Policy for the Handling & Administration of Medicines In Domiciliary Care Settings

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1 INTRODUCTION

1.1 This policy applies to domiciliary care settings within Solihull where medicines are handled and/or administered by SMBC (Solihull Metropolitan Borough Council) staff and/or agencies contracted to provide care by SMBC.

1.2 Regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010 (*Management of Medicines*) states; 'the registered manager must protect people against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.'

1.3 This policy has been produced to encourage compliance with the law and to safeguard both staff and person receiving the service; it will also provide clarification of the responsibilities surrounding multi-agency packages of care.

1.4 This document states the overarching framework in relation to the handling of medicines including; obtaining medicines, documentation, administration, storage and disposal. It is based on current legislation and professional guidance provided by CQC and the NHS.

1.5 Various abbreviations are used throughout this document; the full meanings of these can be found in section 16: *Abbreviations*.

2 STATEMENT

2.1 SMBC is committed through both its directly provided and contracted services to provide the right medication at the right time to the right person; this policy has been produced to support that commitment. Information in this document is intended to safeguard people and to provide a framework for good practice for care staff and service managers.

3 SCOPE

3.1 To promote independence through encouraging people to manage their own medicines as far as they are able.

3.2 To assist all SMBC employed, bank, agency and contracted staff working in the domiciliary care settings within Solihull to handle medicines safely.

3.3 Local procedures should be produced which are in line with the guidelines and good practice principles outlined in this document.

3.4 Agencies contracted by SMBC to provide domiciliary care services will be expected to work in line with the standards set out in this policy. The terms agency and provider are used interchangeably in this policy.

4 RESPONSIBILITIES

4.1 All care professionals are responsible for their own actions and must exercise their own professional judgment at all times. However, any decisions to vary from agreed procedures or guidelines should be documented in the persons care plan, and include the reason for variance and the subsequent action taken.

4.2 REGISTERED MANAGER OF THE SERVICE

4.2.1 To ensure there are safe and secure systems in place for the handling of medicines and to ensure they are monitored.

4.2.2 To prepare, review and approve any local procedures and to ensure all staff are aware and understand the content of the procedures and that these procedures are updated regularly.

4.2.3 To ensure that only appropriately trained members of staff are involved in the handling and administration of medicines.

4.2.4 To identify the training needs of staff in relation to their duties and CQC guidelines and to ensure that suitable training is provided and implemented.

4.2.5 To keep a record of staff training and any updates received.

4.2.6 To keep an up to date list of specimen signatures and initials of person able to handle medication in order to facilitate identification of the person who administered each medicine.

4.2.7 To ensure that any incidents relating to medicines are reported as soon as possible as required by the regulator, contractor or under safeguarding procedures, ensuring they are investigated promptly and any learning is shared. See section 12.

4.3 SMBC PROVIDERS AND CONTRACTED DOMICILIARY CARE AGENCIES

4.3.1 It is the responsibility of the care provider to respond to the individual person's needs assessment, and to ensure that the appropriate level of assistance is provided on a day to day basis by care staff.

4.3.2 In some circumstances the person may require a higher level of assistance with medication. If it is identified that a Medication Risk Assessment (MRA) is appropriate, it is the responsibility of the provider to make arrangements for this and to arrange for additional training as appropriate. The social work team or Social Care Facilitator should be notified if there are major changes required in the medication support provided to the person receiving the service.

4.3.3 To ensure that they maintain awareness and understanding of the contents of this policy, including any amendments or revisions.

4.3.4 To report any incidents relating to medication as described in section 12.

4.3.5 It is the responsibility of employer organisations to ensure they have appropriate employee liability insurance.

4.4 SMBC COMMISSIONING QUALITY MONITORING TEAM

4.4.1 It is the contractor's responsibility to monitor the care provision, through the appropriate channels, to ensure the care provided is appropriate and continues to be delivered.

4.5 SOLIHULL SOCIAL WORK TEAM AND SOCIAL CARE FACILITATOR

4.5.1 To ensure that all providers of care are aware of individual person's needs.

4.5.2 To ensure an assessment of an individual's need for assistance with medication is a fundamental aspect of promoting independent living.

4.5.3 To assess and identify whether a person requires support with medication handling and at what level (see appendices 4 and 5); making sure this is on a service order and a care plan, including the need for a MRA, where appropriate.

4.5.4 To hold responsibility for ensuring that reviews are conducted whenever there is a change in the person's circumstances. Such as changes to their medicine regimen, a concern raised, a hospital admission, life event, such as bereavement.

4.5.5 To ensure that any incidents relating to medicines are reported as required by the regulator, Commissioning Care Quality Monitoring Team or under safeguarding procedures; ensuring incidents are investigated promptly and any learning is shared.

4.5.6 To keep track of the lead agency. See section 13.

4.6 EMPLOYED CARERS (ALSO KNOWN AS FORMAL CARERS / CARE STAFF)

4.6.1 The level of assistance required by person receiving the service will be defined within the person's care plan. It is the responsibility of care staff to follow the care plan and to report any concerns to a supervisor / line manager.

4.6.2 To ensure that they maintain awareness and understanding of the contents of this policy and any local medication-related policies / procedures, including amendments or revisions.

4.6.3 To ensure that they have received appropriate training and to communicate the need for any further training in relation to this policy to a supervisor/ line manager.

4.6.4 To report any medication errors or concerns to their supervisor immediately and to complete any reporting procedures as required.

4.7 PERSON RECEIVING SERVICE

4.7.1 The needs assessment will identify the level of assistance required to support independent living. If assistance with medication is required then the person's (or a representative who has been authorised to act in the person's best interests) must agree to and provide care staff with access to the prescription medicines and all necessary information to enable them to carry out the duties identified in the care plan safely.

5 TRAINING AND COMPETENCIES

5.1 All staff (including managers) should receive training on the safe handling of medicines as appropriate for their job role.

5.2 Staff that handle medicines must have received adequate medication training. Medication training must be delivered by suitably trained individuals and, whilst resources such as e-learning and videos can complement such training, they should ideally not be the main delivery method.

5.3 In addition to formal training, staff that wish to handle medicines must be assessed as competent by their manager via a competency route advance care planning where a formal assessment is completed and documented.

5.4 Staff are not permitted to administer medication to person receiving the service unless they have been assessed as competent, as described above.

5.5 Care providers must ensure this training is in place.

6 DOCUMENTATION

6.1 The care plan must state the level of assistance required by each person receiving the service with regards to medication.

6.2 MEDICATION ADMINISTRATION RECORD (MAR) CHARTS (SEE APPENDIX 2 FOR DETAILS ON WRITING MAR CHARTS)

6.2.1 Each person receiving the service who has been assessed as requiring regular assistance with their medicines (level 2 or 3 – see appendix 5 for further details) must have a current MAR chart / set of MAR charts.

6.2.2 When the initial service order/agreement for care is raised, the relevant social work team or Social Care Facilitator should ensure completion of the MAR chart(s). This may involve writing the MAR chart(s) themselves or requesting another party (e.g. care agency) to do so.

6.2.3 Responsibility for providing a MAR chart rests with the care provider (see section 13: *Multi Agency Packages* for instances where there is more than one care provider). The approved SMBC MAR chart should be used. The SMBC Commissioning Brokerage Team will provide an initial blank MAR chart at the point of contracting which the care provider must use.

6.2.4 Care staff have a duty to accurately record on the MAR chart the administration support provided.

6.2.5 If applicable, the information on the MAR chart will be supplemented by additional information (see 6.3).

6.2.6 Under no circumstances should there be more than one MAR chart / set of MARs in use at any one time (see section 13: *Multi Agency Packages* for instances where there is more than one care provider). Where more than one MAR is in use due to the number of medicines taken by a person receiving the service, each chart should be clearly numbered to signify that it is part of a set e.g. ‘1 of 2’ and ‘2 of 2’.

6.2.7 The MAR chart should be dated, unambiguous, complete, legible, written or printed in indelible black ink and updated following any change to the person's medication. It should show:

a) The person's full name
b) Address
c) Date of birth
d) Name of current GP and dispensing pharmacy
e) Any known hypersensitivities / allergies (this should be known by the GP)
f) Name, strength and form of the medicine(s)
g) Dosage / directions for administration
h) Time(s) of day that the medicine(s) are to be administered
    i) Circle or highlight the time of day that the medicine is to be administered according to the prescribe directions (morning, lunchtime, teatime and / or night time)
    ii) At each administration, record the exact time of administration above the signature box using the 24 hour clock (i.e. 1400 instead of 2pm)
i) Route(s) that the medicine(s) should be administered if not orally
j) Course length if a medicine is prescribed for a set period of time e.g. antibiotics
k) Any additional special directions e.g. ' take with or after food', 'dissolve in water', 'swallow whole whilst standing or sitting upright'

6.2.8 In the case of PRN medication, the MAR chart should state:

a) The maximum single dose
b) The minimum dose interval
c) The maximum number of doses able to be given within 24 hours
d) The circumstances / symptoms for administration.

6.2.9 Where a medicine is prescribed for intermittent administration (e.g. 'every other day', or 'every 72 hours'), crosses should be placed into the signature boxes on the MAR for each day that the medicine is to be omitted. See section 10.6 for the recording of warfarin on a MAR chart.

6.2.10 The first day of the MAR should always be a Monday, and each seven-day section of the MAR should run Monday to Sunday. Where initial administration does not occur on a Monday, a cross should be placed in the signature box of each medicine entry for each day of the week that has already passed. For example; if administration begins on a Wednesday, a cross should be placed into the first two signature boxes of each medicine entry.

6.2.11 If a MAR chart is in any way unclear, the relevant medication must not be administered. The manager or on call duty manager must be contacted in the first instance as soon as possible. If appropriate the pharmacist or prescriber can be contacted.

6.2.12 If there are any changes mid-cycle to the person's medication regimen, the entry should be rewritten. A suitably trained member of staff can cross out the old entry using a diagonal line and clearly write in block capitals the new information on a new section of the MAR chart. All amendments must be signed and dated by the person carrying out the amendments. Records must not be obliterated and correction fluid must never be used. See Appendix 2 for further information on completing MAR charts.

6.2.13 Any concerns about whether a dose has been missed or given but not signed for must be reported to a supervisor immediately.

6.2.14 The MAR chart(s) must be retained in the person's home while in use. When completed it must be stored with the care provider together with the remainder of the care notes (see section 13: *Multi Agency Packages* for instances where there is more than one care provider). If a person wishes, they can keep the original and the lead agency may keep a copy. The above also applies when the care package ceases.

6.2.15 If possible the MAR chart should be taken with the person to any GP / hospital / outpatient appointments. This will aid medical staff in identifying what medicines the person is taking.

6.2.16 If a person is taking or using anything for a therapeutic reason that is not prescribed and requires administrative support from care staff; approval must be sought from the GP or pharmacist and documented and full details of each preparation must be recorded on the MAR chart. Examples of applicable preparations include herbal remedies, medicated creams that have been purchased and over-the-counter painkillers.

6.2.17 The approved SMBC MAR chart is provided as a Microsoft Word document so that, where desired, providers can type in the person receiving the service and medication details prior to printing. The general look of the document must remain unchanged. Providers are not permitted to amend the format or wording of any part of the MAR chart without written authorisation from a member of SMBC or the Community Services Pharmacy Team.

6.3 MEDICATION CARE PLANS / PRN PROTOCOLS

6.3.1 For medicines where there is any ambiguity about when a medicine should be administered and what it is for (e.g. in the case of PRN psychiatric medication), a medication care plan / protocol should be produced by the care agency.

6.3.2 Information for the medication care plan / protocol should be obtained from the prescriber; content may be confirmed over the telephone or via email by a senior member of staff. See 6.2.8 (a-d) for a list of the information that should be included. Information on the medication care plan / protocol should be reviewed on an annual basis or sooner if there are changes to the prescription.

6.3.3 A copy of the medication care plan / protocol should be placed alongside the person's MAR(s) and a copy should be stored by the lead care agency.

6.3.4 See appendix 7 for an example of a medication care plan / protocol.

6.4 TIME–SENSITIVE MEDICINE

6.4.1 For a medicine that needs to be given or taken at a specific time, where a delay in receiving the dose or omission of the dose may lead to serious patient harm (e.g. insulin injections for diabetes, HIV meds or specific medicines for Parkinson's disease), this needs to be clearly documented on the MAR chart. This should also be documented on the persons notes to ensure that all staff are aware of the omitted dose or late administration.

6.4.2 Information about time sensitive medicines needs to be shared with other agencies involved.

6.4.3 See appendix 3 when to refer to Safeguarding (criteria for considering a medication incident/error as a safeguarding concern)

7 OBTAINING MEDICINES

7.1 The supply of medicines comes under the remit of the Medicines Act 1968. Medicines prescribed for individual people (including dressings and nutritional supplements) are the property of the named person.

7.2 The person receiving the service or family / carer is responsible for ensuring medication is ordered as necessary. In some circumstances care staff may take responsibility for ensuring the ordering of medication. If so, this will have been assessed and be on the care plan.

7.3 If care staff are handling prescriptions, they should be taken securely to the pharmacy in a timescale that ensures continuity of supply and allows time to resolve any discrepancies. This should be noted in the communication record at the person's home including the name strength and quantity of the medicine,

7.4 Where staff collect / carry medicines, transport arrangements must be secure and prompt.

7.5 When collecting controlled drugs (CDs) from the pharmacy, the CD section on the back of the prescription must be signed by the staff member collecting the CDs. The CDs should be taken directly to the person's home once they have been picked up and noted in the communication record kept in the person's home.

7.6 If the community pharmacist delivers medicine to the person's home it is important that the pharmacist is made aware of any risks or safety concerns. Pharmacists' delivery procedures should not put the person receiving the service or any member of or visitors to, the household at risk.

7.7 EMERGENCY/OUT OF HOURS PRESCRIPTIONS

7.7.1 If a person requires medication outside normal working hours and it is in the person's best interest to start the medication straight away, an out of hours service prescriber may issue a prescription, which can be dispensed at any community pharmacy. If the prescription does not need supplying immediately it should be obtained at the earliest opportunity in normal working hours from the person's regular community pharmacy.

7.7.2 A suitably trained member of staff should add this new item to the MAR chart as described in Appendix 2 as soon as practical and must be in line with person's clinical need.

7.8 FOLLOWING HOSPITAL DISCHARGE

7.8.1 When a person is discharged from hospital, the hospital will provide the person with a discharge letter ('TTO') stating all of the medicines and doses that the person should take following discharge. If the hospital confirmed with the person during their inpatient stay that they have a sufficient supply of all medicines at home, a supply will not be provided at discharge providing there have been no changes. If there have been changes, medication will be supplied to cover a period of at least 14 days.

7.8.2 If the person had their medication supplied in a compliance aid prior to admission and changes to the medication have been made during their stay, the hospital will prescribe the discharge medication for the person to take home. The persons GP will be notified via

the discharge information of any changes to medication to enable them to continue to prescribe the correct medication and for pharmacy to dispense in the compliance aid. In some circumstances the hospital may prescribe the discharge medication on a prescription that can be taken directly to the pharmacy for dispensing in the compliance aid, though this will not always be the case.

7.8.4 Compliance aids will not routinely be initiated in hospital.

8 SECURITY AND STORAGE OF MEDICINES

8.1 Medicines should be stored where they are readily accessible to all carers and, if some doses are self-administered, the person receiving the service. All medicines should be stored away from children except where a child is the sole or main carer; then the medicines must be accessible to them as necessary.

8.2 Medicines should be kept away from heat sources and damp. Medicines must be kept within the original pharmacy-issued labelled packaging.

8.3 Certain medicines have defined storage needs (e.g. refrigeration) which must be followed. This information will be on the pharmacy or medicine container label.

8.4 Where the labelling of the product defines storage conditions and these are not adhered to, staff should seek advice/guidance from a pharmacist before administering medication.

8.5 **Covert administration:** The hiding of medicines in food or drink (COVERT ADMINISTRATION) will only occur where a mental capacity assessment has been carried out by the persons GP or other healthcare professional and indicates that the person lacks capacity to make their own decisions; in this case, decisions must be made in the best interests of the person. The decision to covertly administer medication should only be made following appropriate discussion with family members, healthcare professionals, pharmacist and members of the social work team etc.; it must also be clearly documented, communicated to other applicable parties as appropriate (e.g. all providers must be informed where there are multiple agencies involved in the care of person), and reviewed on at least an annual basis.

8.6 **Secondary dispensing:** Removal of medicines from their original packaging to be left out for the person receiving the service to take at a later time is to be avoided unless in exceptional circumstances. Any assistance of this nature must be risk-assessed by the care agency, must take into account the stability of the medication (pharmacy advice should be sought) and must be documented in the care plan and on the MAR through the use of the correct referenced abbreviation.

9 COMPLIANCE AIDS - MONITORED DOSAGE SYSTEMS (MDS)

9.1 All care staff in Solihull can assist / administer medicines from all containers that have been dispensed from a pharmacy, not just compliance aids. Any assessment / decision to initiate an MDS should be made by a health professional and should be made with the best interests of the person in mind, not for the convenience of the care provider.

9.2 The pharmacy may agree to supply medicines in 7-day compliance aids (e.g. Medipacks). This service is not part of a pharmacy's NHS contract and so payment may be requested. The person would be expected to pay this fee.

9.3 There are many medicines that cannot be put in an MDS pack; therefore any person who has an MDS will most likely have two medication systems in place. If this is the case the carer should be aware of this and is should be noted on the MAR chart.

9.4 Medicines must not be re-packed from the original container in which the pharmacy supplied it. Unless as described in section 8.6

9.5 There are a variety of MDS packs and carers must ensure they are conversant with how to use the MDS supplied - if not they should ask for guidance from the dispensing pharmacy.

10 MEDICINES ADMINISTRATION BY CARE STAFF

10.1 The person receiving service should be encouraged to self-medicate in order to maintain their independence and it is expected that family members will assist wherever this is practical.

10.2 Medicines that are prescribed and dispensed for one person remain the property of that person . Medicines must never be used for social control or punishment.

10.3 Further guidance on the levels of medication support can be found in appendix 5.

10.4 Use the '6 Rights of Medication' administration procedure and guidance – see appendix 1.

10.5 Care Staff must record the medicines support given to a person in the communication record i.e. requested repeat prescriptions , collection/returning of medicines from/to pharmacy including completing the MAR chart for level 2 & 3. (See appendix 5).

- Level 1 – record the support given for each individual medicine/MDS .i.e. verbal prompt/ opening medication at person's direction.
- Level 2 – record the support given i.e. record as per MAR chart & any other appropriate information.
- Level 3 – record the support given i.e. record as per MAR chart & any other appropriate information.

Care staff must raise any concerns about a person's medicines. These concerns may include,

- The person declining their medicine.
- Medicine not being taken in accordance with prescribers instructions,
- Possible misuse or diversion of medicines
- The person stockpiling their medicine
- The persons mental capacity to make decisions about their medicines
- Changes to the person's physical or mental health.

10.6 WARFARIN (ORAL ANTICOAGULANT)

10.6.1 Care staff should have access to written confirmation of the warfarin dosage from the prescriber; this should be written clearly in the persons' 'yellow book' titled *Oral Anticoagulant Therapy*.

10.6.1 As doses may change on a regular basis, the dosage for administration should be read directly from the yellow book before each administration; it is considered safest practice for MAR charts to be completed with 'see yellow book' in the dosage section, under each tablet strength. Signatures of administration must clearly reflect the dose administered at each administration.

10.6.3 Oral anticoagulants should be administered from the original packs dispensed by pharmacy. Monitored Dosage Systems are not flexible enough to cope with frequent dose changes and are not recommended for anticoagulants due to the increased risk of a wrong dose being taken by a person receiving service.

10.7 COSMETIC PRODUCTS

10.7.1 These are preparations that do not contain an active medical ingredient. Cosmetic products may be applied as requested by a person receiving service as part of their care plan and do not need to be documented on the MAR chart. Advice should be sought if there are any concerns e.g. skin problems.

10.8 ADVERSE DRUG REACTIONS

10.8.1 Any adverse drug reaction or suspected adverse drug reaction should be reported to the prescriber and/or supplying pharmacist for that individual person receiving service before further administration. Where there is a serious reaction medical advice must be sought immediately. The reaction should be recorded in the person's notes.

11 DISPOSAL OF MEDICINES

11.1 All medication is the property of the person receiving service and must not be removed from the person's home unless the person has agreed to its disposal. Where the person lacks capacity, a representative who has been formally authorised to make decisions in the best interests of the person should be consulted before medication is removed from the premises; when this applies to a person receiving service, it will be documented in the risk assessment within the medication domain.

11.2 Medicines should only be disposed of if they have expired, if they are no longer prescribed / wanted or if they are no longer fit for use.

11.3 Medicines for disposal should be returned to the person's community pharmacy for incineration. Medication must not be disposed of in waste bins or poured down drains, sinks or toilets.

11.4 The removal of any medication for disposal should be recorded on the MAR chart.

12 MEDICATION INCIDENTS / ERRORS

12.1 All prescribing, dispensing and administration errors / omissions are considered incidents.

12.2 See appendix 3 for the criteria for when medication incidents should be referred to Adult Safeguarding and / or when CQC should be notified.

12.3 All incidents should be reported to the supervisor / on-call duty manager immediately after they are discovered. If there is any doubt about whether a medicine is a controlled drug, a community pharmacy should be contacted to provide confirmation.

12.4 The supervisor should take immediate action to make the person safe, such as contacting the GP and/or pharmacist for advice if a medicine has been given incorrectly. The packaging and medicine should be kept safely for any further investigation.

12.5 SMBC staff should complete an incident form for each incident as soon as possible. This helps ensure actions are taken to minimise the recurrence and to share learning. The responsible social work team or Social Care Facilitator should also be notified.

12.6 In the independent sector, a care first activity should be completed by the relevant social work team or Social Care Facilitator and sent to the SMBC Commissioning Care Quality Monitoring team.

12.7 Managers must ensure that the person that made the error is competent to continue administering medication. This may involve further training and re-assessment.

12.8 If medication is discovered to be missing, the manager or 'on call' duty manager should immediately be told. They should then inform the relevant social work team or. Social Care Facilitator At this point, a decision will be made if safeguarding procedures should be opened. Steps should be taken to find out if the medication has already been given; if this is the case, a health professional should be consulted. Full and complete detailed records should be kept. A SMBC incident form or a recording on the persons social care record must be completed.

13 MULTI AGENCY PACKAGES

13.1 Where individuals are receiving care from more than one agency, it is the responsibility of the Social Worker or Social Care Facilitator raising the order to identify a lead agency. In most cases, this will be the agency doing the majority of visits. This will need to be communicated to the other providers / agencies by the social worker or Social Care Facilitator raising the order for domiciliary care.

13.2 All agencies involved in the person's care should make a note of the lead agency in their own records. The name of the lead agency should also be recorded on the MAR chart(s).

13.3 The approved SMBC MAR chart should be used. It is the responsibility of the social worker or Social Care Facilitator raising the order to ensure that the lead agency is equipped with an electronic copy of the most recent version of the SMBC MAR chart.

13.4 The lead agency will be responsible for maintaining the MAR chart(s). On completion of a MAR chart, the lead agency must provide photocopies to all other agencies involved with medication support; a copy may also be provided to the person upon request. The lead agency should keep completed MAR charts for three years.

13.5 In the event of a medication related error/incident, the agency employing the staff member involved is responsible and accountable.

13.6 If required, the agency responsible for repeat medication will be noted on the care plan.

14 SUCCESS INDICATORS

14.1 Records relating to medicines that are kept at the Domiciliary Care base (office) will be available for inspection by authorised SMBC staff under the terms of the general contract.

14.2 Monitoring/audits at the base unit will be carried out to ensure that procedures, systems and training are in place and operating satisfactorily to maintain the safe and secure handling, storage and administration of medicines.

14.3 Compliance with any CQC monitoring.

15 INFORMATION AND SUPPORT

15.1 Copies of the following reference sources should be available:

- Relevant Current SMBC policies and procedures
- Relevant local policies and procedures
- Current relevant professional/regulatory body guidelines (e.g. CQC)
- Patient information leaflets for each medicine prescribed for the person (pharmacies are obliged to provide these with every medicine dispensed by them)

15.2 Advice can be obtained from:

- Registered Manager/person on call
- Community pharmacist
- Appropriate specialist nurses
- GP or Out of Hours Service
- Local NHS Walk-In Centre
- NHS 111 (for urgent, but non-emergency medical help)
- Commissioning Care Quality Monitoring team within SMBC

16 ABBREVIATIONS

CD	Controlled Drug	**NMS**	National Minimum Standards
CQC	Care Quality Commission	**NVQ**	National Vocational Qualification
GP	General Practitioner	**PIL**	Patient Information Leaflet
MAR	Medication Administration Record	**PRN**	*Pro re nata* (when required)
MDS	Monitored Dosage System	**RPSGB**	Royal Pharmaceutical Society of Great Britain
MRA	Medicines Risk Assessment	**SMBC**	Solihull Metropolitan Borough Council
NHS	National Health Service	**SOP**	Standard Operating Procedure
NMC	Nursing and Midwifery Council	**TTO**	*To Take Out* (discharge prescription)

17 REFERENCES

- NICE Managing Medicines in Care Homes 2014 (last updated Dec 2017)
- CQC Regulations (www.cqc.org.uk)
- Health & Social Care Act 2008 (Regulated Activities) Regulations 2014
- Managing medicines for adults receiving social care in the community. NICE guideline Published: 30 March 2017 nice.org.uk/guidance/ng67
- 'The Handling of Medicines in Social Care'. RPSGB 2007.
- CQC 'Guidance About Compliance'
- 'Medicines, Ethics and Practice'. RPSGB.
- Skills for Health Knowledge Set for Medication. http://www.skillsforcare.org.uk/developing_skills/knowledge_sets/medication.aspx

18 APPENDICES

APPENDIX 1 – NICE – 6 Rights of Administration

APPENDIX 2 – Procedure for completing MAR charts

APPENDIX 3 – When to refer to safeguarding and when to notify CQC

APPENDIX 4 – Medication Assessment Prompts

APPENDIX 5 – Levels of Medication Support in Domiciliary Care

APPENDIX 6 – Medication Related Regulations in Domiciliary Care

APPENDIX 7 – Medication Care Plan example and sample for use by providers

APPENDIX 1

THE SIX RIGHTS OF ADMINISTRATION

Right Person

- Check person's name against the care plan, medication and MAR sheet.
- Providers must ensure that medicines prescribed for a person are not used by any other person.

Right Medicine

- Check that the medicine is labelled with the persons's name.
- Check the medicine name (e.g. paracetamol), strength (e.g. 500mg) and form (e.g. tablets); the MAR chart, medication label, packaging and contents all must match.
- Check the dosage instructions before giving medication.
- Check that the medicine is fit for use i.e. in its original packaging as supplied by pharmacy and in date (check the expiry date, taking into account whether or not the medicine has a reduced shelf life after it has been opened).

Right Route

- Check the way in which the medication is to be administered (e.g. orally, topically, nasally etc.) – this should be recorded on the MAR chart. .Medication must only normally be administered by non-invasive routes.
- Any invasive medicines (e.g. those administered rectally, by injection, by feeding tube etc.) carry a higher level of risk and should only be administered by a healthcare professional or, in exceptional circumstances, by 'authorised persons' who have been specifically trained and deemed competent by a healthcare professional to administer via a specific invasive route e.g. by PEG feeding tube. This must be risk assessed by the Registered Care Manager (RCM).

Right Dose

- Check that the dose on both the MAR chart and medication label match (dose is the amount of medication to be given to the person).
- Check that the dose has not already been administered by checking the MAR chart – if the dose has already been signed for on the MAR chart, the service manager, key worker, or the pharmacist should be consulted before the medicine is given.
- Check for changes to the dose (any amendments must be clearly signed and dated).
- Record on the MAR chart the actual amount given at each administration where a variable dose is prescribed.
- Check that you have the right measuring device for liquid doses; the smallest marked measuring device available to suit the intended dose should be used in order to ensure accuracy, and oral syringes should be used for small doses of liquid medicines that cannot be accurately measured in a 5ml spoon.
- Doses should be equally spaced throughout the waking hours.

Right Time

- Check that the dose time is clearly specified on the MAR chart and/or the medication label.

For example, 'Take one tablet in the morning' clearly identifies when this medication is to be given, however, 'take one tablet daily' leaves this open to interpretation, unless the dose column on the MAR chart is marked as to identify the time.

- Ensure the dose is offered within an hour of the time indicated on the MAR chart.
- Ensure a record (administration signature or omittance code) is made on the MAR chart immediately after administration.
- Check for any additional labels, precautions or special instructions such as 'take with or after food' or 'avoid grapefruit juice' and ensure these are adhered to.
- Record on the MAR chart the actual time given where a PRN medicine is administered.
- Before administering a PRN medicine, check the last time of administration against the PRN protocol to ensure the necessary time interval between doses has passed.

Right of the Person to Refuse

- The person has the right not to take the medication, unless they have been assessed and found to lack capacity (see Covert Administration section).
- Do not give the medication if one or more of the above rights is incorrect. Seek further guidance, initially from your line manager.

When assisting with medication administration, please bear in mind the following:

- If in doubt, DON'T administer, seek advice: IF IN DOUBT CHECK IT OUT.
- If things go wrong, telephone Line Manager for advice. Alternatively contact the GP, a community pharmacist or another healthcare professional. Call NHS 111 for urgent, non-emergency medical help.
- Hands should be washed before administering any medication.
- Medication must not be touched.
- Any spoons / medicine pots used during the process must be washed after use.
- A glass of water should always be offered with medication that is taken orally.
- Spilled or dropped medication must be recorded on the MAR.
- Disposable gloves should be worn when applying topical preparations such as creams.
- Topical preparations such as creams must not be applied to broken skin unless specified by the prescriber.
- Do not advise on or suggest medication other than what is written on the MAR Chart.
- Do not administer medication that has been tampered with.
- The date of opening must be recorded on medicines that have a shortened shelf life after they have been opened e.g. eye drops that state 'discard one month after opening'.
- Refusal of medication must be recorded on the MAR chart and the information passed to the Line Manager as soon as possible.
- Care staff must not administer any medication that is not written on the MAR chart.

APPENDIX 2

PROCEDURE FOR COMPLETING MAR CHARTS

1. OBJECTIVE

1.1 The aim of this document is to provide guidance on the production and maintenance of Medication Administration Record charts (MAR charts).

1.2 MAR charts are official documents; they provide a formal record of administration.

1.3 Care workers administering medication will be highly dependent upon the content and accuracy of the MAR charts.

1.4 This guidance should help care providers write a Standard Operating Procedure (SOP) to cover the production and maintenance of MAR charts.

2. SCOPE

2.1 MAR charts must be in place for all people receiving service who have been assessed as requiring level 2 or level 3 support

2.2 The MAR chart must provide an accurate account of the medicines being taken by the person. It should document all prescribed medicines, including externally applied medicines and as required (PRN) medicines.

2.3 All directions for use must be legible, unambiguous, not likely to be misinterpreted and, if followed specifically, not result in harm to the person.

3. RESPONSIBILITY

3.1 All completed MAR charts must be checked for accuracy by a responsible professional before being used in a domiciliary care setting. This must be countersigned by checking each medicine entry for accuracy, then and dated in the notes field on the back of the completed MAR chart.

3.2 RESPONSIBLE PROFESSIONALS

3.2.1 A responsible professional must take responsibility for checking and subsequently signing off the MAR chart to say it meets the following required standards:

i) It is an accurate account of everything that is prescribed for the person, including herbal or purchased medicated preparations that are to be administered by care staff.

ii) Directions are legible, unambiguous and are not likely to be misinterpreted. If followed specifically not result in harm to the person.

3.2.2 As a guide, a responsible professional can be one of following:

i) Registered manager of a social care service.

ii) Member of staff employed by a social care service who has been delegated the task by the registered manager e.g. /senior carer/supervisor/ line manager or other suitably trained member of staff.

iii) Pharmacist registered with the General Pharmaceutical Council.

iv) Pharmacy Accredited Checking Technician registered with the General Pharmaceutical Council.

v) Nurse registered with the Nursing & Midwifery Council

vi) Doctor registered with the General Medical Council

vii) Physiotherapist registered with the Chartered Society of Physiotherapy

viii) Dietician registered with the British Dietetic Association

3.2.3 The responsible professional must feel confident and competent to sign off the MAR chart.

4. STAGES OF THE PROCESS

4.1 The Responsible Professional (*section 3.2*) must compare the MAR chart with the prescription and/or labelled medication before it is issued for use. All appropriate steps must be taken to ensure the MAR chart is a complete and accurate list of all medication prescribed for and being taken by the person receiving service. If there is any doubt about what should be written on the MAR chart, the person's GP or pharmacist should be consulted. An up to date list of prescribed medication may be available in the form of a recent repeat prescription form.

4.2 Before completing the MAR chart, calculate how many charts will be required to document each medicine being taken by the person

4.3 The entries on the MAR chart must be legible, unambiguous and written in indelible black ink.

4.4 Wherever possible only one MAR chart should be in use at any one time. Where more than one MAR chart is required due to the number of medicines being taken by the person the front of the MAR chart must be endorsed with the number of charts in use in total i.e. '1 of 2', 2 of 2'.

4.5 Complete the front of the MAR chart by filling in the following information in the space provided:

a) Name

b) Address

c) Date of birth

d) Allergies / sensitivities (this will be known by the GP) – this field must be completed, even if there are 'no known allergies

e) The date the chart will be started ('date of issue')

f) Name and contact details of the person's GP

g) Name and contact details of the supplying pharmacy

h) Name and contact details of a nurse caring for the person(where applicable)

i) Name of lead agency (must be completed where there are two or more agencies contracted to provide care for the person)

4.6 For each medication entry on the MAR chart, the following details must be transcribed from the pharmacy label:

a) Name, strength and form of the medicine(s) e.g. furosemide 40mg tablets

b) Dosage / directions for administration e.g. two tablets twice a day

c) Time(s) of day that the medicine(s) are to be administered

i) Circle or highlight the time(s) of day that each medicine is to be administered according to the prescribed directions (morning, lunchtime, teatime and / or night time)

ii) At each administration, record the exact time of administration above the signature box using the 24 hour clock (i.e. 1400 instead of 2pm)

d) Route(s) that the medicine(s) should be administered if not orally

e) Course length if a medicine is prescribed for a set period of time e.g. antibiotics

f) Any additional special directions e.g. ' take with or after food', 'dissolve in water', 'swallow whole whilst standing or sitting upright'

4.7 For medication that is prescribed for 'as required (PRN) use, it is not acceptable to simply write 'as required' with no additional directions to support care staff in safe and consistent administration. The following information must be clarified with the prescriber and transcribed onto the MAR chart entry or an accompanying medication care plan / PRN protocol:

a) The maximum single dose

b) The minimum dose interval

c) The maximum number of doses able to be given within 24 hours

d) The circumstances / symptoms for administration.

4.8 Each medicine must be written on a separate MAR entry and every medicine the person receiving service is taking must be recorded on the MAR. It is unacceptable to record 'as per medipack' or similar for numerous medicines stored within a compliance aid.

4.9 The order medicines appear on the MAR chart needs to be considered. Any medication appearing on the MAR chart as two or more differing strengths or doses should be placed next to each other on the same chart. Medication that is to be taken at a certain time of day can be put next to each other.

4.10 MID-CYCLE ALTERATIONS TO PRESCRIBED MEDICATION

4.10.1 There must be a robust system in place to capture information about changes to prescribed medication:

- If there are any queries the prescriber must be contacted, to confirm if the changes is correct, including spelling the name of the medicine.
- Changes must be updated on the person's MAR chart in a timely manner.

A running record of all medication changes should be kept in the person's notes in case of future queries. Including who requested the changes, the date and time of the request and who received the request.

4.10.2 All hand written amendments to the MAR chart must be legible, unambiguous, and in indelible black ink.

4.10.3 A suitably trained staff member can change the MAR chart but this must only be done in accordance with a prescriber's instructions. The person making the amendment becomes the 'responsible professional' for that entry. When making the amendment they must:

- Cancel the original direction.
- Write the new directions legibly and in ink on a new line of the MAR chart.
- Write the name of the doctor or other prescriber who gave the new instructions.

- Date and sign the entry (including obtaining a witness signature when this is possible).

4.10.4 If the prescriber altered the dose/frequency of a medicine during a home visit it would be appropriate to ask them to amend the chart themselves. In doing this they become the 'responsible professional' and so their amendments must also be signed and dated.

APPENDIX 3

WHEN TO REFER TO SAFEGUARDING

Agencies who are commissioned to provide any medication service within a care plan are responsible for ensuring that medication is administered in a safe way. Any medication error or incident must be reported to the Social Work team or Social Care Facilitator who will report it to the SMBC Care Quality Monitoring team.

If an agency identifies that the incident or error meets the criteria below, they MUST report it as a safeguarding incident to the team which would normally hold case management responsibility for the individual to which the incident relates. If the incident/error relates to a self-funder, the agency MUST report it to the team who would have case management responsibility for the individual if they were not a self-funder. Where no single victim is identified the Safeguarding referral will be made to the ACS One Front Door on 0121 704 8007.

Health and Social Care staff such as District Nurses, Social Workers, Review Workers etc. may come across or be advised of medication incidents or errors. If they identify the incident or error meets the following criteria, they MUST discuss the incident or error with their Team Manager or Senior Practitioner as a safeguarding incident – they must also complete an SMBC incident form or record on the persons social care record must be completed.

Criteria for considering a medication incident/error as a safeguarding concern:

- The victim is caused significant and/or permanent harm or death.
- Errors in the administration of prescribed medication that leads to a medical intervention and/or A&E attendance.
- The incident/error was a deliberate act.
- The incident is part of a pattern or culture e.g. the same drug, carer or agency is involved, or the duration / frequency is particularly concerning.
- There is a risk of repeated or increasingly serious acts involving this or other vulnerable adults.
- Warfarin is involved and it results in significant and/or permanent harm or death.
- Controlled drugs are involved, resulting in significant and/or permanent harm or death.
- Incidents where someone is given medication that has not been prescribed or bought specifically for them that results in significant and/or permanent harm or death.
- Incidents which involve a large number of people.
- Incidents that involve drugs liable for misuse/abuse; if unsure, consult a community pharmacist. Some common examples include:
    - The ‘Z’ drugs – zaleplon, zolpidem and zopiclone (hypnotics indicated for insomnia)
    - Sedating antipsychotics e.g. haloperidol, chlorpromazine
    - Stronger opiate based painkillers like dihydrocodeine
    - Benzodiazepines e.g. diazepam, temazepam etc.

WHEN TO NOTIFY CQC

The Care Quality Commission must be notified of incidents that:

- ✓ Result in physical or mental impairment that is not likely to be temporary
- ✓ Require treatment by a healthcare professional in order to prevent death or injury/impairment
- ✓ Cause prolonged pain or prolonged psychological harm
- ✓ Shorten the life expectancy of the person
- ✓ Involve abuse or allegations of abuse in relation to the person
- ✓ Have been reported to / investigated by the Police

APPENDIX 4

MEDICATION ASSESSMENT PROMPTS

Engage with the person when assessing persons medicines support needs. Focus on how the person can be supported to manage their own medicines

- ✓ The following is a list of prompts that can be used when assessing a persons medication needs.
- ✓ This list is not exhaustive; it provides a basic framework for looking at what medication issues may affect the level of care required by the person.
- ✓ It is for use by social workers or care agencies and should be used in conjunction with the SMBC Policy for the Handling of Medicines in Domiciliary Care.

1. CONSIDER

- The person's needs and preferences, including their social, cultural, emotional, religious and spiritual needs.
- The persons expectations for confidentiality and advance care planning
- The persons understanding of why they are taking their medicine
- Whether they have any problems taking medicines, particularly if they are taking multiple medicines
- What they are able to do and what support is needed for example, reading medicine labels, using inhalers, applying creams etc.

2. SUPPORT

- What can be done to empower the individual to self administer?
- Consider accessing a MUR (Medicines Use Review) from a community pharmacist or a Medication Review from the individual's GP. These can help identify medication issues.
- All care staff in Solihull can prompt/administer medicines from all original dispensed container(s) from a pharmacy, **not** just compliance aids such as MDS blister packs.
- There are many medicines that cannot be put in a compliance aid; therefore any person who has a compliance aid will most likely have two medication systems in place.
- Ensure care plan gives appropriate time between visits in line with prescribing requirements.

3. MULTIPLE CARERS

- Is there more than one provider/carer supporting this individual with medication?
- Identify a **LEAD** agency/organisation (see policy for further details).
- Is there an 'informal' carer supporting the individual as well as an agency – such as a family member or neighbour?
- Be clear about roles and responsibilities and recording.

4. REPEAT PRESCRIPTIONS

- Does an individual require help to order and collect repeat prescriptions from GP/Pharmacist?
- Who will be doing this? If a care worker will be doing this make sure medication is re-ordered before they run out but do not over order or stock pile.

5. STORAGE

- Where are medicines stored/kept and where should they be kept (e.g. fridge)?
- Who has access?
- Do they need to be put out of anyone's reach or hidden? If so this must be documented on a risk assessment.

6. RECORDING

- Record in the care plan the discussion and decisions about the person's medicine support needs.
- Can staff administering medication identify if the person has or has not taken prescribed medication?
- MAR Charts must be available if care staff will need to administer medication.
- Is there a signature record sheet so people can identify the owner of the signature/initials?

7. MULTIPLE PEOPLE IN THE HOUSE

- Is there more than the person receiving service living in this property and are they taking any medication?
- There may be risks of giving the individual someone else's medication.
- There may be risks someone takes the medication of the person receiving service – caution if children in the property or regularly visiting the property.

8. MISSED MEDICATION

- Is this individual particularly vulnerable if their medication is missed?
- What should someone do if they identify one or more doses have been missed? Who should they contact and in what order?
- What is the procedure if someone refused to take one or more of their medicines?

9. SPECIAL REQUIREMENTS

- Are there any special requirements for any/all medicines?
- Before or after food – make sure care plan reflects this.
- Specific drugs such as Warfarin have special requirements. The GP or pharmacist will be able to advise.

10. COMPETENCE

- Are we sure the person(s) supporting with medicines management and administration are competent – whether this is an agency or an informal carer?
- With agencies – make sure training is provided.
- Ask about their quality monitoring processes to ensure staff are competent and follow care plans.
- Check their latest CQC inspection report – if CQC identify a concern about medication administration caution will be required.
- With informal carers – check out they understand what they are doing and that they know how and when to access help.

11. PROFESSIONALS INVOLVED

Consider who else is involved or may play a part in the individual's medication regime. Examples include the following:

- GP
- District Nurse (DN)
- Pharmacist
- Consultant etc.

IF IN DOUBT ABOUT ANY ISSUES IN RELATION TO MEDICINES AND MEDICATION CONSULT A HEALTHCARE PROFESSIONAL SUCH AS A GP, DISTRICT NURSE OR PHARMACIST

APPENDIX 5

LEVELS OF MEDICATION SUPPORT IN DOMICILIARY CARE

1 INTRODUCTION

1.1 Many people that require domiciliary care support will need help with managing their medication.

1.2 The CQC guidance 'The administration of medicines in domiciliary care', lists the levels of support people may receive with their medication. In Solihull it has been identified that there are varying interpretations of what help constitutes what level of medication support and therefore what level of documentation is required.

1.3 In consultation with social workers and care providers this document has been produced to give guidance in this area for all staff involved in adult domiciliary care.

1.4 Please note: as people all vary in their medication regimes, mental and physical capacities; it is not feasible to produce guidance that will cover every eventuality. In cases where the level of medication support is not immediately clear, discussions should take place between the social worker and provider (and involve healthcare professionals if required) to decide what would be best for the person to promote their independence. In these cases a specific risk assessment may need to be done by the social worker.

1.5 The service order should clearly state what level and what specific medication support is required by the person receiving service.

1.6 Appendix 4 in the SMBC Policy for the Handling and Administration of Medicines in Domiciliary Care contains a medication assessment framework that can be used when assessing a person's medication needs.

2 LEVELS OF SUPPORT

2.1 SELF ADMINISTRATION

Where possible and to promote independence, people should be encouraged to self-administer. In this case the person receiving service and/or family take all responsibility for their medication and no other action is required by the carer. In these cases it is good practice for the care provider to maintain a list of what medicines the person receiving service is taking.

2.2 LEVEL 1 – GENERAL SUPPORT

With this level of support the person remains responsible for selecting what medication to take and when. The carer does not regularly handle any medication and no MAR chart is required but a note should be made in the daily records of what action was taken by the carer.

This would include:

- Providing a verbal reminder to the person to take their medication

- Requesting repeat prescriptions from the GP
- Collecting medicines from the community pharmacy
- Opening tablet bottles and other medication packaging at the person's direction

2.3 LEVEL 2 – ADMINISTERING MEDICATION

This involves handling medication on a regular basis and involves additional responsibility for the carer. A MAR chart is required to keep records. Carers must sign the MAR chart to indicate what medication was taken and when.

This would include:

- When the carer selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid i.e. medipaks
- When the care worker selects and measures a dose of liquid medication for the person to take
- When the carer applies a prescribed cream/ointment
- When the carer inserts drops to ear, nose or eye; or administers inhaled medication the patient information leaflet that comes with the medicine 'How to use' must be followed.
- When the carer puts out medication for the person to take themselves at a later (prescribed) time to enable their independence (Note: this should only be done after a risk assessment concerning this has taken place)

2.4 LEVEL 3 – ADMINISTERING MEDICATION BY SPECIALISED TECHNIQUES

This involves invasive techniques such as injections, rectal administration and PEG feeds. These tasks will normally be done by a healthcare professional such as a nurse or a trained health care assistant. Carers should not be involved with medicines administration at this level unless in exceptional circumstances after dedicated training has been given, specific care staff have been deemed competent, and a risk assessment has been completed.

APPENDIX 6

MEDICATION RELATED REGULATIONS IN DOMICILIARY CARE

1) HEALTH AND SOCIAL CARE ACT

Domiciliary care providers are expected to comply with regulation 13 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010.

Regulation 13: Management of Medicines states; the registered person must protect people against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

2) CQC REGULATION 12: SAFE CARE AND TREATMENT

The Care Quality Commission are responsible for ensuring all care services in England provide people with safe, effective, compassionate and high quality care; they do this through an inspection and reporting process.

Regulation 12 includes the standards that CQC use to assess the quality of the medicines handling within care services. The outcome states that people who use services should experience the following:

People who use services:

- **Will have their medicines at the times they need them, and in a safe way.**
- **Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.**

This is because providers who comply with the regulations will:

- **Handle medicines safely, securely and appropriately.**
- **Ensure that medicines are prescribed and given by people safely.**
- **Follow published guidance about how to use medicines safely.**

APPENDIX 7

MEDICATION CARE PLAN

Information to support staff in the safe and consistent administration of medicines prescribed at a variable dose or for PRN ('as required') use

NAME: JOE F. BLOGGS **DATE OF BIRTH:** 01/01/1952

(1) NAME OF MEDICINE: Lorazepam **FORM:** Tablets
STRENGTH: 1mg
ROUTE OF ADMINISTRATION: Oral
DOSE AND INTERVALS TO BE ADMINISTERED: One tablet. Can give another after 6 hours if necessary.
MAXIMUM DOSE IN 24 HOURS: 4 (FOUR) tablets maximum
PRESCRIBED OR 'OVER THE COUNTER' (BOUGHT)? Prescribed
SPECIAL INSTRUCTIONS: Not to be given with alcohol. May cause drowsiness – be vigilant.
CONDITIONS(S) FOR ADMINISTRATION (symptoms / triggers / behaviours / site etc). ***Describe in as much detail as possible:***
Only to be given when Joe is SEVERELY anxious or distressed. Try all other methods to calm Joe down before administering this (as per care plan). Contact on-call if it is suspected that a second dose is needed.

(2) NAME OF MEDICINE: Salbutamol **FORM:** Inhaler
STRENGTH: 100 micrograms per puff
ROUTE OF ADMINISTRATION: Inhalation
DOSE AND INTERVALS TO BE ADMINISTERED: 1 or 2 puffs (no minimum dose interval)
MAXIMUM DOSE IN 24 HOURS: 8 (EIGHT) puffs
PRESCRIBED OR 'OVER THE COUNTER' (BOUGHT)? Prescribed
SPECIAL INSTRUCTIONS: Shake before use. Use with Volumatic spacer (kept in bedroom).
CONDITIONS(S) FOR ADMINISTRATION (symptoms / triggers / behaviours / site etc). ***Describe in as much detail as possible:***
Joe suffers from asthma-related breathlessness after physical activities. One puff to be inhaled to begin with; then a second to be inhaled if his symptoms aren't relieved.

Information confirmed with (GP, pharmacist, other healthcare professional): .....*Dr Bones*.....

Prepared by:.....*Susan Smith*..... **Designation**: .....*Care Worker*.....

Approved by: .....*B. Brown*..... **Designation**: .....*Manager*.....

Date: ……*12/02/13*…….... **Review date**: ……*12/02/14*…….....

MEDICATION CARE PLAN

Information to support staff in the safe and consistent administration of medicines prescribed at a variable dose or for PRN ('as required') use

NAME: **DATE OF BIRTH:**

(1) NAME OF MEDICINE: **FORM:**
STRENGTH:
ROUTE OF ADMINISTRATION:
DOSE AND INTERVALS TO BE ADMINISTERED:
MAXIMUM DOSE IN 24 HOURS:
PRESCRIBED OR 'OVER THE COUNTER' (BOUGHT)?
SPECIAL INSTRUCTIONS:
CONDITIONS(S) FOR ADMINISTRATION (symptoms / triggers / behaviours / site etc). *Describe in as much detail as possible:*

(2) NAME OF MEDICINE: **FORM:**
STRENGTH:
ROUTE OF ADMINISTRATION:
DOSE AND INTERVALS TO BE ADMINISTERED:
MAXIMUM DOSE IN 24 HOURS:
PRESCRIBED OR 'OVER THE COUNTER' (BOUGHT)?
SPECIAL INSTRUCTIONS:
CONDITIONS(S) FOR ADMINISTRATION (symptoms / triggers / behaviours / site etc.). *Describe in as much detail as possible:*

Information confirmed with (GP, pharmacist, other healthcare professional): ……

Prepared by: …….…… **Designation**: …….……

Approved by: …….…… **Designation**: …….……

Date: …… **Review date**: ……