

# Medication Management

## for Care Workers in ERYC Day Services

COURSE WORKBOOK  
&  
COMPETENCY RECORD

Care Worker Name (Block Capitals)	Signature	Date
Line Manager (Block Capitals)	Signature	Date

**Important – keep this booklet safe as it is your evidence that you have completed Medication Training.**

### Aim of the Post Training Workbook

To provide information to support the Medication Training for Care Workers

To record Competencies for handling medication

To record information on Refresher Training attended

To record information on Specialised Administration Techniques

**At the end of this training you should have:**

- ✓ Knowledge regarding the handling of medication in a Residential Care Home
- ✓ Awareness of the record keeping for medication in the context of your work setting
- ✓ Completed Competency check for handling medication

**Information Sheets**

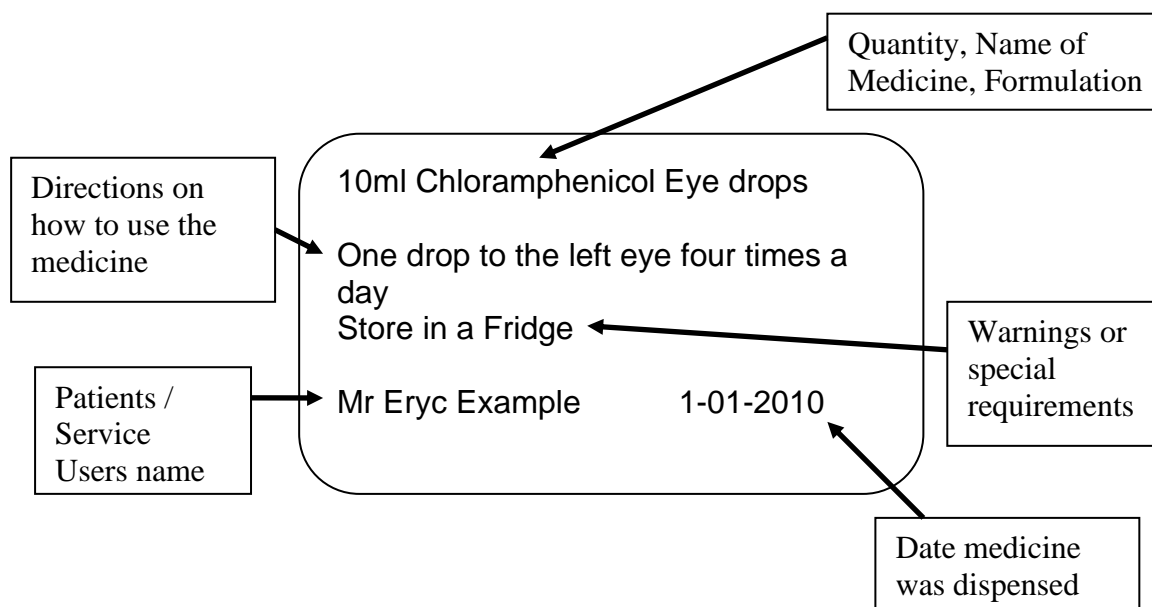
## What tells a Care Worker how to administer medication?

**The Support Plan** sets out the help Care Workers give to a Service User; this includes help with administering medications. Care workers can only administer medication to a Service user if it is written in the Support Plan. The Support Plan may require the Care Worker to administer some or all of the Service Users medication.

For Example a Care Worker may be required to administer only a Service User's creams/ointments and whilst the Service User is able to administer their own oral medication (tablets, liquids).

If you have a concern about a Service Users ability to handle their own medication you should report this to your Line Manager.

### The Prescription Label



The Label contains lots of important information for the care worker. The information on the label should be the same as the information on the Medication Administration Record or **MAR** for each item. *(For more detailed information on MARs See page XX)*

**The Service User** may be well informed about their medication as they may have been taking it for quite some time. However Care Workers should ensure that they have also read the medication label and support plan to confirm that the information the Service User has given them.

**The Patient Information Leaflets (PIL)** can be found in original medication boxes or attached to the side of the medication bottles or should be supplied with by the community pharmacy if medication is supplied in monitored dosage systems. It is important to read the Patient Information leaflets they contain information on how to administer the medicine, possible side effects, storage requirements, contra- indications etc. that are specific to the medication.

**The Care Workers Line Manager** – as a Care Worker if you are unsure how to administer a medication it is important that you speak to your line manager / senior, who may than contact the Pharmacy or Doctor for further advise.

**The East Riding of Yorkshire Council Standard Operating Procedures - Administering Medication Safely in Day Services** sets out how medication is to be handled in Day Care Services run by the council.

The procedure's objectives are:

- To enable, promote and maximise service users' independence safely;
- To give clear guidance to all East Riding of Yorkshire Council staff involved in medicine management for adults in ERYC Day Care Services;
- To ensure unified procedures are undertaken in all ERYC Day Care Services with regard to medication;
- To meet all regulatory requirements and Care Quality Commission (CQC) standards.

Under these procedures the service user's ability to self medicate is assessed and where a service user is able to manage their own medication then they are encouraged to do so.

**(For information on Self medication see page 5)**

Notes

## **Self Administration**

Some service users will be able to maintain the ability to administer their own medication.

A service user who wishes to self medicate should be assessed by an authorised officer (e.g. Care Management) using the Fuller's Self Medication Risk Assessment tool as being capable of managing their own medication. The risk assessment and the support plan should note that the service user will be responsible for their medication. There are a number of compliance aids service users may use that can assist in self medication.

Service users should have the opportunity to take custody of their own medication if they are capable of doing so. The Service User should be counselled on the importance of keeping medicines safely on his/her person. Service users should not be required to surrender their medicines to staff unless it is the express wish of the service user and/or carer. If this is the case, the procedures for storage in the Day Centre must be adhered to. When a service user is self-medicating and a risk assessment is in place they can hold their own individually dispensed supply of controlled drugs.

## **Getting Ready to Administer Medication**

It is important to be ready to administer medication. This means making sure that you can focus on the task of administering medication and will improve your ability to administer safely.

### **Exercise 1**

*Note down how you as a care worker can get prepared to administer medication.*


## **Administration of Medication**

Administering medication is all about common sense.

### **7 Rights of Administration.**

- **Right dose of the**
- **Right medicine to the**
- **Right person at the**
- **Right time by the**
- **Right route**
- **With the Right Documentation**
- **And the Right to refuse**

## **Administration Techniques**

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

### **Before Administering Medication to a Service User**

- **Ask the service user if they are ready to take their medication**
- **Check that service user name is correct on MAR**
- **Check that service user name is correct on containers.**
- **Wash and dry hands.**
- **Get together any equipment needed to help with medication.**
- **Ask service user to sit upright.** (If this is not possible then the care worker must report this to the senior who can ask advice from the service user's GP, Community Pharmacist or PCT Medicines Management Team.)

### **General Procedures for 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 service user to access. Dispersible or soluble tablets should be placed in a suitable amount of water according to the Patient Information Leaflet.
2. Administer medication to the Service User as laid out in the Support Plan.

3. As each medication is administered it should be recorded on the MAR.

### **Buccal Tablets**

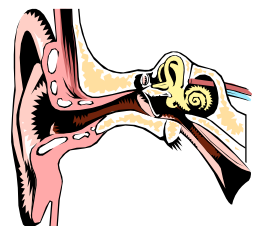
1. Read the patient information leaflet for specific information about administration
2. If the Service User suffers from a dry mouth, ask the Service User to moisten the area where the tablet is to be placed with their tongue or a little water before they apply the tablet.
3. The tablet should be placed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

### **Ear Drops**

1. Ask the service user 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 service user 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 four weeks after opening, as they may become contaminated.

### **Eye Drops**

1. Ask service user 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 service user 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.
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 four weeks after opening, as they may become contaminated. (Eye drops may also come in Minims which are single dose vials)

### **Eye Ointment**

1. Ask service user 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 service user 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 four weeks after opening, as they may become contaminated.

### **Nasal Drops**

1. Ask service user 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 service user 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 service user 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 service user 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 service user 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. Put on plastic disposable gloves if provided by your employer.
3. Shake container gently if needed and remove top from the container
4. Gently rub in the cream, ointment or lotion as stated on the label.
5. Replace cap and store as stated on the label.
6. Wash and dry hands.



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.  
Do not apply a patch straight after a bath or shower, wait until the skin is cool and dry.
2. Tear the pack open with your fingers along one edge and remove patch. Do not throw away the opened pack as this can be then be used when disposing of the patch that you remove from the service user's skin.
3. Remove used patch from skin and place in opened pack.

4. Peel the backing off the new patch.
5. When placing 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.
6. Place the patch (sticky side to the service user's skin) onto the skin with the palm of your hand and hold for 30 seconds making sure it sticks well to the skin. Throw away used patch.
7. Wash and dry hands.
8. If a patch falls off the skin before a change is due follow steps 1 to 8 and record in diary sheets and contact your line manager

### **Mouthwashes**

1. Some mouthwashes cannot be swallowed. If this is the case the label will state 'FOR EXTERNAL USE ONLY' or 'DO NOT SWALLOW'.
2. Get a container ready for the service user to spit the used mouthwash into.
3. Pour out the required amount of mouthwash to be used.
4. Pass this onto the service user and ask them to rinse around their mouth for about a minute.
5. The service user should then spit out the mouthwash into a container.
6. If the service user 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 service user 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. Hold the nebule upright and twist off the top.
2. Pour the contents of the nebule into the container.
3. Ask the service user to place mask on face.
4. Switch on the nebuliser.
5. When all of the liquid has been used (after about 5 minutes) switch off the nebuliser.
6. If there is more than one nebule to be given at one time put them into the nebuliser at the same time.
7. Remove the container; wash in water and leave to dry.

### **Inhalers**

1. Service users 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 alternative inhaler.
2. If care workers are required to assist a person to use their inhaler they should read the patient information leaflet and follow the directions.
3. If a Care Worker has any concerns over the ability of a Service User's to use their inhaler they must report this concern to the line manager.

<b>Notes</b>
--------------


## **Recording Administration**

The administration of medication is recorded using a **Medication Administration Record (MAR)**.

**Exercise 2 - In your work place setting how are MARs obtained (write down the processes for both printed and handwritten MARs).**

Printed MARs
Handwritten MARs


Staff must confirm that a dose has been administered by entering their initials in the appropriate box on the MAR; **this must be recorded at the time of administration.** The Day Centre should have a list of all care workers with their initials for reference. Completed MARs should be kept in the service users file for seven years.

**Look at a MAR for your work place setting. Note down the codes used on the MAR and what they mean.**


**Looking at the MAR where do you record the use of Homely remedies?**


### **Administering Medication away from the Day Service**

There may be occasions when a service user needs to take medication out of the Day Service, for example if they are going out to do an activity for the day. In order to try and reduce the amount of medication taken on an outing, where feasible the medication should be administered before the outing or on return. The service user's Pharmacist or GP should be able to advise if any dose times can be moved.

An audit trail needs to be implemented that identifies the checking in and out of the medication from the day service. All medication must be booked out of the Day Service.

**Exercise 3 – Write down the procedures for the administration of medication whilst on a trip outside the day centre**


**Receiving Medication into Day Services**

All medication brought into the Day Service, to be administered or stored; from whatever source **must be recorded** this includes medication prescribed on a regular ongoing basis brought from home or a residential care home. Only medicines received in original packs and bearing a recently dated pharmacy label can be accepted for administration by staff.

**Remember - When a medicine is dispensed it becomes the property of the service user to whom it has been prescribed.**

Quantities of medicines received for day service users will vary. The medicines may simply be brought in daily, however, if the service user attends the centre several times in a week, an agreement may be made for all the medicines required to be administered at the centre in that week to be brought at once. The medication should be returned home with the service user at the end of the week (PRN medication may be retained for longer.)

**Exercise 4 – Write down the processes that happen in your work setting with regards to receiving medication into the day centre.**



## **Disposal**

Any medication left at the end of the week should be logged out of the Day Service and returned home with the service user with the exception of PRN medication which can be retained by the day service. Medicines remain the property of the service user at all times. They must be returned to them if demanded.

Occasionally Day Services may need to safely dispose of medication. For example;

- Individual medication (e.g. single tablet) that has been dropped on the floor, spat out or refused should be disposed of in a designated medicine disposal box / bag. It is good practice that this is witnessed. At the end of the month this box is to be returned to a pharmacy to be disposed of in a safe manner.

*(If a tablet has been dropped prior to administration and disposed of the Care Worker should administer a fresh tablet to the Service user and then report their actions to their Line Manager as this may mean that there is a shortage of medication to complete the 28day period.)*

Disposal of medication must be recorded

Disposal Records should include

- Service User's name
- Name, form, strength + quantity of medicine
- Date of return
- Signature of person returning medication
- Signature from the pharmacy upon receipt of medications for disposal

## **Controlled Drugs**

Some medicines have a stricter set of storage and recording requirements, these are Controlled Drugs. They are medicines that are seen to be open to misuse or dependence.



Day Centres must keep a separate record of controlled drugs receipt, administration and disposal. These records must be kept in a bound book or register with numbered pages. The bound book will include the balance remaining for each product with a separate record page maintained for each service user. The balance of controlled drugs must be checked at each administration.

All controlled drugs should be entered into a controlled drugs logbook once they have entered the building. They should be stored in a lockable cabinet. For safe practice the controlled drug cupboards should only be used for the storage of controlled drugs. Only those with authorised access should hold keys to the controlled drug cupboard. With access to the keys closely monitored.

Two designated staff are responsible for the administration, the member of staff administering must be trained and competent, and the other member of staff must be competent to witness the administration. Both designated people sign the controlled drugs book stating the time, the amount, the dose administered and the amount left.

***Exercise 5 Make notes on how controlled drugs are handled in your work setting and which staff are designated to handle controlled drugs***


## Competency Record

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	Demonstrate knowledge of the procedures involved in administering medication away from the day service			

outside of 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 service users 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 residential home 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.			

**Administration Techniques**

Objective	Process	Care Workers Signature	Line Managers Signature	Date
Administering oral medication to a service user	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 nebulers	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			

<b>Medication Training for Care Workers Completed</b>	<b>Date</b>
<b>Care Worker Name (Block Capitals)</b>	<b>Signature</b>
<b>Line Manager (Block Capitals)</b>	<b>Signature</b>

# Record of Medication Management Training Sessions for Care Workers in ERYC Day Services

Name of Care Worker

<b>Refresher due (mm/yy)</b>	<b>Refresher completed on (dd/mm/yy)</b>	<b>Course Provider / Tutor Name and Signature</b>	<b>Care Workers Signature</b>	<b>Line manager Signature</b>

# Record of Additional Training regarding Medication – including Specialized Techniques

Name of Care Worker:

<b>Date</b>		<b>Title</b>		
<b>Description of Training and Objective</b>				
<b>Trainers name</b>		<b>Qualification</b>		
<b>Observation of Practice</b>		<b>Trainer Signature and Date</b>	<b>Care Worker Signature and date</b>	<b>Line Manager Signature and date</b>

<b>Date</b>		<b>Title</b>		
<b>Description of Training and Objective</b>				
<b>Trainers name</b>		<b>Qualification</b>		
<b>Observation of Practice</b>		<b>Trainer Signature and Date</b>	<b>Care Worker Signature and date</b>	<b>Line Manager Signature and date</b>

<b>Date</b>		<b>Title</b>		
<b>Description of Training and Objective</b>				
<b>Trainers name</b>		<b>Qualification</b>		
<b>Observation of Practice</b>		<b>Trainer Signature and Date</b>	<b>Care Worker Signature and date</b>	<b>Line Manager Signature and date</b>

<b>Date</b>		<b>Title</b>		
<b>Description of Training and Objective</b>				
<b>Trainers name</b>		<b>Qualification</b>		
<b>Observation of Practice</b>		<b>Trainer Signature and Date</b>	<b>Care Worker Signature and date</b>	<b>Line Manager Signature and date</b>