Carriglea Cáirde Services

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SD-30

POLICY AND PROCEDURE

Medication Management

Approved by: _____

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CARRIGLEA CAIRDE SERVICES

Procedures Manual

Title: **MEDICATION MANAGEMENT**

1.0 Scope

1.1 To detail the best practice for medication management within the services, including ordering, dispensing, administration, storage and disposal of medication. Any reference to drugs for the purpose of this policy implies any medically prescribed substance including over the counter medication.

2.0 Aims and Values

2.1 To promote the safety, welfare and best possible health of all service users.

2.2 To ensure that medication which is prescribed is administered as prescribed to the service user for whom it is prescribed and to no other person.

2.3 To ensure that effective medication records are kept and that safe correct and ethical procedures are adhered to in relation to ordering, storing and disposing of medication.

2.4 To actively involve service users in person-centred medication management.

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SD-12	Clinical Practice
SD-41	Restrictive Procedures
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C4-35	Medication Administration Signature Record
C4-25	Emergency Equipment Checklist
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HRMF-13	Names of Staff on An Bord Altranais Register
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C4-81	Patient Safety Assurance Certificate
C4-02	Adverse Reaction Report Form
C4-37	Medication Management Competency Assessment Form
C4-65	Self Medication Assessment Form
C4-64	Self Medication Agreement Form
C4-76	Temperature Chart Medication Fridge
C4-46	Nutrition & Dietetic Services Referral form
C4-83	Details of Respite Break Form

Drug Prescription Kardex
Antibiotic Prescription Kardex
Drug Recording Kardex
PRN Drug Kardex
Record of Staff Authorised to Administer Medication
Controlled Drug Book.
Pharmacy Order, Receipt & Return Book
Pharmacy Record Book
HIQA National Standards for Residential Services, 2013
HEALTH ACT 2007 SI No 367 of 2013 (Regulations)
National Framework for Medicines Management in Disability Services
Guidance for Registered Nurses and Midwives on Medication Administration, (2020)

5.0 Responsibilities

5.1 The Management and all nursing and authorised staff.

INTRODUCTION

Carriglea Cairde Services is committed to adhering to best practice at all times with regard to medication management. Person-centred management of medication is promoted for service users. Some service users can safely manage and take their own medication independently or with some support. Others need a considerable level of assistance/support to manage their medication. Carriglea Cáirde Services supports service users' autonomy with regard to the management of their medication.

All service users are given as much information as possible about their medication and the possible side effects of such medication.

It is essential that staff respect the fact that the service user has the right to refuse medication.

6.0 THE RIGHTS OF SAFE MEDICATION ADMINISTRATION

6.1 The 10 Rights of medicines administration (as per NMBI,2020)

1. Right patient/service user
2. Right reason
3. Right medication
4. Right route
5. Right time and prescribed intervals (this includes the frequency and duration of the prescribed order)
6. Right dose
7. Right form
8. Right action (including explaining the purpose of the medication to the individual)
9. Right documentation: this includes date of commencement of the medication and date to discontinue medication.
10. Right responses (including monitoring for adverse reaction)

7.0 RESPONSIBILITIES

7.1 **Carriglea Cáirde Services Responsibilities:**

The Services maintains overall responsibility for assigning medication management systems and administration duties to nursing and authorised staff, and assumes overall responsibility for the administration of medication by such staff.

The Services is responsible for selecting staff members and assigning responsibility to these staff to administer medication.

The Services is responsible for developing and implementing local policy and structures to effectively support good medicines management which includes organisation-designated responsibilities for medicines administration, or support of

individuals to self-administer medicines. The service must regularly review and evaluate policy and practices, reforming where required.

The Service is responsible for organising the provision of training to staff, and in particular is responsible for ensuring that all authorised staff have completed a suitable training programme.

The Senior Services Manager Clinical Governance Lead keeps a record of all nurses registered with the Nursing and Midwifery Board of Ireland (*HRMF 13)* and updates records annually in January.

A record is kept of all staff authorised to administer medication.

An up-to-date list of staff signatures and initials is maintained using the *Medication Administration Signature Record.* This Signature Record is kept with the drugs Kardex. In some areas it is kept on the door of the drugs press.

Carriglea Cáirde Services promotes a culture of reporting errors and near misses and will monitor and investigate near misses and errors in medication management (*Medication Incident Report Form).*

7.2 **Responsibilities of the Line Manager:**

The Line Managers are responsible for ensuring that:

- Medication is stored appropriately, safely and securely within their own area of responsibility.
- This policy is made available to all relevant staff.
- New staff who administer medication are added to the record of authorised staff
- Non-nursing staff who are authorised to administer medication have an annual competency assessment carried out. Assessments are filed with the relevant nurse manager.
- Service users are given an opportunity to self-medicate if they so wish, subject to relevant assessments.
- Staff have access to a copy of MIMS, IMF or the British National Formulary.
- A medication audit is carried out at least annually in each of their areas of responsibility

7.3 **Responsibilities of the registered nurse:**

The registered nurse is responsible for adhering to the Code of Professional Conduct and Ethics, (*Nursing and Midwifery Board of* Ireland (*NMBI) 2021).*

The registered nurse is accountable for their practice with regard to medication management. They are accountable to service users, to Carriglea Cáirde Services, to the Nursing and Midwifery Board of Ireland and to the law.

The registered nurse should have knowledge of the various relevant statutes and legislation relating to medication management.

The registered nurse has an obligation to practice according to the legislation governing nursing and midwifery practice, and to the current standards, policies and guidelines of the Nursing and Midwifery Board of Ireland and Carriglea Cáirde Services,

The registered nurse must renew his/her nursing registration with the Nursing and Midwifery Board of Ireland annually by paying an Annual Retention Fee and must produce proof of Annual Registration to nursing administration in January of each year for the organisations records. The registered nurse is required to complete the *Patient Safety Assurance Certificate Form* annually. Forms are available from and should be returned to nursing administration. Nursing administration is responsible for validation and filing forms and ensuring that a form is returned for all nursing staff.

The registered nurse should develop and maintain competence with regard to all aspects of medication management, ensuring that their knowledge, skills and practices are up to date. The registered nurse must acknowledge any limitations in competence and refuse in such cases to accept delegated or assigned functions.

If the therapeutic objective of the drug is to be met, the registered nurse should know the indications for the drug and its desired effect for the particular service user.

The registered nurse should be aware of the main pharmacological action of the drug, the usual dose, frequency and route of administration and potential side effects and known drug interactions.

The registered nurse should be aware of what drugs are contraindicated for the service user and ensure this is stated clearly on the medication prescription kardex.

The registered nurse is responsible for ensuring that the supply of medication corresponds with required levels i.e. no excess medication to be stored and in the event of over supply of medication, such medication is returned to the pharmacy and recorded in *Pharmacy Order, Receipt & Return Book* and follow up review of the kardex and prescription with both the GP and Pharmacist.

If the prescription is unclear, incomplete, inappropriate or difficult to read, the registered nurse should not proceed. In this instance the registered nurse should seek verification and amendment from the general practitioner or pharmacist. "It is appropriate to ask a professional colleague to rewrite an instruction/record to ensure legibility, should there be an issue related to clarity. This is particularly important in relation to prescriptions for medicines and other direct intervention where legibility is an issue". *(Recording clinical practice guidance to nurses and midwifes An Bord Altranais 2015 Page 12).*

The registered nurse should bring any concerns with blister packs/medication management systems to the attention of the line manager and pharmacist immediately.

7.4 Responsibilities of authorised staff:

Where there is a nurse available at the time of medicine administration, the nurse is the most appropriate person to administer medicines. However, in many areas of the Services there are no nursing staff in place and other grades of staff are trained to administer medication. There staff are referred to as Authorised Staff.

The Authorised Staff is a staff member who has completed a Carriglea Cáirde Services approved training programme in medication management and is deemed competent to administer medication.

Authorised staff will undergo a programme of training either within Carriglea Cáirde Services or external to the Services and will demonstrate competency prior to administering medication.

A nurse manager will explain the process for the management and storage of medication in the local area.

In cases where training has been provided external to Carriglea Cáirde Services, the nurse manager will explain the Carriglea Cáirde Services Medication Management policy to the proposed authorised staff and also instruct him/her in the use of Buccolam (midazolam) oromucosal solution.

After all training has been completed, a minimum of three clinical assessments will be undertaken by a registered nurse. These assessments will be recorded on *Medication Management Competency Assessment Forms.*

The competency of authorised staff will be re-assessed annually by a registered nurse, by way of a single clinical assessment. This will also be recorded on a *Medication Management Competency Assessment Form.*

Authorised staff should be competent in the rights of administration of medication (see 6.1 above). *(An Bord Altranais, 2007)*

Authorised staff who have received specific training and who can demonstrate competency in administration pre-filled sub cut injections, can administer same in line with sub cut guidelines and the individual resident's care plan.

Authorised staff are accountable to service users, to Carriglea Cáirde Services, and to the law for their practise and should report immediately any concerns when involved in the practice of medication management to their line manager, to the prescribing doctor and if necessary to the pharmacist.

Authorised staff should know the indications for the drug and its desired effect for the particular service user and be aware of the main action of the drug, the usual dose, frequency and route of administration and potential side effects and known drug interactions.

Authorised staff should be aware of what drugs are contraindicated (i.e. should not be used because it may be harmful) for the service user and ensure this is stated clearly on the *prescription kardex.*

Authorised staff should check that all kardex are written up correctly and if the prescription is unclear, incomplete, inappropriate or difficult to read, the authorised staff should not proceed. In this instance the authorised staff should seek advice from line manager, nursing staff, general practitioner or pharmacy staff.

Authorised staff should bring any concerns with blister packs/medication management systems to the attention of line manager and pharmacist immediately.

Authorised staff must understand and operate within the scope of their role. They should reflect on their personal skills, knowledge and limitations and inform their manager if they are uncertain or do not feel confident in performing certain tasks.

8.0 STAFF - SELF ADMINISTRATION OF MEDICATION & USE OF OWN MEDICATION

8.1 It is not acceptable practice for any staff to remove or take medication from his/her workplace for personal use or for supplying for use to family, friends or significant others. This is applicable to all forms of medical products, prescription and non-prescription.

8.2 Should the situation arise that a member of staff is unwell and requires treatment, he/she should inform his/her line manager who will take appropriate action – e.g. advise the staff member to contact his/her GP.

8.3 Staff should only bring personal medication to the workplace if it is essential. If a staff member needs to bring medication to work, it must be stored in the employee's personal locker or otherwise safely locked away.

9.0 AUDIT

9.1 The Senior Services Manager Clinical Governance Lead will inspect medication practices on a random basis and at least annually. The Clinical Nurse Manager in each residential area will carry out an annual medication audit.

9.2 Carriglea Cáirde Services' agreed medication audit tool should be used when carrying out an audit. If the audit shows any non-adherence to policy or any discrepancies the matter must be addressed and brought to the attention of the relevant senior manager and the Senior Services Manager Clinical Governance Lead.

9.3 The report on the outcome of an audit is stored in the audit folder in the individual home.

9.4 The pharmacist will also carry out an audit on request.

10.0 PROCEDURE FOR DRUG PRESCRIPTIONS

10.1 Only registered prescribers may prescribe drugs. Prescriptions will always be signed by the prescribing practitioner. This will normally be the GP, but it can be a consultant, psychiatrist, registered dental practitioner or registered nurse prescriber.

10.2 All known allergies should be clearly highlighted on the *Drug Prescription Kardex,* the *Antibiotic Prescription Kardex* and *PRN Kardex.*

10.3 Prescribed medication will be clearly identified on the *Drug Prescription Kardex* stating:

- the name of the person
- the date of prescription
- the name of the drug prescribed
- the dosage
- the times of administration
- the route of administration
- the doctor's signature

All *Drug Prescription Kardex* must have a recent photograph of the service user attached.

In the event of a specified drug (e.g. antibiotic), prescriptions will be clearly indicated for a definite period of time, e.g. 1/52, (1 week), 5/7 (5 days), etc. Antibiotics should be prescribed on *Antibiotic Prescription Kardex* by a medical practitioner. Antibiotics should not be written up as PRN's.

10.4 With regard to residential services, in circumstances where medication is changed, e.g. hospital discharge or psychiatric review, it is the responsibility of the registered nurse/authorised staff to notify any change in medication to the pharmacist and general practitioner. A *Change in Medication Form* with relevant Kardex attached is to be sent to the GP as soon as the change in medication occurs. A 'Cover Note for Fax' form is required by Murrays pharmacy to be sent to the pharmacy with the Kardex.

The pharmacy must receive all orders before 4.00 p.m. Any orders received after 4.00p.m. will not be processed until the following day.

10.5 A copy of the up to date *Drug Prescription Kardex* for each service user is sent by healthmail, faxed or handed to the pharmacist monthly. Order dates to be agreed with the manager in each area.

10.6 In order to meet pharmacy requirements, all dressings requested for GMS patients must be written on a prescription initially for hardship approval. Approval can take up to 48 hours. Once approved, this will be valid for 6 months.

10.7 When medical practitioners discontinue drug prescriptions, this will be done by drawing a line through the prescribed entry in the Kardex, and by dating and signing the discontinued column.

10.8 In the event that a course of medication is completed (e.g. antibiotic), a registered nurse can draw a line through the prescription and initial it. The GP will discontinue the medication on next visit.

10.9 Oxygen is a medical preparation which must be prescribed (*See Clinical Guidelines on the use of Oxygen Therapy).*

11.0 DELIVERY OF MEDICATION AND DISPENSING OF MEDICATION IN CARRIGLEA RESIDENTIAL SETTING

11.1 All service users have medical cards and almost all medications are dispensed from general medical services prescription form. Medication not available through the GMS (General Medical Services) scheme is available on account at Murrays pharmacy. A GMS Hardship Assistance application can be made via the pharmacy in certain circumstances. Each house must forward a G.M.S. prescription to the pharmacist for PRN medication.

11.2 Any returns or out of date stock should be placed in the relevant container and returned to the pharmacy and a record made in *the Order, Receipt and Returns Book.* Medication should not be left unattended in containers.

11.3 Once medication is prescribed, a registered nurse/authorised staff/designated staff will send the prescription by health-mail or fax or deliver it to the pharmacy.

11.4 The pharmacist will dispense the prescribed medication and deliver it to the house. He/she will give this medication to a registered nurse/authorised staff who will lock it in the drug press. The medication received in the home must be checked for each service user on receipt of same and record kept in *The Pharmacy Order, receipt & Return Book* in each home.

12.0 USE OF PRN MEDICATION

12.1 When Pro-Re-Nata As the occasion arises/when necessary (PRN) medication is administered in day and residential services this information must be recorded in the *Service User daily report* and also communicated at handover time between day and residential staff. When PRN medication e.g. analgesia, paracetamol, lemsip is used for service users in residential care, family are not routinely updated.

12.2 In the event of a service user requiring prescribed sedation pre-procedure e.g. dentist, the service user will require continuous monitoring and assessment following administration of sedation. The nurse/authorised staff is responsible for the complete care of the service user before during and after the administration of this sedation to assist with toileting, mobility and ensure the service user can rest after the procedure. In the event of a service user receiving sedation and is attending a day service it is essential to advise the manager in the day service in advance to ensure that a staff member is available to assist the service user.

12.3 When PRN (anxiolytic or anti-psychotic) medication is administered on a frequent basis i.e. daily or alternate days for a period of one or two weeks the individual should attend the next mental health clinic.

12.4 If medication is prescribed on a PRN basis there must be clear written guidelines from the prescriber (G.P., Dentist or Consultant) and these guidelines written up in the *Drug Prescription Kardex.*

12.5 It is the responsibility of the registered nurse/authorised staff to obtain these written guidelines from the prescriber at the time of prescribing the PRN medication.

These guidelines must include the following:

- The preparation(s) to be given - the drug(s) by its approved name or brand name
- The form, i.e. tablets, syrup, suspension, inhaler, injection
- The date of commencement of the drug
- The dosage
- Timing and frequency
- The route of administration
- The duration of the treatment where appropriate
- The circumstances under which the medication can be repeated and the maximum dose within twenty-four (24) hours.
- The maximum number of repeat doses that can be administered with this particular prescription
- It is the responsibility of the registered nurse/authorised staff to inform the family (where appropriate) and relevant day/residential service if PRN medication was administered
- It is the responsibility of the registered nurse/authorised staff to monitor and report to line manager the use of PRN medication in each area
- The registered nurse/authorised staff should explain to the service user, the reason for taking the medication and any possible side effects.
- All psychotropic PRN medication should be recorded on *"Record of Use of PRN File"* on the computer in the home.

12.6 All PRN medication should be reviewed as required by the medical practitioner who prescribed the medication. If PRN medication is given regularly, then a referral to the prescriber should be considered in order for a review of the individual's medicines to be clinically assessed against their medical condition as treatment may need to be altered.

12.7 The following guidelines apply to the administration of PRN medication in the Management of Behaviours of Concern:

- May be a part of an agreed, written, signed and active *Behaviour Support Plan* for each person prescribed this medication
- Consultation with the person, families/guardians and staff members, where appropriate should occur to explore all other alternative measures before the use of PRN medication is prescribed.

- Psychotropic medication should be started at the lowest possible dosage and increased slowly if necessary.
- Where PRN medication is prescribed, there must be clear written criteria for its use. These criteria must be recorded on the person's Behaviour Support plan
- The consent of the person (where appropriate) should be obtained where possible.
- The Person in Charge should request the prescribing professional (GP/Psychiatrist) to review the prescription of PRN medication use on a six monthly basis or more frequently if regular PRN is used..
- The relevant interdisciplinary team should review the overall behaviour every six months or more frequently if required.
- Changes in mood and behaviours as a result of taking psychotropic medication must be recorded
- Service users taking psychotropic medicine should be assessed for potential hypotension and risk of falls. The person should be monitored for potential side effects.
- A record of the use of PRN medication to relieve anxiety or reduce agitation should be recorded on the PRN Medication Record (electronic file).
- When no nursing staff are on duty in the home, authorised non-nursing staff must contact a nurse manager or a qualified nurse in the Services before administering psychotropic medicine / medication to relieve anxiety or reduce agitation. The name of the nurse consulted with must be recorded on the PRN medication record (electronic file).
- All service users who use anti-psychotic PRN medication must be recorded on the *Restraint Register. (See Policy on Support for Service Users with Behaviours of Concern & Support for those who may be impacted by such Behaviours and the Restrictive Procedures policy).*

12.8 Medical Oxygen may be administered by nursing staff only.

12.9 If PRN medication does not appear to be effective, the prescribing practitioner should be contacted.

12.10 When staff in residential services are sending medication with service users to day services on a daily basis, there is no requirement to record the hand-over of the medication to day service staff. Arrangements are set out in the individual resident's care plan

13.0 PROCEDURE FOR STOCK ORDERING AND MAINTENANCE OF THE MEDICAL SUPPLY STORE

13.1 The Senior Services Manager Clinical Governance Lead/nursing administration orders gloves, aprons, clinisan cleanser and supplies for first aid boxes centrally as per procurement requirements.

13.2 In community based houses, the staff on duty are responsible for ensuring that prescriptions and repeat prescriptions are ordered in a timely manner from the relevant pharmacy.

14.0 PROCEDURE FOR STORAGE OF DRUGS

14.1 All drugs will be stored under lock and key in a designated secure drug trolley or cupboard. Drug trolleys must be chained securely to the wall. When medication is received from the pharmacist a record of medication received must be documented in *Pharmacy Order, Receipt & Returns Book.*

14.2 All controlled drugs will be stored in a separate locked cupboard within a locked cupboard.

14.3 Within the residential and day service settings, the registered nurse/authorised staff must carry the drug keys on their person at all times whilst on duty. In the community houses the drug keys are stored safely in the home by the staff member going off duty until the staff member comes on duty in the evening.

14.4 Only medicines and associated documentation should be stored in the drugs trolley or the medication cupboard.

14.5 The oxygen cylinders/portable oxygen will be kept in a clearly defined non smoking area. Each cylinder should be checked and a record maintained of this check on a weekly basis on the *Emergency Equipment Check Form* by a registered nurse.

14.6 Medicines requiring refrigeration according to the packaging, labelling or the pharmacist should be stored in a refrigerator (between 2° C and 8° C). Temperatures should be recorded on the *Temperature Chart Medication Fridge Form.* In residential settings there should be a separate, secure fridge that is only used for medicines that require cold storage. A separate fridge may not be necessary in a small centre unless there is a constant need to refrigerate medicines that a resident takes regularly, for example, insulin. If a separate fridge is not used for the storage of medicines, medicines should be kept in a container separate from food. The reliability of the fridge should be monitored through daily temperature checks.

15.0 ADMINISTRATION OF DRUG PRESCRIPTIONS

Prior to administering medication it is essential that all staff:

- **Wash their hands correctly between each service user (using standard precautions set out in training)**
- **Ensure all utensils to be used are clean and dry**
- **Explain the procedure to the service user**
- **Offer a drink to each service user prior to administration of medication to moisten the palate.**
- **Appropriate PPE should be worn if there is a risk of transmission of infection e.g. COVID 19.**

15.1 Only drugs prescribed by medical practitioners may be administered.

15.2 Prescribed drugs should be administered by a registered nurse/authorised staff or by a student nurse under the direct supervision of a registered nurse.

15.3 The registered nurse/authorised staff administering drug prescriptions will check the *Drug Prescription Kardex* to confirm:

(a) The name of the person that the drug is to be given to;
(b) The drug prescription that is to be given;
(c) The dosage to be given;
(d) The route that it is to be given by e.g. oral, crushed, rectal ,intra muscular, subcutaneous, transdermal, sublingual, nebuliser, instillation, per vagina, PEG (relevant only to the registered nurse)
(e) The time of administration;
(f) Any allergies;
(g) The date of commencement;
(h) The date to be discontinued.

15.4 The registered nurse/authorised staff administering the drug prescription will ensure that the drug prescribed is given to the person for whom it is prescribed. It is recommended that staff remain with the person for a short time to ensure that he/she has swallowed the medication.

15.5 Drug prescriptions will only be administered from clearly labelled containers or blister pack system. Expiry dates must be checked where relevant.

15.6 It is preferable to handle drug preparations minimally when administering them.

15.7 If drugs have to be crushed, it is done under the general practitioners authorisation in consultation with the pharmacist and written on the kardex.

15.8 Any medical preparation returned (i.e. vomited) by a person will only be repeated if this is advised by the GP. If medication is vomited, the time of vomiting should be recorded in the *daily report record* and a *Medication Incident Report* form completed.

15.9 When adding fluid to powder medication e.g. movicol - follow instruction provided and/or link with pharmacist if necessary.

15.10 When medication has a short expiry date once opened e.g. 28 days, record date of opening on the box / container e.g. eye drops, creams, etc.

15.11 If deemed necessary, a Medication Care Plan can be drawn up in consultation with the service user, staff and family.

16.0 PROCEDURE FOR THE RECORDING OF ADMINISTRATION OF DRUG PRESCRIPTIONS

16.1 When a drug is administered, the registered nurse/authorised staff that administers the drug will detail the drug given, the time given, the date and their initials on the relevant *Drug Recording Kardex.* A note is to be made on the Kardex of any refusal or

withholding of medication. An up-to-date copy of script/letter/prescription label is to be kept on file.

16.2 When PRN prescribed medications (e.g. paracetamol, lemsip, cough mixture, throat lozenges, maalox, etc.) are administered, the dosage, time, reason for administration and effect of the drug on the person should also be documented in the *service users Daily Report Record.*

16.3 A record of known drug allergies/interactions should at all times be clearly visible on the individual's 'Emergency Information Sheet' and on their *Drug Prescription Kardex, Antibiotic Prescription Kardex* and *PRN Kardex.*

16.4 Any routine periodic tests to monitor certain medicines (e.g. for Warfarin INR monitoring) should be recorded on the administration record. This includes the date of the testing and the results of the test.

16.5 Only one recording Kardex should be in use at any time – There should be no duplication.

16.6 It is important when Kardex details are stored on a computer, that staff who are administering medication refer to the signed paper Kardex rather than the electronic version, which may have been amended.

17.0 PROCEDURE WHEN USING SCHEDULED CONTROLLED/MDA DRUGS

17.1 Controlled drugs will be stored in a locked cupboard within another locked cupboard or trolley. At changeover of shifts a person from each shift one of whom must be a nurse should complete the count of these scheduled drugs.

17.2 Controlled drugs will be delivered by the pharmacy personnel and signed for by a registered nurse in the *Controlled Drug Book* in the house.

17.3 The registered nurse will transfer the controlled drug to the controlled drug cupboard. The transfer will be witnessed by a second person who will also confirm the name of the person that the drug is prescribed for and the amount of the drug present. A record of this will be made in the appropriate *Controlled Drug Book* in the house and both persons will sign this.

17.4 A full record of the name of the drug, the amount of the drug, the name of the person whom the drug is prescribed for, the dosage prescribed, will be detailed in the *Controlled Drug Book.*

17.5 When a controlled drug is administered from the house, the following procedure applies:

- All controlled drugs must be administered by a registered nurse/student nurse under the direct supervision of a registered nurse. A second person must witness the whole procedure from the preparation of the controlled drug to its administration.

- The prescription should be read carefully and the date and doctor's signature checked.

- The time of last administration should be checked.

- The controlled drug required should be selected and its label checked to ensure it corresponds with the prescription.

- The amount of the controlled drug present should be checked to ensure that its balance corresponds to the balance recorded in the *Controlled Drug Book.*

- The details should then be entered in the *Controlled Drug Book*, together with the signatures of the registered nurse that has administered it and the second person/student nurse. The book should only be signed following administration of the controlled drug.

- Any unused/excess of controlled drugs should be returned to the pharmacist and a record of same should be signed by two staff in the *Controlled Drug Book.*

- Any spillage of a controlled drug should be clearly documented and signed by the registered nurse dispensing the drug and the witness in the *Controlled Drug Book.*

- Should the amount of controlled drug present not equate to the amount that should be present according to the *Controlled Drug Book*, the Senior Services Manager Clinical Governance Lead/Manager/senior nurse must be informed immediately and a Medication Incident report form completed.

- If the discrepancy is not resolved, the procedures set out at 18.0 below will apply and if it is not resolved at that stage, a full investigation will be carried out.

18.0 PROCEDURE FOR CHECKING AN INCORRECT BALANCE OF CONTROLLED DRUGS

18.1 The registered nurse will ensure that the balance of any controlled drugs held in their service area is checked at the changeover of shifts and a person from each shift one of whom must be a nurse completes the count of scheduled drugs.

18.2 Two registered nurses or a registered nurse and a GP or Pharmacist may undertake the recheck of an incorrect balance in the record for drugs specified in the *Misuse of Drugs Acts.*

18.3 The following steps should be taken whilst in the presence of the witness:

(a) Check the subtraction and addition in the stock balance column. Where an error is found do not delete the figures but enter the new figures beside the original figures in an alternative colour pen. Both the registered nurse and the witness should sign on the next available line with a description of the action taken e.g. 'Stock count error line X – actual stock as per amended figures = Y Signature

(b) Check that the previous dose administered has been entered correctly.
(c) Check the MDA Controlled Drug Cupboard for duplicate containers of the same drug.
(d) Empty the MDA Controlled Drug Cupboard and check for loose tablets/ ampoules/patches.
(e) If these steps do not resolve the problem inform the Chief Executive Officer.

19.0 THE USE OF PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG) TUBES

19.1 Only registered nursing staff/student nurse under the direct supervision of a nurse may administer medication via PEG.

19.2 The administration of medications via a PEG tube should only be considered as a last resort and alternative methods of administration should be considered initially.

19.3 Medication must not be added directly to an external feed.

19.4 The suitability of administering each medication via PEG tube should be discussed with a pharmacist and the prescribing doctor prior to administration.

19.5 Medications should be in liquid or dispersible form where possible. Crushed tablets should only be administered when no alternative is available, and when medical and pharmacy staff have indicated that this is acceptable.

19.6 To avoid potential drug interactions, each drug should be administered separately.

19.7 The PEG tube must be flushed with 40 – 50 mls. of water before and after the administration of medication to prevent the drug mixing with the feed and clogging the tube. If more than one drug is to be administered, flush the tube with 20 mls. of water between administrations. This practice clears the tube for delivery of medication, helps deliver the drug to the intestine and indicates whether the tube is cleared. This is done under the direction of the dietician and may vary at times.

19.8 **Procedure for Administration via medi-port on administration set:**

- Inform the service user prior to commencement of the procedure
- Follow good hand-washing practice prior to any handling of equipment.
- Stop the feed and close the clamp on the administration set.
- Flush the feeding tube with 25 - 30 mls. of water.
- Administer the medication via a syringe attached to the medi-port.
- Flush the tube again, open the clamp on the administration set and recommence feeding.

19.9 ***Additional information regarding PEG administration to be discussed with G.P. Refer queries to: National Medicines Information Centre, St. James Hospital, Dublin on 01 410 3000***

- Some tablets can dissolve in water even if they are not marketed as such. Alternatively crush tablets to a fine powder and mix with water. Similarly, hard gelatine capsules can be emptied of powder and mixed with water.

- Some gelatine tablets are sealed in one piece and are usually filled with liquid. Dissolve capsules in water prior to administration as directed by the prescription.

- Drugs with enteric coating should not be crushed and given via a PEG tube. They are designed to be released in the small intestine.

- Sustained or slow release tablet/capsule formulations are unsuitable for crushing as the whole dose may be released at once resulting in dangerous peak and sub therapeutic drug plasma concentrations.

- Sublingual or buccal preparations are designed to be absorbed through the oral mucosa. They are usually ineffective if given by the tube.

- Caution should be exercised and advice sought from a pharmacist before crushing cytotoxics, hormone preparations or prostaglandin analogues.

- Some drugs need to be given on an empty stomach to improve absorption. Such drugs should be administered during breaks in feeding if possible. Alternatively, it may be necessary to cease feeding for 15 minutes prior to administration and allow a further 15 minutes before recommencing the feed.

- Drugs that are hypertonic or irritating to the gastric mucosa should be diluted with a least 30 mls. of water to avoid gastric irritation and diarrhoea, e.g. trimethoprim suspension, cimetidine liquid.

- Liquid preparations, especially the sugar free varieties (e.g. most antibiotic syrups), frequently contain sorbital, which has a laxative effect and can cause bloating, cramp and diarrhoea.

19.10 See also Clinical Guidelines on *PEG Feeding Management.*

20.0 VERBAL AND TELEPHONE ORDERS IN EMERGENCY SITUATIONS

20.1 Verbal or telephone medication orders should only be taken from a medical practitioner in an emergency situation, where there is an immediate, unforeseen service user need. Justification and rationale for accepting the verbal/telephoned order should be documented by the registered nurse/authorised staff in the *service user Daily Report Record.* The prescriber should be requested to forward the prescription preferably via healthmail or by fax.

Healthmail is a secure clinical email service provided by e-health Ireland, that allows health care providers to send and receive clinical patient information in a secure manner. Healthmail works within a private bounded network. It provides an encrypted tunnel between the mail servers, ensuring the security and confidentiality

of the data transmitted. Users can send clinical information securely to any colleague with an @healthmail.ie address.

20.2 The best interests of the service users' care and safety should always be considered.

20.3 The registered nurse/authorised staff who accepts a verbal or telephone order should consider his/her competence and accountability.

20.4 The registered nurse/authorised staff should repeat the order to the medical practitioner for verification, and where possible, the order should be repeated to a second person for verification by the G.P.

20.5 A record of the verbal/telephoned medication order should be documented in the *service user daily report record*. This should include the date and time of the receipt of the order, the prescriber's full name and his/her confirmation of the order, which should also be faxed to Carriglea services on fax no. 058 45862

20.6 The registered nurse/authorised staff must ensure that the G.P. documents the written order in the *Prescription Kardex* within seventy-two hours.

21.0 PROCEDURE TO FOLLOW WHEN A SERVICE USER REFUSES TO TAKE PRESCRIBED MEDICATION

21.1 It is the service users right to refuse medication. In the instance where an individual refuses to take their prescribed medication, staff should explore the reasons for refusal including possible side effects endured, e.g. nausea, change in taste, mood change, unsuitable time of administration, difficulty swallowing, etc. The reasons for refusal should be documented by the registered nurse/authorised staff in the service user *daily report record* include time, type of medication, dosage, reason for refusal and possible effects. Make note also in the *Drug Recording Kardex*. This should be reported to senior staff on duty and a *Medication Incident Report form* completed and forwarded the relevant manager and to the Senior Services Manager Clinical Governance Lead.

21.2 In the event of refusal, the consequences of not taking their medication should be explained to the service user i.e. physical and emotional effects. Medication should then be offered a second time.

21.3 Medication refused for the second time should be disposed of in the yellow clinical waste container with purple lid which is used for waste and out of date medication. The full container is returned to nursing administration and placed in the medical supply room until the next sharps box collection.

21.4 In the case of day attendees, the service user's family/residential staff should be informed by phone or in writing.

21.5 Where persistent refusals occur, or where administration poses a difficulty, seek medical advice. This should be followed up with a case review. All relevant people should be present at this review where an agreed plan of care can be drawn up.

21.6 Service users human rights must always be respected. The practice of giving medication covertly (disguising it in food) to service users is inappropriate except as a last resort in the case of individuals who actively refuse medicine but who are assessed not to have the capacity to understand the consequences of their refusal. If deemed necessary, it should be in agreement with the family, regular support staff and the multi-disciplinary team. A care plan must be drawn up in this instance. If medication is to be administered covertly, this should be stated on the prescription Kardex

22.0 CRUSHED MEDICATIONS

22.1 When a service user becomes unable to swallow their medication, the nurse/authorised staff should contact the medical practitioner to inform them of this change. Giving a medicine in an alternative form such as a liquid formulation, soluble tablet is preferred where available. Possible risks with crushing medicines include – risk of adverse effects and toxicity, difficulty in quantifying the dose and may affect the efficacy of the medicine.

Since crushing renders the medication "off label", the prescription must always be amended by the medical or dental practitioner.

22.2 Before the nurse/authorised staff considers administering a drug in a modified form to that prescribed i.e. crushing a tablet or pill, they should check with the pharmacist, to ascertain if crushing is permissible. It is the responsibility of the registered nurse/ authorised staff to ensure that it is written on the *Prescription Kardex* that the medication can be crushed.

22.3 The decision to change the form of the drug should be recorded in the medical notes and medication *Prescription Kardex* and also in the relevant *care plan* and *Daily Report Record.*

22.4 The Registered nurse/authorised staff should ensure that they have adequate information about the use of the unlicensed medication, and possible adverse reactions.

22.5 Enteric coated, long-acting or slow-release tablets, capsules containing powder that irritates the mucous membrane, spansules and sublingual or buccal tablets should not be broken or crushed.

22.6 To crush a tablet, a suitably manufactured tablet crusher should be used. Otherwise, use the service user's individually-labelled crushing syringe: wash thoroughly between uses and sterilise in sodium hypochlorite solution.

22.7 If the drug has a coating, which usually won't pulverise like the rest of the tablet, remove it before administering the drug and dispose of the coating in a designated sealed container for disposal of medication.

22.8 Crushed medication should be added to a small amount of suitable foodstuff (according to the service user's preference) such as yoghurt or jelly, or a small amount of cool liquid. Care must be taken to ensure the full dose is consumed. Medication

should not be added to beverages or meals. Some medicines are not compatible with dairy products and the instructions for use should highlight this.

22.9 Service users who present with swallowing difficulties should be referred for a Speech & Language Therapy assessment.

23.0 PROCEDURE TO FOLLOW IN THE EVENT OF A MEDICATION ERROR

23.1 A medication error may cause or lead to inappropriate medication use or patient/service user harm.

23.2 Medication errors can include medication crushed in a blister pack, a recording error, failure to administer medication or administration of incorrect medication. Where relevant, staff can take the last medication from the end of the blister pack roll and use it to replace medication if altered in the blister pack system. The pharmacy should be contacted as soon as possible to provide replacement medication.

23.3 The service user's vital signs should be taken and recorded immediately on discovery of a medication error. The service user should be observed closely and all medical advice given should be followed and family informed. Record in *service user's daily report*

23.4 The incident should be reported immediately to the GP and manager/senior staff on duty. A *Medication Incident Report form* must be completed and forwarded to the manager. This form will be sent to the Health & Safety Co-Ordinator who will report it to the State Claims Agency via the National Incident Management System (NIMS). A copy of all medication incident forms are to be sent to the Senior Services Manager Clinical Governance Lead.

23.5 All medication errors are reviewed as part of the monthly review of accidents and incidents at management team meetings.

23.6 If necessary, contact the National Poisons Information Centre, Beaumont on 01 809 3000.

23.7 The service user and their representative, where appropriate, should be informed of any medication error, in line with the open disclosure policy

23.8 In the event of a residential or respite service user being adversely impacted as a result of a medication error, the relevant HIQA notification should be made by the Person in Charge.

23.9 In the event of a staff member being responsible for a drug error, the manager will decide if any action is to be taken e.g. re-assessment of competency or re-training including retraining using HSEland.

24.0 PROCEDURE FOR THE DISPOSAL OF OUT OF DATE OR DISCONTINUED MEDICATION

24.1 All medication should be checked on a regular basis by the registered nurse/authorised staff and any out of date medication, or medication that appears altered in blister pack should be disposed of in yellow clinical waste box with purple lid in each house. When three quarters full, this container should be brought to the medical room at Carriglea where a new container can be obtained. Medication may also be returned to the pharmacy for disposal.

24.2 In community based settings out of date or unused medication is stored in an 'Out of Date Stock Box' in the drugs press. These are returned to the issuing pharmacy.

24.3 Disposal of any medication is recorded in the *Pharmacy Order Receipt and Returns Book.*

25.0 PROCEDURE FOR DISPOSAL OF SHARPS

25.1 All relevant areas should have a sharps box stored in a safe secure location away from service users.

25.2 Syringes and needles should be disposed of as a single unit

25.3 Needles should not be re-capped, bent, broken or disassembled.

25.4 Sharps should not be passed from person to person by hand.

25.5 All needles, syringes and ampoules should be placed in this box immediately after use.

25.6 No items should be forced into this sharps box, as this may cause an injury. Never put your hand into the sharps box. Do not go over the 'fill line' when placing items in the sharps container. The temporary closure mechanism on bin should be in place when not in use.

25.7 Sharps boxes are obtained from the Medical Room.

25.8 Full sharps boxes should be returned sealed to the large clinical waste bin placed outside the medi-block at Carriglea. Nursing administration will arrange for regular collection by Healthcare Waste Management.

25.9 Staff are required to report and must seek immediate medical advice in the event of any needle stick injury. The incident should be reported to the Senior Services Manager Clinical Governance Lead or Manager and the Health and Safety coordinator. An *Accident/Incident Report Form* must be completed.

26.0 MANAGEMENT OF MEDICATION IN DAY SERVICES

26.1 In circumstances where a service user needs to take medication while in the day service, the following will apply:

- Medication is sent in by the family. The family is requested to get a *Prescription Kardex* completed by the GP.
- In circumstances where service users are prescribed short term medication (e.g. a course of antibiotics), parents/guardians must inform a registered nurse/authorised staff. Bus drivers who drive the contractors' buses are to bring the medication and hand it to a registered nurse/authorised staff. The appropriate number of tablets which the service user requires while attending the day service must be provided by the parents/guardians or another responsible adult to a registered nurse/authorised staff. Staff in day service should request from parents/guardians that antibiotics are provided in a blister pack or clearly labelled container by the pharmacist.
- All medication must be in a clearly labelled container showing the name of the person, the name of the drug, the dosage and time and route of administration.
- All medication will be kept in a locked cupboard in the day service.

26.2 In the event of a PRN prescribed drug being administered by a registered nurse/authorised staff to a day service user, the persons family must be informed by phone or in writing that day - stating what drug was administered, the time of administration, the reason for administration, its effectiveness and possible side effects.

26.3 Day service attendees who self-administer medication can carry medication to the service in clearly labelled containers. It is the responsibility of the manager in the day service to ensure that all medication is stored safely in the day service as per the guidelines for self-administration of medication for each service user.

27.0 SERVICE USER - SELF ADMINISTRATION OF MEDICATION

27.1 Each service user is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes (Health Act 2007). When adults with an intellectual disability express a desire to administer their own medication, this will be taken into consideration through the individual's *Person Centred Plan* and following a risk assessment and assessment of capacity using the *Self-medication Assessment form.* In line with HIQA Standards, staff should actively promote each person's understanding of their medication and health needs. Each person is advised, as appropriate, about the side effects of prescribed medicines and is given access to information leaflets provided with medicines. Each person is afforded the opportunity to consult the pharmacist or other appropriate independent healthcare professional about medicines prescribed as appropriate.

27.2 The Services have an overall responsibility to ensure that people receive effective and safe support to manage their medications when such assistance is required.

27.3 When a service user expresses an interest in taking responsibility for all or part of their medication management:
- A risk assessment must be carried out.
- A case review will be held with the service user and agreement and approval of the relevant medical practitioners, multi-disciplinary team and family will be sought.

- When a service user is deemed competent to administer their own medication the prescription for same must be on file and the *Self-medication Agreement form* must be completed.
- Medication should be stored in the service user's own locked drugs cupboard in their bedroom. The service user should be assessed as to their ability to safely look after the key to their locked cupboard at all times. Valuables or other items must be stored separately.
- A medication care plan must be drawn up, taking into account any identified risks. The care plan must clearly document the level of support to be provided by staff and recording method for supports provided.

In order to support people to independently self-medicate, the person must want to undertake this responsibility and both the Services and the family/guardian (where appropriate) must be satisfied and agree that the person concerned understands the processes involved in self-medication. It is also important that the person who wishes to self-medicate, agrees with the outcome of the self-medication assessment and risk assessment, and consents to self-medicate.

27.4 The person's capacity to self-medicate should be re-assessed at agreed regular intervals or when circumstances change for the person or if a concern is raised regarding the safety of self-medication.

27.5 Self-medication is not an "All or Nothing Scenario". For example, people may require:
- Verbal and/or physical and /or pictorial and /or written prompts to take medicinal products personally, or from families/guardians and/or registered nurses/delegated staff members;
- Someone to collect medicinal products from the pharmacy
- Assistance opening the container(s) in which the medicinal product(s) are supplied, (e.g. medication aids);
- Support in administering medication in some or all settings; and/or
- Assistive technology, medication calendars and/or training to self-medicate.

27.6 People who self-medicate do not generally need to record the self-administration of their medication unless individual circumstances deem it appropriate.

28.0 SERVICE USER EDUCATION

28.1 Service uses right to autonomy and self-administration of medication must be considered. The service user should be offered information on:
- the name of the drug
- the reason for taking the drug
- the expected outcome from the drug
- the side effects of the drug
- the interaction with other medication that service user may be taking
- the use of medication aids (if appropriate)

A care plan can be developed with the service users in relation to the above.

28.2 The service user should be offered an opportunity to consult with the pharmacist if they so wish and be given details of who to contact if they have any concerns regarding their medication.

29.0 COMPLEMENTARY THERAPIES

29.1 All complementary therapies e.g. acupuncture, aromatherapy, herbalism, homeopathy, massage, reflexology or yoga must be discussed with the service users G.P. to ensure it is compatible with any existing medication regime. The Person in Charge must give permission for complimentary therapies to be used.

29.2 Complimentary medicine should only be used where there is evidence that it will benefit the person. The objectives of the use of the therapy should be agreed and recorded in the service user's medication support plan. The service user must consent to receiving the therapy.

29.3 Complimentary Therapies should only be undertaken by appropriately qualified and competent practitioners. The Person in Charge must ensure that a copy of the therapist's qualifications and clinical indemnity insurance is in place.

29.4 The administering therapist must continuously review the outcome of the therapy and any possible side effects, adverse reactions and to ensure that the therapy is achieving the agreed objectives.

29.5 All sessions of complementary therapy must be recorded.

29.6 Complimentary therapies must be reviewed as part to the person centred plan.

29.7 Only appropriately qualified professionals should use essential oils. Essential oils should be stored in a locked cabinet away from direct sunlight.

29.8 The relevant professional should be consulted with to ensure that the essential oils proposed will not cause an adverse reaction with any co-existing condition or prescribed medication. People who have epilepsy should take care if using essential oils as they may alter the seizure threshold

29.9 Any adverse reaction to essential oils should be reported to a medical practitioner.

30.0 RESPITE

30.1 In advance of each respite break families are written to and requested to supply medication, preferably blister-packed by the pharmacist or in the original packaging. If there is any change in medication since the last respite stay, families are advised to inform the key-worker or manager and ensue that the Medication Prescription Kardex is amended by the GP prior to the respite stay.

30.2 On admission to respite the registered nurse/authorised person on duty should check the medication and ensure kardex is up to date and if not, the person in charge of respite or senior person on duty in Carriglea should be contacted for further advice.

30.3 On admission and discharge, all medication is checked, counted and recorded in the Pharmacy order, receipt and return book.

30.4 It is essential that a *Details of Respite Break form* is completed for anybody availing of a respite break on each occasion throughout the year before attending for the break. The form should be returned to the key worker. This is required in order to allow the Services to plan and deliver care in accordance with service users' needs.

30.5 Those who self-medicate should be facilitated to continue to self-medicate during the respite breaks. This must be risk assessed and a medication care plan agreed in advance of the break. Individual lockable cabinets/drawers must be made available in the respite house for those who wish to self-medicate.

31.0 SAFE CUSTODY OF DRUG KEYS

31.1 Drug keys should be carried at all times by a registered nurse/authorised staff.

31.2 Drug keys should be kept separate from other keys.

31.3 In community and day service settings it is essential that drug keys are kept in a designated secure area known to all staff.

31.4 If keys of the medication press/trolley are lost or mislaid, the manager must be informed immediately.

32.0 REVIEW OF MEDICATION

32.1 All medicines including prescribed, over the counter and complimentary medicines used by a service user should be reviewed regularly i.e. at least yearly as part of the annual medical review with the GP and/or psychiatrist.

32.2 All *drug prescription kardex* should be reviewed when attending GP and/or psychiatrist who should sign and date the 'reviewed by' section of the prescription kardex.

32.3 Particular attention should be paid to review of the following:
- Antipsychotic medicines
- Sedative medicines
- Medicines for the management of depression
- Antiepileptic medicines
- Analgesia or pain medicines
- Laxatives and treatments for constipation
- Anticoagulant and anti-platelet medicines
- Antimicrobial medicines
- Diuretic medicines
- Influenza and pneumococcal vaccines
- Non-steroidal anti-inflammatory drugs

• Drugs with drug-nutrient interactions.

On-going pain-relieving medication should be reassessed at least every 4 months.

33.0 PROCEDURE FOR IMMUNISATION/VACCINATIONS

33.1 Hepatitis B Vaccination is per service guidelines on the Hepatitis B Programme, *see Hepatitis B Policy (HR-13).*

33.2 Written consent is required from recipients prior to administration of Hepatitis B vaccine.

33.2 Annual Flu Vaccination is offered to all staff and service users. The flu vaccination status of any new service user including those admitted to respite care should be recorded. Unvaccinated service users due to be admitted to respite services during the flu season should be offered the vaccine, ideally at least two weeks before the due admission date.

33.3 Families of service users are advised that the flu vaccine is offered annually to service users. Service users may decline to accept vaccination. Service users who may have declined to accept vaccination can be offered it again during a flu outbreak.

33.4 COVID 19 vaccination is offered in line with HSE guidelines.

34.0 MEDICATION MANAGEMENT ANNUAL REVIEW

34.1 At least annually, there will be a review by the Medication Management Committee of medication management within the service. The committee will consist of Senior Services Manager Clinical Governance Lead, Administrator/Quality & Standards Manager, Nurse Manager from residential and community, Psychiatrist, Pharmacist, General Practitioner and Health and Safety Coordinator. A report will be forwarded to the Chief Executive Officer annually after this review.

35.0 ADMINISTRATION OF BUCCOLAM (MIDAZOLAM) OROMUCOSAL SOLUTION

35.1 Buccolam (midazolam) oromucosal solution is a short acting benzodiazepine prescribed as a PRN medication by a medical practitioner used in the treatment of seizures. *(See Epilepsy Management Policy & Procedure).*

35.2 Administration of Buccolam (midazolam) oromucosal solution may only be carried out by a registered nurse/authorised staff who have received medication management training including training on the administration of Buccolam (midazolam) oromucosal solution.

35.3 Guidelines for the use of PRN medication apply to the administration of Buccolam (midazolam) oromucosal solution.

35.4 A letter from the medical practitioner prescribing Buccolam (midazolam) oromucosal solution is required to order this medication from the pharmacist.

35.5 Staff must adhere to the prescription for Buccolam in the event of emergency treatment of seizure management. Staff should contact the GP/emergency services if in any doubt with regard to emergency management of service user seizure activity.

36.0 ROLE OF THE PHARMACIST

36.1 Service users should have a choice in relation to their pharmacist. The pharmacist as well as supplying medication is available to provide advice over the phone to staff and service users where required. The pharmacist runs an automated alert/imaging system on all medication supplied through the blister pack /roll of medication. This is an extra safety check that confirms size and shape and colour of medication in blister pack system. There is also a computerised system in place that will highlight medication interactions and alert pharmacist to check same prior to dispensing.

36.2 The pharmacist will complete a random audit of medication management in the service on request.

36.3 The pharmacist may attend to provide advice to service users on medication management if the service user is unable to attend the pharmacy.

36.4 The Pharmacist will, on request review residents medication and make a recommendation with regard to the requirement for change of medication.

36.5 The Services has an Agreement in place with the pharmacist with regard to the role of the pharmacist.

37.0 PROCEDURES TO BE FOLLOWED IN THE EVENT OF A POST MORTEM

37.1 In the event of a sudden death, the GP will notify the coroner if a post mortem is required.

37.2 The coroner will arrange with the undertaker and the Gardai for the removal and transfer of the body to University Hospital Waterford.

37.3 The senior person on duty at the time of the death will assist the Gardai with any information required.

37.4 When a post mortem is required, medicine administration devices, must not be removed from the deceased's remains.

37.5 The senior person on duty is responsible for the safe storage of the service user's medication, which must be kept until the results of the post mortem are known and the coroner has issued the death certificate. The medication will be stored in the medical supply store at Carriglea in a clearly labelled container. (When death is not subject to a post mortem, medication is returned to the pharmacy).

37.6 The Person Centred Plan and MDT files including *Service User's Daily Report record*, all medical records including the final physical note confirming time of death by the medical practitioner, medication prescriptions and recording kardex should be collected and forwarded to the office of the Senior Services Manager-Clinical Governance Lead, who will arrange for it to be archived after receipt of the death certificate from the coroner's office. If a copy of some of the deceased resident's records are requested by the coroner, the person's family will be informed before release.

37.7 The Senior Services Manager-Clinical Governance lead will contact the family with the results of the post mortem / cause of death.

37/8 The Person in Charge will notify HIQA with the results of the post mortem / cause of death.

38.0 CLINICAL GUIDELINES

38.1 There are Clinical Guidelines (see *Policy/Procedure on Clinical Practice)* on best practice relating to a number of clinical procedures and staff should adhere to the guidelines set out at all times.

39.0 MEDICATION RECONCILIATION

39.1 Medication reconciliation is the process of creating and maintaining the most accurate list possible of all medications a person is taking, including drug name, dosage, frequency and route, in order to identify any discrepancies and to ensure any changes are documented and communicated, resulting in a complete list of medications. *(Guidance for health and social care providers. Principles of Good Practice in Medication Reconciliation HIQA 2014)*

39.2 Medication reconciliation aims to provide service users with the correct medications at all points of transfer within and between health and social care services. It can be considered complete when each medication that a person is taking has been actively continued, discontinued, held or modified at each point of transfer, and these details have been communicated to the next care provider.

39.3 When a service user is transferred from Carriglea Cáirde Services to another care setting, the person in charge in the home must ensure that a complete and up to date list of their correct medication is provided by ensuring a letter from the referring doctor and an up to date copy of the current prescription kardex for regular, PRN and antibiotic medication is provided.

39.4 The Service User *Emergency Information Sheet* is also used in the transfer to ensure relevant information relating to the service user is provided.

39.5 When a service user is admitted to an acute hospital there is regular contact from the staff in the home with the acute setting. This can be used as an opportunity to enquire if

the service user is receiving their regular medication and if not, the reason why it is discontinued should be explained to the service user and staff.

39.6 When a service user is transferred back to Carriglea Cáirde Services the most senior person in the home must compare the discharge letter and prescription with the service user's current prescription kardex. Any discrepancies must be immediately clarified with the prescribing doctor in the acute setting. If the person in charge in the home is not satisfied that the medication is correct or is in any doubt they should contact the senior nurse on duty, GP or care doc and the pharmacist if necessary.

40.0 MANAGEMENT OF AN ADVERSE DRUG REACTION

40.1 In the event of an adverse drug reaction:

- Remain with the service user and reassure them
- Seek immediate medical advise
- Inform the Senior Services Manager-Clinical Governance Lead
- Inform the person who prescribed medication and G.P.
- Inform the family
- Inform the pharmacist
- Inform the Irish Medicines Board
- Complete the *Adverse Reaction Report Form*
- Report to the State Claims Agency via NIMS

40.2 When a reaction to a medication is confirmed, a warning should be placed at the front of the medical file, on the *Drug prescription Kardex* and also recorded on the *service user Daily Report Record* and *Emergency Information sheet.*

41.0 TRANSCRIPTION OF PRESCRIPTION OR MEDICINES ORDER

41.1 Transcribing is an act by which medicinal products and instructions are written from one form of direction to another. It is recognised that transcribing of any clinical information is a high risk activity and there are serious risks of inadvertent mistakes in transcription, omissions or duplication of medicines.

41.2 Best practice would indicate that the responsibility for documenting the prescription or medicines order is with the prescriber to prevent the possibility of error by another individual. The decision to transcribe a prescription should only be made in the best interests of the resident.

41.3 Any changes to prescribed medication is recorded in the prescription kardex by the GP/psychiatrist. In the absence of the GP/psychiatrist, two nurses can transcribe from a healthmail or letter received with a prescription on to a Kardex. Nurses who transcribes is professionally accountable for his/her decision to transcribe and the accuracy of the transcription.

41.4 It is recognised that administration staff may assist in transcribe prescriptions. In such cases, additional controls should be put in place that minimise the risk of error i.e. two members of nursing staff to independently verify the transcribed Kardex. Transcribed orders should be signed and dated by the transcriber and the nurses who verify it. A

copy of the original prescription should be attached to the transcribed Kardex. The transcribed Kardex is checked and signed by the pharmacist. The Kardex is co-signed by the prescribing doctor as soon as possible. If the transcribed prescription or order is ambiguous or unclear, verification and confirmation must be sought from the prescriber before administering the medicines to the resident. .

41.5 The practice of transcribing should be part of the medication audit.

42.0 OVER THE COUNTER MEDICATION (OTC)

42.1 Over-the-counter medicine or non-prescription medicine is medication which may not need to be prescribed. It can be bought without a prescription and used to treat minor ailments.

42.2 When OTC medication is used, the directions on the label must be followed and it must be administered by the nurse/authorised staff, as directed .

42.3 There are risks that OTC medicines may interact with prescribed medicines and cause harm. It is important that information and advice is sought from an appropriate healthcare professional (pharmacist, nurse, or doctor) or product information (summary of product characteristics or patient information leaflet) before the administration of these medicines. The healthcare professional should be made aware of the medicines the resident is prescribed. The consultation and advice of the healthcare professional should be clearly documented in order to guide all staff in the safe use of OTC medicines. Oral over the counter items should be recorded on the Drugs administration Kardex.

42.4 Where residents use OTC medicines e.g. sudocream, zovirax, bonjella, indigestion remedies, these medicines are listed in medication care plan for each service user.

42.5 OTC medication e.g. sudocream, caldesene, etc. should be resident specific and stored with the resident's personal toiletries.

43.0 HIGH-ALERT AND HIGH-TECH MEDICINES

43.1 High Alert Medicines are drugs that carry a heightened risk of causing significant harm when they are used in error or if a dose of medicine is not administered. Medication such as Insulin, Warfarin, Methotrexate and Digoxin has a high risk of causing significant harm if used in error and staff need to be particularly vigilant when administering such medication. A list of other high-alert medicines can be accessed on https://ismp.org/Tools/highalertmedications.pdf.

43.2 If staff have any concern that such medication has been administered in error, they should contact GP/Caredoc immediately for urgent advice and follow services procedure in the event of drug error.

43.3 Some medications, categorised as high-tech medication can only be prescribed by a consultant.

43.4 All oral anticoagulants are associated with a risk of bleeding. Residents on oral anticoagulants should be assessed for adverse events and monitored for renal function.

43.5 **Sound Alike Look Alike Drugs (SALADS)** are medications with drug names which look or sound similar. These carry a significant risk of being administered incorrectly. Staff should be made aware of any such medication being used.

44.0 ORAL NUTRITIONAL SUPPLEMENTS

44.1 Oral Nutritional Supplements are commercially produced high energy and/or high protein products given for the purpose of providing additional nutrients. Where food fortification strategies are unsuccessful or are not deemed adequate to meet the nutritional requirements of the person, a referral to the Dietitian should be made to assess the need for oral nutritional supplementation, using the *Nutrition & Dietetic Services Referral form.* Oral nutritional supplements may also be prescribed by the GP.

44.2 Oral nutritional supplements should only be commenced when advised by the Dietitian following a nutritional assessment, and should be charted in the person's Prescription Kardex by the person's doctor. Oral nutritional supplements include: Standard adult 1.0 – 1.5Kcal/ml sip feeds; Standard paediatric 1.0 – 1.5Kcal/ml sip feeds; High calorie sip feeds (2.4Kcal/ml); specialised disease specific sip feeds; Protein/energy supplements; Vitamin & mineral supplements. · The need for oral nutritional supplements should be reviewed by the Dietitian or GP on a routine basis, to ascertain if oral nutritional supplements remain necessary. Wherever possible, the aim is to re-establish the person back onto normal oral diet.

44.5 Oral Nutritional Supplements should be stored as per the manufacturer's instructions.

45.0 RESIDENTIAL SERVICE USERS GOING HOME ON HOLIDAYS

45.1 When service users are going home for holidays, the pharmacist will dispense the prescribed medication and the required amount will be sent home with the person, (if the medication is not already in blister pack in the home).

In community houses the following is the procedure:

- Generally the green medication box will be sent home containing the correct number blister-packed medication pouches for the expected duration of the stay plus one addition day's medication in case the person doesn't return on the expected date.
- Record the dates on the blister packs of medication sent home - in the Pharmacy receipt and return book.
- A letter explaining the process and contact details of the relevant managers is sent to family members and family will be requested to sign a form acknowledging receipt of the medication
- In certain circumstances, e.g. when a person regularly goes home for week-ends, if the manager deems it appropriate, the green box may not be sent home, but the correct number of blister packed medication pouches placed in an envelope marked medication.

45.2 When service users are going home for weekends or short breaks a registered nurse/authorised staff must check the blister pack and any discrepancies should be brought to the immediate attention of the pharmacist and line manager. The prepared blister pack will be given to parents /next of kin/driver of transport. In certain limited circumstances, e.g. if a service users is travelling by public transport, the medication may be packed in the service user's bag, by agreement with the family member.

45.3 Where the service user is going home from Carriglea Residential Services and there is insufficient time to order medication in a blister pack, the registered nurse/authorised staff in the house can dispense the required medication.

45.4 In the event of any discrepancy in medication on the service user's return from home, the matter should be brought to the attention of the family, the line manager, the GP and if necessary, a *Medication Incident Report* should be completed.

45.5 In circumstances when staff are taking a resident away overnight, the number of doses of medication taken from the blister-pack roll should be recorded in the Pharmacy Receipt and Return book.

46.0 DISCLAIMER

46.1 Each situation must be judged on its own merits and it is unreasonable for readers to follow instructions in this policy/procedure without proper assessment of individual circumstances. Always seek advice from your line manager, GP or pharmacist if unsure in any situation with regard to medication management.

47.0 ABBREVIATIONS

1/52	**1 week**
5/7	**5 days out of 7**
1/12	**1 month**
A.M / Mane	**Morning**
P.M / Nocte	**Night**
O.D	**Once daily**
B.I.D. / B.D	**Twice daily**
T.D.S / T.I.D	**Three times a day**
Q.D.S / Q.I.D	**Four times a day**
Mgs	**Milligrams**
Mcgs	**micrograms**
i	**One tablet/pill/capsule**
ii	**Two tablets/pills/capsules**
P.R.N	**Pro Re Nata as the occasion arises/when necessary**
P.O	**Given by mouth/orally**
S.L	**Sublingual**
P.R	**Given rectally**
P.V	**Per Vagina**
I.M	**Intramuscular**
S.C	**Subcutaneous**

I.V	**Intravenous**
STAT	**Immediately**
Rx	**Prescribed**
Per	**By/through**
Supp	**Suppository**
Tab	**Tablet**
MDA	**Misuse of Drugs Act 1977, 1984**
G.M.S.	**General Medical Services**
I.U.	**International Units**

Medical Practitioner Includes: GP, Psychiatrist and Dentist.

48.0 REFERENCES

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