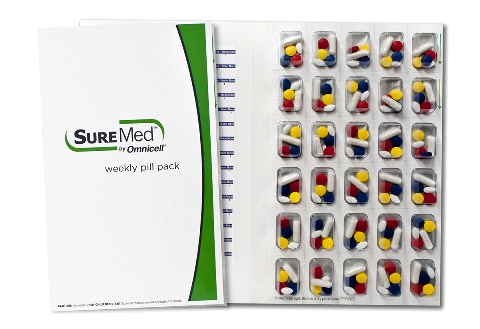
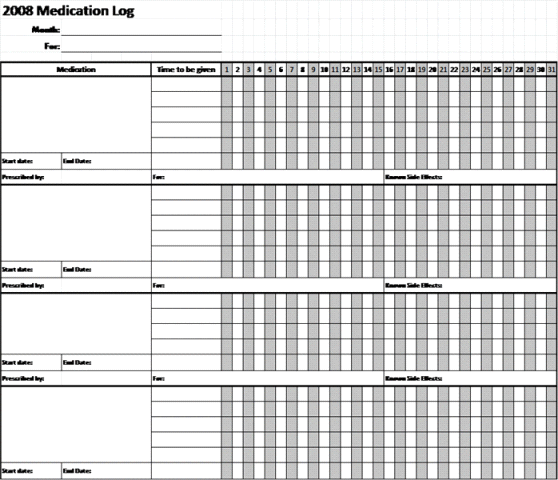
MEDICATION

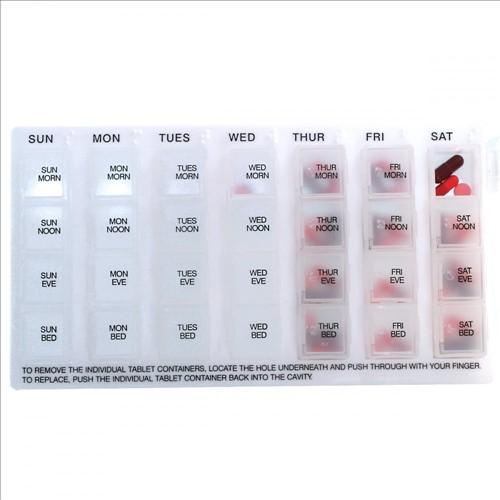


Here you will see pictures of blister packs. As you can see by the pictures they are supplied and pre packed from the pharmacy. One side of the pack you will see there are compartments that have been filled with the client’s medication. They are CLEARLY labelled with each day of the week and what time during the day the mediation is to be given. For example: morning, lunch, tea and night across the card of the blister pack Monday, Tuesday, Wednesday, Thursday, Friday, Saturday and Sunday, Starting from the top of the card to the bottom.

The chemist will have stuck sticky labels on the inside left hand side of the card. This will give you the details of the medication in the blister pack.



Above you will see a template of a Mar chart. In each client’s folder you will see one of these if we administer medication. Either each individual item will be listed or it will say Blister pack A.M, Lunch, Tea or P.M depending on when the medication is to be administered. When administering blister pack medication, you must make sure that you are wearing correct P.P.E, pop the medication from the blister by holding the flat part of the pack over the medication pot, and push the medication through. it will come out of the blister pack. If you are administering medication from separate medication boxes you do the same thing but with each individual box using the small blister strip that is inside. Make sure that you put back the correct medication into the correct box. If you are witnessing the medication you must sign G.O which means given and observed. If you are potting the medication for the client to take later in the day you must sign G.N meaning given not observed. The date on the mar chart will appear across the top of the chart. You are to sign your initials in the first box under the date and the second box that will be under your initials you must sign either G.O or G.N. The chemist is responsible for the contents of the blister pack so we are therefore only signing to say that we have dispensed the contents.

 This is a picture of a Dossett box. Some clients will have these in their homes. These work the same way as a blister pack but without the list of contents. We DO NOT put the medication into these. The client or family members do. We DO NOT sign for these or put them onto the mar chart as we do not know what is in them.

 You will also come into contact with liquid medication. These will also be listed on the Mar chart and are to be signed the same ways as all other medication.

Here you will see a variety of creams. This is just an example of some of the creams you may come into contact with in your job role. You must sign the Mar chart the same way you do with all other medication.

All Liquid Medication must be signed on the day of opening and dated. To be thrown away in accordance with the expiry date on product.

**PLEASE SIGN TO SAY YOU UNDERSTAND ALL INFORMATION IN THIS TRAINING SHEET.**

**NAME………………………………………………………………….**

**DATE…………………………………………………………………...**

Administering medicines in home care agencies

NICE released guidance in March 2017 on managing medicines for adults in community settings.

These are some of the key points from the guidance relating to administration of medicines.

Administration

Care workers should only administer medicines when this is clearly documented in the care plan. The care workers must be trained and competent to do so. The prescriber's directions must be clear, specific and unambiguous.

Leaving out doses

Doses must only be left out for a person to take later, if it has been agreed with them, and a risk assessment has taken place. This information should be recorded in the care plan and an appropriate record should be made on a medication administration record.

Time sensitive medicines

Time sensitive medicines are those that need to be given or taken at a specific time. A delay in receiving the dose or omission of the dose may lead to serious patient harm.

Common examples include

* insulin injections
* medicines for Parkinson’s disease
* medicines that contain paracetamol
* medicines that need to be given before or after food

Care workers should be able to prioritise visits to meet the needs of people who need support for time-sensitive medicines.

Medicines administration records (MARs)

Care workers should record each time they provide medicine support. The record should include who administered the medicine and whether a medicine was taken or declined.

Medicines support is any support that enables a person to manage their medicines. In practical terms, this covers:

* prompting or reminding people to take their medicines
* helping people remove medicines from packaging
* administering some or all of a person’s medicines

There is no need to keep records when the person is managing their medicines themselves.

NICE recommends that printed MARs should be used where possible. These should include:

* the name of the person
* the name, formulation and strength of the medicine(s)
* how often or the time the medicine should be taken
* how the medicine is taken or used (route of administration)
* the name of the person’s GP practice
* any stop or review date
* any additional information, such as specific instructions for giving a medicine. Examples might include medicines to be taken with food (such as ibuprofen) or without food (such as some antibiotics)

Home care workers must record the medicine support given to a person. This must be for each individual medicine on every occasion in line with Regulation 17. The record can look different to a standard MAR. But it should be a clear record of all support provided, for which medicines.

Where medicines are recorded as ‘dosette’ or blister pack, keep an accurate record of the medicines contained in the blister pack. Keep this with the administration record.

When medicines change, the old list will need to be dated and kept. This helps to check the support provided for each medicine even if it was several months before.

Only make handwritten changes if you are competent to do so. If the medicine changes mid-cycle, make a new entry to make it clear when the dose changed. Handwritten records and changes should be covered in the medicines policy.

Controlled drugs

The medicines belong to the person and are being stored in their own home. There is no need to keep a register of controlled drugs. Also, there is no need for double witness signatures for administration or support.

Specialised administration

This will be determined by the home care agency’s policy and usually requires additional training.

Delegated tasks

In some circumstances, healthcare professionals may delegate certain tasks to home care workers. These tasks have traditionally been seen as nursing tasks. Staff will usually need extra training and competency checks before undertaking these tasks. The home care agency should have enough trained staff to allow continuity of care.

Examples of these include:

* injections
* medicines administered via a feeding tube, for example percutaneous endoscopic gastrostomy

Healthcare professionals should only delegate these tasks to a home care worker when:

* the person receiving medicines support gives consent
* responsibilities of each person are agreed and recorded

The delegating healthcare professional must assess that the care worker is competent and trained. The healthcare professional remains responsible for ensuring the care worker can safely and effectively administer the medicine. Providers should have policies in place to support these processes.