

CURRENT DRAFT AS ON 7/12/04

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**Medicines Administration Support
Practice Guidance for Domiciliary Care Assistants caring for
service users receiving Category 3 medicine administration
support.**

NB. The job titles of Community Support Services Manager is used in this paper to reflect the roles of the frontline Domiciliary Care Manager which can be a Health, Social Services, or Independent sector manager.

This document describes how you can help service users receiving Category 3 medicine administration support to use their medicines effectively.

The service user will already have had an assessment as to why they are having problems with their medicines and the Category of support that is needed will be detailed in the care plan. Service users in Category 3 will need support ranging from supervision in taking their medicines to actually administering all their medication.

You need to ensure that you are familiar with the contents of the medicine administration policy document and procedural guidance and fully understand the contents of this practice guidance document.

You must also have attended the Category 3 medicine administration support training session.

What you need to know before helping a Category 3 service user with their medication:

- * What tasks you can undertake**
- * What tasks you cannot undertake**
- * Common problems and what practical action can be taken as a first step**
- * When to discuss problems with your Community Support Services Manager**
- * When to record events in the Home Based Communication Record**
- * How a pharmacist can help**

Category 3 Medicine Administration Support

This Category contains service users who need help ordering and collecting their prescriptions, who require advice on the safe storage of medicines in their homes and who need supervision or in some cases direct administration of their medicines.

Tasks you can carry out for these service users

- **Make sure their medicines are stored safely and securely in their homes**
- **Prompt or help them to order their prescriptions**
- **Prompt or help them to collect their prescriptions**
- **Note and record any change in their ability to manage their medication**
- **Supervise them taking their medicines or in some cases actually administering their medicines**
- **You will be required to record when they take their medicines on the Home Based Communication Record or the Medicine Administration Record Chart (MAR chart)**

1. Safe and Secure Storage of Medicines in the Home

- 1.1 A risk assessment will have been carried with the service user and the assessor will have recorded the conditions and level of security required for the storage of their medication in the care plan.
- 1.2 Medicines need to be stored safely but they must be accessible to the service user and all Domiciliary Care Assistants (DCA).

They must be out of reach of children - Always remember that older people may have children visiting at times!!

Where a child is the sole or main carer, then medicines must be accessible to them as necessary but still must be stored away from other children who may visit the home.

- 1.3. If the medicines need to be stored out of reach of the service user, the Community Services Support Manager must ensure that information on their location is available to all DCAs in the care plan. The hiding of medicines will **only** occur where the risk assessment shows that this is needed to protect the health and safety of the service user.

- 1.4. All medicines should be stored in a cool dry place, away from direct sunlight.
- 1.5. Some antibiotics and eye drops need to be stored in a refrigerator between 2 and 8 degrees centigrade. Store these medicines in the fridge in a separate box with a lid. The conditions for storage are always stated on the pack or in the patient information leaflet inside the pack.
- 1.6 Medicines must be stored in the original labelled packaging or labelled compliance aid supplied by the pharmacist.

Never Separate Medicines from the Pharmacy Label

- 1.7 Sometimes medicines are in unlabelled compliance aids that have been filled by family or unpaid carers. In this situation you may prompt or remind the Service User to take their medicines but you must not aid them to remove tablets from the device.
- 1.8 Every medicine has an expiry date on the packaging if it is dispensed in the original container. This is usually the date and the month after which it is not recommended to use the product.
- 1.9 Eye drops and ointments and ear drops and nose drops all have an expiry date of 28 days after opening.

If you come across any medicines past their expiry date, don't flush them down the toilet or sink but return them to the pharmacy. Make a record of the medicines to be returned on the medicine disposal form in the Home Based Communication Records, obtain the service user's signature as permission to return and obtain the pharmacist's signature and date stamp as receipt of the return.
- 1.10 If you find out of date medicines in the home but the service user refuses to allow you to return them to the pharmacy then make a record in the Home Based Communication Record and report the incident to your CSSM.

2. Ordering Prescriptions

- 2.1 The Service user must select one pharmacy to dispense their prescriptions.** It is important that the nominated pharmacy is used to dispense all their prescriptions so that a complete patient medication record is made for the service user.

2.2 Check in the care plan if the service user is able to order their own repeat medicines.

2.3 Prescriptions have to be ordered 48–72 hours before they are needed depending on the service user's surgery.

2.4 Surgeries supply prescriptions for 28 days or 56 days supply.

2.5 The prescription request slip can be taken directly to the surgery. If you are ordering the prescription, make a note in the Home Based Communication Record when the prescription was ordered.

2.6 Most pharmacies operate a repeat prescription collection service. If the repeat slip is handed in to the nominated pharmacy they will take it to the surgery and collect the new prescription 48 hours later. Some pharmacies will store the repeat slips on their premises and the repeat medication request can be made over the phone. Always make a record of verbal requests for repeat medicines in the Home Based Communication Record.

2.7 Remember most surgeries are now closed on Saturday mornings and this needs to be taken into account when ordering repeat medicines.

2.8 You can check when the service user needs to order their repeat medicines by:

- keeping a check on the quantities of medicines in the home
- checking the dates on the containers of their current medication
- checking the dates of the last supply of medicines on their repeat slips

2.9 It is important to prompt the service user to order their medicines in plenty of time so that they do not run out of their medication.

if you are ordering the repeat prescriptions you need to make a record of the date of ordering in the home based communication record

3. Collecting Medicines

3.1 Check the care plan to see if the service user is able to collect their own medicines.

3.2 Prescriptions can be collected from surgeries 48 hours after the request has been made. The prescription will need to be collected from the surgery and taken to the nominated pharmacy for dispensing.

3.3 If the nominated pharmacy has requested the repeat medication then the medicines will be available for collection 48 hours after the request has been made.

3.4 Some pharmacies operate a repeat prescription delivery service and will deliver the repeat medicines to the Service User's home. If the care plan states that the medicines need to be stored out of reach of the Service User then arrangements need to be made with the pharmacy to deliver the medicines when a DCA will be present.

if you are collecting / receiving the medicines you need to make a record of the date of collection/receipt in home based communication record

4. Changes in the Service User's Ability to Manage their Medicines

You are in a very good position to monitor how a service user is coping with their medicines because of your day to day contact with them.

Making a record of any events that concern you in the care records is vital so that a full picture of the service user's ability to handle their medicines is available. If you have serious concerns you should record them in the Home Based Communication Record and contact your CSSM as soon as possible who will organise for the service user to have another risk assessment to re-assess their support needs.

Example of some reasons why users might have problems when managing their medicines:

Physical problems

Some elderly people who take medicines have physical problems such as arthritis or failing eyesight that can stop them taking their medicines properly. These conditions can deteriorate over time so if you notice that they're having problems with their tablet bottles, liquid medicines or their inhalers record it in the Home Based Communication Record and inform your CSSM.

Confusion

Many elderly people are confused about what their medicines are for or how to take them or if they have taken them, they may not have heard the instructions given to them by their doctor or their eyesight might prevent them from seeing the instructions on the label, if you are concerned about any issues like this you should record them in the Home Based Communication Record and report it to your CSSM.

Confusion itself can be caused by infection or as a result of medicine side effects. If you notice that the service user has become more confused after a change in medicine or after a change in dose of an existing medicine then you need to record it in the Home Based Communication Record and report it to your CSSM.

Alcohol or illicit drugs

Service users have the right to make their own decisions about using alcohol or illicit drugs. You will not be held liable for any accidents that happen in the Service User's home as a result of alcohol or illicit drug usage.

However, if a service user requests an alcoholic drink to take with their medication, this must be refused and you must record the incident in the Home Based Communication Record and report it to your CSSM.

If the service user is intoxicated when you arrive at the home you must refuse to assist with their medicines, record the incident in the Home Based Communication Record and report it to your CSSM as soon as possible.

5. Medicine Administration

**The category of support needed for service users to take their medicines effectively will be detailed in the care plan
IF IT IS NOT IN THE CARE PLAN DON'T DO IT**

you must only carry out the tasks detailed in the care plan which you have been trained for and which you have been assessed as competent to carry out

5.1 Monitored Dosage Systems

5.1.1. The medication for service users in Category 3 may be presented in traditional containers or in a labelled monitored dosage systems (MDS) provided by the nominated pharmacy.

5.1.2. Check the times that the service user takes their medicines from the labels on the MDS when you arrive in the home. At the dosage times ask the service user to take their medication and note when she/he has done so in the Home Based Communication Record.

5.1.3. If you are not present at the dosage times ask the service user when you arrive in the home if they have taken their medicines and note their response in the Home Based Communication Record. Check if they have removed the medication from the MDS and record this in the Home Based Communication Record.

5.1.4. If they have forgotten to take their medication or are unsure if they have taken it, record the incident on the Home Based Communication Record and contact your CSSM.

5.1.5. If the service user refuses to take their medicines, record the incident in the Home Based Communication Record and contact your CSSM and GP surgery ASAP.

(Don't forget as we said in your medicine administration training session, it is the service user's right to refuse to take their medicines)

5.1.6. If the service user has physical problems accessing their medicines you may remove the medicines from the MDS at the stated dosage time for the service user to take. It's often easier for the service user to take the medicines if you place them in a small plastic cup. Note when she/he has taken the medicines on the Home Based Communication Record.

you must never put out doses of medication that are to be taken later

5.1.7 Sometimes medicines are in unlabelled compliance aids that have been filled by family or unpaid carers. In this situation **you may prompt or remind** the Service User to take their medicines but you must not aid them to remove tablets from the device.

6. Direct administration of medicines

- i. Service users who need to have their medication administered to them will have their medicines supplied in labelled containers with a MAR sheet from the nominated pharmacy.
- ii. On receipt of the medicines it is important to check that the medicines delivered/collected are all detailed on the MAR chart. Check that the medicines are all labelled with the service user's name and that the label instructions agree with the dosage instructions on the MAR chart. Sign the MAR chart to confirm receipt of each item.
- iii. The MAR chart must be signed every time a prescribed medicine is administered to a service user.
- iv. If the service user refuses to take their medicines, record the incident on the MAR chart and in the Home Based Communication Record and contact your CSSM and GP surgery ASAP. **Don't forget, it is the service user's right to refuse to take their medication.**

7. Medicine Dosage Forms

- i. **You must only administer medicines from the original container which the pharmacist dispensed into and not from any container filled by any other person.**
- ii. **Only administer medicine dosage forms you have been trained to administer.**
- iii. **Do not place yourself or the service user at risk.**

iv. **Tablets**

A tablet should always be taken standing or sitting upright with at least half a tumbler of water to wash it down with.

They are easier to swallow if the head is tilted forward rather than held back. If you have to place the tablet in the service user's mouth, it should be placed on the tongue towards the rear if possible.

Crushing tablets is not a good idea because you usually lose some of the medicine and is only permitted where agreed by the GP.

Dispersible tablets can be taken with water. **Soluble or effervescent tablets** need to be dissolved in a small amount of water before administering.

Sublingual tablets are popped under the tongue and allowed to dissolve.

Buccal tablets are dissolved between the top lip and the gum.

Slow release tablets are made to release the drug slowly over a period of time, usually 12 or 24 hours, they must never be crushed because this destroys their release mechanism.

Chewable tablets need to be chewed or sucked before swallowing and can then be washed down with a drink of water e.g. some calcium tablets and many indigestion remedies.

Oro-dispersible tablets are made in the form of a wafer which dissolves very quickly when placed on the tongue.

v. **Capsules**

Capsules should always be taken standing or sitting upright with at least half a tumbler of water to wash it down. Service users who have difficulties swallowing can open the contents of capsules and sprinkle the contents on to soft food or liquid before swallowing. This should only be carried out if it is part of the service user's care plan.

vi. **Oral Liquid Medicines**

Liquid medicines should always be shaken before removing a dose. Always use an accurate measure or spoon obtained from the nominated pharmacy. Be aware that many antibiotic liquids need to be kept in the fridge.

vii. Topical Preparations

You should always wear gloves if you are applying any topical application on to someone else's skin. Thin rubber or plastic gloves are both ok.

Creams and ointments are the commonest types of medicines applied to the skin. They should always be applied to the skin in the direction of hair growth and gently rubbed in, in the direction in which hairs lay on the skin.

It is very important to apply the right amount when applying steroid creams or ointments. The use of topical steroid preparations can lead to thinning of the skin if they are used over too long a period or too high a dosage.

One fingertip unit is about 0.5g and is enough to cover an area equal to that of a flat adult hand. This is the length of a ribbon of cream or ointment squeezed out of a tube that is the length from the tip of an adult index finger to the first crease....

If you take too much cream out of a jar or squeeze too much out of a tube, never try to put it back because you may contaminate the rest of the product with germs.

viii. Eye, ear, nose preparations

Eye drops are usually supplied in 5ml or 10ml bottles that are squeezable and are designed to deliver one drop of liquid at a time when pressure is applied

The eye is a very delicate organ and is susceptible to infection so always wash your hands before using eye drops.

Before administering an eye drop, always:

- check that the product is for your service user (name on the bottle label)
- check the dosage i.e. is it one or two drops?
- check which eye the preparation is for i.e. is it the right, left or both eyes

If the service user is able to use their own eye drops, the drop can be applied easiest with the service user standing or sitting in front of a mirror. The drop should be aimed at the lower eyelid, which can be pulled slightly to form a cup.

If your service user needs help, get them to sit down and tilt their head back and look towards the ceiling, gently draw down their lower eye lid and squeeze the drop into the formed cup.

Ask them then to blink a few times to cover the entire eyeball with the medication. You can gently press the area of skin between the inner eye and the nose for a few seconds to stop the drop draining down the tear duct into the throat. Always make sure you have a clean tissue at hand because as the eye will produce a tear, use the clean tissue to wipe away any excess, always wipe away from the nose towards the ear.

After use always recap the bottle immediately.

Always store eye drops in a cool, dark place to keep them fresh.

Once opened, they must not be used after 28 days, this is because after this time the risk of the drops being contaminated with germs is too high and they should be discarded.

Eye ointments should be stored in the same way as eye drops

The best method for applying an eye ointment is to squeeze about half an inch of ointment along the inside of the lower eye lid or into a cup formed by pulling the lower eye lid down. The service user should be instructed to close their eye to smear the medication over the eyeball

Their vision might be blurred for a few minutes but this will pass as the ointment dissolves, wipe away any excess with a clean tissue.

Ear drops are the commonest way of delivering medicine to the ear.

The best way to deliver an ear drop effectively is by having the service user lie on their side or by tilting their head as far to the side as is possible. Gently pull the ear lobe upwards and squeeze the prescribed number of drops into the ear.

The head should be kept tilted for 5 minutes to make sure the drops have time to spread through the ear. Do not put cotton wool in the ear after applying the drops because this will soak up the medication.

Ear drops should be stored in a cool, dark place and should be discarded after 28 days or after the prescribed length of treatment is finished.

Nose drops are presented in the same way as eye drops, in a one drop squeezable bottle or a glass bottle with a separate dropper.

To apply nose drops, ask the service user to tilt their head backwards as far as is comfortable, in fact elderly people often find the procedure more

comfortable if they are lying down, squeeze the prescribed number of drops into each nostril and keep the head tilted back for a couple of minutes to make sure the medicine runs to the back of the nose.

Nasal sprays can be used with the service user in an upright position with the head tilted backwards.

i. Inhaler devices

There are now a wide range of products available in inhaler form but there are two main types of aerosol inhalers which account for most prescriptions.

Blue inhalers contain drugs that relax the muscles around the airways and relieve wheeziness or breathlessness e.g. salbutamol. They are known as reliever inhalers because they open up the airways and are fast acting for people who are short of breath or having an asthma attack.

Brown or orange inhalers contain steroids. These stop the lung passages from becoming inflamed which narrows them and prevents air from getting in. These inhalers should be used regularly morning and evening irrespective if the service user's chest is tight or not.

An important point with steroid inhalers is that prolonged use can leave the mouth susceptible to fungal infections such as thrush. It is good practice for the service user to rinse their mouth out with cold water and spit after using a steroid inhaler. This gets rid of any steroid residue that will have been deposited in their mouths.

Metered dose inhalers are designed to fire one dose of the medicine in a very fine spray when the top is pressed. Using them needs practice because the service user needs to co-ordinate pressing the top down with breathing in to get the dose of medicine into the lungs and not in the mouth.

The correct method for a service user to use an aerosol inhaler is as follows:

- Shake the inhaler before use
- Take the mouthpiece cover off
- Breathe out as far as possible
- Seal mouth around the mouthpiece
- Breathe in slowly
- When they are half way through their first breath they should press the top down, but at the same time keep breathing in until they have a full breath
- Hold breath for a count of ten if possible

If the dose is 2 puffs, the service user should wait a couple of minutes before repeating the procedure

You can check if your service user is using the inhaler correctly by watching them take a dose, if a small cloud of medicine emerges from around the canister during inhalation or if they breathe out too quickly after a dose and you see a cloud of mist then you know they aren't using it properly. Make a record of their performance in the Home Based Record and report to your observations to your CSSM. The G.P. practice nurse will carry out an inhaler technique check and can organise for alternative devices to be used.

One common way of overcoming poor inhaler technique is by giving the service user a **spacer device**. There are a number of spacers on the market which are basically small plastic containers. The inhaler is inserted into one end and the user breathes through this mouthpiece attached to the other end. When the inhaler is pressed a cloud of drug particles is released into the chamber and will stay there for 20-30 seconds so the user can breathe in deeply at their leisure, but they must hold their breath for a few seconds after each intake.

Spacer devices need washing regularly with a little washing up liquid and hot water to remove any residue medication and then air-dried not with a tea towel.

There is now a whole range of dry powder inhalers on the market. These all come with manufacturer's instructions for operation in the patient information leaflet. If you have problems understanding them, ask your nominated pharmacist for help. The advantage of these inhalers is that they are much easier to use as the activation of the device operates automatically as long as the service user can breathe in strongly enough. Always leave a few minutes between repeat doses.

i. Insulin Pens

Insulin is commonly supplied nowadays in insulin pens. These are very easy devices to use but because of dexterity problems e.g. arthritic hands, some service users have problems loading the pens.

You may only load an insulin pen for your service user after you have received one on one training and have been assessed as competent to carry out the task.

Under no circumstances must you administer insulin by pen or syringe

ii. Oxygen

Oxygen will always be supplied to Category 3 service users in cylinders with integral head sets attached. You should only re-attach tubing from empty to full cylinders if the service user is physically unable to.

iii. **Wound Care**

The only wound care you should carry out is first aid. Record all accidents the Home Based Record and report your actions to your CSSM.

PEG Feeding

This can only be carried out by Domiciliary Care Staff under Category 3 on an exceptional basis i.e. when one on one training and assessment for competence has been completed.

Controlled Drugs

You will only be involved in the administration of these on an exceptional basis.

8. Tasks you must not carry out

Medications

- Administration of Adrenaline and related products by “Epipen”
- Administration of insulin by syringe or by Insulin Pen
- Application of vaginal or rectal creams
- Administration of suppositories or enemas
- Administration by intra muscular injection
- Intravenous injections
- Subcutaneous injections
- Intravenous infusions
- Insertion of pessaries
- Glucose monitoring

Non-medicines care

- Manual evacuation of the bowel.
- Initiation of stoma care or continence aids.
- Unblocking of urinary catheters.
- Removal of any catheters or tubes from the bladder.
- Naso-gastric tube feeds
- Deep wound or pressure sore dressing
- Complex dressings
- Dressing of new limb stump, or other post-operative wounds

9. ‘What if’ situations

What if the name on the medicine labels is not the service user’s name?

Record the incident on the Home Based Communication Record, contact your CSSM and the nominated pharmacy

What if a medicine is labelled ‘as directed’?

Return the medicine and the MAR chart to the pharmacy for re-labelling with the full dosage instructions.

What if the medicine is labelled ‘when required or if required or as necessary’?

These medicines should be given on request by the service user. You can offer the medicine but they must not be administered on your own initiative. If the service user requires the medicine, check on the bottle if there is a maximum daily dosage which can be taken. Check if any doses have already been taken that day by asking the patient **and** checking the MAR chart. If everything is in order administer the medicine as labelled.

What if the service user misses a dose of their medication?

Record the incident in the Home Based Communication Record, contact your CSSM.

What if the service user takes the wrong dose of their medicines?

Record the incident in the Home Based Communication Record, contact your CSSM.

What if the service user refuses to take their medicines or requests a different dose from that prescribed?

Record the incident in the Home Based Communication Record, contact your CSSM and contact the service user’s GP surgery

What if the service user is unwell and unable to take their medicines?

Record the situation in the Home Based Communication Record, contact your CSSM and contact the service users GP surgery.

What if the service user vomits after taking their medicines?

Record the incident in the Home Based Communication Record, contact your CSSM and contact the service user’s GP surgery.

What if the service user runs out of medication?

Record the situation in the Home Based Communication Record, contact your CSSM, and contact the nominated pharmacy who may be able to organise a new prescription at short notice or provide an emergency supply of medication until a new prescription is ready.

What if the G.P. visits and leaves a prescription for a new medicine?

Take the new prescription to the nominated pharmacy. The pharmacy will provide you with the new medicine.

What if a G.P. visits and changes the dosage of an existing medicine?

Ask the G.P. to alter and initial the MAR sheet and medicine container. Record the change in the Home Based Communication Record and inform your CSSM. At the earliest opportunity take the medicines and MAR chart to the nominated pharmacy for re-labelling and alteration.

What if the G.P. phones and changes the dose of an existing medicine?

You must not take verbal instructions from a G.P. Or district nurse for any changes to medication

The G.P. should contact the nominated pharmacy and pass any changes on to the pharmacist with a new prescription. The existing medicines should be returned to the pharmacy with the MAR chart and a new supply of medicines will be made with a new MAR chart.

What if the service user asks you to give them their vitamin pills or painkillers that she bought from the pharmacy?

You must not administer any medicines that are not detailed on the MAR chart or that have been dispensed directly into a MDS. If you become aware that the service user is taking additional medicines you must record it in the Home Based Communication Record and report it to your CSSM.