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Pharmacodynamics

Pharmacodynamics is the study of the biochemical and physiological effects of commonly used pharmacology on the body. It looks at how the body reacts to certain drug types, and the relationship between concentration and effect of the drug.

Here is some more information.

Common effects of medications on the body

- ▶ Stimulating action through receptor agonism, where the drug causes more cell activity
- ▶ Depressing action through receptor agonism, where the drug causes less cell activity
- ▶ Blocking/antagonising action, where the drug binds to the receptor but does not activate it
- ▶ Stabilising action, where the drug neither depresses nor stimulates
- ▶ Exchanging or replacing substances
- ▶ Direct beneficial chemical reaction
- ▶ Direct harmful chemical reaction (such as caused by poison)

Important pharmacodynamic terms

- ▶ Desired activity
- ▶ Undesirable effects
- ▶ Therapeutic window, which is the amount of medication required to be effective before it has adverse effects
- ▶ Duration of action, which is the length of time the drug is effective
- ▶ Receptor binding effect, which is the study of how molecules bind
- ▶ Law of mass action, which relates to large-scale binding effects of numerous molecules
- ▶ Selectivity is when the drug enters a site, and reacts onto the cells or tissues intended to produce a reaction
- ▶ Receptors are structures on the cell membrane that allow a molecule to attach to the cell
- ▶ Agonist drugs activate and stimulate receptors, which trigger a response
- ▶ Antagonist drugs block the body's access to natural agonists, which are usually neurotransmitters to prevent a natural cell response
- ▶ Enzymes regulate chemical reactions in cells; some drugs target enzymes instead of receptors. They can be inhibitors or activators.

Abbreviation	Meaning
cap	capsule
ec	enteric-coated
elix	elixir
fl	fluid
gtt	drop
h.s.	at hour of sleep (bedtime)
L	litre
mane	morning
ml	millilitres
nocte	night
p.c.	after meals
p.o.	by mouth
PR	per rectum
q	every – for example, q8h means every 8 hours
q.a.m	every morning
q.d.	every day
q.i.d.	four times/day
q.o.d.	every other day
q.p.m	each evening
supp	suppository
t.i.d. or tds	three times/day
tab	tablet
tbsp	tablespoon
tsp	teaspoon
č	with
š	without

Medication administration errors

Errors will occur in all workplaces and with all tasks, including administering medications to clients. It is imperative that workers aim to minimise any medication administration errors and, more importantly, that they can quickly identify and report the occurrence of any administration errors.

The principles of safe medication administration are often called five rights (5Rs) – give the right drug via the right route in the right dose to the right patient at the right time.

Poor penmanship, misinterpreting someone's written information and errors in transcription often contribute to medication errors or medication accidents. It is increasingly common for medical facilities to use a computerised system that lowers

Drug–disease interaction

Drug–disease interactions refer to specific drugs that may be administered for a secondary reason, which can worsen or exacerbate a person’s existing condition, disease or disorder. For example, anticholinergic drugs that are used to treat a variety of conditions such as gastrointestinal disorders, genitor-urinary disorders and respiratory disorders such as chronic obstructive pulmonary disease (COPD) are a common cause of drug–disease interactions. A person with dementia might become more confused if they are given an anticholinergic drug such as Atrovent for the treatment of bronchiectasis (a form of COPD).

When treating infection, the health professional must be able to determine whether disease is bacterial or viral. Viral infections may be a contraindication for antibiotics as the antibiotics will be ineffective. Organisms may become immune to antibiotics so antibiotics should be used with caution.

Alcohol

Many prescription and over-the-counter drugs may adversely interact with alcohol. Alcohol may render the medication useless. It may also react negatively with medication, causing toxicity to the body. Alcohol can also intensify the effect of medication, for example, might make a person drowsier. Heart medications, for example, when mixed with alcohol, may cause rapid heartbeat and changes in blood pressure. Blood-thinning medications like warfarin may lead to internal bleeding when mixed with alcohol. Alcohol when mixed with acetaminophen, an over-the-counter medication, can damage the liver. There are serious consequences of using alcohol together with antihistamines.

Cross infection

When you administer medications you need to be aware of the risk of cross-infection as you carry out their tasks. You may administer oral medication from a blister pack or a dosette box that has been filled by a pharmacist, doctor or registered nurse, or directly from the service user’s labelled pharmacy container.

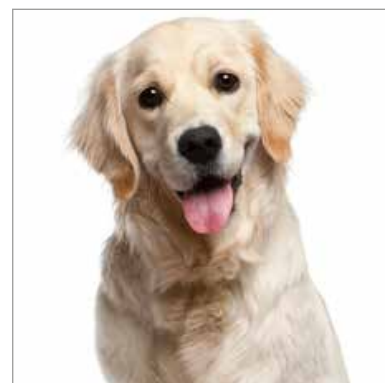
Understand and apply infection-control procedures and precautions to prevent or minimise the risk of transmission of infection between staff and people you support.

Standard precautions need to be followed for all medication administered such as:

- ▶ thorough hand-washing before and after administration of medications
- ▶ observing good personal hygiene habits
- ▶ using a non-touch approach for medications, such as carefully pouring tablets from a stock bottle into the lid and then into a medicine cup.

Complementary therapies

Complementary therapies are therapies that adopt a holistic approach to health and health problems, including therapeutic massage, reflexology, acupuncture, aromatherapy, osteopathy, naturopathy and homeopathy, pet therapy and music therapy. Complementary drug therapies include nutritional supplements; alternative medicines; vitamin, mineral, herbal, aromatherapy and homoeopathic products, and preparations that are sold over the counter.



Potential risks related to medication:

- ▶ Allergic reactions, such as anaphylaxis
- ▶ Contaminated or outdated medication
- ▶ Contraindications that affect other medication
- ▶ Risks to pregnancy
- ▶ Low or high blood pressure
- ▶ Dizziness or numbness
- ▶ Pain
- ▶ No reaction at all
- ▶ Death

Drug toxicity

Adverse drug reactions and adverse drug events can also be due to drug toxicity, which can happen when the person receives too much medication (over dosage), the drug accumulates in the body over time or the person's body is unable to eliminate the drug.

Older people often have increased sensitivity to a drug's effect because of age-related changes in pharmacokinetics and pharmacodynamics. This means that the average daily dose required for some medications differs dramatically from person to person, increasing the risk of dose-related reactions such as low blood pressure with antihypertensive medications and low blood sugar with insulin. Common drugs that cause drug toxicity in older people include warfarin, insulin and digoxin.

A 'normal' dosage can commonly have a greater effect in older people so they should be closely monitored so that a suspected relationship between the medications a person is taking and a reaction can be brought to the attention of the person's health professional/s.

Older people's increased risk

- ▶ Because older people can be more likely to experience problematic side effects caused by drug toxicity, aged care workers should familiarise themselves with the known therapeutic and non-therapeutic effects of medications they are administering, including:
 - the potential side effects of a drug and how long they might last
 - the rarer adverse reactions associated with taking the drug
 - the expected therapeutic effect of the drug, including how soon a person might experience results.

1D Confirm identity and whether any allergies exist

It is crucial that care workers who are administering and monitoring medications have the knowledge and skills to check and confirm the identity of the individual receiving the medication.

Check that you are giving the right medication to the right person before you administer the medication. Here are techniques for checking and confirming the identity of people you support.

Techniques for checking and confirming the identity:

- ▶ Confirming the person's identity with the health professional who delegated the task of medication administration, such as nursing/care staff
- ▶ Checking the person's identity with another staff person if you are unsure
- ▶ Confirming the identity with the individual verbally by asking questions such as, 'Can you tell me your name and date of birth please?'
- ▶ Confirming the identity with the individual using recognition by response
- ▶ Confirming the identity with the individual using augmentative and alternative communication methods
- ▶ Checking the person's identification bracelet or other forms of identification
- ▶ Checking the name on the medication label; remember that residents can share the same and/or similar names
- ▶ Checking the person against the file name and photograph on documentation such as a medication chart

Mistaken identity

Patient identification errors can have serious consequences. If you are unsure, always check (and check again) until you are certain that it is the right client receiving the medication; never assume or take risks about a person's identity.

Why patient identification errors may be caused

- ▶ Language barriers or someone experiencing difficulties communicating clearly
- ▶ The person experiences memory loss – an identity bracelet or information chart by their bed is ideal if the person in care has memory loss
- ▶ The person has impaired cognition from a critical illness or medication effects
- ▶ The person has a disability that affects communication or cognitive functioning
- ▶ People with different medication requirements can have the same (or similar) names



Topic 2

In this topic you will learn how to:

- 2A Confirm authority to proceed with delegation of medication administration**
- 2B Clarify your own role and limitations in providing assistance with medication administration**
- 2C Check all equipment, including dose administration aids**
- 2D Follow infection control procedures**
- 2E Confirm medication administration route and procedure**
- 2F Confirm purpose and function of prescribed medications**
- 2G Accurately calculate medication dosages according to authorised documented request**
- 2H Prepare medications according to your delegated role and in line with legal and environmental guidelines**

Prepare for medication administration

Aged and community services workers will work in a variety of different settings, including residential aged care facilities, people's homes, group homes or in respite services.

When administering and monitoring medications, workers are required to assess and monitor the health status of a person in care; safely administer medication by following instructions and/or organisational policies, procedures and protocols; monitor and/or observe for both the desired and undesired effects of medication; and report any changes in the health status of a person to their supervisor.

Preparing for medication administration requires aged care workers to apply strict medication administration protocols, standard precautions for infection control and any other relevant health and safety measures to protect individuals under their care. It also requires the worker to discuss the procedures with the person and encourage participation while providing privacy, seeking assistance from other staff if required and safely managing exposure to the treatment area while administering medications.

Internal facility medication audits

It is the responsibility of individual service providers to ensure that an internal audit of the medication administration policy and procedures is conducted on a regular basis (at least annually).

An internal audit objective is to verify that each facility is conforming to the organisation's medication administration system and identifies positive activities and practices as well as highlighting areas for continuous improvement. It tests compliance with medication administration policies and procedures and provides opportunities for continuous improvement.

The internal auditor plans and conducts the audit and reports back to the service provider's management team, who then agrees to the most appropriate course of action and an action plan to address non-conformance.

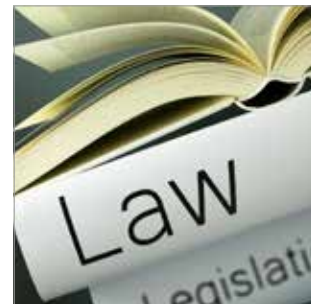
The results of the audit, including any anomalies or medication that has been identified for disposal, would be reported to the supervisor or coordinator at the facility.

A medication audit might involve checking that:

- ▶ all prescriptions are current
- ▶ the medical administration record (MAR) reconciles with medications in storage
- ▶ all stored medication is within the printed use-by date
- ▶ medication is contained within undamaged containers, is clearly labelled and stored correctly.

Legal requirements for practice parameters

Before administering medication, the care worker should give due consideration to the legal requirements for practice parameters, including the route of administration, the *Therapeutic Goods Act 1989* (Cth) and other legislation relevant to medications, drugs and poisons in the state/territory and poison Schedule 4 and Schedule 8 medications. The Poisons Standard is a Legislative Instrument for the purposes of the *Legislative Instruments Act 2003*.



Routes of administration

The term 'routes of administration' means the method, path or way a medication is introduced into the person's body so that it can produce a therapeutic action. Common routes of administration include a person's ears, eyes, nose, mouth, skin, rectum, vagina or by injection into a person's veins or muscles.

Appropriately trained and adequately supervised aged care workers are able to administer oral and topical pharmacy-dispensed or supplied medication as ordered by a medical practitioner or other authorised prescriber.

Due to the potential risk to person safety and the higher level of education required to ensure quality management of medications, workers are prohibited from administering medications or any other additives/substances by any other routes such as intravenous, intramuscular, subcutaneous, vaginal, rectal or enteral administration (percutaneous gastronomy as well as naso-gastric), and administering stock/imprest medication.

2F Confirm purpose and function of prescribed medications

Once workers have been delegated a medication administration task, they are required to provide information, support and reassurance throughout the medication administration task. This should be undertaken in a manner that encourages a person's cooperation and active involvement, is appropriate to their needs, abilities and concerns, and fulfils duty-of-care requirements.

People may experience problematic side effects such as drug toxicity, so workers should familiarise themselves with the known therapeutic and non-therapeutic effects of medications they are administering.

Required knowledge of effects of medications being administered includes:

- ▶ the potential side effects of a drug and how long effects might last
- ▶ the rarer adverse reactions associated with taking the drug
- ▶ the expected therapeutic effect of the drug, including how soon a person might experience results.

Sources of information

Information about the medications should be clearly provided in the care plan, including the purpose and function of the medication and route of administration. Reference books provide information about specific medications, including the therapeutic effect, uses, side effects and special administration instructions. Each facility or program should have such a reference guide, such as the MIMS annual or drug reference guide for use by staff. These guides should be reviewed regularly to address factors such as changes in manufacturer's advice or instructions and/or medical research findings.

Other sources of information:

- ▶ Drug hotline/drug information line
- ▶ Health professionals
- ▶ Consumer medicine information leaflets
- ▶ Medication inserts provided by drug manufacturer and included within drug packaging

Key aspects of medication groups and categories and their general effect on body systems and major disorders

Medications are commonly grouped into categories. The Therapeutic Goods Administration (TGA) Australia classifies medicines as registered or listed. Registered means they are assessed by the TGA for quality, safety and efficacy. Listed means they are assessed for quality and safety by not efficacy.

Registered medications include all prescription medicines, most over-the-counter medicines and some complementary medicines. Listed medicines include some over-the-counter medicines and most complementary medicines.

Key aspects of medications for the gastrointestinal system

The gastrointestinal system processes food, helps to distribute nutrients throughout the body and excretes waste products. Here are some aspects of medication.

Gastrointestinal system medication			
Disorders	Linked to	Medication group/ category/ class	Interactions
Dysphagia	Linked to: <ul style="list-style-type: none"> ▶ history of a stroke ▶ Parkinson's disease ▶ multiple sclerosis ▶ cancer ▶ previous radiation treatment ▶ scarring from previous surgeries ▶ oesophageal sphincter disorders ▶ diverticula ▶ xerostomia. 	Pharmacological treatment depends solely on the cause of dysphagia and may include nifedipine (a calcium- channel blocker).	Dysphagia
Kidney dysfunction	Another disorder that may result from gradual kidney dysfunction is anemia Certain types of medications hasten the normal decline in kidney function; these include non-steroidal anti-inflammatory drugs (NSAID); some anti-hypertensive drugs; and some diabetic medications.	Agents used in the treatment of renal failure include Dopamine, Furosemide, Mannito and Thiazide.	Kidney dysfunction

Look at the person's details

Make sure the person's name and date of birth are the same as the name and date of birth on the medication chart and the medicine container. It's your job to make sure you have the correct person; cross-check with the photograph. Ask them, 'What is your name and date of birth?' Then confirm that the answer corresponds with the medication administration chart, as well as your visual check against the photo identification included in the chart.

Confirm the identity with another staff member

You may need a nurse or other staff member to confirm that the person you see is the correct one, and they have been assessed as being able to take their medication. Another staff member may introduce the person to you or point the person out to you.

Check whether person is self-administering or not

Some people may have been formally assessed as being competent to self-administer their medication. Check the medication charts to see if a person is self-administering. Check also whether the person is self-administering some or all of their medications; for example, self-administering oral medications, but requiring assistance from an authorised health professional to administer eyedrops.

If a person is self-administering, identification may be more difficult as you may not have their care plan and photograph with you. Before you proceed, you must make sure they identify themselves to your satisfaction. You might look around the room for a photograph or letters addressed to them, or ask them specific questions.



Greet and prepare person

It is industry best practice to actively involve and empower people in the medication management process, particularly if the person is self-administering their medications. Workers need to have the interpersonal and communication skills to reassure the person, share information in a clear and professional manner, and also build trust and rapport with that person.

A care worker's job is to provide the necessary support to residents while respecting the wishes and rights of each resident. It is important that people in your care are always treated with dignity, compassion and respect, and this is often demonstrated in the way you communicate with people.

Use effective communication

When you first greet the person, smile and make eye contact (where appropriate). A friendly and welcoming manner will help relax them.

Introduce yourself by name and show them your identification badge. Never assume the person knows who you are. They may have more than one support worker who looks after them.

Behavioural changes

- | | |
|---|---|
| <ul style="list-style-type: none"> ▶ Confusion ▶ Agitation ▶ Anxiousness | <ul style="list-style-type: none"> ▶ Paranoia ▶ Depression ▶ Suicidal thoughts |
|---|---|

Report behavioural changes

The care worker has a duty of care to report changes in the person's health status to their supervising registered nurse and/or the person's health professional/s. Triple-check that the medication, time and person correlated with the documentation before you take the medication from the medication cart; before you give the medication to the older person; after you have given the medication to the person.

Careful completion of the medication administration records guarantees clear communication between members of the person's healthcare team. Make sure that you, in accordance with your organisation's procedures, complete all documentation so that it provides an accurate and up-to-date record of the status and care of each person.

If you have any doubts at any point in the medication administration process, don't administer the medication. However, because of the important role that medication plays in maintaining a person's overall standard and quality of life, and the importance of giving medication at the right time, you must contact your supervising registered nurse immediately.

Most drug reactions occur within one hour; however, delayed reactions can develop up to two weeks after taking medication.



Example

Check the person for any physical or behavioural changes and report these to supervisor

Loren slipped and fell backwards two days ago. She hit her head quite hard but did not require hospitalisation. It is time to give her afternoon medication but David finds it difficult to wake her. David shakes her gently and persuades her to take the medication. Half an hour later, another care worker, Chris, finds Loren unresponsive.

In this example, David should have noted the physical and behavioural changes in Loren and reported these changes to his supervisor.



4B Administer medications correctly according to defined legislation, organisational procedures, professional standards and instructions

Medication assists in the treatment and prevention of disease, increases life expectancy and improves the quality of life for people; however, medicines do have the potential to cause harm if they are not administered according to the care plan, medication administration records, delegation instructions and the five rights (5Rs), which are listed below.

The 5Rs of medication administration

- ▶ Right person
- ▶ Right medication
- ▶ Right dose
- ▶ Right route
- ▶ Right time

Administer medication in accordance with prescriber form and instructions

Prescribed and over-the-counter medications are supplied with prescription instructions, which relate to dosage and frequency. They will also advise which administration route to use; orally, via the rectum, intravenously, topically etc.

You have a duty of care to follow instructions exactly as they are worded. Not following prescriber form and instructions puts the person at risk of harm; for example, the dosage may be too high, or there may be a build-up of toxicity.



Administer medication in accordance with legislation, organisational procedures and professional standards

Your organisation's medication management policy and procedures will detail how to administer medication correctly. It is important to follow these principles and instructions, as they are based on legal requirements.

Legally, you have a responsibility to provide duty of care to people you support, which includes managing and administering medication correctly. Relevant legislation includes aged care services, disability services, drugs and poisons and negligence legislation.

Administer medication using transdermal patches

Transdermal patches are medicated adhesive patches that deliver a drug at a predetermined continuous and controlled rate (controlled release) through the skin into the bloodstream. They are prescribed for people with chronic conditions, including dementia, pain and heart disease. Transdermal patches are particularly useful for people who have swallowing difficulties.

Transdermal patches are commonly used in RAC facilities for pain relief, angina, dementia and Parkinson's disease.

Below is a description of the equipment, preparation, procedures, and recording requirements for administering medications as transdermal patches.

Equipment

- ▶ Gloves
- ▶ Soap and water
- ▶ Towel

Preparation

- ▶ Wash and dry hands thoroughly.
- ▶ Wear gloves before applying or removing transdermal patches.
- ▶ Remove medication from the medication cart.
- ▶ Check the medication for the person's name and photo.
- ▶ Take medication to the person.
- ▶ Check that medication, time and person correlate with documentation (ensure that medicine, strength, dose and time are correct for that person).

Procedure

- ▶ Remove the old patch, if necessary: fold the old patch so that the adhesive side of the patch sticks onto itself; then wrap and dispose of the patch in a contaminated-waste container.
- ▶ Vary the site of application to minimise the likelihood of skin irritation.
- ▶ Apply to clean, dry areas of the skin – gently wash old and new site with soap and water and then dry thoroughly.
- ▶ Peel backing off the patch – avoid contact with the adhesive, remembering that this adhesive contains medication.
- ▶ Press patch firmly onto skin.
- ▶ Check patch is firmly adhered.
- ▶ Remove gloves and dispose of them according to organisation guidelines/procedures.
- ▶ Wash and dry hands thoroughly.

Record administration

- ▶ Sign in the 'given by' space on the person's medication sheet immediately after the medication is given (ensure the site of the application is included in the MAR).
- ▶ Return the sheet to the medication cart.

If there is still doubt, it may be appropriate, depending on the situation, to respectfully ask the person to open their mouth to check medication has been swallowed. Ask the person to lift tongue. When you are confident the person has swallowed or ingested the medication, make a record in their medication records.

Confirmation will involve different actions depending on the form of medication.

The care worker may need to confirm that:

- ▶ all the recommended medicine in the box or sachet has been used
- ▶ all the drops have been taken
- ▶ the correct amount of lotion has been applied
- ▶ the patch is securely in place.

Example

Oversee and observe the person when taking medication

Mrs. Kokodis does not like the taste of her tablets. After she has taken them, she sometimes hides them in her mouth and then spits them out once she is alone. She gets very upset if people ask to check her mouth. Marco is sensitive about staying with her until he is sure the tablets have been swallowed so he sits with Mrs. Kokodis and talks to her about his day. Once he thinks she has swallowed the tablets, he asks her a few questions and listens to her speaking clearly so that he can be sure her mouth is clear.



Practice task 21

1. Why is it important to supervise a person after you have given them their medication?

2. How can you help a person to swallow their tablets if they don't like the taste?

Click to complete Practice task 21

Potential impacts of errors and reason for errors

Careful completion of the medication administration records guarantees clear communication between members of the person's healthcare team. Make sure that, in accordance with your organisation's procedures, care workers complete all documentation so it provides an accurate and up-to-date record of the status and care of each person.

Errors include incorrect spelling of medication, incorrect dosage, incorrect spelling of the person's name and incorrect date and time of previous administration.

The impact of the error may be that the person does not receive the medication they require. There may be adverse or complicated effects if the medication contraindicates with another medication, or existing condition. Adverse effects or complications put the person in serious risk of further illness or even death.

Reasons for errors are below.

Reasons for errors in documentation

- ▶ Difficulties with language
- ▶ Rushed or time poor
- ▶ Miscommunication between staff
- ▶ Medication administration incorrectly observed or completed
- ▶ Poor organisational policies and procedures communication
- ▶ Lack of training
- ▶ Lack of supervision

Example

Provide and follow accurate information on medication administration

Errors in administration of medication have been found to involve a failure to follow medication information provided. A case study published in the Australian and NZ Journal of Public Health called 'Therapeutic errors involving adults in the community setting: nature, causes and outcomes' analysed therapeutic errors involving adults who reported to the Victorian Poisons Information Centre from January 2006 to March 2007. The study involved 97 nursing home residents and over 600 people living at home. It found that medication errors in aged care homes were principally caused by staffing issues such as carelessness, distraction, staff not following standard procedures or being unfamiliar with the person. Taking the wrong medication or medication prescribed for someone else were also more common occurrences in aged care homes, whereas errors in the person's home were more likely to involve incorrect dosages.

Strategies to address these issues include implementing staff workshops and training courses, or distributing public information packs about checking dosages.



Right of refusal

All individuals have the right to refuse medication, but if a person does not take the drug as directed by their doctor, they are at risk of health decline.

Your role is to:

- ▶ make a reasonable attempt to determine why the person is refusing to take the medication by gently persuading a person
- ▶ wait a little while before trying again, particularly if the person is confused or anxious
- ▶ obtain advice from a doctor or supervising registered nurse to determine whether a delay in administering the medication may cause adverse reactions
- ▶ record the refusal in the medication administration records, care plan or other documentation
- ▶ follow service procedures such as informing the person's GP and completing a medication incident form
- ▶ alert other care workers to the situation as necessary and monitor the person for changes in health status.

Incomplete ingestion

If the person coughs or vomits soon after taking their medication and ejects some or all of their medications, remain calm, reassure the person and make them comfortable. Clean up any vomit and safely dispose of the medication while wearing gloves. You should then determine, as far as practicable, why the person would/could not take their medicine (as they were unwell, had difficulty swallowing and so on), contact their supervising registered nurse to determine whether the medication should be re-administered, and follow agency procedures such as informing the person's GP and completing a medication incident form.

Example

Report medication refusal or incomplete ingestion to the supervising health professional

Carrie has recently started taking prednisone. Her usually docile behaviour is erratic and she is becoming increasingly irritable because she can't sleep. She has decided it is the prednisone that is causing her not to sleep and she refuses to take it: 'I am not taking that new big white tablet, it stops me from sleeping'. Her care worker says that she will look up her chart and seek advice.

The care worker identifies that the doctor has prescribed prednisone as treatment for Carrie's arthritis and that one of the short-term side effects of prednisone is insomnia. She asks a colleague what she should do and is told, 'If it is only for arthritis, the only person she is going to hurt is herself – let her suffer for a day or so and she will find out why she should take it'. On this advice, she records in the chart that Carrie has refused the medication, and she returns to her busy medication round.

The next day, the supervising nurse calls the care worker into her office and asks her why she didn't follow protocol and procedures in relation to medication refusals. The care worker is reminded that she should have sought advice from the pharmacist, Carrie's doctor or the nurse herself. Stopping prednisone treatment abruptly can cause serious illness.





Topic 7

In this topic you will learn how to:

- 7A** Manage medication equipment and used containers according to infection control guidelines
- 7B** Complete arrangements and procedures to replenish dose administration aids and supplies
- 7C** Store medication charts, care plans and treatment sheets
- 7D** Complete medication storage procedures

Complete medication distribution and administration

Medication distribution and administration is a complex subject, with many considerations made by a team of health professionals. This process ensures that all medications – prescribed, purchased over the counter and/or complementary medications – are safely administered.

Policies and procedures in relation to medication distribution and administration will vary between service providers and state and territory legislation and regulations. It is therefore important for care workers to acquaint themselves with their organisation's policies and procedures as a matter of responsibility in relation to the administration and distribution of medication.

Managed by person

- ▶ Providing safe and secure storage of medications that are managed by people you support.

Refrigeration

- ▶ Placing any medication delivered, which requires refrigeration in the refrigerator immediately; the temperature control of the refrigerator should be checked on a regular basis with a thermometer.

Store medication securely

Medication must be stored according to legislation. This means it is stored in a safe, locked area that only authorised people have access to. Most organisations have a key register that records the number of the key and who is responsible for it. This is usually the registered nurse or senior staff member on duty. If another person needs access, then the authorised person does the unlocking so that the key doesn't leave their possession. It should not be possible for visitors, children, pets, other people or unauthorised staff to access the storage area. In the home, medication should be kept out of reach of other people.

Self-administered medications must be stored securely, such as in a locked bedside cabinet in order to protect the safety of staff, visitors and others who use the service.

Specific guidelines are prescribed for the management and storage of controlled drugs such as Schedule 8 drugs. Controlled drugs must be kept in an approved container as specified in the drugs and poisons regulations for different states and territories. There must be a register of all controlled drugs stored on-site, which records when these drugs are taken, similar to the following example.

Date of entry	01/12/2016
Name of medication	Valium
Amount stored	12 x 5 mg tablets
Amount used	1 x 5 mg
Purpose	As prescribed for Mr Ng
Amount remaining	11 x 5 mg
Signed	<i>Tim Brent</i>
Checked and witnessed	<i>Mae Li</i>

Summary

1. Well-maintained medical equipment is an essential part of care. All trolleys, equipment and medication must be cleaned, sanitised and stored correctly to prevent damage and misuse, and to maintain a clean, hygienic environment at all times to prevent infection from spreading. Follow industry health regulations and the organisation's infection-control guidelines.
2. In order to protect the safety of staff, visitors and people you support, medication trolleys must never be left unattended when unlocked.
3. People should be able to receive their medication when they need it. Medication should not be interrupted because stock is not available or medication is not dispensed on time. Workers need to check medication supplies and identify when medication is out of date or contaminated.
4. Always ensure that supplies such as gloves and disposable medication cups that are used as part of your overall infection-control strategy are reordered before they run out.
5. Care workers have a duty of care to protect the privacy of each person's medical chart/record by taking all reasonable measures to protect personal information from improper use, unauthorised access or accidental loss.
6. Medication charts and other documentation should be stored, so they can be accessed easily by authorised personnel but cannot be accessed by unauthorised personnel.
7. Medications (including self-administered medication) must be locked and stored in accordance with state/territory regulations, manufacturers' and/or the pharmacist's recommendations and the organisation's policy and procedures.
8. Controlled drugs must be kept in a container as specified by law and a register developed to control access.