|  |  |
| --- | --- |
| C:\Users\lgraham\Pictures\Res Meds.jpg | ***Learner Resource*** |
| **Medication Management in ERYC Day Services** | |

|  |  |  |
| --- | --- | --- |
| **Care Worker Name (Block Capitals)** | **Signature** | **Date** |
| **Line Manager Block Capitals)** | **Signature** | **Date** |

Version 1.1 – 09/2024

**Contents**

The Learner Resource 1

Introduction 1

Latest Version 1

General Procedures for the Administration of Medication 2

Activity 1, Scenario 1 - Self Administration 8

Activity 2, Scenario 2 - Refusal of medicines. 9

Activity 3 – Covert Administration 10

Medication Errors 11

What if … medication error 12

Activity 4 – Scenario 3 – pain management 13

Next steps 14

Competency checks 15

Record of Additional Training (Medication) – including Specialized Techniques 19

Further Information and references 20

# The Learner Resource

# Introduction

Welcome to the Medication Management in ERYC Day Services. This course will equip you with the practice knowledge and skills to administer, record, safely store and dispose of medication in Day Services in line with local, national and legal requirements.

This learner resource is to be used as part of the learning process. Within this learner resource you will find information, activities and direction to further help or information.

## Latest Version

Always check you have the latest version of the learner resource. The issue number and date appear on the cover page.

If you have been given this learner resource by your Line Manager, Supervisor or Learning and Development Champion – they will have checked it is the current version. Learning and Development only provide copies of the current version of any learner resource.

# General Procedures for the Administration of Medication

The following aim to provide you with information on how to administer the various types of medication. The information provided is generic, specific information on the administration of a medication can be found in its Patient Information Leaflet.

**Oral Tablets and liquids**

1. Medications should be handled as little as possible. Measure out correct amount of liquid or removed from tablets from a bottle or pushing out of a foil (blister) strip onto a small plate for the person to access.
2. Dispersible or soluble tablets should be placed in a suitable amount of water according to the Patient Information Leaflet.
3. Administer medication to the person as laid out in the Support Plan.
4. As each medication is administered it should be recorded on the MAR.

**Buccal Tablets**

1. Read the patient information leaflet for specific information about administration
2. If the person suffers from a dry mouth, ask the person to moisten the area where the tablet is to be placed with their tongue or a little water before they apply the tablet.
3. The tablet should be placed high up between the upper lip and the gum, to either side of the front teeth
4. The tablet should not be placed under the tongue, chewed or swallowed

**Sublingual tablets**

1. Read the Patient Information Leaflet for specific information about administration
2. If the person suffers from a dry mouth, ask the person to moisten the area where the tablet is to be placed with their tongue or a little water before they apply the tablet.
3. The tablet should be placed under the tongue.

**Oro-dispersible Tablets**

1. Read the Patient Information Leaflet for specific information about administration
2. If the person suffers from a dry mouth, ask the person to moisten the area where the tablet is to be placed with their tongue or a little water before they apply the tablet.
3. The tablet should be placed on top of the tongue and allowed to dissolve.

**Ear Drops**

1. Ask the person to put their head to one side - left hand side if drops are to go in right ear or right hand side if drops are to go in left ear
2. Shake the container gently and remove container top
3. Place the number of drops stated on the label into the ear canal – squeeze the container gently if needed.
4. Ask the person to keep head to one side for 2 minutes to allow the drops to get into the ear.
5. Wipe the end of the nozzle with a clean tissue, replace top and store container upright.
6. Repeat steps 2 to 4 for the other ear if asked for on the label.

Ear Drops should not be used longer than directed by the Doctor and should be disposed of in line with product information, e.g. 4 weeks after opening, as they may become contaminated.

**Eye Drops**

1. Ask person to put their head back slightly
2. Shake the container gently and remove container top
3. Gently pull lower eyelid downwards and outwards
4. Place one drop in the space between the lid and the eye. Squeeze the container gently if needed. Do not let the dropper touch the eye.
5. Ask the person to close their eye for 1 – 2 minutes to allow the eye drops to be absorbed.
6. Repeat in the other eye if stated on the label.
7. Replace the top and store container upright. Only store in the fridge if the label says to.
8. If there are two or more different types of eye drops to be given at the same time, wait 5 minutes before giving the next type of eye drops.

Eye drops should not be used longer than directed by the Doctor and should be disposed of in line with product information, e.g. 4 weeks after opening, as they may become contaminated. (Eye drops may also come in Minims which are single dose vials).

**Eye Ointment**

1. Ask person to put their head back slightly
2. Remove container top.
3. Gently pull lower eyelid downwards and outwards
4. Place about ½ cm e.g. \_\_ in the space between the lid and the eye. Do not let the container touch the eye.
5. Ask the person to blink a few times to allow the ointment to work all over the eye.
6. Repeat in the other eye if stated on the label.
7. Replace the top.

Eye Ointments should not be used longer than directed by the Doctor and should be disposed of in line with product information, e.g. 4 weeks after opening, as they may become contaminated.

**Nasal Drops**

1. Ask person to gently blow their nose and then to tip their head backwards slightly
2. Shake the container gently and remove container top
3. Ask the person to close one nostril by gently pressing their finger against it.
4. Place the number of drops stated on the label into the open nostril
5. Ask the person to sniff gently to allow the drops get into the nostrils.
6. Repeat in the other nostril if stated on the label.
7. Wipe the nozzle with a clean tissue, replace top and store container upright.

**Nasal Sprays**

1. If the spray is being used for the first time press spray several times into the air until an even spray is seen.
2. Ask person to gently blow their nose and then to tip their head forwards slightly.
3. Shake the container gently and remove container top.
4. Keep the container upright, hold the container so that your thumb is underneath the container and your middle and fore finger are either side of the nozzle.
5. Ask the person to close one nostril by gently pressing their finger against it.
6. Keep container upright and insert tip of nozzle into open nostril then spray once.
7. Repeat another spray and in other nostril if stated on the label.
8. Wipe the nozzle with a clean tissue, replace top and store container upright.

**Creams, Ointments and Lotions**

In this section we are talking about Creams, Ointments and Lotions that are being prescribed for a medical condition and not being used as part of the daily personnel care for example moisturisers.

1. Check that the label states where the cream or ointment has to be applied and how often.
2. Gently apply the cream, ointment or lotion as stated on the label. Emollients are usually applied liberally and are absorbed better if applied to damp skin and in a downward motion.
3. Wash and dry hands.
4. Steroid creams should be applied sparingly and only to the affected area avoiding any healthy skin.
5. **It is important to be aware of the potential dangers of skin products.** Emollients can transfer from the skin onto clothing, bedding, and bandages and can catch fire easily causing severe and fatal burns. Clothes should be changed and washed frequently to try to help reduce the build-up of emollient on them (but this may not remove the emollient completely so the danger may still remain) so it is important to stay away from naked flames and heat sources when using these products.

**Patches**

1. Check that skin is clean and dry before applying patch.   
   If the skin does need to be cleaned, wash with water only and dry thoroughly.
2. Do not apply a patch straight after a bath or shower, wait until the skin is cool and dry. It is especially important to allow the skin to cool down as hot skin can absorb more of the medication in the patch and lead to an overdose.
3. Tear the pack open with your fingers along one edge and remove patch. Do not throw way the opened pack as this can then be used when disposing of the patch that you remove from the person’s skin.
4. Remove used patch from skin and fold it firmly in half so that the sticky side sticks to itself. Place in empty opened packet. The patch can then be thrown away in the normal waste bin. Always do this before applying a new patch.
5. Peel the backing off the new patch.
6. When applying a patch, it must be placed on a different part of the body from where it was removed and not where the previous patch has been. The patient information leaflet will specify which area of the body to place the patch and how to rotate the position. Check your body map/patch chart to see where previously applied.
7. Place the patch (sticky side to the person’s skin) onto the skin with the palm of your hand and hold for 30 seconds making sure it sticks well to the skin. Ensure the patch is applied to intact skin (i.e. not on broken skin).
8. Wash and dry hands.
9. If a patch falls off the skin before a change is due follow steps 1 to 8, record in diary sheets and contact your line manager.
10. Mark body map/patch chart with date and initials, if using.

**Mouthwashes**

1. Some mouthwashes cannot be swallowed. The label will state ‘FOR EXTERNAL USE ONLY’ or ‘DO NOT SWALLOW’.
2. Get a container ready for the person to spit the used mouthwash into.
3. Pour out the required amount of mouthwash to be used.
4. Pass this onto the person and ask them to rinse around their mouth for about a minute.
5. The person should then spit out the mouthwash into a container.
6. If the person complains that the mouthwash is stinging their mouth, then you can add an equal volume of water.

**Throat Sprays**

1. Pull out the spray tube in accordance with the directions in the Patient Information Leaflet.
2. Hold the container in your hand and put fore finger on the top.
3. If the spray is being used for the first time press spray several times into the air until an even spray is seen.
4. Ask the person where their mouth or throat is sore and spray at that area.
5. Repeat for how many sprays are needed.
6. Wipe tube with a clean tissue.
7. Push spray tube back in and store container upright.

**Nebules**

1. Hole the nebule upright and twist off the top.
2. Pour the contents of the nebule into the container.
3. Ask the person to place mask on face.
4. Switch on the nebuliser.

When all the liquid has been used (after about 5 minutes) switch off the nebuliser.

1. If there is more than one nebule to be given at one time put them into the nebuliser at the same time.
2. Remove the container; wash in water and leave to dry.

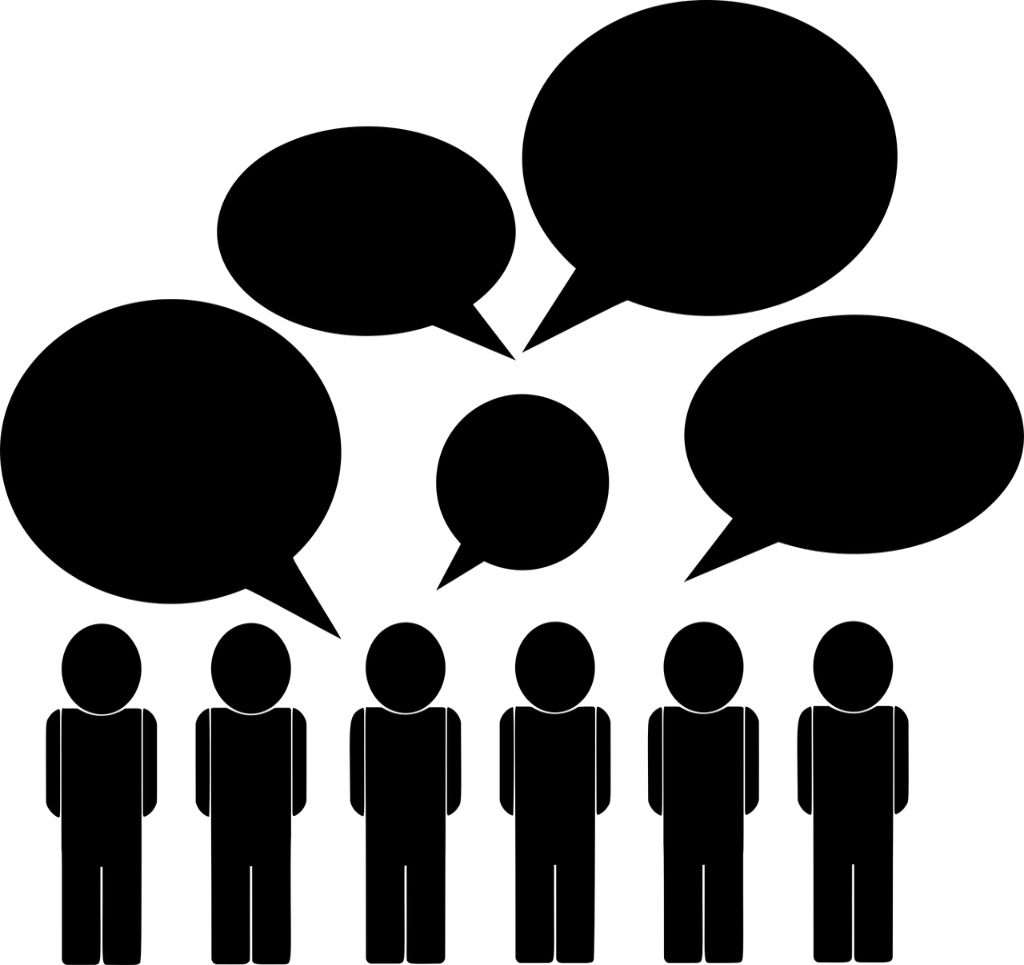
**Inhalers**

1. Persons may be able to use their own inhalers and if they are having difficulty their health care practitioner should assess their inhaler technique and may suggest an alternative inhaler.
2. If a care worker has any concerns over the person’s ability to use their inhaler, they must report this concern to their line manager.
3. If care workers are required to assist a person to use their inhaler, they should read the patient information leaflet and follow the directions.
4. If a care worker is asked to administer a metred dose inhaler (MDI) they should request a spacer to be prescribed.
5. If the spacer device requires assembling the carer should do so following the directions in the Patient Information Leaflet (PIL).

How to use:

* Take mouthpiece off the inhaler and shake device.
* Fit onto spacer.
* Press down once on top of the inhaler to release medication.
* Ask person to breath out first.
* Pass device to person to place in, or for mask-type spacers over, their own mouth (with inhaler still attached).
* Ask person to take in one slow deep breath or 2-3 normal breaths to make sure the medication gets into the lungs.
* If a second dosage or puff is required wait one minute and repeat process.
* Wash the spacer once weekly by following the directions in the PIL and record in the support plan.
* Ensure each spacer is labelled with the resident’s name, for infection control. This need not be a dispensing label.

# Activity 1, Scenario 1 - Self Administration



Mrs. Evans is a 75-year-old woman attending a day service for adults with learning disabilities. She attends 3 days a week and has recently been diagnosed with hypertension and is now prescribed medication for blood pressure control. Mrs Evans is getting forgetful and can no longer manage her own medication. Mrs Evans is feeling quite anxious about the whole situation.

How would you ensure that Mrs. Evans takes her blood pressure medication correctly during her time at the day service?

What strategies could you use to monitor Mrs. Evans’s blood pressure and her response to her medication?

How would you educate Mrs. Evans about the importance of her adherence to her blood pressure medication and healthy lifestyle habits?

How would you support Mrs. Evans in managing her anxiety about her hypertension diagnosis and medication regimen?

How would you liaise with Mrs. Evans’s healthcare team to ensure that her hypertension is effectively managed and monitored?

# Activity 2, Scenario 2 - Refusal of medicines.

A person you are supporting appears to be increasingly confused and has started to refuse their medication.

What factors should care workers consider?

What action should you take?

How can you approach the person to discuss their refusal of medicines in a sensitive and supportive manner?

What are some possible reasons why the person may be refusing their medicines?

Can the care staff administer medicines covertly and, if so, what needs to be done to implement this?

Can the care staff crush medicines and add to food, and if so, what needs to be done to implement this?

# Activity 3 – Covert Administration

A blue and green ball with a question mark on it

Description automatically generatedWhat is Covert Administration?

When is Covert Administration needed?

What are the problems associated with Covert Administration?

If you have any concerns about the administration of medication, what should you do?

# Medication Errors

Forthe purpose of ERYC’s standard operating procedures, a medication error has been defined as a mistake made in the prescribing, dispensing, ordering, delivery, storage or administration of medication that leads to a service user receiving the wrong medication at the wrong time; missing a dose; or being at risk of harm.

If a medication error occurs, it should be reported immediately to the manager.

If the error occurs in relation to storage or administration mismanagement (missed dose, under/overdose) the manager should be informed, the advice of a GP or Pharmacist should be sought immediately, a safeguarding adults concern form completed, the safeguarding team notified, and an Accident Investigation Form (AIF) should also be completed. If errors are made in respect of recording where no error in administration occurs this must be reported to the manager to be investigated and a lessons learned exercise undertaken.

If the error is made in the administration of medication the following steps must also be taken:

* Support the service user
* Calmly inform the service user what has happened
* Advise your Duty officer/Manager.
* Seek medical advice from the GP if they are not available get advice from a pharmacist or call NHS 111
* Complete the accident book.
* Record what has happened in the service user’s care plan.
* The Service Manager should be informed about any misadministration or a near miss.
* Where a service user has received the wrong medication or incorrect dosage, a safeguarding adult’s concern form should be completed.

The Multi-agency Safeguarding Policy was updated in January 2022 and ‘What-if’ cards replaced the Harm Table – there is a specific ‘what if’ card for medication to help ascertain what action should be taken.

# What if … medication error

A screenshot of a computer screen

Description automatically generated

A screenshot of a computer error

Description automatically generated

These resources can be accessed via the following link [Resources for people working with Adults at risk of Harm (ersab.org.uk)](https://www.ersab.org.uk/news/resources-for-people-working-with-adults-at-risk-of-harm/)

# Activity 4 – Scenario 3 – pain management

**Mr. Jones is a 45 year-old man attending a day service for adults with learning disabilities. He also has physical disabilities and severe osteoarthritis, which causes chronic pain in his knees and back. Mr Jones is prescribed medication for pain management and requires assistance with taking his medication during the day.**

How would you ensure that Mr. Jones receives his pain medication at the correct times during his day service?

What steps would you take to ensure that Mr. Jones’s medication is stored safely and is not accessible to other service users?

How would you respond if Mr. Jones experiences increased pain or discomfort while at the day service?

How would you monitor Mr. Jones’s pain levels and his response to his medication during his time at the day service?

What strategies could you use to promote Mr. Jones’s mobility and comfort while at the day service?

How would you communicate with Mr. Jones’s healthcare team to ensure that his pain management plan is effective and appropriate?

# Next steps

# 

You have now completed the medication management in ERYC day services training. You are now required to:

* Go to ascleader to complete the post course assessment ([Course: Medication Management Hub (ascleader.co.uk)](https://www.ascleader.co.uk/course/view.php?id=289) This will record your pass mark and you are required to evidence this with your manager.
* Undertake competency observations with your line manager (details can be found on page 15)
* Following completion of the above and satisfying the set criteria. Your manager will be able to sign off your training completion.

# Competency checks

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Tasks in Handling Medication** | | | | |
| Objective | Process | Care Workers Signature | Line Manager Signature | Date |
| Have knowledge of the ordering of prescriptions and processes involved | Demonstrate understanding of ordering process. |  |  |  |
| Have knowledge of the processes involved in receiving medications into the Day Centre | Demonstrate understanding of processes involved in receiving medication into the Day Centre. |  |  |  |
| Store medication appropriately | Demonstrate that medication is stored correctly.  Check fridge items are stored correctly!  Demonstrate understanding of the need to monitor fridge temperatures |  |  |  |
| Recognise when it is necessary to speak to the senior about a medication concern | Demonstrate knowledge of procedure to be follow when care worker has a concern about a service user’s medication.  Demonstrate the ability to give a Senior clear information about a concern regarding medication.  Demonstrate the correct documentation of concerns about medication. |  |  |  |
| Producing a MAR | Demonstrate knowledge of the procedures for producing a printed MAR  Demonstrate knowledge of the procedures for producing a handwritten MAR |  |  |  |
| Recording accurately the administration of medication on the MAR | Check procedure for recording the administration of medication.  On the MAR  Check the procedure for recording a homely remedy on the MAR |  |  |  |
| Recording accurately the administration of medication outside of the day service | Demonstrate knowledge of the procedures involved in administering medication away from the day service |  |  |  |
| Recognising the types of medication administration that care workers cannot do without further specialized training | Demonstrate knowledge of the types of administration techniques that Care Workers are allowed to perform having completed Medication Training for Care Workers.  Demonstrate an understanding that there are some Specialized Administration Techniques that will require further training before a Care Worker is allowed to perform. |  |  |  |
| Have Knowledge of the processes involved in disposing of medication | Demonstrate an understanding of why medication may need to be disposed of.  Demonstrate knowledge of the procedures for the disposal of medication.  Demonstrate knowledge of the procedure for sending medication to the service user’s home. |  |  |  |
| Have knowledge of the differences to the process for Controlled drugs | Demonstrate an understanding of the need for designated staff to handle controlled drugs.  Demonstrate an understanding of the processes for receiving a controlled drug into the day service.  Demonstrate an understanding of the processes of recording the administration of a controlled drug.  Demonstrate understanding of the procedures for the disposal of a controlled drug. |  |  |  |

|  |  |
| --- | --- |
| Medication Training for Care Workers Completed | Date |
| Care Worker Name (Block Capitals) | Signature |
| Line Manager (Block Capitals) | Signature |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Administration Techniques | | | | |
| Objective | Process | Care Workers Signature | Line Managers Signature | Date |
| Administering oral medication to a person | Demonstrate the correct procedure to administer tablets  Demonstrate the correct procedure to administer soluble / dispersible tablets  Demonstrate the correct procedure to administer liquids  Demonstrate the correct procedure to administer sachets  Demonstrate the correct procedure to administer buccal tablets  Demonstrate the correct procedure to administer sublingual tablets |  |  |  |
| Administering medication via the eye | Demonstrate the correct procedure to administer eye drops from bottles and Minims  Demonstrate the correct procedure to administer eye ointment |  |  |  |
| Administering medication via the ear | Demonstrate the correct procedure to administer ear drops |  |  |  |
| Administering medication via the nose | Demonstrate the correct procedure to administer nose drops  Demonstrate the correct procedure to administer nasal sprays |  |  |  |
| Administering medication via the skin | Demonstrate the correct procedure to administer creams  Demonstrate the correct procedure to administer ointments  Demonstrate the correct procedure to administer lotions  Demonstrate the correct procedure to administer Patches |  |  |  |
| Administering medication via mouthwashes | Demonstrate the correct procedure to administer  mouthwashes |  |  |  |
| Administering medication via a throat spray | Demonstrate the correct procedure to administer  Throat sprays |  |  |  |
| Administering medication from nebules | Demonstrate the correct procedure to administer  nebules |  |  |  |
| Assisting to administer medication via inhalers | Demonstrate an understanding of the limitations for care workers to assist to administer via inhalers  Demonstrate the correct procedure to assist to administer medication via inhalers |  |  |  |

|  |  |
| --- | --- |
| Medication Training for Care Workers Completed | Date |
| Care Worker Name (Block Capitals) | Signature |
| Line Manager (Block Capitals) | Signature |

# Record of Additional Training (Medication) – including Specialized Techniques

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Care Worker:** | | | | |
| **Date** | | **Title** | | |
| **Description of Training and Objective** | | | | |
| **Trainers name** |  | **Qualification** |  | |
| **Observation of Practice** | | **Trainer Signature and Date** | **Care Worker Signature and date** | **Line Manager Signature and date** |
|  | |  |  |  |
|  | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Care Worker:** | | | | |
| **Date** | | **Title** | | |
| **Description of Training and Objective** | | | | |
| **Trainers name** |  | **Qualification** |  | |
| **Observation of Practice** | | **Trainer Signature and Date** | **Care Worker Signature and date** | **Line Manager Signature and date** |
|  | |  |  |  |
|  | |  |  |  |

# Further Information and references

Carers involved in assisting people with dysphagia, with the preparation of thickened drinks and modified diets, should be adequately trained to ensure that they are safe to do so. By following this link you will be able to access the Drinking and Swallowing Difficulties learning approach. [Course: ASC LeadER - Global Documents](https://www.ascleader.co.uk/course/view.php?id=3)

Administering Medication Safely in Day Services Standard Operating procedures (2022) Please request this from your line manager.

Nice guidance NG67 Managing medicines for adults receiving social care in the community - This guidance is not specific to day services; however it contains some useful generic information on medication management.

[Overview | Managing medicines for adults receiving social care in the community | Guidance | NICE](https://www.nice.org.uk/guidance/ng67)

CD Reporting Help Desk team – [england.cdreportingtechnicalhelpdesk@nhs.net](mailto:england.cdreportingtechnicalhelpdesk@nhs.net)

[www.asthma.org.uk/advice/inhaler-videos/](http://www.asthma.org.uk/advice/inhaler-videos/)

<https://www.rightbreathe.com/>

A useful website to find Patient Information Leaflets (PILs) is: <http://www.medicines.org.uk/emc/>

[Home - NECS Medicines Optimisation (necsu.nhs.uk)](https://medicines.necsu.nhs.uk/)

[Medication Support Service (MSS) ER – Community Pharmacy Humber](https://communitypharmacyhumber.co.uk/services-by-area/east-riding-of-yorkshire/medication-support-service-mss-er/)

NHS England » Stopping over medication of people with a learning disability and autistic people (STOMP) and supporting treatment and appropriate medication in paediatrics (STAMP). [NHS England » Stopping over medication of people with a learning disability and autistic people (STOMP) and supporting treatment and appropriate medication in paediatrics (STAMP)](https://www.england.nhs.uk/learning-disabilities/improving-health/stomp-stamp/)

Health and Care of People with Learning Disabilities, Experimental Statistics 2022 to 2023 - NHS England Digital. <https://digital.nhs.uk/data-and-information/publications/statistical/health-and-care-of-people-with-learning-disabilities/experimental-statistics-2022-to-2023>