



the **skills** network

Level 2 **Certificate in Understanding the Safe Handling of Medication in Health and Social Care**



Unit 3

Instructions for using the EQUAL App

At The Skills Network, we are enabling you to access additional video content through Augmented Reality (AR) technology. By simply scanning areas of this book, you will have access to a range of interactive bonus content, from a Virtual Tutor to case study videos.

Instructions for use



STEP 1:

To get started, you will need to download the EQUAL App from the AppStore or PlayStore and follow the simple tutorial instructions on how to activate your course.



STEP 2:

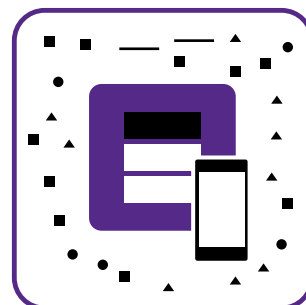
Look out for this icon in your learning materials.



STEP 3:

Whenever you see the icon, click on the 'lens' in the bottom bar of the app, scan the icon or the image the icon is placed on, and bring your bonus content to life.

Utilising the app to access additional content is not mandatory to successful completion of the course, but allows for an alternative way to access content from within the workbook.



Don't forget to point your lens at this icon!

Scan for your Virtual Tutor

Scan this icon to listen to your Virtual Tutor.

Disclaimer:

This resource uses real life case studies where specifically stated and referenced. All other references to individuals, groups and companies contained within these resources are fictitious.

Level 2 Certificate in Understanding the Safe Handling of Medication in Health and Social Care

Welcome to this Level 2 Certificate in Understanding the Safe Handling of Medication in Health and Social Care.

We hope you find all of the information contained in this resource pack interesting and informative. This learning resource and the assessment questions have been approved by your awarding body as a great way to meet the learning outcomes for this qualification. (A complete list of the learning outcomes can be found at the back of this workbook.)

This course is made up of **four** books. This is **book three**, which contains **one** unit:

Unit 3: Understand the requirements for the safe administration of medication



As you start to read through each page you will be able to make notes and comments on things you have learnt or may want to revisit at a later stage.

At the end of each section, you will be asked to go to your assessments and answer the relevant questions. Once you have answered the questions, go to the next section and continue studying until all of the assessments have been completed.

Please make sure that you set aside enough time to read each section carefully, making notes and completing all of the activities. This will allow you to gain a better understanding of the subject content and will help you to answer all of the assessment questions accurately.

Good luck with your study. Now let's begin!

Key Skill Activities

Throughout this workbook, you will be asked to complete activities to help with your English and maths skills, and to allow you to stretch and challenge yourself and test your behaviour and attitudes in relation to the safe handling of medication in health and social care. These activities are designed to encourage your development throughout the course and to allow you to extend your knowledge as you progress through the course.



Key Skill: English

Whenever you see this icon, there will be an activity which encourages you to demonstrate your English skills. Completing these activities will allow you to practice literacy components and may stretch you beyond your existing skills which will then improve your general abilities.



Key Skill: Maths

Whenever you see this icon, there will be an activity which encourages you to demonstrate your maths skills. These activities will help you with your personal and professional development. Completing these activities will allow you to practice mathematical components and may stretch you beyond your existing skills which will then improve your general abilities.



Key Skill: Stretch and challenge yourself

Whenever you see this icon, there will be an activity which encourages you to stretch and challenge yourself in relation to the safe handling of medication. These activities will help you with your personal and professional development and encourage you to think about certain situations and scenarios in more detail.



Key Skill: Behaviour and attitudes

Whenever you see this icon, there will be an activity which encourages you to consider your own behaviour and attitudes in relation to the safe handling of medication. These activities will help you with your personal and professional development and will help you to evaluate the skills you already have, and think about how you approach various situations in the workplace.



Key Fact: British Values

You will also come across this British Values icon throughout the course. Whenever you see this, it represents an area of learning that emphasises British Values. Your understanding of these values is crucial as you look to grow and develop as an employee and member of your wider community.

Unit 3: Understand the requirements for the safe administration of medication

Welcome to unit three.

This unit is split into **six** sections. These are:

Section 1: Legislation and guidance in relation to administration of medication

Section 2: Preparations to be taken prior to administering medication

Section 3: Safely administering medication in ways that meet individual needs

Section 4: Supporting individuals to administer their own medication

Section 5: The procedures that should be followed when problems occur

Section 6: How the effects of medication are monitored

Section 1: Legislation and guidance in relation to administration of medication

This section will explore the following:

- The key requirements of legislation and guidance in relation to the administration of medication
- Roles and responsibilities of staff for supporting individuals and administering medication
- Minimising distractions when administering medication.



What do you know?

Before you start this unit, it is important that you take some time to think about what you already know about medication and prescriptions. Please take some time to answer the questions below and rate your confidence in each topic area.

Use the following key to complete your answers to questions 1 to 5. You can then write out your answer in full for Question 6.

At the end of the unit, you will be asked to take another look at these questions so that you can rate your confidence again and identify how you have progressed throughout the unit and how your knowledge and awareness in each area has developed.

- 1 – Not confident at all 2 – A little confident 3 – Confident
4 – Very confident 5 – Confident enough to share my knowledge with others**

1.	How confident do you feel in your understanding of using different medications?	
2.	How confident do you feel in your understanding of the different classifications of medicines?	
3.	How confident do you feel in your understanding of current legislation and guidelines related to medication?	
4.	How confident do you feel in your understanding of your role and the role of others in the medication process?	
5.	How confident do you feel in your ability to access information about medication?	
6.	What are you hoping to learn in this unit?	

The key requirements of legislation and guidance in relation to the administration of medication

As a health and social care worker, you have a duty of care to ensure the health, well-being and safety of the people that you care for, as well as yourself and your colleagues. It is therefore vital that you are aware of the legislation and guidelines that are in place in all aspects of the medication process, including administration. Legislation and guidelines have been widely discussed throughout the course, and within Unit 1 in some depth.

Legislation and guidance is in place to ensure that care workers are working within the guidelines of the law when it comes to the administration of medication. Your work setting will have an organisational policy in place that helps you to meet the current legislation and guidance.

The key legislation that is in place, and that you will be referring to with regards to the administration of medication, includes:

The Health and Safety at Work etc. Act 1974 – This act regulates health and safety within the workplace in several key areas, including medication. Under this piece of legislation you have a legal obligation to follow the policies and procedures that are in place within the workplace. Failure to follow these could lead to accidents, mistakes, illness, death, charges of assault, complaints, disciplinary action, dismissal, prosecution and the possible closure of the setting. You also have a duty to attend training that is provided by your employer, and to put this training into practice. The training will help to ensure that you are up to date with all aspects of medication.

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 – All medication has the potential to cause harm or illness. This regulation supports the Health and Safety at Work etc. Act by ensuring that employers adhere to all regulations which protect their employees, themselves and others who may enter the workplace from hazardous substances, including medication.



The Human Medicines Regulations 2012 – These regulations set out a regime for the authorisation of medicinal products; for the manufacture, import, distribution, sale and supply of medicinal products; for the labelling and advertising of medicinal products; and for pharmacovigilance, repealing most previous UK legislation on the subject.

The Misuse of Drugs Act 1971 – This act ensures that controlled drugs are kept safe in order to reduce the risks associated with theft and abuse. The act imposes additional storage, prescribing and disposal regulations for controlled substances.

With regards to the administration of medication, the legislation and associated guidelines support:

- The rights of the service user to receive their medication in a safe manner, and as prescribed
- The rights of the service user to be treated with dignity and respect at all times
- The importance of health and safety risk assessments to ensure medication is handled in a safe manner
- The fact that medication that has been prescribed for one person can only be administered to that person, and not to another
- The need for records to be maintained when administration has occurred
- The storage requirements for medication.




Key Fact: British Values

It is essential that the rights of the service user are maintained at all times throughout the medication administration process. Living under the rule of law protects individual citizens and is essential for their well-being and safety.



Are you using the Equal App?

Pressing the refresh icon  in the top right hand corner of your lens will allow you to scan another image and icon without exiting camera mode.

Roles and responsibilities of staff for supporting individuals and administering medication

Supporting individuals to take their medication

Health and social care staff have many responsibilities towards service users in their care. With regard to the administration of medication, you must ensure you understand your roles and responsibilities towards:

- Supporting individuals to take medication
- Administering medication
- Using specialised techniques to administer medication. The level of support service users require will **depend on their individual requirements**. For example, some service users may be unable to maintain a safe sitting position for the administration of oral medication. Other service users may have concerns or questions in relation to their medication.

In order to fully support service users prior to administering medication, it is **essential that you have good knowledge of the medications they take** and their requirements for support. Levels of support should be documented in the service user's care and support plans. It is the responsibility of staff to follow these plans in order to ensure service users are fully supported in accordance with their individual needs.

Some service users may be capable of retaining and administering their own medication, or simply require minimal support, whilst others may require a reminder or support in opening containers. It is also important to have some understanding of service users' preferred methods of taking their medication.

Every service user is different and each will take their medication in a different way. Consider this in the two following case studies.



Here's your first video. Point your lens at the whole image to unlock the video content!

C **Case Study: George**

George likes to know what medication he is taking and he knows his tablets by name, shape and colour. He knows he has five tablets to take in the morning and likes to count them. George prefers to take his tablets with plain water.

Staff should sit on George's left-hand side and explain that it is time to have his medication. They should explain that his medication is important as it reduces the risk of him having another stroke.

George prefers to take his tablets one by one. He will put the tablet to his mouth and then reach for his drink. Staff should place it into his hand and encourage him to have a drink.

C **Case Study: Robert**

Robert prefers to have his morning medication at 6.30am as he gets up early for his shower and has an early breakfast.

Robert will take the medicine pot and tip the tablets into his mouth, or he will turn his right palm up ready for the tablets to be tipped into his hand.

Robert rushes and will sometimes drop tablets onto his lap. Watch for him dropping tablets and pick them up for him without making a fuss, as this would embarrass him.

Sometimes Robert says he doesn't need his Movicol but needs to be encouraged to take it as he will become constipated very quickly without it. If this is explained to Robert, he will agree to take it.

It is important to know that Robert will become very anxious if you are late giving him his medication, but he would never come and ask you for them.

! **STOP AND THINK!**

What could be a consequence of not taking into account the support needs of each individual under your care or under the care of your organisation?



Administering medication

Preparing to administer medication

Before the administration can take place, members of staff who undertake this role have a responsibility to prepare the medication.

Regardless of the route of administration, members of staff must ensure they:

- Have received appropriate training and are competent to administer medication
- Check policies and procedures where necessary
- Check they are administering the correct medication and the correct dose of medication to the correct service user, by the correct route, at the correct time
- Check for any contraindications to the medication
- Check for any special instructions, for example, to take the medication on an empty stomach
- Check the expiry date of the medication
- Check for any known allergies
- Obtain valid consent from the service user
- Maintain the service user's privacy and dignity at all times
- Collect, check and assemble any necessary equipment, for example, medicine pots (galley pots), water, glasses, tissues, measuring syringes and a pen
- Check the Medication Administration Record (MAR) chart is up to date
- Ensure hand hygiene is maintained and all equipment is clean prior to administration
- Ensure Personal Protective Equipment (PPE) is worn where appropriate
- Only prepare medication for one service user at a time
- Check the medication has not already been administered by another member of staff
- Check the service user is in a safe position to take the medication.

Using specialised techniques to administer medication

There may be times when service users require support with the administration of medication using specialised techniques. The administration of medication using specialised techniques is usually necessary because it is the most effective way for the person to be treated. This is usually because the absorption of the medication can be impaired if it is administered by other routes.

Basic medication training does not extend to the administration of medication using specialised techniques. Any health or social care worker who is required to administer medication using specialised techniques must have undertaken specific training, and must evidence competence in line with their organisational policies. The responsibility lies with the individual to ensure knowledge and skills are kept up to date.

Specialised techniques include:

- **Rectal administration** – for example, suppositories
- **Vaginal route** – for example, pessaries and creams
- **Subcutaneous route** – for example, insulin
- **Administration through a Percutaneous Endoscopic Gastrostomy (PEG)** – for example, liquid medicines
- **Inhaled route** – for example, oxygen and nebulisers.



Preparing to administer medication by the rectal route

Prior to the administration of medication by the rectal route, careful thought and consideration must be given to privacy and dignity. This can be assisted by the use of a blanket and by ensuring the procedure takes place in a private room with the door closed. The procedure must be explained to the service user and valid consent must be obtained for the administration to proceed. A clear explanation will also help to reduce anxiety.

Prior to administration, the service user should be encouraged to empty their bladder and, where possible their bowels. Careful thought must be given to the accessibility of toilet facilities, as these may be required soon after administration. The service user must be encouraged to lie on his or her left side with the knees drawn up towards the chest. Hands must be washed prior to the procedure and gloves and apron must always be worn. The suppository should be lubricated with a water-based lubricant prior to insertion.

Preparing to administer medication by the vaginal route

Considerations for privacy and dignity must also be considered prior to the administration of medication by the vaginal route. Again, this can be assisted by the use of a blanket and by ensuring the procedure takes place in a private room with the door closed. A clear explanation will help to reduce anxiety. Valid consent must be obtained for the administration to proceed.

The service user must be encouraged to lie on her back with the knees bent and slightly apart. Hands must be washed prior to the procedure and gloves and apron must always be worn. The pessary should be lubricated with a water-based lubricant prior to insertion.

Subcutaneous route

The preparation of the medicine will depend on the specific type being administered. Health and social care workers are most likely to administer insulin by this route.

The dosage of the medication may need to be calculated prior to administration. It is important to check that the medication has also been stored correctly prior to preparation. Equipment for administering this medication will include sharps, so thought and consideration must be given to the safe disposal of the needle.

If insulin is being administered, thought must be given to site rotation in order to avoid any discomfort. The service user's care plan must be adhered to, and blood glucose monitoring should be undertaken prior to administration.

Careful thought and consideration must also be given to the service user's personal preferences and choice. Privacy and dignity must be maintained at all times and consideration should be given to the comfort and position of the service user. Consent must be obtained prior to administration. Hands must be washed prior to the administration of a subcutaneous injection, and gloves and an apron must always be worn.

Percutaneous Endoscopic Gastrostomy (PEG) route

Individuals receive medication via this route if they are unable to take medication by the oral route. A tube is surgically placed inside the service user, allowing medication to pass directly into their stomach. If the service user is receiving nutritional supplements through the tube, these must be stopped prior to the administration of medication.

Prior to administration, the tube must be flushed with water in order to ensure it is not blocked. Only liquid and dissolvable medication must be administered down the tube. All medication must be prepared separately in separate syringes, as some medicines can be incompatible and may cause the tube to block.

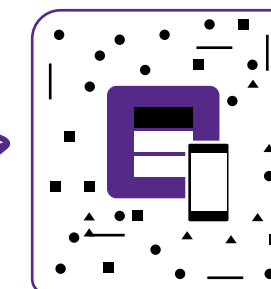
Thick liquids may need to be diluted with water, as this will also reduce the risk of blockage. Because the tube is a direct route into the body, hand hygiene is essential and gloves and an apron must be worn in order to prevent cross-contamination. Because medication is administered directly into the stomach, careful thought and consideration must be given to the person's privacy and dignity. Consent must always be obtained prior to administering medication down a PEG tube.

Inhalation route

Consent must be obtained prior to the administration of medication by the inhaled route. Correct positioning is essential and it is important to ensure the service user is sitting upright in order to ensure the medication can reach its full effect. If oxygen is being administered, this must be prescribed and careful thought must be given to the safety aspects of its administration.

Peak flow readings may be considered necessary prior to administering inhaled medication, as these will give an indication of whether the medication is having its desired effect, or if the service user's condition is indeed deteriorating. It is important that all equipment is clean and dry prior to administration. Again, consent must be obtained and careful thought must be given to privacy and dignity.

Don't forget to point your lens at this icon!



Scan to see a 3D model

Scan the icon here to reveal a 3D model of an inhaler with a spacer device. This will allow you to see how a spacer device can be paired with an inhaler.


Minimising distractions when administering medication

The administration of medication is an important part of providing care for a person who requires assistance and support in taking their medication at the designated time. Medication errors can occur, and with the potential for these to be life-threatening, these errors need to be minimised as far as is reasonably possible.

The medication administration process requires concentration, time, careful planning and accuracy. In settings where there are a number of different service users who require several different medications many times throughout the day, medication rounds have the potential to be a stressful time for the person whose responsibility it is to ensure the administration of medication is carried out, and carried out correctly.

Some of the different factors that can influence the medication administration process include:


People/ clutter in the area where administration is taking place	Too many people (for example, during visiting times) or too much equipment in the area where medication is being administered may mean that the person administering the medication becomes easily distracted. It is important that the timing of the medication administration process is carefully planned, to ensure that this does not coincide with busy times of the day.
Being interrupted	The person who administers medication may often be the person who is in charge, meaning they may be interrupted by a colleague requesting advice, a visiting family member or service user. Such interruptions can distract any person administering medication from their task.
Inappropriate lighting	The MAR charts need to be clearly seen, especially when a service user is taking several medicines. It is also important for the person administering the medication to be able to see the labels and dosages in order to be accurate and safe.
Inappropriate room temperature	If the person undertaking the medication administration process is too cold or too hot, they will find it difficult to concentrate on the task at hand.
Inappropriate time/feeling rushed	Again, visiting hours can be a chaotic time of day, as can meal times. If there are staff shortages, the person administering the medication may feel under pressure to undertake the medication round as quickly as possible to enable them to carry out other necessary tasks. This can mean that errors occur more easily.
Noise	A setting where there is background noise, for example, people chatting, phones ringing, the television and radio on in the background, can all mean that a person is easily distracted.



Key Skill: English

Your supervisor has asked you to produce a document outlining how you could alter your working practice to ensure that you can give your full attention or focus to the administration process, including supporting the person who is carrying out the administration process.

Use the space provided to form your key points, ensuring that you use correct spelling, punctuation and grammar.



Key Fact

It is essential that the rights of the service user are maintained at all times throughout the medication administration process.

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. The legislation which states the rights of service users receiving medication is:

- The Misuse of Drugs Act 1971
- The Human Medicines Regulations 2012

2. Every service user requires the same level of support to administer their own medication.

True False

3. Explain how inappropriate lighting can be distracting when administering medication.

Check your answers by looking back over this section.



Congratulations, you have now completed Section 1.
Please now go to your assessment and answer Q1 to Q4.

Section 2: Preparations to be taken prior to administering medication

This section will explore the following:

- Following instructions
- Obtaining valid consent
- Giving service users the information to make decisions
- Checks that need to be made prior to administering medication
- Infection control precautions
- The six Rs.

Following instructions

If you are responsible for the handling of medication, it is **essential that you carefully follow instructions on its preparation, administration and use**. Errors in administration can cost lives, and for this reason it is important that instructions are followed every time you handle medication.

Instructions on the preparation, use and administration of medication can come from:

- The service user
- The manufacturer
- The pharmacist
- The prescriber
- Your workplace.

The ultimate aim of administering medication is to ensure the correct medication is administered to the correct service user in accordance with the instructions as written on the original prescription.

Because the medication is administered to service users, it is **essential that their personal preferences and choices are fully respected**. These individuals may have been taking their medication for years and they may be used to taking it in a certain way. It is therefore important to seek guidance from service users on the way they wish to take their medication. This will greatly assist in compliance and will also enable service users to be active partners in their care, rather than passive recipients. It is, however, important to note here that instructions given by the service user must not contraindicate the instructions given by the manufacturer, prescriber, pharmacist or your organisation.

When the pharmacist dispenses medication, it is carried out in accordance with the instructions given on the prescription. The prescription is always issued by an authorised prescriber who will have given these instructions based upon an assessment of the individual's needs and any considerations of other health issues or medications being taken. **It is essential that the pharmacist checks these instructions for any contraindications and ensures instructions are provided on the packaging of each type of medication dispensed. This ensures the medication is given in the correct dose and form, and at the correct time.** If the prescriber's and pharmacist's instructions are not followed, the medication may not have its desired effect and it could potentially cause harm or even death to the service user.



Key Fact

Prior to the administration of medication it is essential that you always check:

- **The name of the individual**
- **The name of the medication on the prescription against the details on the packaging and the MAR chart**
- **The strength of the medication**
- **The dosage of the medication**
- **Any special instructions or precautions**
- **The expiry date**
- **The storage instructions**
- **The time of the last dose**
- **For any warnings or contraindications.**



The **manufacturer's instructions** give very clear guidelines on the correct preparation, usage and administration of medication, and it is important that these instructions are always followed in order to ensure the medication remains safe and is only used as its licence intended. If these instructions are not followed, the medication could become compromised and may not have its desired effect. It could cause harm or even death to the service user.

Your **organisation** will also issue instructions in the form of organisational policies and procedures. These policies are drawn up in line with current guidelines and legislation. Your workplace policies therefore set out the instructions which must be followed to ensure you are working within the law. If you choose to go against your organisation's instructions, you may not be working in a safe manner. This can have serious consequences for service users, yourself, your colleagues and the organisation as a whole.

The overall aim of following instructions is to ensure the correct dose of the correct medication is given to the correct person by the correct route and method at the correct time, and to ensure the risk of medication errors is minimised as much as possible.

Obtaining valid consent

Before the administration of medication can take place, it is important to obtain consent from service users. There are a number of reasons why it is important to obtain consent prior to the administration of medication. Not only is this a fundamental part of good practice, but it is also a legal requirement.

All service users have the right to make a decision as to whether they wish to receive medication or not. If medication is administered and consent has not been obtained, or if medication is administered when it has been refused by the service user, this could be seen as a **breach of the individual's human rights**. It is always, therefore, important to check that the service user has made it clear that he or she is happy for you to proceed with the administration of medication. In some cases, the individual may need assistance to be able to make a decision, and arrangements may need to be made to involve an independent advocate, family member or a medical professional to provide the extra information, or present it in a format that is suitable for the individual.

In order for consent to be valid, it must be given voluntarily. It must be informed and the person consenting must have the capacity to make the decision. **This means that the decision to consent or refuse medication must be made by the person and must not be influenced by anyone else.** The individual must be given sufficient information about the medication, as it is this which will help him or her to make a decision. The person must also be capable of giving consent, which means he or she should be able to understand the information that has been presented.

Giving service users the information to make decisions

In order to make an informed decision, service users require information about the medication that has been prescribed for them. This information may include:

- **Why the medication is needed** – for example, a diuretic is required to ensure the service user does not get a build-up of fluid, even though it will make the person need to use the toilet more.
- **Any risks and benefits associated with the medication** – for example, the medication will help with mobility problems associated with a build-up of fluid and breathing problems, however, the downside is that the individual will need to use the toilet more frequently.
- **How the medication will be administered** – for example, the medication is a diuretic and will be administered once a day in the morning, so the need to go to the toilet does not interfere with the individual's sleep.



The information must always be presented clearly and in a format that is accessible to the individual's needs. This will ensure the person has all of the information he or she needs to make an informed decision regarding consent.

Throughout the process of obtaining consent, it is **important to agree** with the individual the medication to be taken. This will not only ensure you are giving the correct medication, but it will also assist with ensuring the consent is valid.

Agreeing the nature of support needed

It is essential that you agree the level of support required by the individual. This support may be physical or it could relate to the individual's preferences and needs. It is essential to agree the preferences and needs of the individual in order to ensure the person is fully supported throughout the process of administering medication.

Checks that need to be made prior to administering medication

Prior to the administration of medication, there are many checks that need to take place. These checks are essential in ensuring the correct medication is administered to the correct person, at the correct dose and in the correct form at the correct time.

It is therefore important that the following checks take place prior to the administration of each medicine:

- The identity of the individual
- The Medication Administration Record (MAR) chart
- The medication
- Equipment
- The environment.

The identity of the individual

This must be checked in order to ensure the service user receives the medication which has been prescribed for them. The procedure for checking service users' identities will differ between organisations, and it is essential that you are aware of the correct procedure within your workplace.

Within a hospital setting, patients wear an identity bracelet and this is checked as the individual confirms his or her name and date of birth. Nurses then check the information against that on the prescription chart.

Within other organisations, for example, homes which provide personal care, an identity bracelet would not be applicable, however, it is common practice within these settings to attach an up-to-date photograph of the service user to the MAR chart. Within other organisations, service users may be asked to confirm their name and/or date of birth.

If the person's identity is not entirely clear to you, you must seek guidance from your manager. You must not administer medication unless you can confirm the individual's identity.

Special attention must also be paid to service users who have similar sounding names. It is advisable to ensure an alert sticker is attached to the MAR chart to ensure staff are made aware of this.

The Medication Administration Record (MAR) chart

This is the working document for recording the administration of medication. As a minimum, the MAR chart must be checked in order to identify:

- The name of the service user
- The name of the medication
- The correct dose of the medication
- The time of administration
- The route of administration
- Any special precautions and contraindications
- Any special instructions
- Any allergies
- Whether the medication has already been administered.

It is important to realise that the information on the MAR chart can change from time to time, and changes may have been made to prescribed medication. It is therefore essential that this document is checked in order to prevent avoidable errors throughout the process of administering medication.

The medication

Medication needs to be checked against the instructions given on the MAR chart to ensure the medication being administered is the same as that which has been prescribed for the individual.

As a minimum, it is important to check the:

- Name of the service user corresponds with the details on the MAR chart
- Name of the medication
- Dose to be administered
- Time of administration
- Route of administration
- Expiry date of the medication.

Equipment

All equipment must be checked prior to administration to ensure it is clean, safe and suitable for the form of medication being administered. Equipment should be checked to ensure it has not been contaminated or tampered with. If equipment is reusable, it is important to check for signs of deterioration. Gathering and checking equipment prior to administration will ensure all equipment needed is available and safe to facilitate the safe handling of medication. If equipment is faulty it could lead to medication errors, or it could increase the risk of cross-contamination throughout the process of administering medication.



The environment

The environment must be checked in order to ensure safety throughout the process of administering medication. When administering medication it is essential that distractions are kept to a minimum, as any interruption will increase the risk of error. It is also important to ensure the environment is clean, tidy and free from clutter. The environment should also be checked to ensure conditions do not compromise the medication itself.

It is also important that the environment supports the comfort, privacy and dignity of service users throughout the process of administering medication. As has already been established, some routes of administration can be invasive, and in these situations it is essential that privacy and dignity is built into the preparation stages prior to administering medication.

Environmental factors, for example noise, distractions and interruptions, can significantly impact upon the safety aspects associated with administering medication. This can increase the risk of errors. In addition, an environment which is not clean and free from clutter will increase the risks associated with cross-contamination. If medication is not stored in the correct environmental conditions, it will become compromised and could develop harmful bacteria or become less effective than it should be. This could be harmful for service users and could even lead to death.

If the environment does not promote privacy and dignity this could lead to non-compliance, as some service users may be reluctant to receive their medication in a communal environment.

Infection control precautions

Standard hygiene precautions relate to all the measures put in place to prevent the spread of microorganisms. If you work in a communal environment, for example, a hospital, care home or a school, microorganisms can easily be transferred on the hands of staff. It is therefore essential that good standards of hygiene are maintained in order to protect everyone within the workplace.

In order to protect service users, it is important to ensure:

- High standards of personal hygiene are maintained at all times
- Hands are thoroughly washed before and after administering medication to each service user
- Personal Protective Equipment (PPE) is used throughout the process of administering medication
- Equipment is clean and fit for purpose
- Equipment is not reused for multiple service users
- Medication is stored in line with manufacturers' instructions
- Compromised medication is prepared for disposal and is not reused.

In order to protect yourself and others who may be affected by poor hygiene, you must:

- Wear appropriate Personal Protective Equipment (PPE) in order to prevent medication being absorbed through your skin
- Ensure good hand hygiene
- Ensure all equipment (including sharps) is safely disposed of
- Always work in line with your organisation's policies.



The six Rs

It is essential to ensure the **right individual** receives the **right medication** by the **right route** in the **right dose** at the **right time**, and the service user should have the **right to refuse the medication**.

Right individual

It is important that the correct person receives the correct medication. The medication prescribed for one person cannot be used for another. It is therefore essential that the person is identified in order to ensure the individual receives medication that has been prescribed specifically for him or her.

Right medication

Ensuring the medication is correct can be achieved by checking the MAR chart against the medication container. This can be confirmed when checking the identity of the service user.

Right route

The route of administration refers to the way in which the medication is taken into the body. This should be carried out in the way the medication has been prescribed, and should be detailed on the MAR chart.

Right dose

The dose of the medication will be indicated on the MAR chart and it is essential that this is always checked prior to administration. Changes to the dose of medication may happen for various reasons and it is important to check this prior to administration.

Right time

Staff responsible for administering medication must ensure it is administered at the correct time. This time is dictated by the prescriber and should be detailed on the MAR chart.

Right to refuse

Finally, if a person refuses the medication, they should never be forced to take it. The person has a right to refuse medication. Any refusal should be clearly documented on the MAR chart.

It is essential that all of these factors are checked in order to reduce the risk of medication errors. It is also important to be aware that medication is prescribed for a specific person and it must be administered by a specific route, in a specific dose, at a specific time, because this is what the prescriber intended.



Key Skill: Maths

How many of the 'six Rs' feature in the list below?

- Right time
- Right house
- Right route
- Right to refuse
- Right dose
- Right medication

You can find the answer to this activity at the end of the workbook.



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Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. State the ultimate aim of administering medication.

2. It is not a legal requirement to obtain valid consent before administering medication to a service user.

True False

3. Give an example of the type of information a service user needs to make an informed decision about consent.

4. It is important to check equipment prior to administering medication in order to:

- identify the correct service user.
- reduce distractions.
- reduce the risk of cross-contamination.

5. Microorganisms can be transferred on the hands of staff.

True False

6. The six Rs should always be checked when administering medication in order to reduce the risk of medication errors.

True False

Check your answers by looking back over this section.



Congratulations, you have now completed Section 2. Please now go to your assessment and answer Q5 to Q11.

Section 3: Safely administering medication in ways that meet individual needs

This section will explore the following:

- Aids, equipment and systems for administering medication
- Special instructions which may need to be followed when administering medication
- The importance of monitoring the needs of the individual who requires PRN medication
- The importance of observing that medication has been taken
- Recording the outcomes following the administration of medication
- Situations where additional support and guidance is needed.

Aids, equipment and systems for administering medication

There are a variety of aids, equipment and systems that can be used to support the administration of medication. These are not only useful for the individual taking the medication, but also for care staff during the administration process.

Within health and social care settings, there are three types of drug administration systems that are used.

1. The NOMAD system
2. The Monitored Dose System (MDS)
3. The Biodose system.

The NOMAD system

This is a medication box that is compartmentalised into the days of the week, with the medication being placed in the correct compartment. The system can hold seven days of medication at a time, with each dose clearly marked with the day and time or frequency for the medication to be administered.

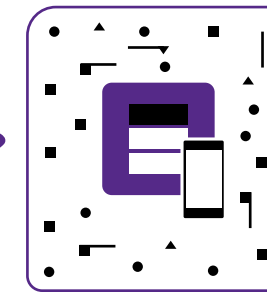
The Monitored Dose System (MDS)

Medication for the month is supplied for the individual in heat sealed blister packs, usually on a 28-day cycle. Similarly to the NOMAD system, the individual medication is placed into separate compartments allowing the correct medication to be given at the correct time. The medication is clearly labelled with the service user's details. The pharmacy prepares the blister packs and provides the relevant paperwork to ensure a clear audit trail.

The Biodose system

Medications, both liquid and solid, are prepared and delivered in heat sealed pods. This system is similar to the MDS, but also allows for liquid medication to be dispensed. Each medicine pod can be individually removed, as the pods are labelled with the name of the patient, the date, and the time of day for administration, along with the details of the medication held within. In health and social care settings, the service user's photograph also helps to ensure that the medication is being administered to the correct person. This system reduces the potential risk of infection, as each pod is tamper-evident, has a liquid tight seal and is intended to be used in place of medicine spoons and cups. The pods can be prepared monthly or weekly. Controlled drugs can be prepared in this manner, and stored securely in the controlled drugs cabinet, in accordance with the care setting's medication policy.

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Advantages and disadvantages of using drug administration systems

Advantages of using drug administration systems	Disadvantages of using drug administration systems
The sealed compartments/pods can make administration easier in an MDS and Biodose system.	MDS and Biodose systems can prove to be cumbersome if there are too many drugs to be administered, as the blister pack may be large and at risk of being punctured.
MDS and Biodose systems are easily portable.	The person administering the medication, or self-medicating, needs to be clear on the date, day and time in an MDS or Biodose system.
Lessens the risks of the service user receiving the wrong medication by using an MDS or Biodose system.	MDS and NOMAD are unsuitable for liquid medications or those with specific storage requirements.
MDS can contain enough medication for up to 28 days.	Biodose pods can only hold 10ml of liquid medication at any one time.
All drug administration systems can help avoid duplicating the administration of the same medicine accidentally in the course of one day.	MDS and NOMAD systems are unsuitable for medication which can be administered 'as and when' (PRN).
All drug administration systems enable service users to self-medicate and remain independent for longer.	MDS and NOMAD systems are unsuitable for storing controlled drugs due to security.
In the Biodose system, patient and drug names are printed on every pod to ensure accuracy, therefore helping to reduce potential infection.	In all drug administration systems, if the medication is withdrawn then it may not be removed from the blister pack and could be administered by mistake.

Special instructions which may need to be followed when using the systems

- Medicines should always be stored according to the manufacturer's instructions
- Always check that medicines in the box/blister pack are the same as those which have been prescribed
- Always follow the usual checks before administering any medications from the box/blister pack
- Check that the box/blister pack has not been damaged, blister packs have not been perforated and seals are not broken, before administering medication
- Complete all records, including the MAR chart, in the usual manner.



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Other aids available for administering medication

As well as drug administration systems, there are a number of aids that are available to support the administration process, making it easier for the service user to maintain their independence for as long as possible.

Grip aids – used to help service users to open bottles, containers and child resistant caps. These aids can be used by both left and right-handed people. Difficulties in operating this type of aid may mean that an MDS could be more appropriate.

Magnifying glasses and large print text – these can be used to assist service users to read the instructions on the labels of the containers. Braille could also be an option if the individual is unable to read large print.

Spacer devices – a chamber device that is used to support service users when administering inhalers, minimising the need for hand-lung coordination.

Medication alarms – these are particularly useful to support service users who self-medicate, to prompt them to take their medication at the designated time, or for those who have difficulty remembering to take their medication. The alarms are designed to either vibrate or make a sound to remind the person to take their medication.

A Activity 1: Drug administration systems

What drug administration systems are in place within your organisation, or a care setting you are familiar with? Use the space below to make notes.

i Key Fact

Always check the service user's MAR chart, care plan and any other essential information before administering any medication.

Special instructions which may need to be followed when administering medication

Special instructions may be recommended by a number of sources, including the manufacturer, the prescriber and pharmacist, or by your organisational policies. They may also be recommended as best practice.

These special instructions may indicate any of the following:

- **Medication should be taken before or after food** – examples include diclofenac and ibuprofen, as these can irritate the stomach. Examples after food include gaviscon, which helps prevent heartburn and reflux.
- **Do not eat or drink grapefruit or cranberry whilst taking this medication** – these foods can increase the effects of warfarin, which is an anticoagulant.
- **Medication should be withdrawn gradually** – this instruction is to prevent the effects of withdrawal, especially if the medication has been taken for a long period of time. Examples of this could include diazepam, temazepam and zopiclone.
- **Medication levels need to be monitored through blood tests** – warfarin is a good example here, which will be explored in more detail later on in this unit. The International Normalisation Ratio (INR) is a regular blood test that checks how long it takes for blood to clot, and is used to ensure warfarin is working as it should within the body.
- **Medication may cause drowsiness, so machinery should not be operated whilst taking the medication** – pregabalin, an anti-epileptic medication that can also be used alongside other medications to treat long-term pain caused by damage to the nerves, can cause dizziness, tiredness and drowsiness, along with blurred and double vision.
- **Medication should be used with care in women who are pregnant or breastfeeding** – all medication has the potential to harm an unborn child. Issues such as birth defects and the loss of the unborn child could be experienced. The prescriber will discuss all options with the mother before deciding if the medication is right for the woman and her child.

This information may be contained on the Product Information Leaflet (PIL), but should also be indicated on the packaging of medication once it has been dispensed by the pharmacist. By law, the label should indicate any special instructions.

The importance of monitoring the needs of the individual who requires PRN medication

Pro re nata medication, commonly known as PRN medication, can be given as and when required to help alleviate a variety of signs and symptoms of various conditions, and can also help to alleviate pain. Common examples of this type of medication could be paracetamol to help relieve headaches, or ibuprofen to help alleviate muscular aches and pains.

Working closely on a regular basis with service users, and using a person-centred approach to care, means you will have a variety of different ways to identify when someone is requiring medication of this kind. The service user may inform you verbally that they require their medication, they may be vocal with pain they are feeling, and the service user may require PRN at particular times to help alleviate pain being felt.

The service user must be monitored on a regular basis to ensure that their use of PRN medication is still appropriate for them. If PRN medication is not necessary, then it should not be administered. Giving a service user medication when it is not required has no benefit to the individual, and may be detrimental to the person's health in the long-term.

Key Fact

PRN medication can be kept in stock and given as and when required.

The importance of observing that medication has been taken

It is important to ensure that medication has been taken by the individual, as it has been prescribed for a specific complaint or ailment. If the medication is not taken as prescribed, the individual risks many different negative outcomes. For example, they may remain ill, their symptoms and condition could worsen, or they could even die.

Medication is prescribed to help alleviate symptoms, to control pain and fight infection and illness. If it is not taken as prescribed, it could result in serious consequences.

It is important that medication administered to a service user is seen to be taken. Observing the individual taking their medication should be carried out in a discreet manner, offering support and guidance where necessary and appropriate to the person. If the person self-medicates, discreet monitoring will be needed to ensure that the person is taking their medication as prescribed.



STOP AND THINK!

How do you know when someone has taken the medication that has been prescribed for them? Do you ensure that you observe them?

Actions to take if an individual does not take their medication

An individual has the right to refuse to take his or her medication. It is important to try to establish why the person does not want to take their medication, and that they understand the consequences of not taking medication that has been prescribed for them. The person should never be forced to take their medication, nor should their medication be hidden covertly so that the person takes the medication without realising.

There are a number of reasons why a person may choose to refuse their medication:

- They may be struggling to take the medication in the form prescribed
- They may not remember why they need the medication – for example, if the person has dementia
- It may cause unwanted side effects
- The person may feel better without taking the medication.

Using a person-centred approach to care, it is vital to establish why the medication has been refused. The service user may need reminding as to why they need to take their medication, the benefits that this can bring, and how the medication will be administered. It is also vital that any possible risks of not taking the medication are explained. This also links with ensuring that consent is valid.

Any medication that is refused needs to be documented on the service user's MAR chart, and also documented in their care plan. Refused medication needs to be stored securely before being returned to the pharmacist, clearly labelled with the date and time of refusal, the name of the service user, the name, strength and quantity of the medication being disposed of, and a signature from the member of staff. This helps to provide a clear audit trail, which will be explored in Unit 4.



Key Fact

Refusing medication is a potentially serious issue, possibly resulting in illness or even death.

A Activity 2: Refusal of prescribed medication

What happens in your setting, or a setting you are familiar with, if a person refuses to take their prescribed medication? What does your medication policy state should happen?

Recording the outcomes following the administration of medication

The Medication Administration Record (MAR) chart is an important working document that notes when medication has been administered. The eMAR is an electronic version of this. The MAR is a legal document that states when medication has been taken, refused, soiled or dropped, and helps to keep a track of the medication that has been administered to an individual. The MAR is a legal record of drugs that have been administered to a person within a health setting, and is important in ensuring medication safety and to prevent medication errors.

While there are no official codes for administration or guidance, codes that are commonly used on the MAR to record medication are:

R – Refused	H – Hospitalised
T – Taken	D – Social leave
NT – Not taken	E – Refused and destroyed
Adm – Administered by	NR – Not required
WT – Witnessed by	W – Withheld or other reason

i Key Fact

Please note that Medication Administration Records can alter between different settings – it is important that you are aware of the codes that are in use within your particular setting, and that you use them correctly.

Recording outcomes

The outcome of administration must be recorded on the Medication Administration Record (MAR) chart. The designated member of staff must sign the chart following the administration of medication to indicate the medication has been administered and the member of staff has observed the individual taking it. It is also essential to document when medication has not been taken, perhaps because the service user has refused it. The MAR chart must contain a coding system which will allow staff to document the event in such instances. The codes must give an explanation and will be referred to by other members of staff and throughout the audit process. An explanation must also be given to indicate the reason the code has been entered on the chart.

Alongside the MAR chart, each individual should have a care plan which records not only the care they are being given, but also their likes and dislikes, needs and preferences, any risks, and the services being provided internally and externally.

Following the administration of medication, the individual’s condition should be checked and monitored for any changes. Any changes (positive or negative) should be recorded on the care plan. In some cases, where it may be necessary to contact the service user’s doctor, the care plan may be reviewed as it provides vital information needed to make a diagnosis.



Situations where additional support and guidance is needed

When administering medication, you may find there are instances when advice and guidance is needed. For example:

- When medication prescribed for an individual has been changed and the routes, dosage or frequency are not clear
- When changes in an individual's condition are noted
- When there are concerns or worries about an individual
- In an emergency situation
- When there are problems with the dispensing of medication
- When medication needs to be administered by a route for which you have not received training
- When there are gaps in the MAR chart and it is unclear if medication has been missed.

Advice and guidance should initially be sought from your manager. However, in some circumstances support and guidance must be sought from the GP or pharmacist. If discrepancies are noticed they should never be ignored, and you must never undertake a procedure for which you have not received training. It is essential that you recognise situations which are outside your area of expertise and seek guidance where necessary.



The following situations may mean that you require additional help, support and guidance:

The service user struggles to take their prescribed medication	If a service user is struggling to take medication in a tablet form, it may be possible to alter the form to a liquid. Care needs to be taken when reading the information to ensure the correct dosage is given.
A change of route	Moving from a tablet to an injection form may mean you are unable to administer via the new route – for example, if the medication is intravenous or intramuscular.
The service user refuses their medication	There may be many different reasons as to why medication is refused. Talk to the person, establish why this is the case. You may need support from someone who has been in this situation before, or is aware of how to help and support the service user in taking their medication.
A change in medication	Advice should be sought from your manager on a case by case basis.
The service user has an adverse reaction to the medication, or experiences side effects	Adverse reactions should be treated immediately, as these can be life-threatening. A first-aider and/or the emergency services should be contacted quickly to help deal with the situation. Side effects may need to be seen by the prescriber, where additional medication may be necessary to combat them.

Help and support can be sought from a variety of places, such as:

- Senior colleagues
- Manager
- Prescriber
- Pharmacist.

C Case Study: Olivia

Olivia has come on shift and at handover she learns that Mrs Johnson has been prescribed a new medication.

Olivia has never administered medication via the buccal cavity route before, and is a little unsure of what she should be doing. She seeks advice and guidance from her manager who is able to support her with this new route, and observe her to ensure Olivia is competent in this area of administration.



STOP AND THINK!

**What should Olivia have done if her manager was not available?
Who else could she have sought help and guidance from?**



Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Explain how medication alarms aid the administration of medication.

2. State where special instructions that need to be followed when administering medication should be displayed by law.

3. It is always beneficial to give a service user PRN medication, even if they are no longer in pain.

True False

4. Explain the consequences of not observing and supporting a service user when taking their medication.

True False

5. Administration and guidance codes used to record medication on an MAR chart are standardised across all health and social care settings.

True False

6. Give three examples of people who could provide support and guidance when administering medication.

1.

2.

3.

Check your answers by looking back over this section.



**Congratulations, you have now completed Section 3.
Please now go to your assessment and answer Q12a to Q21.**

Section 4: Supporting individuals to administer their own medication

This section will explore the following:

- Supporting individuals to take medication
- Legislation and guidance
- Risk assessment
- Conditions for self-medicating
- Records that must be kept when service users self-medicate.

Supporting individuals to take medication

Individuals must be supported to administer their own medication whenever possible. This holds a number of benefits for the person themselves, including:

- Promoting independence
- Promoting feelings of well-being and self-esteem
- Maintaining the individual's routines
- Helping the person to gain a better understanding of their medication
- Empowering the individual
- Improving trust and relationships with staff.



Key Skill: Behaviour and attitudes

Before you read about how to promote self-administration, have a think about what the following terms mean to you and how you promote them in your work.

Well-being:

Self-esteem:

In order to promote self-administration, a person-centred approach to supporting individuals is essential throughout the process of administering medication. When supporting individuals to take their medication, very careful thought and consideration must be given to the person's privacy, dignity and physical abilities. Thought must also be given to maintaining hygienic and safe practices.

The administration of medication is an essential aspect of care and should always be delivered in a way which promotes the rights of service users. Particular attention must always be paid to service users' beliefs, wishes and cultural background. Health and social care staff must use their expertise and skills in order to minimise the risks associated with an institutionalised approach to administering medication.

Respecting a person's right to **privacy** is concerned with ensuring confidentiality is maintained. It is also concerned with avoiding unnecessary intrusions from other people.

Careful thought and consideration must always be given to privacy, especially throughout the administration of medication which involves invasive techniques. This may involve ensuring the administration takes place in a private room with the door closed in order to avoid others walking in. The person could be offered a blanket so that any unnecessary exposures can be minimised.

Dignity is very closely linked with a person's sense of self-worth and is closely linked to privacy. Members of staff can ensure they preserve an individual's dignity by respecting privacy and by ensuring they avoid holding conversations with others whilst assisting an individual with their administration of medication. In addition, dignity may be respected by not talking about an individual in the third person whilst in their presence. Criticising or using negative labels and phrases when referring to the person should also be avoided.

Active participation is concerned with encouraging and enabling the individual to be as independent as possible when administering medication, which individuals must be encouraged to do wherever possible. In order to support the individual to be actively involved with their medication, you could:

- **Plan ahead:** be familiar with the individual's care plan, equipment to be used, their personal preferences, likes and dislikes, and ensure good communication with the person throughout the process of administration
- **Maintain a routine:** know their preferred routine of care as this familiarity will support them
- **Take time:** do not rush an individual as this can cause anxiety and unnecessary stress
- **Offer praise and encouragement:** never criticise.

Report and document: note down an individual's likes and dislikes in their care plan, as this will inform other members of staff when they are supporting the individual. Active participation can affect an individual's behaviour in a positive manner and can support their behaviour and reactions throughout the day. Not only can it make a difference to an individual's well-being, but active participation can enable individuals to remain independent for as long as possible.

Hygiene and safety is essential throughout the process of handling medication. Care must be taken to ensure hands are washed prior to administration and between administration to each service user. Any equipment used must be well maintained, clean and dry, and where appropriate, sterile.

Personal Protective Equipment (PPE) must be worn where indicated, for example when administering topical medications. If you are responsible for administering medication by the subcutaneous route, you will also be responsible for the safe disposal of sharps. Medication stores must always remain locked in order to prevent unauthorised access.

In maintaining safety, consideration must also be given to the service user's physical ability to take medication. For example, some service users require additional support to maintain a sitting position throughout the administration of oral medication. Some service users may also require support to hold a drink in order to ensure they can take their medication.



Activity 3: Supporting individuals

How do you ensure privacy, dignity, active participation, hygiene and safety are maintained within your workplace, or a care setting you are familiar with?

Legislation and guidance

The Care Quality Commission supports the self-administration of medication and this is evidenced within the Fundamental Standards. **Regulation 9: Person-centred care** notes how it is important to establish with the person what their wishes are with regards to the administration of medication. If care providers automatically administer medication through the care staff, people may be unaware of the support that can be offered to them.

In their guidelines entitled 'The Handling of Medicines in Social Care', the **Royal Pharmaceutical Society** emphasise that, wherever possible, service users should take responsibility for their own medication.

Specifically, in relation to the administration of medication, the legislation and associated guidelines support:

- The rights of service users to receive their medication in a safe manner and exactly as prescribed
- The rights of service users to be treated with dignity and respect
- The importance of health and safety and risk assessments to ensure medication is handled in a safe manner
- The requirements for safe storage
- The fact that medication which has been prescribed for one person must not be used for another
- The need for records to be maintained when medication has been administered.

Your workplace policy should ensure that the key aspects of legislation are adhered to when supporting service users with self-administration; it is essential that staff always adhere to this policy.



Case Study: Ricky wants to self-administer

Ricky is a 22 year old man who has had an operation on his arm due to a motorcycle accident.

He is an insulin-dependent diabetic and has always self-medicated. However, as he cannot use his arm very well, Ricky has been receiving his insulin from a community nurse who has been injecting the insulin for him.



STOP AND THINK!

How do you think this might make Ricky feel?

Risk assessment

It must always be remembered that any medication brought into a care home remains the property of the individual for whom it is prescribed. The medication must not be removed from the service user until a risk assessment has been undertaken, unless they pose an obvious danger to other people.

All service users have the right to be assessed for self-administration. Before a service user can safely administer their own medication in a care home, the registered manager must undertake a risk assessment to assess whether or not it is appropriate for the individual to retain and administer their own medication.

Risk assessments must be updated regularly and whenever there is a change in an individual's condition.

A risk assessment should assess the individual's:

- **Mental ability** – to determine their level of understanding in relation to storage, dosages, frequency and time of dosage, and what will happen if the medication is not taken as prescribed
- **Physical ability** – to determine whether or not the individual is physically capable of handling the medicines and the containers they come in, but also whether the individual can reach the application area, is confident to administer, or even sit up independently to take medication
- **Emotional and mental state** – in order to determine whether the individual is willing to take the medication. Factors such as depression, anxiety and motivation will be considered to determine if there are risks that the individual will not take their medication.

Further to this, the risk assessment must be reviewed on a regular basis, and especially whenever there is a change in the service user's condition.

In a residential care home, the registered manager and the client's GP will agree the risk assessment upon the individual's entry to the setting.

Conditions for self-medicating

When a service user has been risk assessed and is deemed able to self-administer medication, it is important that consideration is given to ensuring the:

- Safety of the individual and other service users
- Security of the medicines
- Service user's right to privacy and dignity.

In order to address these factors, the following **conditions** must be in place:

- A lockable space, for example, a drawer or cupboard, must be provided in which to store the medication. The service user will take responsibility for the key. Members of staff are only permitted access to the lockable space with the permission of the service user.
- The service user must be advised that they are required to keep their medication locked away at all times. It is always the organisation's responsibility to ensure this happens.
- The service user should be afforded privacy when administering medication.
- The service user must be made aware of the importance of informing a member of staff if they purchase or are using any home remedies, as this will enable staff to check for interactions with prescribed medication.
- The service user should be offered support appropriate to their needs when self-administering medication.
- The service user should be discreetly monitored on a regular basis and medicines should be checked to ensure they are being taken as prescribed. Regular communication with the service user should be undertaken in order to encourage compliance. However, staff must be careful not to monitor service users too closely, as this could be seen as an intrusion of privacy.



Records that must be kept when service users self-medicate

On establishing that a service user may self-medicate, a number of records must be kept. These include:

- A record of the service user's consent to self-administration
- An up-to-date care plan detailing the extent of help required by the service user and the frequency of monitoring required
- An up-to-date MAR chart – this should be marked to state the service user is self-administering. Organisations are not required to record when medication has been administered
- An up-to-date record of stock and supplies – a record must be kept of medication which has been obtained by the organisation on the service user's behalf. This record should be dated and signed when medication is transferred to the service user, and will assist in monitoring the individual's compliance with their treatment.

Here's another video. Make sure you can see the whole image in your lens to unlock the additional content.



A Activity 4: Risk assessment

Imagine that you are undertaking a risk assessment of a service user's ability to self-administer medication. Ask your manager to explain the requirements of a risk assessment within your workplace, and note down the key points of your conversation below.



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Once you have unlocked each video, you can access all unlocked videos in the 'My Courses' area of your app and watch them again.

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. An individual's likes and dislikes should be recorded in their care plan to ensure all who support them to take medication are aware of them.

True False

2. Which two organisations support self-administration of medication?

1.

2.

3. Risk assessments for self-administration should be regularly updated to ensure they remain appropriate to each individual.

True False

4. Service users who have been assessed as safe to self-administer medication do not require monitoring to ensure they are taking it as intended by the prescriber.

True False

5. Organisations are required to record administration of medication on an MAR chart for service users who are self-medicating.

True False

Check your answers by looking back over this section.



Congratulations, you have now completed Section 4.
Please now go to your assessment and answer Q22 to Q26.

Section 5: The procedures that should be followed when problems occur

This section will explore the following:

- Agreed ways of working
- Supporting individuals who have difficulty taking medication
- Supporting those unable to consent to prescribed medication
- Procedure for administering controlled drugs.

Agreed ways of working

Your workplace will have a number of policies and procedures in place which ensure everyone carries out work in the same ways – otherwise known as '**agreed ways of working**'.

These policies and procedures will cover a variety of situations relating to the administration of medication, and the actions that must be taken if problems occur. These policies will have been drawn up in line with current legislation and guidelines and it is essential that they are adhered to at all times.

Errors made when administering medication

It may not happen frequently in your workplace, but, on occasion, errors can be made during the process of administering medication. An error in the administration of medication can, at best, be an inconvenience for service users, and, at worst, it could lead to death.

Medication errors occur when service users:

- Do not receive their medication
- Receive the wrong medication
- Receive too much or too little medication
- Receive medication by the wrong route
- Receive medication in the wrong form.

A study¹ which was published on the 8th February 2011 has highlighted that service users are four times more likely to receive the wrong dose of a medicine if it is in liquid form. Another study² published in October 2009 reported that 7 out of 10 service users within the residential and nursing care homes had experienced at least one medication error.

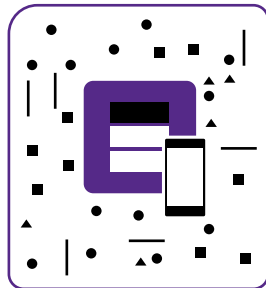
It must be realised that a medication error can occur at any stage in the prescription cycle and this is why it is essential that checks are made at every stage.

Being vigilant will greatly assist in reducing the risks associated with medication errors.

If an error does occur when you are administering medication, it is important that you remain calm and follow your workplace policy, which should set out the procedure to be followed.

It is essential that errors in the administration of medication are **reported immediately** so that any harm to an individual can be minimised. The worst thing you can do is keep quiet. Your organisation should encourage a culture which supports the reporting of medication administration errors.

Don't forget to point your lens at this icon!



Scan for your Virtual Tutor

Scan the icon here to listen to a handy tip from your Virtual Tutor.

¹ Source: <http://www.nursingtimes.net/nursing-practice/clinical-specialisms/prescribing/liquid-drugs-more-prone-to-error/5025409.article>
² Source: <http://www.nursingtimes.net/most-popular/behind-the-headlines/drug-errors-in-care-homes/5006953.article>

If errors are reported, corrective procedures can be started immediately and the risks for the service user can be reduced. If an error in administration does occur, you must:

- Report it to your manager, who should check the individual for any immediate danger to his or her health. Your manager will then inform the service user's GP or seek advice from the prescribing officer and follow any instructions given
- Calmly inform the individual of the error
- Record the error on the MAR chart and the individual's care plan
- Complete an incident form recording the details of the error.



Key Fact

If a medication error results in death this must be reported under Regulation 20: Duty of Candour of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



Activity 5: Medication errors

Obtain a copy of your organisation's policy on the prevention and reporting of medication errors. Make a note of the actions you should follow in the space below.



Refusal of prescribed medication

All service users have the right to refuse medication. It is unlawful to force or trick the individual into taking it. A person may refuse medication for a number of reasons, including:

- Swallowing difficulties
- Deteriorating mental health
- Lack of understanding
- A perception that their personal preferences have not been respected
- Cultural beliefs
- Depression.

If an individual refuses medication, you must follow your organisational policy and any individual guidance contained within the service user's personal profile. In most cases the policy will advise that you should:

- Inform your manager of the refusal in order that the situation can be assessed and, if necessary, seek advice from the prescribing officer
- Calmly explain to the individual the consequences of not taking their prescribed medication
- Record the refusal on the MAR chart using the correct code and, where possible, document the reason for the refusal on the back of the chart
- Record the reason for the refusal, the actions taken and what was done with the refused medication in the service user's care plan
- Where appropriate and necessary, inform the individual's next of kin about the refusal.



Compromised medication

There are many reasons why medication may become compromised, including:

- Medication which has accidentally been dropped onto the floor
- Damage to the packaging – for example, in the case of medication which needs to be protected from direct sunlight
- Medication which has been spit out by the service user
- Refusal to take the medication following removal from its packaging
- Medication which has been accidentally touched when transferring it from its packaging to a galley pot
- Medication which has been stored incorrectly – for example, medication which has been left out of the refrigerator
- Medication which has exceeded its expiry date.

If medication becomes compromised, you must ensure you follow your organisational policy, which should indicate the following:

1. The medication should be placed in a returns envelope and the details should be clearly recorded on the envelope to indicate why the medication has become compromised.
2. The envelope should then be dated and signed.
3. The compromised medication should then be securely locked in the returns cupboard until it is returned for disposal. The disposal of medication is discussed in Unit 2 – please refer back to this information in order to remind yourself of the correct method of disposal according to your organisation.
4. If you work in a clinical environment or a home which provides nursing care, medication must be disposed of through a licensed waste disposal company. If you work in a home which provides personal care, or you work in a domiciliary care setting, medication must be returned back to the supplying pharmacy.

If the medication was accidentally dropped and came from a monitored dose system, a further dose of the medication should be taken from the end of the blister pack. Replacement medication should then be obtained via the pharmacy to ensure the service user receives the required medication before the prescription cycle ends.

i Key Fact

Under no circumstances should compromised medication be disposed of down a sink, toilet or placed in a waste bin. ALL medication is auditable. It is therefore essential that every item of medication can be accounted for at any stage in the prescription cycle.

Discrepancies in records

You will recall that keeping up-to-date records is essential throughout the process of handling medication. If records are not accurate, this will increase risks associated with medication errors. Hopefully it does not occur too frequently within your workplace, but it is important that any discrepancies are dealt with in a swift manner. **It is therefore essential that any discrepancies in the recording of medication are identified and reported immediately in order to minimise any risk of harm.**

Discrepancies have a much greater chance of being rectified quickly the sooner they are reported. Your organisation should have a clear policy on the actions that should be taken if discrepancies are identified. Remember, an unannounced Care Quality Commission (CQC) inspection can take place at any time of night or day. If there are discrepancies in relation to documentation and stock levels, these will be investigated further.

- Any discrepancies must be reported to your manager immediately so that they can be investigated and rectified
- If the discrepancy involves the prescription, this will need to be referred back to the prescribing officer
- If the discrepancy involves records associated with dispensed medication, this must be referred back to the pharmacist.



Supporting individuals who have difficulty taking medication

Occasionally you may find that an individual experiences difficulty with taking the medication in the form it has been prescribed. For example, an individual with a sore throat may have difficulty swallowing medication which is in tablet form. Equally, an individual may be unable to take oral medication if he or she is suffering from nausea and vomiting.

Under these circumstances, you must always refer to your organisational policy as this will set out the procedures which must be followed. If the individual cannot take medication in the form it is administered, guidance must be sought initially from your manager and ultimately from the prescribing officer. Initially, you should seek guidance from your manager who may then contact the individual's GP or pharmacist to find out if the medication can be prescribed in an alternative form.

i Key Fact

It is essential to emphasise that tablets must never be crushed, or capsules opened, unless specifically authorised and documented to do so by the prescribing officer. Opening capsules and crushing tablets carries with it significant risks to the health and safety of the service user, as many are designed to be released over a long period of time. Once opened or crushed, the properties of the medication could be altered.

Supporting those unable to consent to prescribed medication

Section 1 established the importance of ensuring consent is obtained prior to the administration of medication. There may, however, be times when a service user may be unable to understand, make informed choices and consequently give valid consent.

The **Mental Capacity Act 2005** is the piece of legislation which protects people who lack capacity to make some or all of their own decisions.

If an individual is unable to give valid consent, the individual's GP will need to be informed as it is important that the individual's capacity to make decisions is assessed.

In circumstances when the individual has been assessed as lacking capacity, the legislation allows for decisions to be made on behalf of the person, if the decisions are in the 'best interests' of the individual. In these circumstances, a discussion must take place regarding the decision and this should involve the service user's next of kin and other appropriate health and social care professionals. If a decision is made to administer medication covertly, a clear protocol must be drawn up which identifies the circumstances under which the medication can be administered.

Procedure for administering controlled drugs

In addition to the procedures relating to the administration and documentation of other medicines, there are additional procedures which must be carried out following the administration of controlled drugs. The administration of a controlled drug must be witnessed by a second, suitably trained, member of staff.

Following administration, an entry must be made on the MAR chart and in the Controlled Drugs Register. The Controlled Drugs Register must be completed to detail the:

- Date and time of administration
- Name of the service user
- Dose administered
- Full signatures of the person who administered the medication and the witness
- Remaining balance of stock, which should be checked on the returning of stock.

A separate page must be used for each drug and variation of strength.

If service users are responsible for administering their own medication, there are no statutory requirements for staff to sign the MAR chart.



Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Explain what is meant by 'agreed ways of working'.

2. Tablets and capsules should always be crushed if a service user is struggling to swallow them.

True False

3. Which piece of legislation protects people who are unable to consent to treatment?

4. The administration of controlled drugs should be witnessed by a second trained and competent member of staff.

True False

Check your answers by looking back over this section.



Congratulations, you have now completed Section 5.
Please now go to your assessment and answer Q27 to Q30.

Section 6: How the effects of medication are monitored

This section will explore the following:

- Monitoring the effects of medication
- Using physiological measurements to monitor the effects of medication
- Common side effects and adverse reactions
- Recording and reporting the outcomes of monitoring
- Carrying out medication reviews in line with national guidelines.

Monitoring the effects of medication

When medication has been prescribed and administered, it is important that the effects of the medication are monitored. It is essential to establish whether the medication is having a desired effect, or indeed, whether the service user is experiencing any untoward effects.

In order to monitor the effects of medication, it is essential to have some knowledge of the therapeutic use of the medication and the condition for which it has been prescribed.

When monitoring an individual, the effects of medication may be indicated by changes in:

- **Cognitive functions (thought processes)** – for example, becoming more forgetful
- **Mood** – for example, becoming more irritable or low in mood
- **Mobility** – for example, becoming less mobile
- **Level of consciousness** – for example, becoming more drowsy
- **Sleeping patterns** – for example, becoming more restless at night and sleeping more in the daytime
- **Appetite** – for example, not eating and drinking as much as normal.

It is also important to monitor specific changes in the service user's condition following the administration of medication, including:

- Physiological changes – for example, through the monitoring of blood glucose levels
- Allergic reactions
- Side effects
- Interactions with other medication
- An improvement or worsening of the original medical condition.

It is essential that any monitored changes are documented within the individual's care plan in order to ensure any progress or deterioration continues to be monitored.

Using physiological measurements to monitor the effects of medication

Some medications can be toxic and cause damage, especially if taken for a long period of time.

Each person responds to medication differently; some may break down the medication more quickly than others, depending on the person's metabolism. Because of the effects that some medications can have on a person, physiological measurements may be required to ensure the following:

- That the medication is having the desired effect and is working as it should
- That the medication is not having any undesired effects and making the person's symptoms worse
- How much of the medication is required.

Physiological measurements may include taking the service user's blood pressure, checking the pulse, temperature or respiratory rate of the person, or the taking of a regular blood or urine sample.

Key Fact

Physiological measurements can be used to monitor the effects of a medication that is already being taken, or to see if medication is required.

See the following examples of different physiological measurements that may be required.

Insulin (a hormone) – before a dose of insulin is administered, the glucose level in the blood needs to be checked – service users who have type 1 diabetes rely on external insulin to be introduced to their body, as the hormone is no longer produced internally. Without this reading, the correct dosage of insulin cannot be administered.

Warfarin (an anticoagulant) – regular blood tests are required when taking warfarin to ensure it is working safely and effectively within the body. The test used to monitor the effects of warfarin is called the International Normalisation Ratio, or INR. It is a blood test that checks how long it takes for blood to clot. The higher the INR, the longer it will take blood to clot (and the higher the risk of bleeding). The lower the INR, the higher the likelihood of developing a blood clot.



Digoxin (used to treat some arrhythmias (a problem with the rate or rhythm of the heart) and congestive heart failure) – the service user's pulse rate will be monitored and regular blood tests will be required, as high levels of digoxin in the body can cause severe side effects.

Statins (used to lower blood cholesterol) – a reading will be taken before commencing this type of medication, with regular blood tests being carried out whilst taking the medication to ensure it is lowering cholesterol.

Antibiotics (used to treat infection) – if a service user is prescribed antibiotics, their temperature could indicate whether or not the medication is working.

Common side effects and adverse reactions

All medicines are thoroughly tested before they are granted a licence for public use. However, no medicine can claim to be 100% safe and there is always a risk that people may develop side effects or even adverse reactions to the medication.

Side effects

Side effects may be mild, moderate or severe. Some may be uncomfortable, unsightly, inconvenient or even life-threatening. Some side effects may last for the duration of the treatment and some may be short-term. Common side effects of widely used medication include:

- **Antibiotics** – nausea, vomiting, diarrhoea and skin rashes
- **Analgesics** – some strong painkillers such as morphine or codeine can cause nausea, vomiting, drowsiness, confusion and constipation
- **Anticoagulants** – can lead to severe and uncontrollable bleeding
- **Antihistamines** – some antihistamines can cause drowsiness, dizziness and a dry mouth
- **Anti-inflammatory medication** – some anti-inflammatory medication can cause heartburn, nausea and abdominal discomfort
- **Psychotropic medication** – some psychotropic medication can lead to drowsiness, dizziness, blurred vision, dry mouth, rapid heartbeat and skin rashes. These medications can also increase the risk of falls
- **Sedatives** – some sedatives – for example – temazepam can cause daytime drowsiness, nausea and feelings of nervousness.

Usually, the benefits of the treatment will outweigh the inconvenience of the side effects. However, **side effects to medication must never be ignored.**

Adverse reactions

Adverse drug reactions are those which are more serious than common side effects. An adverse drug reaction can be defined as any unexpected harmful or dangerous reaction to a drug. These reactions can range from mild to severe, and in some instances could even be life-threatening.

Adverse drug reactions could include:

- Swelling of the hands, face and body
- Reddening of the skin
- Severe raise in temperature
- Severe breathing difficulties
- Loss of consciousness.

The most life-threatening adverse reaction is that of anaphylactic shock. This can occur when an individual develops a severe allergy to medication. Many bodily systems are affected at the same time and this can become critical. The most severe symptoms include difficulty breathing and loss of consciousness. These events can lead to death if emergency treatment is not initiated straight away.

A common side effect can turn into a severe adverse reaction during the taking of medication at any point. It is therefore essential that careful monitoring takes place throughout the process of administering medication. It is also important to take note of any recorded information and be alert at all times.



Scan the image

Actions to take if side effects or adverse reactions are suspected

If side effects are suspected

If an individual does experience side effects, they must be reported to your manager who will then seek guidance from the pharmacist or prescribing officer. It is important that the effects continue to be monitored in order that medication can be changed accordingly. It is also important that any side effects, and any action taken, are recorded in the individual's care plan.

If an adverse reaction is suspected

If you suspect a service user is experiencing an adverse reaction, especially symptoms associated with anaphylactic shock, you must seek medical help urgently.

Call for a qualified first-aider and phone 999 to request an ambulance immediately. Remember, this is a life-threatening situation. For the future safety of the individual, these reactions must be recorded in the service user's care plan and on their MAR chart.

Recording and reporting the outcomes of monitoring

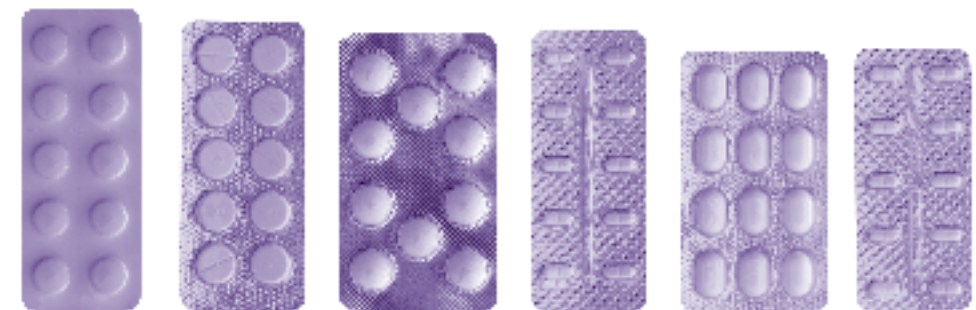
If you observe any common side effects, severe adverse reactions or changes in an individual's condition, you must report these in line with your organisational policies and procedures. This will usually involve reporting the outcomes to your manager who will decide whether to contact the prescribing officer. Changes in a service user's condition must also be recorded in the care plan. Any unwanted effects of medication should also be recorded on the service user's MAR chart. A written report should also be sent to the individual's GP.

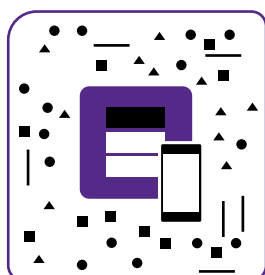
Carrying out medication reviews in line with national guidelines

The purpose of a medication review is to ensure service users are getting the maximum benefit from all of their medicines, and to ensure medication is prescribed according to national guidelines, and only if absolutely necessary. The overall outcome of a medication review should be to enhance the effects of medication, reduce harmful effects and reduce medication wastage. Medication reviews are usually carried out by the individual's GP but can also be undertaken by pharmacists and some nurses who have undergone additional training.

National guidelines recommend that individuals over the age of 75 should have their medication reviewed at least every 12 months, and those taking four or more medicines should be reviewed every six months.

Medication reviews are an essential part of care as they can assist in improving the service user's understanding and therefore compliance with their medication.





Don't forget to point your lens at this icon, to listen to some handy tips from your Virtual Tutor.

Let's Summarise!

Take a few moments to answer the following questions to help you summarise what you have learnt in this section. This will help you answer the upcoming assessments.

1. Complete the following sentence:

In order to effectively monitor the effects of medication, it is important to...

2. Give five examples of physiological measurements which can be used to monitor the effects of medication.

- 1.
- 2.
- 3.
- 4.
- 5.

3. A side effect of taking medication is more serious than an adverse reaction.

True False

4. All changes in a service user's condition after taking medication must be recorded in their care plan.

True False

5. State the purpose of a medication review.

Check your answers by looking back over this section.



Congratulations, you have now completed Section 6.
Please now go to your assessment and answer Q31 to Q38.



What you know now!

Now you have completed this unit, it is important that you take some time to reflect on what you have learnt about the requirements for the safe administration of medication. Please take some time to answer the same questions you answered at the start of the unit, to see how much your knowledge has developed. Please use the same key to answer the first five questions and then write your answer out for Question 6.

1 – Not confident at all 2 – A little confident 3 – Confident
4 – Very confident 5 – Confident enough to share my knowledge with others

1.	How confident do you feel in your understanding of legislation and guidance relating to the administration of medication?	
2.	How confident do you feel in your understanding of preparations to be taken prior to administering medication?	
3.	How confident do you feel in your ability to safely administer medication in ways that meet individual needs?	
4.	How confident do you feel in your ability to support individuals to administer their own medication?	
5.	How confident do you feel in your knowledge of how the effects of medication are monitored?	
6.	How do you feel your knowledge has improved since starting this unit?	

Answers to activities

Key Skill: Maths

Page: 26

Answer: Five Rs (time, route, to refuse, dose, medication)

Learning Outcomes

1. Understand the legislation and guidance in relation to administration of medication.

1.1 Identify the key requirements of legislation and guidance in relation to the administration of medication

1.2 Describe the roles and responsibilities of staff in relation to:

- Supporting individuals to take medication
- Administering medication
- Using specialised techniques to administer medication.

1.3 Describe ways of working to ensure that distractions to the person administering medication are minimised.

2. Understand the preparation to be taken prior to administering medication.

2.1 Explain why it is important to follow instructions on the preparation and use of medication and the method of administration provided by the:

- Individual
- Manufacturer
- Pharmacist
- Prescriber
- Organisation.

2.2 Explain why it is important to gain an individual's consent prior to administering medication

2.3 Identify the information to be given to individuals to enable them to give valid consent

2.4 Explain why it is important to agree with the individual the nature of support in relation to their needs and preferences

2.5 Describe how the following should be checked prior to administering medication:

- Identity of individual
- Medication Administration Record (MAR)
- Medication
- Equipment
- Environment.

2.6 Describe the infection control precautions to be taken during preparation to administer medication

2.7 Explain the importance of the six Rs of administration:

- Right individual
- Right medicine
- Right route
- Right dose
- Right time
- Right to refuse.

3. Understand how medication is administered safely and in a way that meets individual needs.

3.1 Describe a range of aids and equipment used for administering medication

3.2 Outline the advantages and disadvantages of using monitored dosage systems

3.3 Give examples of special instructions that might need to be followed when giving medication

3.4 Explain the importance of monitoring an individual's needs in relation to medication to be administered 'when required'

3.5 Explain the importance of observing that the medication has been taken by the individual

3.6 Describe the actions to be taken if an individual does not take their medication

3.7 Explain how to record the outcomes following administration of medication

3.8 Give examples of situations where additional support and guidance may be necessary.

4. Understand how to support individuals to administer their own medication.

- 4.1 Explain why it is important to support an individual to administer their own medication
- 4.2 Identify key aspects of legislation and guidelines related to self-administration of medication
- 4.3 Describe the points that are considered when carrying out a risk assessment for self-medication
- 4.4 Outline the conditions that must be in place to support an individual who is administering their own medication
- 4.5 Describe the records that must be kept in relation to self-medication.

5. Understand the procedures to follow when there are problems with the administration of medication.

- 5.1 Describe the actions to be taken in line with agreed ways of working in relation to the following situations:
 - Errors administering medication
 - Individual declines prescribed medication
 - Medication is compromised
 - Discrepancies in records.
 - 5.2 Outline how to support an individual who has difficulty taking medication in the form it has been prescribed
 - 5.3 Explain how to support the best interests of individuals who are unable to consent to prescribed medication
 - 5.4 Describe the procedure for administering controlled drugs.
- 6. Understand how the effects of medication are monitored.**
- 6.1 Describe how to monitor the effects of the medication on the individual and the condition it has been prescribed for
 - 6.2 Give examples of how physiological measurements are used to monitor the effects of, or need for, specific medication
 - 6.3 Identify common side effects of widely used medicines
 - 6.4 Explain what is meant by an adverse reaction
 - 6.5 Describe the actions to be taken if side effects or an adverse reaction to medication are suspected
 - 6.6 Outline how medication reviews should be carried out in line with national guidelines
 - 6.7 Explain how the outcomes of monitoring should be recorded and reported.

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Upon successful completion of this qualification, learners will be awarded the following*:
NCFE CACHE Level 2 Certificate in Understanding the Safe Handling of Medication
in Health and Social Care (601/3404/5)

TQUK Level 2 Certificate in Understanding the Safe Handling of Medication in Health and
Social Care (RQF) (603/3217/7)

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