- **the person's mental capacity to make decisions about their medicines changes**
- **there is changes to the person's physical or mental health.**
- **Any other situation that causes concern to the staff member**

6 COVERT MEDICINES ADMINISTRATION (Disguising medicines in food and drink):

Quality Standard 85 Statement 6 Medicine Management in Care Homes Published March 2015

- Disguising medication in the absence of informed consent may be regarded as deception;
- a clear distinction should always be made between those residents who have the capacity to refuse medication and those who do not.
- Residents who have the capacity to refuse medication should have their views upheld and respected at all times.
- Residents who do not have the capacity to accept or refuse medication should be assessed by the manager or deputy manager in conjunction with the GP, consultant, family or relevant person according to the Mental Capacity 2008 Code of Practice.
- As a general principle, by disguising medicines in food or drink the resident is being led to believe that they are not receiving medication when in fact they are;
- the manager or deputy manager, together with any or all of the above health professionals involved in the decision to covertly medicate a resident, will need to be sure that what they are doing is in the best interests of the resident and that they will be held accountable for that decision having made a Best Interest Decision.
- To that end, it must be decided and documented that such treatment must be necessary in order to save a life, prevent deterioration or to ensure an improvement in the resident's physical or mental health.
- As stated, although it may be necessary to covertly medicate a resident there are only a few circumstances where disguised medication is recognised in law.
- The following points must be adhered to:

- **Medicines should not be administered covertly until after a best interests meeting has been held. If the situation is urgent, it is acceptable for a less formal discussion to occur between the care home staff, prescriber and family or advocate to make an urgent decision. However, a formal meeting should be arranged as soon as possible.**
- **No tablets should be crushed or given covertly, i.e. hidden in food or drink unless specifically prescribed by the GP.**
- **A written signed and dated protocol should be developed which is specific for that resident which gives details of the medication, the strength and dosage, how it is to be disguised, how it is to be covertly administered. It should also detail the reason for covert administration, the name of the prescriber, a start and finish date and a review date.**
- **Regular reviews should be carried out**

- **Where appointed, a Relevant Persons Representative (RPR) should be fully involved in any discussions and review so that if appropriate an application for a part 8 review (under DOLs code of practice) can be made, re authorisation.**
- **Any change of medication or treatment must trigger a review where such medication is covertly administered.**
- **This protocol and authorisation must be clearly identified within the care / medication plan. *See Appendix K***

7. MEDICATION ERRORS

7.1 Protection of Individuals and staff

a) From time to time errors can occur in the prescribing, dispensing or administering of medicines. Whilst the majority of these errors do not harm the individual, on rare occasions there can be serious consequences. It is important that all errors and near misses are recorded and the cause investigated so that lessons can be learnt from the incident and a similar error prevented from happening again.

b) ***Staff must immediately report any error or incident in the handling or administration of medicines. This report should be made to the manager or deputy manager, as appropriate, in order that senior managers are able to take decisions regarding Regulation 18 of the CQC (Registration) Regulations 2009. The error report form is to be completed and include near misses.***

c) All policies, procedures and training must be implemented in a way that supports staff in the workplace; these are also intended to reduce the risk of medication error and the associated risks to individuals or staff.

d) No member of staff should administer medication until suitably trained to do so.

e) **Employees have the responsibility to:**

- ***Ensure that medication is presented and administered from a clearly-labelled, appropriate container with a pharmacist label***
- ***Complete the MAR chart accurately***
- ***Record any instance of refusal by the individual; where this becomes habitual this should be reported to a manager or deputy manager***
- ***Concentrate on the important task at hand of administering medication, to the exclusion of all other duties and distractions. It is important that the member of staff administering the medications is not disturbed by other staff or called away from the task except in an emergency.***
- ***Report any instance of a medication error immediately by seeking medical advice via the individual's GP or NHS Direct***
- ***Report the error to the manager or deputy manager immediately, and include the advice given by the GP or NHS Direct***
- ***Complete an accident or incident report form and return it to the office.***
- ***All liquid medicines must have clearly written on the label the date and time when opened initially!!***

f) Errors are learning exercises, and it is important that within a medication management system they are reported so that everyone can learn from the incident. It is imperative that when dealing with medicines there is concentration and focus on the task at hand. Near misses are recorded so that they can be used as empirical evidence within medication training sessions

7.2 Medication Error Investigation

Medication errors are regarded as potentially serious events and staff are reminded of the Nursing and Midwifery Council (NMC) standards in the administration of medicines guidelines.

a) All Medication errors will be investigated and the following considered:

- The experience of staff with regard to any previous incidents or errors
- The events that precipitated the error
- The clinical effect on the patient or resident.

b) Any of the following events are classed as errors:

- **Medications are given that were not prescribed**
- **Medications are given to the wrong person**
- **Medications are given at a time other than that prescribed**
- **Medications are given via a route other than that prescribed**
- **There is an error or omission in recording**
- **There is an omission of a prescribed Medication (other than a specifically-recorded omission).**

c) Procedure

- The deputy manager should inform the manager and the GP about the incident and record it on the near misses record form and care plan
- The doctor will decide on any medical attention
- The manager will investigate the incident, and then decide on an appropriate course of action.

d) Management of Errors or Incidents in the Administration of Medicines (from NMC Standards): *"In a number of Annual reports the Council has recorded its concern that practitioners who have made mistakes under pressure of work, and have been honest and open about their mistakes to their senior staff, appear to have been made the subject of disciplinary action in a way which seems likely to discourage the reporting of incidents and therefore to be to the potential detriment of Residents and of standards. When considering allegations of misconduct arising out of errors in the administration of medicines the Council's Professional Conduct Committee takes great care to distinguish between those cases where the error was the result of reckless practice and was concealed, and those which resulted from serious pressure of work and where there was immediate, honest disclosure in the Resident's interest. The Council recognises the prerogative of managers to take local disciplinary action where it is considered appropriate, but urges that they also consider each incident in its particular context and similarly discriminate between the two categories described. The Council's position is that all errors and incidents require a thorough and careful investigation which takes full account of the circumstances and context of the event and the position of the practitioner involved. Events of this kind call equally for sensitive management and a comprehensive assessment of all the circumstances before a professional and managerial decision is reached on the appropriate way to proceed."*

e) *All errors and near misses are reviewed by the manager and deputy manager and further support, training and competency observations are put in place to prevent it happening again. If a member of staff continually makes errors in the administration of medication they will be removed from their role and depending on the circumstances it may lead to disciplinary procedures.*

8. CONTROLLED MEDICATIONS

- It is essential that a stock balance of all Medications covered by the *Controlled Drugs Act* (CDA) be taken at least once in a 24-hours' period. If a resident is receiving CDA medication regularly then this should occur at each dispensing.
- If the medication is given only on a "WHEN REQUIRED" / PRN basis they must still be checked by the person in charge with another member of staff to ensure the correct balance.
- Any discrepancy should be reported immediately to the manager or deputy manager.
- All controlled Medications must be stored in a cupboard for this use, meeting the requirements of the *Misuse of Medications Act 1971*'
- Concise records of destruction must be made and signed by all parties.

8.1 Administration of Controlled Medications

- ***Note:*** *for storage purposes Temazepam must be considered and dealt with as a controlled Medication.*
- The storage and control of controlled Medications is the responsibility of the nurse in

charge

- Only a registered nurse may take controlled Medications from the controlled Medications cupboard
- The administration of controlled Medications must include the following steps:
  - The Medication is taken from the cupboard by a registered nurse and checked with the prescription that has been signed by a doctor;
  - at the same time the stock amount of the Medication must be checked against the register
  - Resident's full name
  - Date of birth
  - The time of administration of any previous dose
  - Medication dosage
  - Date and time of dosage
  - The Medication and its dosage are then checked by the registered nurse and a witness
  - The controlled Medication register is completed, except for the checking signature and stock balance
  - The correct dosage is prepared. The remaining Medications are returned to the cupboard, before it is re-locked
  - The resident is identified and checked against the prescription and photograph in the MAR
  - A check is made again, i.e. full name, Medication, dosage and time.
  - Once these steps have been followed the Medication is then administered. The prescription record (MAR) is then completed and signed to provide accurate records and meet legal requirements. The nurse then returns to the storage point to sign for the administration together with a witness, of the Medication and record the current stock balance in the Controlled Medication Register; this is necessary to meet legal requirements.
- This organisation is committed to ensuring the safer management of controlled Medications in its services and follows any relevant recommendations of the 2012 annual report on "The Safer Management of Controlled Medications" published by the CQC in August 2013. The deputy manager is the appointed lead to ensure that controlled Medication governance arrangements are up to date and that any concerns relating to controlled Medications are immediately reported to the GP or pharmacist.
- **Disposal Requirements for Controlled Medications. Arrangements and Records**
  - The home has arrangements for the collection of waste medication with a waste disposal company licensed according to the Waste Management Regulations
  - Controlled Medications must be denatured before being handed to the waste disposal company, for example in specially designed denaturing kits
  - For 'stock'-1 controlled Medications, a registered nurse and an authorised witness for destruction should sign the controlled Medications register
  - For controlled Medications supplied to residents, a registered nurse and a witness should sign the controlled Medications register
  - A record of the waste transfer notes are made
  - Stock medicines are medicines that have been purchased by a care home registered to provide nursing care, for use in named residents against a written prescription that has been signed by the prescriber before the medicine is given.
- The Guideline Development Group (GDG) concluded that good practice is represented by having records for medicines (including controlled Medications) that have been disposed of and by considering additional good practice points in the process.

8.2 'JIC Box' (Just in Case Anticipatory Drugs)

a) **Introduction**:

Many areas nationally have developed a system of 'Just in Case' (JIC) boxes to support anticipatory prescribing and access to palliative care medications for residents in the

dying phase. These residents often experience new or worsening symptoms outside of normal GP practice hours. The development of 'Just in Case' boxes in local areas seeks to avoid distress caused by poor access to medications in the Out of Hours (OOHs) period, by anticipating symptom control needs and enabling availability of key medications in the resident's home.

b) **Anticipation of need:**

The key message is to encourage GPs and accredited non-medical prescibers to think proactively about medication:

- *Anticipate the key symptom control problems that can be experienced by residents in the dying phase: pain, nausea / vomiting, restlessness, moist secretions*
- *Sufficient supplies of anticipatory medications to cover OOHs period*
- *Nurse administration of prescribed anticipatory medications. This would be according to local protocols and appropriate authorisation to administer documentation*

c) Gold Standards Framework guidance on contents for 'Just in Case' boxes in a local area This is a potential checklist of 'Just in case Box' contents used for anticipatory prescribing in the dying phase.

i. Information label for the 'Just in case Box' stating:
- Resident name
- Date of supply of the 'Just in Case Box'
- Earliest expiry date of the medicines contained within the box

ii. Local authorisation document to administer medications

iii. Prescribing algorithms / guidelines for the dying phase

iv. Information leaflet for residents and carers

v. Contact details for advice and specialist palliative care

vi. Syringes 2ml

vii. Needles for drawing up medications from the ampoules

viii. Needles for subcutaneous injection

ix. Medications to include:
(1) SC medication for pain
(2) SC medication for nausea and vomiting
(3) SC medication for terminal restlessness and agitation
(4) SC medication for moist secretions

x. Additional medication could include: *Rectal diazepam for possible seizure or marked anxiety*

d) Best practice guideline for anticipatory prescribing for residents with a terminal illness: Residents with a terminal illness often experience new or worsening symptoms outside doctors' normal working hours. Since "out of hours" involves more hours than normal working time, this guideline seeks to avoid distress caused by poor access to out of hours medicines by anticipating need.

i. Purpose:
- To ensure that:
  - Common symptoms in the terminal phase (e.g. pain, secretions and agitation) are anticipated
  - Small quantities of appropriate medicines are prescribed for the resident and stored in a special container, the "Just In Case" in the nurses' office in the CD secure, locked, bolted to the wall cupboard
  - Residents are re-assured that the prescribed medicines have been prescribed "just in case", and may not be needed
- **To provide a safe framework for the use of palliative care / EoLC medicines in the home**

ii. Process
- Specialist Palliative Care Nurses, or GPs identify relevant residents ahead of need
- Resident's GP will prospectively prescribe appropriate medications, which are likely to include:

- ✓ Diamorphine Hydrochloride for pain which is Controlled Drug (CD)
- ✓ Haloperidol Solution (CD) or levomepromazine for nausea and vomiting
- ✓ Midazolam Solution (CD) for agitation
- ✓ Glycopyrrolate / glycopyrronium or hyoscine hydrobromide for respiratory secretions
- ✓ Oral lorazepam tablets
- ✓ Hyoscine Hydrobromide Ampules (not a CD)
- ✓ Cyclizine Ampules (not a CD)
- ✓ Water for injections

⚠ Prescriptions and the medicines supplied will reflect the individual needs of each resident • Resident's GP will also write these anticipatory medicines up in the resident's notes, on the administration sheet used only for anticipatory or PRN medicines given as s/c stat doses or oral prn doses, with clear instructions, and signing and dating the entry.

⚠ It is usually inappropriate to anticipate syringe driver doses routinely. Predicting starting doses is often difficult and can often only be sensibly done when nausea, coma, or inability to swallow is imminent. When appropriate, doses should be written on the administration sheet used for Continuous Subcutaneous Infusion (CSCI) drugs

⚠ The quantity of ampoules of prescribed Controlled Drugs (usually diamorphine) in the Just in Case box must be entered on the relevant record sheet according to local policy (which may be clearly defined following the outcome of the Shipman Inquiry), and counted and deducted from numbers when used, along with any non-anticipatory

⚠ GP, Specialist Palliative Care Nurse will explain the purpose of the Just In Case, and that all items are for professional use only, apart from lorazepam tablets which can be used in accordance with the written leaflet supplied

⚠ The prescription will be dispensed by supplying pharmacy, dispensing the medicines in the usual way:

⚠ Adding the expiry dates of drugs and the batch numbers of all injections to each medicine container

⚠ Including Resident Information Leaflets for each medicine, together with ampoules of Water for Injection with diamorphine ampoules

⚠ Medicines may be packed into the Just in Case by the community pharmacist.

⚠ The Just In Case should be labelled externally at the pharmacy with:

- ✓ Resident's name
- ✓ The date of supply
- ✓ Earliest expiry date of the medicines contained within it

⚠ The kit also contains a brief leaflet explaining use of kit and use of lorazepam tablets. A summary of symptom control guidelines can be held either in the Just in Case in a sealed envelope identifying it as for professional use, or in the resident's notes

⚠ The home has an audit tool to record the medicines supplied in the box and the details of usage

⚠ Receipt of the Just In Case must be recorded

⚠ The medicines in the Just in Case are prescribed for the named resident only and should never be used for any other resident

⚠ Care should be taken to avoid the medicines going out of date. This is unlikely to happen but may occur if the resident's condition improves before deteriorating.

⚠ the contents of the Just in Case box is regularly checked to ensure that nothing has been removed from the case, without a record being made in the resident's notes and MAR sheets.

- ⚠ Resident's anticipatory needs may change during the course of the illness. Nursing staff should request the GP to review the medicines especially after any known change in circumstances or needs. This will help to ensure that drugs in the Just in Case are appropriate and relevant both in terms of strength and type. Some residents may need stronger drugs, while others may need less potent drugs.
- ⚠ A review of resident symptoms will be required as a change in dosage or medicines supplied may be needed
- ⚠ Once items have been used from the Just in Case, a regular prescription for palliative care medicines for symptom control must be considered
- ⚠ The GP must be aware that any new instructions for administration will be needed on the administration sheet

e) STORAGE OF JIC BOX:

To ensure effective response at the time when a resident needs anticipatory drugs, JIC Boxes must be stored in the CDs (Controlled Drugs) cupboard in its entirety, including medicines that are not controlled drugs such as Cyclizine Ampules or water. All medicines even the ones that are not CDs must be kept together to ensure speedy response.

f) PRIORITIES FOR CARE OF THE DYING PERSON:

(1) The possibility (that a person may die) is recognised and communicated clearly, decisions made and actions taken in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly

(2) Sensitive communication takes place between staff and the dying person, and those identified as important to them.

(3) The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.

(4) The needs of the families and others identified as important to the dying person are actively explored, respected and met as far as possible.

(5) An individual plan of care, which includes food and drink, symptoms control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

All of the above priorities for end of life care ***<u>are equally important</u>***

END OF LIFE CARE (EoLC) / PALLIATYIVE CARE:

i. GP / Doctor must assess the person if he or she may die ('trigger for EoLC: to focus on changes in condition reversible / irreversible medical condition(s), diagnosis, prognosis, not just making diagnosis of dying)

ii. Information must be provided to the dying person and those important to him or her, openly, honestly, sensitively and with clear explanations

iii. To check if there is and Advanced Care Planning (ACP) to refuse treatment and DNAR in place and if not to discuss, agree and record

iv. If there is lack of capacity or the dying person is unconscious then those important to him or her must be involved and best interest decision agreed upon

v. Record who was involved (write names), in decision(s) making process

vi. The Key Worker RGN must conduct a holistic assessment of the dying person's

vii. Consider a referral to Palliative Care Specialist

viii. Listen, agree, record and review with the dying person and those important to him or her, a care plan (aims and expectations, levels of intervention, treatment limitations), reflecting person's wishes and preferences

ix. The dying person and those important to him or her must be involved in decisions to the extent that they wish to

x. Key Worker RGN to ensure that comfort, dignity and respect are prioritised

xi. Key Worker RGN to ensure that agreed care, treatment and support are provided with compassion and sensitivity

xii. To assess and record the needs of those important to the dying person:

- ✓ *To listen and address any concerns and fears*
- ✓ *If they wish to be involved in the care?*
- ✓ *How they wish to be supported?*

- ✓ *To enable them to spend time with the dying person (i.e. if they wish to be alone or staff to check on them)*
- ✓ *Practical and emotional support such as location of toilet facilities, refreshments, snacks, etc.*
- ✓ *Provide them with relevant leaflets*

xiii. ***Anticipatory prescribing of controlled drugs (CDs) for relieving symptoms should be prescribed to manage symptoms of pain, nausea and vomiting, anxiety and restlessness, respiratory secretions and not routinely as a matter of course.***

xiv. ***To explain clearly the reasons for the CDs and effects (i.e. reduced consciousness and thus reduced appetite and thirst), of taking the CD and in particular, syringe driver***

9. WARFARIN (and other anticoagulants)

Current guidance from the National Institute for Health and Care Excellence - NICE Clinical Knowledge Summaries Anticoagulation-oral, last revised October 2015 Scenario 3 Warfarin. http://cks.nice.org.uk/anticoagulation-oral#!scenario:3

These procedures below set out the principles and values underpinning this organisations approach to the safe handling of medicines in regard to Warfarin (and other anticoagulants). All other requirements in our Safe Handling of Medicines policy will be applicable to the safe handling of Warfarin and other anticoagulants.

This organisation follows these good working practices

- ***has this written procedure for the safe management of anticoagulants in place and readily available for staff to reference***
- ***ensures all members of the nursing staff are trained and deemed competent in the management of warfarin and other anticoagulants***
- ***ensures that where necessary members of staff are familiar with NPSA Alert - NPSA/2007/18, March 2007 as per link, for anticoagulants and associated information http://www.nrls.npsa.nhs.uk/resources/?entryid45=59814***
- ***has a specific care plan in relation to warfarin for each resident***
- ***ensures all written confirmation of warfarin regimes is obtained and located in an appropriate place for reference at administration that is located in front of the Resident's Medication Administration Record and Anticoagulant Therapy Record (Located in ADL D).***
- ***ensures all obsolete records of warfarin regimes are discontinued and securely archived***
- ***ensures a separate warfarin administration record (MAR) is maintained.***
- ***ensures any transcribing of warfarin regimes on the separate administration record should involve two members of staff and the entry should be signed by both staff.***
- ***ensures that the two members of staff checking and signing the record are trained and deemed competent to do so and should be aware of the responsibility they are undertaking.***
- ***requires that the least number of tablets required to provide the specific dose of warfarin should be administered***
- ***requires that a record of the date of opening should be recorded on warfarin containers and other anticoagulant medicines to facilitate audit.***
- ***requires that Warfarin is administered from original packs and should not be included in monitored dosage medicine systems***
- ***ensures that the date of the next INR (International Normalised Ratio) blood test and collection of results must be clearly recorded and communicated to all concerned***
- ***includes the management of anticoagulant medicines in the audit process on a regular basis through daily, weekly, monthly, and yearly audits.***

10. ADMINISTRATION OF ORAL MEDICATION

The 6 rights (R's) of administration:

(1) RIGHT PERSON
(2) RIGHT MEDICINE
(3) RIGHT ROUTE
(4) RIGHT DOSE
(5) RIGHT TIME
(6) PERSON'S RIGHT TO DECLINE

The frequency of the Medication administration is dictated by the doctor who prescribes and medication administration is incorporated into the medication round unless specific times are required.

10.1 Administration of Medicines

a) Medicine rounds should always be carried out by a suitably-trained member of staff.
b) A check must be made prior to administration of the prescription and the resident's identity (photo with the MAR sheets), as well as all medicines.
c) A record of all staff considered "competent" in Medication administration should be held with the medication administration records, to include specimen signatures.
d) Proceed as follows:

- **Check that all prescription records are present and that prescriptions are clearly and correctly written and are not out of date; this is a legal requirement**
- **Check with the resident that their full name is that shown on the prescription record and compare likeness with named photograph attached to the MAR sheets. This ensures the correct Medication to the correct resident.**
- **Compare the medicine label with the prescription, checking the Medication, time and dose. This ensures the correct Medication to the correct resident at the correct time**
- **Each resident must have their personal tablets / liquids / inhalers / eye drops etc.**
- **For tablets: after checking, shake required dose into cap of bottle or pop out of blister pack and transfer into a medicine glass or spoon. Offer the resident a drink and ensure that tablets are swallowed**
- **For liquid medicines: shake the bottle thoroughly and, keeping the label uppermost, pour the medicine into the glass or spoon which is held at eye level. Staff administering the medication *must right date and time on bottles with liquid medicines when first opened.***
- **Ensure the medicine is swallowed. Offer the resident a drink of water or fruit juice. Discard the glass or spoon into the bowl of water**
- **Complete and sign the prescription record in black ink**
- **Never leave medicines or tablets on locker tops or tables if the resident is unable or unwilling to take the medication. Destroy them and complete documentation**
- **Oily medicines should be given in a warm, dry spoon or glass. Some residents may prefer oils sandwiched between layers of fruit juice**
- **Any dropped tablets should be discarded into washing-up water and disposed of down the sluice. The occurrence of this should be noted and the stock balance altered**
- **After completion of round: clear trolley, anchor to security point and lock; wash glasses, spoons and bowl.**

10.2 Antibiotics

- Antibiotics are either injected, given orally, or applied to the skin in ointment form.
- Many, while potent anti-infective agents, also cause toxic side effects.
- Some, like penicillin, are highly allergenic and can cause skin rashes, shock, and other manifestations of allergic sensitivity.
- Tetracyclines cause major changes in the intestinal bacterial population and can result in superinfection by fungi and other micro-organisms.
- Chloramphenicol which is now restricted in use, produces severe blood diseases and use of streptomycin can result in ear and kidney damage.
- Tetracyclines are the most widely used broad-spectrum antibiotics.
- Ciprofloxacin (Cipro) is another broad-spectrum antibiotic, effective in the treatment of mild infections of the urinary tract and sinuses.
- Many antibiotics are less effective than formerly because antibiotic-resistant strains of microorganisms have emerged.

Important points in administration

- follow safe handling of medicines procedures
- the resident should take antibiotics for the entire time period that they are prescribed
- even if the symptoms have improved, it is essential that the resident keeps taking the full course of antibiotics
- sometimes people start to feel better before all of the bacteria has been destroyed
- depending on the medical condition, antibiotics usually have to be taken for several days or sometimes even weeks before the infection clears up
- it is important that the resident understands the importance of completing the course of antibiotics and if they refuse this must be recorded as per organisations procedure and reported to your manager who will inform the GP
- generally speaking, there should be no tablets left in the package when the course is finished
- one package contains the right amount for one course of antibiotics
- If there are some tablets left over, they should **not** be kept for later use but returned to the pharmacy
- throwing medication into a bin or the toilet is bad for the environment and can also contribute to the development of antibiotic resistance
- medications can only work when they are used correctly, follow instructions on the Patient Information Sheet and on the medication packaging
- tablets must only be crushed or broken when written permission is gained from the GP
- antibiotics are usually taken with water because taking them together with fruit juices, dairy products or alcohol can affect how the body absorbs some Medications
- after taking antibiotics, you may need to wait for up to three hours before eating or drinking any dairy products – check medication instructions
- grapefruit juice and dietary supplements containing minerals like calcium may also make antibiotics less effective
- some antibiotics need to be taken at the same time of day, others are meant to be taken before, with or after a meal, or taken at set times so that their effect is spread out evenly over the day
- antibiotics can interact with other medications, such as some blood thinners and antacids

When antibiotics are being administered, staff must also:

- ensure that the resident understands the need to complete the course
- monitor the resident for side effects or allergic responses and report any signs immediately as it may become life threatening

- If there are any signs that the resident is having an allergic response to antibiotics do not administer any more antibiotics but wait for guidance from GP
- monitor the effect of the antibiotic and inform the GP if there are no obvious positive effects once the course is complete

10.3 'When Required' Medication

- "When Required" medication is administered when the resident presents with a defined intermittent or short-term condition i.e. not given as a regular daily dose or at specific times
- The "When Required" medication should be administered at the request of the resident or when care staff observe the need.
- Consideration should also be given to the resident's ongoing capacity to refuse the medication.
- Where a resident is prescribed '"When Required"' medication, a specific plan for administering this "When Required" must be documented in the medication care records
- State the date when '"When Required"' medication was started by the prescriber as indicated on the MAR chart
- The resident's medication plan should state
  - name of Medication
  - route of administration for Medication
  - dose of Medication
  - frequency of Medication
  - minimum time interval between doses
  - maximum number of doses in 24 hours
  - why the medication was administered
  - the effectiveness of the medication
  - date to review

10.4 Time-Sensitive Medicine

- This is a medicine that needs to be taken or given at a specific time where a delay in receiving the dose or omission of the dose may lead to serious harm, for example insulin injections for diabetes or specific medicine for Parkinson.
- When these medications are prescribed to our service users who require support in medication administration the medication will be given at the prescribed times.
- Staff are aware of the importance of giving these medications at specific times and any errors relating to time will be documented on a medication error sheet and the manager and deputy manager informed.

10.5 Receiving Mid-Cycle or Short Course Medicines:

- When a new prescription is issued for short course or mid-cycle (e.g. antibiotics) for an acute medicine, **a New Medication Administration Sheet (MARS) is produced that will cover the entire treatment period.** Stop dates should be clearly stated where appropriate
- The nurse in charge will be responsible in checking the **Medication Administration Sheet (MARS) are accurate and the date and period are provided.** Nurse in charge should inform the Pharmacy if the date and period are incorrect and to amend or request from pharmacy the correct MARS

11. HOMELY MEDICINES

A homely or household remedy is another name for a non-prescription medicines available over the counter in community pharmacies, used in a care home for the **short term management of minor, self-limiting conditions,** e.g. toothache, mild diarrhoea, cold symptoms, cough, headache, occasional pain, etc.

On entering the home a resident may be using some homely medicines and at assessment have

identified their wish to continue in their new home

- On admission, all homely medicines that the resident wishes to take are documented and their GP is contacted to confirm that it is safe to continue taking these medications with their prescribed medication
- Homely remedies should only be administered in accordance with the manufacturer's directions and only to those residents whose GP has agreed to their use.
- A record of that agreement should be made in the resident's Medication Care Plan along with the list of the homely medicines.
- Administration of medication must follow the above procedures.
- For residents that self-administers the homely medications must be added to the resident's medication list and risk assessment is carried out.
- All homely medication is recorded on the Medication Administration Record (MAR) and administered by trained staff.
- If the GP recommends to the resident that they stop taking the homely medication this is recorded on the care plan and the medication is not administered by the staff
- Homely remedies should be stored within the medication storage area, but separated from prescribed medication
- Expiry dates should be checked regularly and only small packs / bottles of each item should be held.

In this organisation, we hold homely medicines for the initial treatment of minor ailments. The following stages must be followed.

- A list of homely remedies is agreed between the home, the resident and the resident's GP.
- Only homely medications on this agreed list can be administered to individual residents
- Consent should be gained from the resident before homely medicines are administered
- If the resident does not have the capacity to make that decision then a Best Interest decision must be made following the Mental Capacity Act 2005 Code of Practice
- Care should be taken to ensure that residents are not taking non-prescribed medicines that they have purchased or have been given, **in addition** to the homely remedies being administered by the home's staff.
- Administration of homely medicines can only be carried out by qualified nurses or care staff trained in medication administration
- Homely remedies should not be used for more than 48 hours before consulting the resident's GP.
- The community pharmacist supplying the Home and / or giving advice on the care home may be approached to provide advice on uses, doses and possible interactions with prescribed medicines
- Advice on the shelf life of products once opened may also be obtained from the community pharmacist
- Information on the homely medicine must include the following;
- the name of the medicine or product and what it is for
- the dose and frequency
- the maximum daily dose
- how long the medicine or product should be used before referring the resident to a GP
- When the homely medication is administered it must be documented on the medicines administration record.
- The administration of the homely medication must be recorded in the resident's record stating the name of the medication, dose, time, date, administered by, reason for administration
- Purchasing and disposal of homely medication is via our community pharmacist
- Homely medication audits are carried out along with the main medication audit.

- Care home staff who give non-prescription medicines or other over-the-counter products (homely remedies) to residents should be named in the homely medicines process
- These homely medicines must not be administered to staff.

12. ARRANGEMENTS FOR RESIDENTS WHEN AWAY FROM THE HOME

12.1 Arrangements for residents attending day services / hospital

Residents do not as a rule attend day services. If attending hospital, the Manager should make sure that the resident has their regular prescribed medication for the day. If a resident is admitted to hospital for longer, follow the instructions issued with the appointment from the hospital. It is usual to be asked for a list of current medication for the resident, a copy of the MAR sheet with their transfer notes should accompany the resident, with the hospital admission pack. Please be aware that changes may be made to resident's medication following a stay in hospital.

12.2 Arrangements for residents going on holiday

Prior to going on holiday the nurse in charge must discuss medication needs, administering process and recording method with the resident and the family / representative taking the resident on holiday. *A photocopy of MAR sheet (original to be retained at the home) and blister packs are to be given to the resident or family member / representative for safe keeping for the duration of the holiday. Resident / Families will be requested to sign for receipt of medication on daily contact sheet.*

The name and contact details of the resident's GP, the care home and any other relevant information needed in an emergency must accompany the resident.

All blister packs, medication and signed MAR sheet to be returned to the home on arrival back from holiday.

The family / representative must account for any medication that has not been taken or is missing etc.

12.3 Arrangements for residents who are admitted to hospital.

When a resident is admitted to hospital a copy of the up to date MAR sheet should accompany them, together with their Transfer Notes, and the original copy of their DNAR form. The resident's current medications are send with them. Please be aware that changes may be made to resident's medication following a stay in hospital.

12.4 Arrangements for the administration of medicines by visiting professionals

Any medical requisites i.e.: flu vaccines, b12 injections, steroid injections etc, to be administered by visiting professionals are kept in Care Plan C under Service User Record of Periodic Medications and documented under Doctor's Notes in Care Plan D.

The medication must be handed to the visiting professional (i.e. Practice Nurse) for them to administer to the resident by staff with safe administration of medicines training.

The visiting professional would be expected to follow the codes of conduct / protocols of the relevant professional body.

Any concerns regarding the administration of medication should be immediately addressed with the Manager who should contact the visiting professional.

Recording should be undertaken on Doctor's Notes, Service User Record of Periodic Medications, and Medication Administration Record (MAR).

12.5 Arrangements for when the person is having a meal or sleeping

- If the medication is time specific, then it may be necessary to interrupt the meal or sleeping time of the service user to administer the medication.
- Where the service user has the capacity, this should be explained when the medication is prescribed to enable them to understand why this disturbance is necessary and to give their consent.
- The service user still maintains the right to refuse the medication.
- If the medication is not taken on time or refused this must be recorded using the correct code and reported to the manager or deputy manager.
- When supporting or administering medication to service user, it is important that they are treated with dignity and respect and wherever possible their preferences

are respected.

⚠ However, we will explain to them that there will be times when medication must be given at these times and gain their consent to do so.

13. MEDICATION REVIEWS: NICE QUALITY STATEMENT *5 (QS85) March 2015*

- This quality statement highlights that many care home residents have multiple and complex conditions. These conditions can change, and the medicines that residents receive to treat these conditions need to be reviewed regularly to ensure that they remain safe and effective.
- The frequency of multidisciplinary medication reviews should be based on the health and care needs of the resident, with their safety being the most important factor when deciding how often to do the review.
- The interval between medication reviews should be no more than 1 year, and many residents will need more frequent medication reviews".
- This organisation has a programme of annual medication reviews unless the residents changing condition indicates more frequent reviews.
- In these circumstances, the GP will be contacted to discuss the medication regime prescribed for this resident and their change in health.
- A record of the reviews are kept in the residents care plan. *They are either carried out by a visit from the GP, via the phone or electronically.*

13.1 Record Keeping and Sharing information NICE Quality Statement 1 & 2 QS85 (March 2015)

- Before admission, a care needs assessment is carried out which includes a medication assessment.
- A record of all the medication is made and with the resident's consent checked with their local GP to ensure the list is current and complete.
- If the resident is lacking capacity the GP, involving the LPA or relevant person and following the Mental Capacity Act Code of Practice makes a "Best Interest Decision" concerning medications.
- All of our residents have in their care plans a Medication Record. This contains all the information concerning the resident's current medication, including inhalers, eye drops, patches injections and homely medicines.

13.2 Managing Personal and Sensitive Material

a) **All confidential information about our resident's medication is treated in confidence, respecting our resident's rights and security**.

- All MAR charts are stored in a locked cupboard or area with access only by those who are involved in their care and medication administration and have the right to access the information.
- All emails, faxes, messages, reports, either written or electronic are kept in the resident's care plans and stored securely.
- All records kept must be complete and accurate. Information is not safe if not accurate and each member of the team is responsible for recording and storing information in a way that makes it easy to share information as appropriate.
- The residents name and number should be clearly seen on each document and signed and dated where required.

b) **As an organisation we recognise the importance of members of a care team sharing information when it is needed for the safe and effective care of the individual.** However, even where it is clearly beneficial to share information in relation to medication, rules about confidentiality and privacy still apply. This means that only those who have a clear need to know should have access to relevant confidential information.

- Residents have the right to see their medication records and this is at the forefront of the minds of those recording notes and administering care. Residents should be informed about who will see this confidential information.
- When considering whether to share information with a carer or family member relating to the resident's medication, it is important that the wishes of the resident

are followed and that the information shared is what the resident has consented to.
- Where the resident does not have the capacity to give valid consent, information should only be shared when it is deemed in the resident's best interest
- In safeguarding situations, it becomes an absolute imperative to share information in cases involving a threat to the safety of others.

c) **Information that is shared for the benefit of the community should be anonymised.** If this is ever required, then all confidential information will be anonymised in line with the HSCIC Anonymisation Standard - http://content.digital.nhs.uk/article/2741/New-Anonymisation-Standard-for-the-publication-of-health-and-social-care-data-becomes-effective-on-30-April-2013

d) **Individuals right to object to the sharing of confidential information about them should be respected**. When the law says there is an obligation to share the confidential information the resident should receive an explanation of why their objection must lawfully overruled.

e) **As an organisation we have policies and procedures in place** relating to confidentiality, record keeping and Cyber Security. These relate to both written and electronic information on the resident's medication.

14. HEALTH-RELATED ACTIVITIES

In the interests of the resident, care staff may from time to time be asked to assist in health-related activities, which can include

- Massage techniques
- Exercise regimes
- Mobility-related assistance
- Monitoring and recording of particular conditions (diabetes, epilepsy etc.).

This area of activity must be clearly assessed and recorded during the care assessment. Specialist training must be undertaken and staff must be competent and confident in their own abilities to undertake the tasks required. The appropriate health professional must sign off the training and the competency of the staff, with this information being recorded on the level-3 training record. Health-related activities will be undertaken only with the express agreement of the manager and when the appropriate care assessment has been completed and recorded in the care plan. Reviews should be undertaken and care plans updated as required.

All staff should be able to refuse to undertake tasks which they themselves feel they are not competent to do.

15. MONITORING AND AUDITING

Monitoring and auditing processes in this home are planned and systematic, and embedded throughout the organisation.

- *To 'monitor' is to check, observe and identify a task or system performance*
- *To 'audit' is to evaluate, examine and critically analyse conformance to set standards by reviewing the objective evidence from statements, records, files and any formal monitoring systems that are in place.*
- Medication monitoring is a part of the observed practice of staff that is recorded, dated and signed off, and which is usually delivered via a spot check. The spot check findings are then followed through using the near misses sheets and through advice and guidance to staff; this includes any training and further monitoring as required.
- Auditing of medication is a part of the organisation's quality audit process. Auditing of all medication documentation, including MAR sheets, is performed regularly and corrections implemented with immediate effect where any shortfalls are identified. Nurse on duty carries out daily, weekly, monthly, 6 monthly, and yearly audits which is reviewed and checked by the Deputy manager to ensure any shortfalls are identified and managed.
- Peer auditing is central to the audit regime and staff are constantly reminded of the importance of signatures, dates and appropriate record keeping. Trainings, Competency Exams, Spot Checks, and Individual Supervisions are undertaken to ensure staff is demonstrating safe and good practices.

15.1 Medication Alerts / Recalls

The MHRA's Defective Medicines Report Centre (DMRC) issues alerts to healthcare professionals, hospitals, GP surgeries and wholesalers to tell them when a medicine is being recalled or when there are concerns about the quality that will affect its safety or effectiveness. These alerts are graded according to the seriousness of the threat to the public's health.

A recall may be issued if a medicine is:

- **A health hazard**. *Unfortunately, some health risks associated with certain medications are not realised until after they become widely used.*
- **Mislabelled or packaged poorly**. *Sometimes a medicine is recalled because of confusing dosing instructions or a problem with the dosing tool provided with the drug.*
- **Potentially contaminated**. *During production or distribution, a medicine may become contaminated with a harmful or non-harmful substance.*
- **Not what it says**. *For example, a person may think they are taking a pain reliever based on the package material, when in fact what is inside the box is something else.*
- **Poorly manufactured**. *Manufacturing defects related to a product's quality, purity and potency may be to blame for a drug recall*

When a medication is recalled:

- information is sent out explaining what action is required and the timescales
- it is essential to liaise closely with the GP and pharmacist to ensure the service user is not without medication
- there may be a need for replacement blister packs or stock medication such as controlled medication which requires immediate replacement from the GP
- a record of all medication recalled must be kept and a signature of receipt obtained from the pharmacist.
- service users must be informed of the recall and advised that their GP will prescribe alternatives
- staff responsible for medication administration must be informed of the recall and the actions being taken
- MAR charts must be updated by a health professional to reflect the changes

16. TRAINING STATEMENT

This organisation ensures all their nursing staff have completed a "Safe Handling of Medicines Course" before administering medication to residents. All relevant staff are monitored and attend medication updates regularly**.** Staff involved in the monitoring of staff and auditing process are given the relevant support and training in this area. Nursing staff must keep their medication Continuing Professional Development (CPD) current. Nursing staff will also be part of the monitoring process.

Related Policies

Accidents, Incidents and Emergencies Reporting (RIDDOR)
Care Planning and Support
Confidentiality
Control of Substances Hazardous to Health (COSHH)
Collection of Prescriptions
Cyber Security
Data Protection
Duty of Candour
Health and Safety
Infection Control
Notifications
Record Keeping

Application of Creams, Lotions or Ointment *(this Appendix is aimed for qualified nurses and health care assistants)*

a) Following assessment and appropriate recording in the medication plan of care, staff will assist with the application of creams lotions and ointments. Staff will apply prescribed creams, dusting powders, lotions or ointments after they have:

- Received appropriate training
- Been assessed as competent to carry out the task by an appropriate professional.

b) If a staff member is in any doubt regarding either the products or the physical or mental health of the resident then they should not apply the product but instead inform the nurse in charge or deputy manager immediately.

c) Products that have not been prescribed can be applied by staff in the following circumstances:

- As part of the residents' personal hygiene regime, e.g. moisturisers, face creams
- To assist with the rehydration of skin, e.g. aqueous cream used to wash, E45.

d) Staff can apply prescribed products except when

- The area of skin to be treated is broken
- The product contains topical corticosteroids and is not listed as a prescribed item
- There is or appears to be inflammation or infection present (unless the product is being used to treat inflammation or infection).

e) When the product to be applied is recorded on the medication record, the staff member must, from the medication record, check

- The resident's name
- Application instructions
- That no other carer or professional has already administered the product.

f) The staff member must then identify the appropriate container(s), checking that the label(s) match the record, including the

- Name on the product is that of the resident
- Product
- Instructions for use
- Time(s) to be applied.

g) Prior to administration of a medicine the staff member should

- Explain the procedure to the resident
- Wash their hands
- Check expiry date before use
- If unopened record the date opened and the calculated expiry on the medicine package or label
- Some packaging makes it difficult for the pharmacy label to be placed on the product e.g. eye drops. In these circumstances the outer packaging will have to be endorsed with the date of opening, it is essential that the product remains in the outer packaging throughout duration of this treatment
- Any product whose appearance suggests it may be unfit for use should be discarded. If there is any doubt contact the community pharmacy/dispensary for advice
- Use a Topical Medicines Application Record (TMAR) for recording administration of topical preparations and expiry date information for topical medications.
- Put on a pair of gloves.
- If the instructions on the administration record do not coincide with the label on the product container then it should not be applied until written instructions have been received from the Lloyds pharmacist or medical practitioner.

Staff should ensure that they give every encouragement and opportunity to residents who might initially refuse application of the product. Under no circumstances should staff compel a resident to accept any kind of treatment.

h) Expiry dates of topical preparations from date of opening: There is a lack of available evidence on expiry dates of creams and ointments once they are opened. Follow any expiry date of creams and ointments once they are opened, that is written on the label. If it is not clear how long the cream should be used after opening please check with your pharmacist as in a care home setting storage conditions may be variable

i) Procedure for residents unable to apply their own prescribed topical medication

- a registered nurse or senior care assistant should complete a Topical Medicines Application Record (TMAR) for each topical medication prescribed
- as it is a handwritten document it should be checked and countersigned. Ideally this should include a body map.
- the TMAR should be kept in the resident's room to be available when creams are administered
- the TMAR should be signed once the care worker has applied a topical medicine in line with the prescription instructions
- the Medical Administration Record (MAR) chart should state "see TMAR chart"
- at the end of each 28 day cycle the TMAR should be attached to the corresponding MAR chart to provide a full record of administration
- *As a guide, the following table shows the difference in suitable quantities of topical creams/ointments compared to topical corticosteroids for an adult*

AREA OF BODY	CREAMS / OINTMENTS *Twice daily application*		CORTICOSTEROIDS *Once daily application*	
	Per Week	*Per Month*	*Per Week*	*Per Month*
Face	15 - 30g	60 - 20g	8 - 5g	30 - 60g
Both hands	25 - 50g	100 - 200g	8 -15g	30 - 60g
Scalp	50 -100g	200 - 400g	8 -15g	30 - 60g
Both arms	100 - 200g	400 - 800g	15 - 30g	60 -120g
Both legs	100 - 200g	400 - 800g	50g	200g
Trunk	400 g	1600g	50g	200g
Groins and genitals	15 - 25g	60 -100g	8 -15g	30 - 60g

j) Special advice for administering topical corticosteroids

- These should be applied no more frequently than twice daily and should be spread thinly.
- The length of cream or ointment expelled from a tube can be measured in fingertip units (FTU) (the distance from the fingertip to the first crease of the finger in an adult index finger).
- One FTU is approximately 500mg of cream or ointment which is enough to cover an area that is twice that of the flat adult handprint (palm and fingers).

k) **Area of the body Fingertip units (FTU) per application**

AREA OF BODY	FINGERTIP UNITS (FTU) *per application*
Face and neck	**2.5**
One hand and arm	**4**
Trunk (front)	**7**
Trunk (back) including buttocks	**7**
One leg and foot	**8**

l) **Refusal of prescribed product:** Staff should ensure that they give every encouragement and opportunity to service users' who might initially refuse application of the product to change their mind. Under no circumstances should staff compel a service user to accept any kind of treatment. If the service user refuses the prescribed product then:

- Record on the administration record that the resident has refused the application of the product and the reason why
- Inform the nurse in charge at the earliest opportunity.

i) **The staff member should, immediately after assisting the resident with the administration of product**

- ✓ Remove and dispose of gloves
- ✓ Wash their hands thoroughly
- ✓ Complete and sign the record sheet in the small file in the resident's room
- ✓ Record any comments relating to the product applied, including any observations requested
- ✓ Return the product to where it is stored.

Appendix B

Instillation of Eye Drops and Ointments

a) Following from the assessment of need and appropriate recording in the medication plan of care, the staff member will assist with the instillation of eye drops and ointments. The eye drops should be administered by the staff member using a device or aid, wherever possible. Eye drops or ointments will only be administered in the following circumstances:

- *When the staff member has received appropriate training, and been assessed as competent to carry out the task*
- *At the appropriate time, according to the prescriber's instructions.*

b) If a staff member has any doubts regarding the eye drops or ointments or the physical or mental health of the resident then they should not assist with the instillation of the eye drops or ointment but instead contact the manager or deputy manager.

c) From the MAR sheet, check:

- The resident's name
- Dosage instructions
- That no other heath professional has already administered the eye drops or ointment.

d) Identify the appropriate container(s) and check that the label(s) match the recording, including:

- The name on the drops or ointment is that of the resident
- The label states clearly which eye the product is to be used for
- The dosage
- The time to be administered.

e) Prior to administration of any eye drops or ointments the staff member should

- ✓ Explain the procedure to the resident
- ✓ Wash hands and put on gloves
- ✓ If they know they have a strong allergy to any of the medicines they should put on gloves prior to handling the medicine.

f) If the instructions on the record sheet does not coincide with the label on the drops or ointment container then nothing should be instilled until written instructions have been received from the prescriber.

g) Once the staff member has collected the equipment and laid it on a suitable surface near the resident where there is a good light source, they should explain the procedure to the resident.

h) The staff member should then check the following:

- Which eye the drops or ointment are prescribed for

- Date the bottle was first opened
- Expiry date on the label.

i) After washing their hands and putting on gloves, they should perform the following:

- Assist the resident into a comfortable position with the head well supported and titled back
- Remove the lid(s) from the drops or ointment
- Hold the resident's lower eyelid down by pressing gently with a clean, folded paper tissue
- Ask the resident to look up immediately prior to the instillation of the drops or ointment.

i. Eye Drops

- ⚠ The dropper should be held approximately 2.5cm from the resident's eye if they are being instilled without the use of an aid
- ⚠ Gently squeeze the bottle
- ⚠ Ask the resident to close their eye, keeping the tissue in place for 1–2 minutes
- ⚠ Wipe away any excess from the resident's face.
- ⚠ When two different preparations in the form of eye drops are required at the same time of day then dilution and overflow may occur when one immediately follows the other, e.g. Pilocarpine and Timolol for glaucoma; therefore, an interval of 5 minutes should be left between the instillation of each preparation.
- ⚠ Immediately after completing the instillation of the eye drops the staff should
  - ✓ Remove gloves and wash their hands thoroughly
  - ✓ Complete and sign the MAR sheet
  - ✓ Record any comments relating to the product applied, including any observations requested
  - ✓ Return the product to where it is stored.

ii. Eye Ointment

- ⚠ Wash hands and put on gloves
- ⚠ Before applying the ointment, pull down the lower eyelid
- ⚠ Squeeze approximately 2.5cm of the ointment inside the lower lid from the nasal corner outwards
- ⚠ Ask the resident to close their eye and remove the excess ointment with the tissue
- ⚠ Advise the resident that blurring of vision will occur for a few minutes.
- ⚠ Immediately after completing the instillation of the eye ointment, the staff member should
  - ✓ Wash their hands and remove gloves
  - ✓ Complete and sign the MAR sheet
  - ✓ Record any comments relating to the product applied, including any observations requested
  - ✓ Return the product to where it is stored.

Appendix C

Instillation of Ear Drops

a) Following the assessment of need and appropriate recording in the medication plan of care, staff members can assist with the instillation of eardrops. Ear drops can only be administered when the staff member has been appropriately trained and assessed as competent to complete the task.

b) From the MAR sheet, they should check

- The resident's name
- Dosage instructions
- That no other carer or professional has already administered the eardrops.
- Identify the appropriate container(s) and check that the label(s) match the recording, including:
  - ✓ The name on the drops is that of the resident

- ✓ The label states clearly which ear the product is to be used for
- ✓ The dosage
- ✓ The time to be administered.

- If a staff member is in any doubt regarding the ear drops or the physical or mental health of the resident then they should not assist with the instillation of the ear drops but instead contact the deputy manager or GP.

c) Once the staff has explained the procedure to the resident and washed their hands, they should

- Wash hands and put on gloves
- Assist the resident into a lying or seated position and explain the procedure
- Assist the resident into a comfortable position with their head well supported and tilted to one side if possible
- Remove the lid(s) from the ear drops container
- Gently pull the top of the ear (pinna) outwards and upwards in order to straighten the outer ear canal
- Gently squeeze the bottle, instilling the prescribed number of drops into the ear
- Ensuring the resident is comfortable and leave them with their head to one side for a few minutes.
- Immediately after completing the instillation of the eardrops the staff should
  - ✓ Remove gloves and wash their hands
  - ✓ Complete and sign the MAR sheet
  - ✓ Record any comments relating to the product applied, including any observations requested
  - ✓ Return the product to where it is stored
  - ✓ Assist the resident to sit up and adopt their choice of position and location.

Appendix D

Inhalers

Medication via inhalers are mainly used in the treatment of Asthma and Chronic Obstructive Pulmonary Disease (COPD).

There are different types of inhalers, for different types of medicine. The care plan and medication plan clearly indicates the reason for using the inhaler or inhalers when multiple types are prescribed. We work closely with the resident / family and GP in this area.

Inhalers also come in various colours. Relievers are usually blue and preventers are usually brown (but some can be orange).

a) ***'Press and breathe' metered dose inhalers (MDIs)*** are often called 'puffers'. **MDIs work better with a spacer**. Spacers collect the medicine inside them, so that the person does not have to worry about pressing the inhaler and breathing in at exactly the same time. This makes these inhalers easier to use and more effective. An MDI inhaler uses a small canister with a mixture of the medicine and a gas or liquid that turns the medicine into a very fine spray as the canister is pressed. Most people call this a 'puff' of medicine. To get the best result shake the inhaler before each puff so that the medicine mixes well before use.

b) ***Breathe in normally' breath actuated MDIs*** are usually given to people who have difficulty using a standard 'puffer'. These inhalers are activated by your breath so that when you breathe in normally through the mouthpiece, it releases medicine in a fine spray form. With this inhaler you don't have to push the canister to release a dose. Autohaler and Easi-breathe are examples of breath actuated MDIs. These inhalers need to be shaken before each puff so that the medicine mixes well before use.

c) ***'Breathe in hard' dry powder inhaler (DPIs)*** release medicine in very fine powder form instead of a spray when breathing in through the mouthpiece. The person needs to breathe in fairly hard to get the powder into the lungs. Examples of DPIs include Accuhalers, Clickhalers, Easyhalers, Novolizers, Turbohalers, Diskhalers and Twisthalers.

Supporting the Resident to use their inhaler

General for all inhalers

- The resident will have had some instruction about using an inhaler from the person who prescribed this treatment. Ensure they understand and identify how much support they need in the administration of this medicine.
- Encourage the person to breathe out fully or as much as possible to create more space in their airways for the next breath in. This allows for a deeper and longer breath when inhaling the medicine enabling it to reach smaller airways deep inside the lungs.
- If the person has been advised to hold their breath after taking in the inhaler then it is important for them to do so. This allows more time for the medicine to reach the deeper areas of the lungs. Hold for 10 seconds or as long as it feels comfortable then breathe out slowly through the nose.

Press and breathe MDI Inhaler

- Shake the canister before use and between puffs, so that the medicine and propellant mix together to form an aerosol
- It is important that the person only starts to inhale once the canister has been pressed, this is to allow enough time for the medicine to be inhaled before running out of breath
- It is also as important not to inhale too late. It takes less than half a second from the time the canister is pressed for all the medicine to be released. If the person inhales too late then the medicine stays in the mouth and is not carried down to the lungs
- Shake the canister between puffs and wait 30 – 60 seconds before taking the next puff. This gives the medicine and propellant enough time to mix together
- If using a spacer remove the cap from the canister and shake, place the canister in the back of the spacer. Breathe out, place the mouthpiece of the spacer in the mouth and take a deep breath and hold for 10 seconds. Gently breathe out through the nose. Repeat as above as required.
- When the inhaler is for administering steroids encourage the person to brush their teeth, gargle and spit out after using this preventer inhaler, use a spacer with the preventer inhaler
- If the person is having problems using their inhalers staff must inform the GP or quickly.
- There are other types of inhalers that may be prescribed and it is important to get instruction on use from the GP and read Patient Information Leaflets.

Storage

- Always keep the inhaler cap on when not using it. This prevents objects getting stuck in the mouth piece and causing a choking hazard when next used.
- The inhaler should be stored at the correct temperature. Extreme high or low temperatures can affect the medicine. Check the inhaler label or information sheet, especially if going abroad on holiday.

Cleaning

The patient information leaflet (PIL) included with the medicine explains the best way to use, clean, store and look after the inhaler.

Press and breather metred dose inhaler

- Never wash or put the metal canister in water, only wash the plastic parts
- Remove he metal canister from the plastic casing and remove the mouthpiece cover
- Rinse the plastic casing thoroughly under warm running water
- Dry thoroughly inside and outside
- Put the metal canister into the plastic casing and test by releasing a single puff into the air and replace the mouth piece cover

Dry powder inhaler

- Wipe the mouth piece of your dry powder inhaler with a dry cloth at least once a week
- Do not use water as the powder is sensitive to moisture

⚠ It is important to monitor and record the effectiveness of the inhaler and report any changes in its effectiveness.

Appendix E

Application of Compression Hosiery

Following the assessment of need and appropriate recording in the medication plan of care, and to ensure maximum effect, compression hosiery should be applied before the resident gets out of bed and removed last thing at night. Compression hosiery is prescribed to residents in order to:

- ✓ *Prevent deep vein thrombosis (DVT), a complication of immobility*
- ✓ *Prevent occurrence or re-occurrence of leg ulcers*
- ✓ *Manage oedema (swelling) as a result of disease or injury, e.g. for residents with heart failure whose legs swell or following treatment for burns.*

- Before removal or application of the hosiery the staff should explain the procedure.
- The staff should check the medication plan of care for specific instructions about the times of removal / application and any special instruction related to the type of hosiery used.

a) Hosiery Removal

- The staff member should remove all jewellery worn on their hands to avoid ladders and unintentional injury
- Gently but firmly grip the top edge of the hosiery and pull it away from the body and towards the end of the limb
- If at any time the resident complains of pain the staff member should stop and check that no skin damage is occurring before they resume the procedure. If skin damage occurs then contact the resident's surgery immediately for advice.
- When the hosiery has been removed the staff should gently wash and dry the resident's skin using warm water and soap. Skin covered by hosiery can become very dry; if this is the case and a cream has been prescribed then this should be applied; if the skin is very dry but no cream has been prescribed the resident's surgery should be contacted to seek advice.
- If the hosiery is to be reapplied immediately following skin cleansing it is advisable to apply a light dusting of powder to the skin to aid application. If an application aid has been provided this should be used according to the manufacturer's instruction.

b) Application of Hosiery

- The staff member should ensure the hosiery is clean and wrinkle free with no tears or frays
- The staff member should explain the procedure to the resident
- Run your hand inside the stocking down to the heel and pinch the heel with finger and thumb
- Turn the stocking inside out leaving the foot part tucked in
- Pull the foot part gently over the resident's toes and ease over the foot taking care to check the toes and heel are correctly positioned and wrinkle free
- Gather up remaining stocking and take it over the foot and lower leg. Working in sections from the ankle, pull the stocking up the leg in short folds of about 2 inches (5 cm) at a time, without forcing and while keeping wrinkle free
- When the stocking is fully extended on the leg, take the top back down to the calf hold the top stocking up the leg again to ensure it remains in place
- If applying thigh-length hosiery then secure with a suspender belt.
- If the resident experiences pain at any time the staff member should cease the application and check if any skin damage has occurred. If this is the case contact the resident's surgery for further advice and remove the hosiery.
- Hosiery should be washed at 40°C and hung to dry. ***Under no circumstances should they be ironed.***
- Residents should always wear hosiery on both legs

- Hosiery should be replaced every three months or earlier if they become damaged or worn.

Appendix F

Administration of medicines via an enteral feeding tube

Before any staff member can administer medication via an enteral feeding tube they will receive training. Only when the staff member is deemed competent to administer medication to the individual resident. The training will also include the recognition of adverse or side effects and actions to take in the event of an emergency.

Enteral feeding tubes are designed to provide access to the lumen of the stomach or jejunum. They are designed to bypass dysfunction and obstruction, reduce discomfort or remove the need for individuals to actively eat. The lumen of a narrow enteral tube has the potential to occlude and once occluded can be difficult to unblock It is therefore important when caring for an individual with an enteral feeding tube to know the type of material the tube is made of, the type of tube and the abbreviation used should be standardised for example 'nasogastric tube' (NG). It is important to know where the tip of the enteral feeding tube lies and therefore the site for medication administration. The position of the tip may affect the type of feed that can be used and the absorption of some medications.

Procedure for medication administration via an enteral feeding tube

a) Before administering a medication

- wash hands and wear gloves
- re-secure and check any tape holding the enteral feeding tube in position if loose
- close any ports on the enteral tube to ensure there is an airtight seal
- check if a connector to join the syringe to the tube is required, such as a PEG tube connector
- check the position of the tube to confirm the gastric placement of the nasogastric tube
- the position of a PEG or surgical/radiological jejunostomy can be assessed by checking that the length of tube outside the body remains constant and the suture remains intact
- confirm that the individual is not experiencing undue pain or discomfort
- check that the enteral feeding tube is patent by flushing with 30-50ml of water using a 50ml oral, enteral or catheter-tipped syringe
- do not use syringes designed for intravenous use
- oral, enteral and catheter-tipped syringes are not compatible with intravenous devices and their use reduces the risk of the medication being accidentally administered via the intravenous route
- if the tube is blocked, attempt to unblock it without using excessive force, if unsuccessful seek specialist advice

b) **Administering the medication**

- check the individual's identity and explain what is to be done and obtain consent
- check prescription for the medication dose, route and site of administration according to medication plan and MAR
- draw the required dose of the liquid medication into an appropriate syringe and place the syringe in a clean receiver
- tablet-crushing must only be considered with consultation with GP and or pharmacist
- if crushing the tablet is prescribed by GP a tablet-crushing syringe or pestle and mortar should be used
- crushed tablets can be added to 30ml of water and dissolved
- prepare a flush of water in a syringe and label if necessary
- place it in the receiver with the medicines to be administered
- tubes should be flushed before, during (if the suspension is thick, for example lactulose) and after medication administration to prevent interactions between the medications, tube or feed

- ⚠ in some cases, for example in children or in individuals with renal and cardiac disease, these volumes may need to be revised to meet the individual's prescribed fluid restriction
- ⚠ attach the syringe to a port on the enteral feeding tube, ensure there is an airtight connection between the syringe and enteral tube and administer the flush and medications
- ⚠ flush immediately with an appropriate amount of water and leave the connector clean and dry
- ⚠ monitor the individual for any adverse effects
- ⚠ complete any records such as medication plan or MAR
- ⚠ wash hands and dispose of any waste in appropriate container

c) **Further Information**

Leaflets published by the British Association for Parenteral and Enteral Nutrition are available to staff at: www.bapen.org.uk and on http://www.evidence.nhs.uk/search?q=medication+via+peg+tubes

Appendix G

Topical Patches

- ⚠ Follow instructions on the MAR as each patch will have specific instructions for use
- ⚠ It is good practice to read the patient information sheet included with the medication
- ⚠ Wash your hands and put on disposable gloves
- ⚠ Select the area of skin to apply the patch, following any instructions relating to the rotation of sites.
- ⚠ Ensure the area of skin is clean and free from powders, oils or lotions
- ⚠ Open the pack, if using scissors make sure the patch is not damaged, damaged patches must not be used
- ⚠ Remove any protective liner and do not touch the sticky side of the patch
- ⚠ Some protective liners are in two parts to enable half of the patch to be placed on the skin before the second half of the liner is removed
- ⚠ Press down firmly with the palm of the hand
- ⚠ Go around the edges with the fingers and press the patch onto the skin
- ⚠ Make sure the patch is flat, there should be no lumps and bumps
- ⚠ Dispose of the protective liners
- ⚠ Remove gloves and wash your hands.
- ⚠ When it is time to remove the previous patch, wearing disposable gloves use the fingers to peel it off slowly, fold the patch in half and press firmly to seal shut and dispose of in the clinical waste bin where available or a secure bin
- ⚠ Remove gloves and wash your hands
- ⚠ If the patch loosens before it is time to replace it, it may be possible to press it back on again.
- ⚠ If the patch falls off, dispose of as above. Follow instructions from the GP or pharmacist as to whether to replace the patch immediately or wait until the prescribed time

Appendix H

General Support and Assisting with Medicine

a) **Level 1: General Support, also known as assisting with Medicines**

General support is given when the person takes responsibility for their own medication and particularly when they contract the support through direct payments. In these circumstances, the staff member will always be working under the direction of the person receiving the care. The support given must be documented in the care plan and may include some of the following:

- ✓ *Requesting repeat prescriptions from the GP*
- ✓ *Ordering medicines from the community pharmacy or dispensing GP surgery*

- ✓ *Disposal of unwanted medicines safely by return to the supplying pharmacy or dispensing GP practice, when requested*
- ✓ *An occasional reminder or prompt from the staff to an adult to take their medicines. (A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medicines and should prompt review of the care plan)*
- ✓ *Manipulation of a container, e.g. opening a bottle of liquid medication or popping tablets out of a blister pack, at the request of the person and when the staff has not been required to select the medication.*

i. General support needs should be identified at the care assessment stage and recorded in the person's plan. Ongoing records will also be required in the continuation notes when care needs are reviewed.

ii. Residents can retain independence by using compliance aids.

- These should be considered if packs and bottles are difficult to open or if the person has difficulty remembering whether they have taken medication.
- The compliance aid will normally be filled and labelled by the community pharmacist or dispensing GP.
- The person may qualify for a free service from a community pharmacist if they meet criteria under the *Disability Discrimination Act*.
- If a pharmacist or dispensing GP does not fill the compliance aid, the organisation should clarify that the arrangements are suitable and minimise the potential for error.

b) Level 2: Administering Medication

i. The care assessment stage may identify that the resident is unable to take responsibility for their medicines and needs assistance; this could be due to impaired cognitive awareness or result from physical disability.

ii. *The resident must agree to have the staff administer medication, and consent should be documented in the care plan. If the resident is unable to provide informed consent then the prescriber must formally indicate that the treatment is in the best interest of the resident.*

iii. Administration of medication may include the staff member performing some or all of the following actions:

- ✓ *Selecting and preparing medicines for immediate administration, including selection from a monitored dosage system or compliance aid*
- ✓ *Selecting and measuring a dose of liquid medication for the resident to take*
- ✓ *Applying a medicated cream or ointment, inserting drops to ear, nose or eye, and administering inhaled medication*
- ✓ *Putting out medication for the resident to take themselves at a later (prescribed) time to facilitate their independence.*

- *The need for assistance with medication should be identified at the care assessment stage and recorded in the care plan; ongoing records in the notes should be updated when care needs are reviewed.*
- This organisation have in place training to ensure that only competent and confident staff members are assigned to residents who require assistance; they have the right to refuse to administer medication where they feel themselves to be not adequately trained or competent to do so.
- *Staff should only administer medication from the original container dispensed and labelled by a pharmacist or dispensing GP, including monitored dosage systems and compliance aids.*
- *Residents discharged from hospital may have medication that differs from those identified prior to admission. Care must be taken to ensure checks are in place to provide clear instructions as to which medicines are to be administered.*

c) Level 3: Administering Medication by Specialised Techniques

i. *In exceptional circumstances, and following an assessment by a healthcare professional, staff may be asked to administer medication by a specialised*

technique including

- *Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)*
- *Insulin by injection*
- *Administration through a percutaneous endoscopic gastronomy (PEG).*

ii. If the task is to be delegated to the staff member then a health professional must train that person and be satisfied they are competent to carry out the task.

iii. The organisation's procedures allow for a staff member to refuse to assist with the administering of medication by specialist techniques if they do not feel competent to do so.

iv. In the above circumstances, this organisation will strive to maintain the resident with true regard to their wishes, whilst seeking to ensure that the resident will be cared for in an appropriate manner by staff fully trained and competent to do so.

Appendix I

Medicines-related communication systems when individuals move from one care setting to another

Health and social care practitioners should share relevant information about the person and their medicines when a person transfers from one care setting to another. This should include, but is not limited to, all of the following:

- *Contact details (full name, telephone, mobile, etc.) of the person and their GP*
- *Details of other relevant contacts identified by the person, and their family members or carers where appropriate, for example, their nominated community pharmacy*
- *Known drug allergies and reactions to medicines or their ingredients in addition to the type of reaction experienced (see the NICE guideline on drug allergy)*
- *Details of the medicines the person is currently taking (including prescribed, over-the-counter and complementary medicines) that should include the name, strength, form, dose, timing, frequency and duration, how the medicines are taken and what they are being taken for*
- *Changes to medicines, including medicines started or stopped, or dosage changes, and the reason(s) for the change*
- *Date and time of the last dose, such as for weekly or monthly medicines, including injections*
- *What information has been given to the person, and their family members or carers, where appropriate*
- *Any other information needed, for example, when the medicines should be reviewed, ongoing monitoring needs and any support the person needs to carry on taking the medicines. Additional information may be needed for specific groups of people, such as children.*

Appendix J

Medicines Reconciliation

Organisations should ensure that medicines reconciliation is carried out by a trained and competent health professional (ideally a pharmacist, pharmacy technician, nurse or doctor) who has the necessary knowledge, skills and expertise, including

- ✓ *Effective communication skills*
- ✓ *Technical knowledge of processes for managing medicines*
- ✓ *Therapeutic knowledge of the use of medicines.*

Sharing information about medicines is one of the points covered in the NICE guidelines. The box below identifies the information required to be sent when transferring an individual to another care or health setting.

Information shared when Individuals are transferred to a different place

- *GP's contact details*
- *Next of kin / LPA Contact Details*
- *Details of other relevant contacts that have been identified by members of the family or carers (for example, their nominated community pharmacy if applicable*
- *Information about allergies to medicines or their ingredients or reasons why they haven't been able to take specific medicines in the past*
- *Details of the medicines being taken at the present time, including the dose, how they are taken and what they are taken for*
- *Recent changes to medicines, including medicines started or stopped, or dosage changes, and reason for the change*
- *Date and time of the last dose (for example, for medicines that are taken once a week or once a month, including any injections or patches)*
- *Other information, including when medicines are next due to be reviewed or monitored, and what support is needed to enable self-administration or if all medicines are administered to.*

Appendix K

Management and Record of Covert Administration of Medicines

This home has a 'Management of Medicines' (*Form C1,* *similar to the form below*) which forms part of the residents' care plans, to include 'Covert Administration of Medicines Management Plan'.

The 'Covert Administration of Medicines Management Plan' is devised after considering factors such as:

- ✓ **Person's mental state and ability (mental capacity assessment) to a make decision relevant to treatment and administration of medicines**
- ✓ **Person's Best Interest**
- ✓ **People involved in the Best interest decision such as LPA for health and welfare decisions, GP or a Doctor, other relevant professionals such as Parkinson's or McMillan nurse, staff providing treatment and support**
- ✓ **List of medicines to be administered covertly**
- ✓ **The necessity of the medicine(s)**
- ✓ **Other alternative treatment**
- ✓ **The covert administration is the least restrictive**
- ✓ **Advice sought by pharmacist**
- ✓ **Procedure for covert administration of medicines**
- ✓ **Review**

COVERT ADMINISTRATION OF MEDICINES						
MENTAL CAPACITY ASSESSMENT	Assessment undertaken to ascertain if the Person has capacity to make decisions about their medicines	YES		NO		
	Outcome of the assessment / decision	LACK OF CAPACITY				
		HAS CAPACITY				
BEST INTEREST DECISION	People / Professionals Involved			Relationship		
	1.			1.		
LIST OF MEDICINES TO BE ADMINISTERED COVERTLY	Medicines			Why the medicines necessary?		
ALTERNATIVE TREATMENT OR METHOD AVAILABLE	YES		NO		If 'Yes' why is it not pursued?	

IS THE COVERT ADMINISTRATION THE LEAST RESTRICTIVE WAY TO TREAT THE PERSON?	**YES**		**NO**			
HAS THE PERSON EXPRESSED VIEWS IN THE PAST THAT ARE RELEVANT TO THE PRESENT TREATMENT AND IF 'YES' WHAT WERE THOSE VIEWS?	**YES**		**NO**			

ADVICE FROM PHARMACIST	**Name of Pharmacists**	
	Name of Medicine	**How will the medicine be administered / Compatibility** *(i.e. mixed in yoghurt, water)*

PROCEDURE FOR COVERT ADMINISTRATION OF MEDICINES	**a)**					
DATE OF REVIEW						
RGN						

Appendix L

NICE Guidance on: the Administration of 'Levodopa' to people with Parkinson's Disease in hospitals and care / nursing homes and Access to 'Clozapine' for treating hallucinations and delusions

Rationale on Levodopa: Serious complications can develop if levodopa is not taken on time. These include acute akinesia and, if delays are significant, neuroleptic malignant syndrome. These complications can lead to increased care needs and increased length of stay in hospital or a care home.

The quality statement means:

- ***Individually prescribed administration time: The time that the person routinely takes their levodopa medicine. This should be in line with timings before admission and their individual prescription. Timings should only be adjusted after discussion with a specialist in managing Parkinson's disease.***
- **Service providers** (hospitals and care homes) ensure that adults with Parkinson's disease are identified on admission so that their requirements for levodopa can be accurately identified and monitored to reflect timings before admission. This should include an assessment of self-medication. Providers should ensure that staff are trained to understand **the importance of taking levodopa at the appropriate times,** and to report any medicines-related patient safety incidents.
- **Health and social care practitioners** (such as doctors, nurses, pharmacists, and care home managers and staff) ensure that adults with Parkinson's disease have an accurate medicines chart that reflects timings for levodopa before admission. Practitioners should support adults with Parkinson's disease to take levodopa on time, which may include self-medication. Practitioners should report any medicines-related patient safety incidents for adults with Parkinson's disease.
- **Commissioners** (such as clinical commissioning groups and local authorities) commission services that ensure timings of administration for levodopa are accurately identified and monitored for adults with Parkinson's disease. There are examples where commissioners have used local CQUINs to ensure that levodopa is given on time and not missed for adults with Parkinson's disease.
- **Adults with Parkinson's disease** who are admitted to hospital or a care home know that they need to take their levodopa medicine on time and are supported to do so. This will ensure that they do not develop complications that can happen when this medicine is not taken at the right time.

Source guidance: *Parkinson's disease in adults (2017) NICE guideline NG71, recommendations 1.3.2 and 1.3.4 [the timeframe of 30 minutes is based on consensus of expert opinion]*
Definitions of terms used in this quality statement

Rationale on Access of Clozapine: Medicines for Parkinson's disease can cause hallucinations and delusions. If these symptoms of psychosis are not controlled adequately, they can lead to permanent admissions to care homes. It is therefore important that specialist services ensure adults with Parkinson's disease can access clozapine and the required patient monitoring if needed. As specialist Parkinson's services may not be able to provide this directly, they should agree with other local services how access will be provided and ensure that the specific needs of adults with Parkinson's disease (such as the need for a lower dose) are understood and met.

The quality statement means:

- **Service providers** (such as hospital elderly care services and neurology services) ensure that adults with Parkinson's disease can access clozapine and patient monitoring for treating hallucinations and delusions. This may mean joint arrangements with mental health services are needed. Providers ensure that healthcare professionals are aware that adults with Parkinson's disease need lower doses of clozapine than adults without Parkinson's disease.
- **Healthcare professionals** (such as neurologists, elderly care consultants and Parkinson's disease nurse specialists) follow local processes to provide access to clozapine and patient monitoring for adults with Parkinson's disease and hallucinations or delusions if needed. If this means a referral to another service, healthcare professionals ensure that the need for a lower dose of clozapine in adults with Parkinson's disease is understood.
- **Commissioners** (such as clinical commissioning groups) commission a clozapine service for adults with Parkinson's disease and hallucinations or delusions that includes monitoring. Commissioners should encourage joint working between services to ensure that the specific needs of adults with Parkinson's disease are understood and met.
- **Adults with Parkinson's disease and hallucinations or delusions** can have treatment with clozapine if they need to. If they start clozapine, they will need to be registered with a monitoring scheme to have regular blood tests.

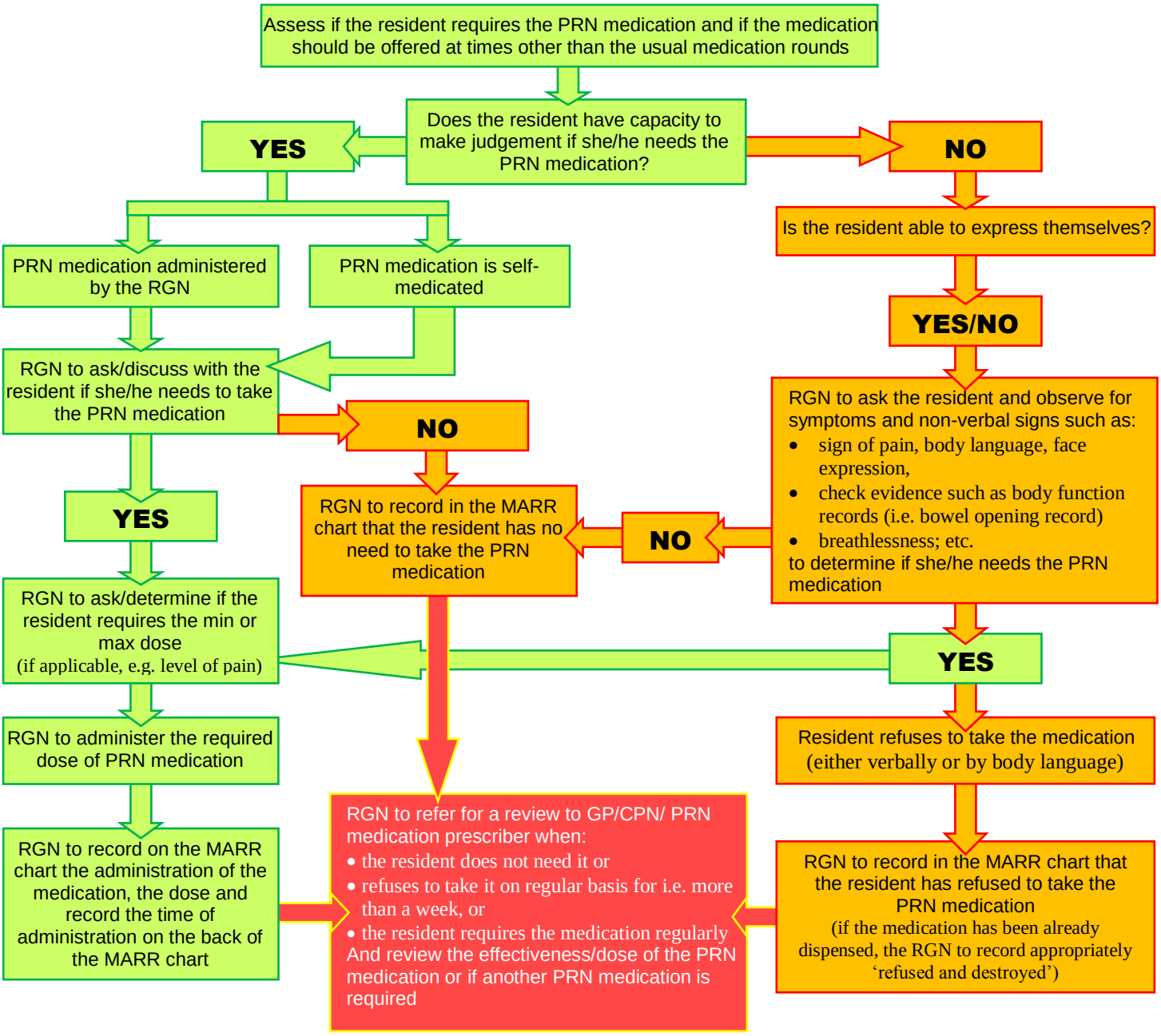
Appendix M

"When Required" (PRN) Medicines Protocol

Refer overleaf for the full PRN medicines protocol

PRN / "WHEN REQUIRED" MEDICATION ADMINISTRATION PROTOCOL				
NAME OF RESIDENT			D.O.B.	
NAME OF PRN MEDICINE		FREQUENCY		
DOSAGE		MAX. DOSAGE		
PRN MEDICATION STARTED ON:				
REASON FOR PRESCRIBING THE PRN MEDICATION				
How and when / times of when the PRN medication should be administered, symptoms	*(e.g. if the resident has capacity ask, if lacks capacity, observe for non-verbal signs such as signs of pain, body language, face expression, check evidence such as body function records (i.e. bowel opening record); breathlessness; etc.)) and make a Best Interest Decision*			
Who authorises/administers the PRN medication?	RGN staff or if the resident has capacity and wishes to self-medicate, the resident.			

The following protocol should be followed when PRN medication is administered:



Appendix N

Good Practice Guidance on the Expiry Dates and Storage of Medicines in Care / Nursing Homes *(NHS Oxfordshire Clinical Commissioning Group)*

There is much confusion about the issue of expiry dates within care homes. This has led to issues with patient safety and the wastage of medication. National guidance is not available for all products and this guidance will improve patient safety; reduce wastage and support sensible medicine use in care homes.

General points on the use and storage of medicines:

- Preparations that have not been opened can be kept and used up to their expiry date. Once they are opened the above guidance will apply.
- All medicines should be stored in a cool (below 25°C), dry place, away from sunlight. Some medicines need to be kept refrigerated at a temperature between 2 and 8°C. Care homes should have a policy for monitoring temperatures in fridges and areas where medicines are stored.
- Every pharmaceutical product has an expiry date that is stated on the packaging. The use of the product past its expiry date may result in a lower active ingredient or changes to the product that

may cause patient discomfort, for example, PH changes or a safety hazard due to microbiological contamination.

- It is a home's responsibility to ensure that the date of opening is recorded clearly on all liquids, creams, ointments, insulin, ear/eye/nose drops and nasal sprays. Expiry dates of all medicines should be checked on a monthly basis.
- Medication for PRN use should be prescribed in quantities that will be used within three months from dispensing to avoid wasteful returns of unused medication. Homes should only order PRN items when stocks will run out during the next month
- Before you request prescriptions for the coming month; check the current stock levels of medication, especially items which are not supplied in individually packed monitored dosage systems
- Infection control best practice advice for the use of external preparations such as creams and ointments in all care homes includes:
  - All creams should be used for a named resident only
  - Expiry dates should be checked at each use
  - Creams in pots should be discarded if contaminated or if the lid has been left off for any indeterminate period.

FORMULATION	RECOMMENDED EXPIRY DATE
Tablets and Capsules packed in MDS	**2 months**
Tablets and Capsules: in original blister / foil pack, e.g. PRN medicines	**Manufacturer's expiry date**
Tablets and Capsules: loose i.e. put into a bottle by the pharmacy	**6 months** from the dispensing date of manufacturer's recommendation where shorter
Liquids (internal)	**6 months** from the date of opening or manufacturer's recommendation where shorter
Liquids (external)	**6 months** from the date of opening or manufacturer's recommendation where shorter
Ointment / creams in tubes or with a pump dispenser	**6 months** from the date of opening or manufacturer's recommendation where shorter. For unopened creams follow the manufacturer's expiry date
Ointment / creams in tubs with a lid	**3 months** from the date of opening or manufacturer's recommendation where shorter. For unopened creams follow the manufacturer's expiry date
Suppositories / pessaries / rectal tubes / patches	**Manufacturer's expiry date**
Inhalers	**Manufacturer's expiry date**
Ear / nose drops and sprays	Discard **3 months** after opening unless manufacturer advises other wise
Eye drops	Discard **1 months** after opening
Injections (except insulin)	**Manufacturer's recommendation**
Insulin	Insulin **should be stored in the fridge** and can be kept unopened until the expiry date. Once opened it can be stored **outside of the fridge for up to 28 days.**
References: British National Formulary, 64th ed., British Medical association, Royal Pharmaceutical Society	